NITI Aayog

DEVELOPMENT MONITORING AND EVALUATION OFFICE

Evaluation of Centrally Sponsored Schemes in Women & Child Development Sector

Volume 1: APPROACH & METHODOLOGY

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Evaluation of Centrally Sponsored Schemes in Women & Child Development Sector

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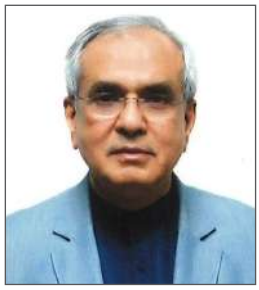

MESSAGE

The Government of India has accorded highest priority to bettering the health and wellbeing of its women and children since independence. Empowerment, protection, and welfare of women and children have been the pillars of several policy initiatives taken over the years by the Government. National priorities for women and child development laid out in various policy documents such as National Development Agenda (2017-2032), National Policy for Women 2016, National Plan of Action for Children 2016 and Strategy for New India @75 address problems associated with nutrition, development and protection of children , women's health , safety, protection and empowerment and welfare of women and children etc. The concentrated efforts have contributed to a significant improvement of India's performance on various indicators related to women and child development, and we are steadily progressing towards achieving the Sustainable Development Goals. However, if we compare ourselves with BRICS countries, we still have a long way to go.

Many of the Indian states have adopted high impact and innovative practices in the areas of good governance, systems strengthening, SNP delivery, empowerment, technology (ICDS-CAS adoption) etc. resulting in positive changes for the women and children. The States and UTs have much larger role to play in ensuring an effective implementation and sustainability of the schemes. In the near future, role of private sector, including the non-government entities like SHGs, NGOs, CSOs etc., use of technology for efficient delivery and monitoring of services, community level participation, among other would be the key to success. Together all these, along with the efforts of the Government, will contribute to making the women and child development, a true Jan Andolan.

This evaluation report is a historic achievement in capturing the performance of 15 Centrally Sponsored Schemes of the Ministry of Women and Child Development under two umbrellas, and their contribution to the larger women and child development sector. The evaluation has also helped in documentation of the global and India-specific best practices and in conceptualisation of standards for Anganwadi for New India. With a clear reflection on the strengths and weaknesses of the programmes, along with streamlined suggestions for improvement, together we can strengthen and empower India's women and children and support their foray into the 21st century.

01 SEPTEMBER, 2020
NEW DELHI
INDIA

Dr. Rajiv Kumar

स्वच्छ भारत
एक कदम स्वच्छता की ओर

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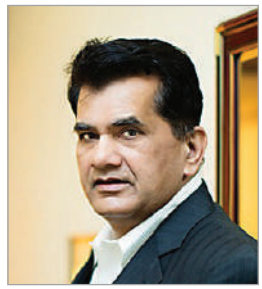

MESSAGE

NITI Aayog's mandate is to facilitate transformation in India, and through the Development Monitoring and Evaluation Office (DMEO), we are working towards institutionalizing evidence-based policy-making, to create stronger systems of governance in the country. While evaluations have been carried out in India since the 1950s, this project has been historic in both its scope and its methods. For the first time, the National Development Agenda has been divided into ten sectors, with all Centrally Sponsored Schemes in a sector falling under a single evaluation study. Simultaneously conducting multiple such large-scale studies across sectors has allowed for rich cross learning, standardization and adoption of leading survey methodologies and data quality processes. This is evidence generation and implementation research at the cutting-edge.

However, evidence generation is not enough – uptake must be ensured too. The findings from this study must now be used to drive reform and future policy initiatives across the Ministries and Departments within its remit. The study provides data-backed recommendations to improve government service delivery, at the scheme, Umbrella scheme and sector level. The Ministry of Women and Child Development collects data on outcome indicators including health, nutritional, and behavioural status of mother and children; community engagement; empowerment of women; mainstreaming of the out of school adolescent girls; support and rehabilitation to women in distress or affected by violence; and on survival and protection of the girl child. Ministry officials have been closely involved throughout the study, via a thorough consultative process, to optimize the robustness of the study and its recommendations.

In the larger context of the XVth Finance Commission and devolution of funds from the Centre towards States, these evaluation studies also play an important role in advancing NITI Aayog's goal of cooperative federalism. The study examines heterogeneous implementation of CSS and identifies sub-national best practices amenable to national scaling up, facilitating learning among States and with the Centre.
Finally, to make hard evidence the basis of policy decision-making in the country, the Government of India must itself shift from measuring physical and financial progress, to measuring outcomes and impacts. This study is a step in that direction, and there remains a long, promising path ahead.

17 SEPTEMBER, 2020
NEW DELHI
INDIA

Amitabh Kant
Chief Executive Officer,
NITI Aayog

PREFACE

The Government of India (GoI) spends close to Rs. 10 lakh crore annually on development activities, through nearly 750 schemes implemented by Union Ministries. Of these 750, 128 are Centrally Sponsored Schemes (CSS), implying that they are funded jointly by the Centre and the States, and implemented by the States. Over the years, federalism and the expectations of Government service delivery in India have evolved, and this vast proliferation of schemes is in sore need of rationalization. Rationalisation of schemes is expected to improve Centre-State relations, the effectiveness and efficiency of public finance, and the quality of service delivery to citizens.

To this end, all schemes were mandated to undergo third party evaluations, to provide an evidentiary foundation to the 15th Finance Commission for scheme continuation from 2021-22 to 2025-26. The task of conducting these CSS evaluations was granted to NITI Aayog, specifically to Development Monitoring and Evaluation Office (DMEO). This volume is thus a part of a historic exercise undertaken between April 2019 and August 2020, to evaluate 128 CSS, under 28 Umbrella CSS, under 10 Packages or Sectors. The studies together cover close to 30% of the GoI's development expenditure, amounting to approximately Rs. 3 lakh crore (USD 43 billion) per annum.

In order to fulfill this mandate to the highest standard possible, to optimize both the robustness and the uptake of the evidence generated, DMEO adopted a nationally representative mixed methods evaluation methodology and a consultative review process for the reports. Altogether, the project incorporates the direct input of approximately 33,000 individuals, through 17,500 household interviews, 7,100 key informant interviews and 1,400 focus group discussions. The views of Central, State, district, block, ward and village administrations, as well as non-governmental experts and civil society organizations have been elicited. Through qualitative and quantitative analysis of secondary literature, validated by this primary data collection, analysis was done at three levels: the sector, the umbrella CSS and the scheme itself. The key parameters for analysis, including relevance, effectiveness, efficiency, sustainability, impact, and equity (REESIE), have been selected based on international best practices in evaluation. In addition, across 10 packages, certain cross cutting themes have been identified for analysis, including transparency, sustainability, gender, technology, private sector etc. The reports thus produced then underwent a consultative review process involving NITI Aayog subject matter divisions, concerned Ministries and Departments, and external experts. The entire project was implemented through 10 consultant firm teams selected from the private sector through an open tender process, managed by small but fiercely dedicated team at DMEO.

Over the course of this project, hundreds of people across the country have pushed themselves through festivals, monsoon rains, cyclones and a global pandemic, COVID-19, to present these volumes. DMEO owes a debt of gratitude to each and every one of these contributors, but especially to all the beneficiaries interviewed, for sharing their precious time and experiences with our teams. Ultimately, this exercise, as all others by the Government of India, is in service of the sovereign citizens of this country.

ACKNOWLEDGEMENTS

We would first of all like to express our deepest gratitude to the Ministry of Finance for recognizing the crucial need for evidence in the deliberations of the 15th Finance Commission and entrusting the conduction of these historic evaluations to NITI Aayog. Further, Dr. Rajiv Kumar, Vice-Chairman NITI Aayog, and Shri Amitabh Kant, Chief Executive Officer, have played a fundamental role, first in entrusting this weighty responsibility to the Development Monitoring and Evaluation Office (DMEO) and subsequently as mentors throughout the study, in providing all the necessary support and guidance for the completion of the project.

Our invaluable partners in this exercise have been the Ministry of Women and Child Development and all its officials, especially Shri. Ram Mohan Mishra, Secretary, Ms. Aastha Saxena Khatwani, Joint Secretary, Shri. Ashish Srivastava, Joint Secretary, Ms. Anuradha S. Chagti, Joint Secretary, Ms. Pallavi Agarwal, Joint Secretary, Ms. M. Imkongla Jamir, Joint Secretary and Ms. Santosh, Statistical Advisor without whose cooperation this evaluation would not have been possible. Shri. Ajay Tirkey, Ex-Secretary, Shri. Sajjan Singh Yadav, Ex-Joint Secretary, Ms. Shipra Roy, Ex-Deputy Secretary, Shri. P. Ashok Babu, Director - ICDS and POSHAN Abhiyaan, Shri. Navendra Singh, Director –Anganwadi Services, and Dr. Prabha Arora, Joint Director – BBBP also provided invaluable support. We are grateful to them for providing us access to available data, for patiently sharing their expertise through Key Informant Interviews (KIIs), and for providing their vital comments on the draft reports during various stages of the study. A detailed list of Key Informant Interviews can be found in the annexures to this report.

In the spirit of Centrally Sponsored Schemes in our federal structure, equally important partners in this endeavor have been the State Governments of Assam, Bihar, Chhattisgarh, Delhi UT, Jharkhand, Maharashtra, Mizoram, Rajasthan, Tamil Nadu, Telangana, Uttarakhand, and Uttar Pradesh, and their Chief Secretaries for providing both ground support and operational independence to our field partners for the primary study. State Women and Child Development Departments, District Collectors/Magistrates, State Resource Centers for Women, ICDS DPOs and CDPOs also provided invaluable support. Officials across the State governments have extended their gracious cooperation to the study, for which we are deeply thankful.

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

Coming to the implementation teams, it goes without saying that the selected consultant firm, M/s IPE Global Limited has done a remarkable job, particularly given the significant challenges of scale, time and resources presented by this project. Particular appreciation is due to Shri. Aditya Khurana, Associate Director, Dr. Kanchan Mathur, Team Leader, Ms. Shweta Sogani, Ms. Meera Priyadarshi, and the team, and field partner M/s Sambodhi Research & Communications Pvt. Ltd. led by Mr. Kuberan Selvaraj and his team. They conducted hundreds of interviews across 12 States and Union Territories of India, an extraordinary triumph of operational planning and logistics, through monsoons, festive seasons, a cyclone, and a pandemic.

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

DMEO team has been at the core of the evaluation studies - in this package specifically, Ms. Shivangi Saxena, Ms. Shruti Khanna, Shri. Kapil Saini and Shri. Subham Awasthi worked on every last detail of this herculean endeavor, under the guidance of Shri. Akhilesh Kumar, Deputy Secretary and Shri. Ashutosh Jain, DDG. Across packages, Deputy Directors General Shri. Jain and Ms. Harkiran Sanjeevi also oversaw coordination, standardization and monitoring of the study design, analysis and implementation processes. They were supported by the Evaluations Core Team: Dr. Shweta Sharma, Shri. Anand Trivedi, Ms. Sanjana Manaktala, Ms. Vatsala Aggarwal, Shri. O.P. Thakur and Shri. Jayanta Patel. The Primary Data Quality Review team comprising Shri. Venugopal Mothkoor, Shri. Paresh Dhokad, Shri. Krishn Kant Sharma and Shri. Asad Fatmi contributed across packages in data quality and analysis. The DMEO administration and accounts officers, including Shri. D. Bandopadhyay, Shri. Munish Singhal, Shri. D.S. Sajwan, Shri. Manoj Kumar and others provided vital support on documentation, approvals, payments etc.

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

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Acronyms & Abbreviations

ADI	Average Daily Intake
AFG	Afghanistan
AG	Adolescent Girl
AGEP	Adolescent Girls Empowerment Adolescent Girls Empowerment Programme
AGEY	Ajeevika Grameen Express Yojana
AMRUT	Atal Mission for Rejuvenation and Urban Transformation
ANC	Ante-Natal Care
ANM	Auxiliary Nursing Midwife
APCCAN	Asia Pacific Conference of Child Abuse & Neglect
APY	Atal Pension Yojana
ARSH	Adolescent Reproductive and Sexual Health
AS	Assam
ASHA	Accredited Social Health Activist
ASPIRE	A Scheme for promoting Innovation, Rural Industry and Entrepreneurship
ATI	Academic Training Institutes
AW	Aggrieved Women
AWC	Anganwadi Centre
AWH	Anganwadi Helper
AWS	Anganwadi Services
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
BAN	Bangladesh
BBBP	Beti Bachao Beti Padhao
BCC	Behavior Change Communication
BE	Budget Expenditure
BH	Bhutan
BLC	Block Level Committee
BMGF	Bill & Melinda Gates Foundation
BMI	Body Mass Index
CAP	Convergent Action Plan
CAPI	Computer Assisted Personal Interviewing
CARINGS	Child Adoption Resource Information & Guidance System
CAS	Common Application Software
CBE	Community Based Events
CBGA	Centre for Budget and Governance Accountability
CCI	Child Care Institution
CCL	Children in Conflict with Law
CCT	Conditional Cash Transfers
CDPO	Child Development Project Officer
CEB	Census Enumeration Block
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CFNEU	Community Food and Nutrition Extension Units
CH	Chhattisgarh
CMAM	community management of acute malnutrition
CNCP	Children in Need of Care and Protection
CNNS	Comprehensive National Nutrition Survey
CPS	Child Protection Scheme
CRC	Convention on the Rights of the Child
CrPC	Code of Criminal Procedures
CSC	Common Service Centre
CSR	Child Sex Ratio

CSR	Corporate Social Responsibility
CSS	Centrally Sponsored Schemes
CSWB	Centre Social Welfare Board
CWC	Child Welfare Committees
DAP	District Action Plan
DAPSC	Development Action Plan for SCs
DAPST	Development Action Plan for STs
DARPG	Department of Administrative Reforms and Public Grievances
DAY-NRLM	Deen Dayal Antyodaya Yojana – National Rural Livelihoods Mission
DAY-NULM	Deen Dayal Antyodaya Yojana – National Urban Livelihoods Mission
DBT	Direct Benefit Transfer
DCPU	District Child Protection Units
DDU-GKY	Deen Dayal Upadhyaya Grameen Kaushalya Yojana
DEL	Delhi
DLCW	District Level Center for Women
DLHS	District Level Household Surveys
DLSA	District Legal Service Authority
DMEO	Development Monitoring and Evaluation Office
DNPW	Draft National Policy for Women
DPO	District Programme Officer
DTF	District Task Force
e-ILA	Electronic Incremental Learning Approach
ECCE	Early Childhood Care and Education
ECE	Early Child Education
EDNRF	Energy-Dense, Nutrition-Rich Food
EMRS	Eklavya Model Residential Schools
EWR	Elected Women Representatives
FGD	Focus Group Discussion
FIFO	First-In, First-Out
FLW	Front Line Worker
FLWP	Female Labour/Workforce Participation
FNB	Food and Nutrition Board
GAIN	Global Alliance for Improved Nutrition
GBCs	Gender Budgeting Cells
GER	Gross Enrolment Rate
GHI	Global Hunger Index
GIA	Grant-in-Aid
GII	Gender Inequality Index
GOI	Government of India
GP	Gram Panchayat
HBNC	Home Based New-born Care
HCM	Hot Cooked Meal
HDI	Human development Index
HH	Household
HMC	Hostel Management Committees
HMIS	Health Management Information System
HPR	Half-yearly Progress Reports
ICDS	Integrated Child Development Services
ICMR	Indian Council of Medical Research
ICPD-POA	International Conference on Population and Development Programme of Action
ICPS	Integrated Child Protection Services
IDI	In-Depth Interview
IEC	Information Education Communication
IFA	Iron-Folic Acid

IGFT	Intergovernmental Fiscal Transfers
IGNWPS	Indira Gandhi National Widow Pension Scheme
ILA	Incremental Learning Approach
ILO	International Labour Organisation
IME	Information and Mass Education
IMR	Infant Mortality Rate
IPC	Inter Personal Communication
IPPE	Intensive Participatory Planning Exercise
IRWA	Indecent Representation of Women (Prohibition) Act
ISSNIP	ICDS System Strengthening and Nutrition Improvement Project
IT	Information Technology
ITPA	Immoral Traffic (Prevention) Act
IYCF	Infant and Young Child Feeding Practices
JJ	Juvenile Justice
JJA	Juvenile Justice Act
JJB	Juvenile Justice Boards
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KII	Key Informant Interview
KSY	Kishori Shakti Yojana
LFPR	Labor Force Participation Rates
LGD	Local Government Directory
LMP	Last Menstrual Period
LS	Lady Supervisor
LW	Lactating Women
LWE	Left-Wing Extremism
M&E	Monitoring and Evaluation
MAL	Maldives
MASRD	Mahila aur Shishu Rakshak Dal
MC	Monitoring Committee
MCHN	Mother and Child Health and Nutrition
MDM	Mid-Day Meal
MDWS	Ministry of Drinking Water & Sanitation
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MH	Maharashtra
MHFW	Ministry of Health and Family Welfare
MHRD	Ministry of Human Resource Development
MHRD	Ministry of Human Resource Development
MIS	Management Information System
MKSP	Mahila Kisan Sashaktikaran Pariyojana
MMR	Maternal Mortality Rate
MoC	Memorandum of Cooperation
MoCAF&PD	Ministry of Consumer Affairs, Food & Public Distribution
MoHFW	Ministry of Health and Family Welfare
MoRD	Ministry of Rural Development
MoU	Memorandum of Understanding
MoWCD	Ministry of Women and Child Development
MPEW	Mission for Protection and Empowerment of Women
MPR	Monthly Progress Report
MPV	Mahila Police Volunteers
MSK	Mahila Shakti Kendra
MSME	micro, small and medium enterprises
MSNP	Multi-Sector Nutrition Plan

MSY	Mahila Samriddhi Yojana
MUAC	Middle-Upper Arm Circumference
MWCD	Ministry of Women and Child Development
NCEAR-A	National Centre of Excellence and Advanced Research on Anaemia
NCEARD	National Centre of Excellence and Advanced Research on Diet
NCLP	National Child Labor Project
NCPCR	National Commission for Protection of Child Rights
NCRB	National Crime Record Bureau
NCS	National Creche Scheme
NCW	National Commission of Women
NDD	National Deworming Day
NEN	North East Network
NFBS	National Family Benefit Scheme
NFHS	National Family Health Survey
NFSA	National Food Security Act
NGOs	Non Governmental Organization
NHED	Nutrition and Health Education
NHM	National Health Mission
NIC	National Informatics Centre
NIN	National Institute of Nutrition
NIPCCD	National Institute of Public Cooperation and Child Development
NIPI	National Iron Plus Initiative
NMMSS	National Means-cum-Merit Scholarship Scheme
NNAPP	National Nutrition Anaemia Control Programme
NNM	National Nutrition Mission
NPA	National Plan of Action
NPAC	National Plan of Action for Children
NPAG	Nutrition Programme for Adolescent Girls
NPCDCS	National Programme for prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and stroke
NPL	Nepal
NPYAD	National Programme for Youth & Adolescent Development
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NSAP	National Social Assistance Programme
NSDC	National Skill Development Council
NVBDCP	National Vector Borne Disease Control Programme
OOMF	Output-Outcome Monitoring Framework
OOS	Out Of School
OSC	One Stop Center
PAK	Pakistan
PC&PNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PCMA	Prohibition of Child Marriage Act
PDS	Public Distribution System
PFO	Police Facilitation Officer
PHC	Public Health Centre
PIO	Public Information Officers
PLW	Pregnant and Lactating Women
PMAY-G	Pradhan Mantri Awaas Yojana – Gramin
PMAY-U	Pradhan Mantri Awaas Yojana – Urban
PMEGP	Prime Minister's Employment Generation Programme
PMGSY	Pradhan Mantri Gram Sadak Yojana
PMJDY	Pradhan Mantri Jan Dhan Yojana
PMJJBY	Pradhan Mantri Jeevan Jyoti Bima Yojana

PMKVY	Pradhan Mantri Kaushal Vikas Yojana
PMMSY	Pradhan Mantri Mahila Shashaktikaran Yojana
PMMVY	Pradhan Mantri Matru Vandana Yojana
PMMY	Pradhan Mantri Mudra Yojana
PMRPY	Pradhan Mantri Rojgar Protsahan Yojana
PMSBY	Pradhan Mantri Suraksha Bima Yojana
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PMSYM	Pradhan Mantri Shram Yogi Maan-Dhan
PMU	Project Management Unit
PMVVY	Pradhan Mantri Vaya Vandana Yojana
PNC	Post Natal Care
POCSO	Protection of Children from Sexual Offences Act
PPP	Public-Private Partnerships
PRI	Panchayati Raj Institutions
PSE	Pre-School non-formal Education
PW	Pregnant Women
PW&LM	Pregnant Women and Lactating Mothers
PWDVA	Protection of Women from Domestic Violence Act
QPR	Quarterly Progress Report
RAJ	Rajasthan
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive and Child Health
RDA	Recommended Dietary Allowance
REESI+E	Relevance, Efficiency, Effectiveness, Sustainability, Impact, and Equity.
RGI	Registrar General of India
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
RKSK	Rashtriya Kishor Swasthya Karyakram
RMK	Rashtriya Mahila Kosh
RNTCP	Revised National Tuberculosis Control Programme
RRS	Rapid Reporting System
RTI	Right To Information
RTM	Real Time Monitoring
RUSA	Rashtriya Uchchatar Shiksha Abhiyan
SAARC	South Asian Association for Regional Cooperation
SAG	Scheme for Adolescent Girls
SAM	Severe Acute Malnutrition
SARA	State Adoption Resource Agency
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SBP	Swasth Bharat Preraks
SC	Scheduled Caste
SCPCR	State Commission for Protection of Child Rights
SCPS	State Child Protection Society
SCSP	Scheduled Caste Sub-Plan
SDG	Sustainable Development Goal
SHG	Self Help Group
SITA	Suppression of Immoral Traffic in Women and Girls Act
SL	Sri Lanka
SmSA	Samagra Shiksha Abhiyaan
SNP	Supplementary Nutrition Programme
SOP	Special Outreach Programme
SP	Superintendent of Police
SPI	Social Progress Index
SPMRM	Shyama Prasad Mukherjee RURBAN Mission

SRB	Sex Ratio at Birth
SRCW	State Resource Centre for Women
SSWB	State Social Welfare Boards
ST	Scheduled Tribe
STEP	Support to Training-cum Employment for Women
STF	State Task Force
STH	Soil-Transmitted Helminths
STI	Sexually Transmitted Infections
SVEP	Start-up Village Entrepreneurship Programme
THR	Take Home Ration
TISS	Tata Institute of Social Sciences
TL	Telangana
TN	Tamil Nadu
TOR	Terms of Reference
TSP	Tribal Sub-Plan
UC	Utilisation Certificate
UCSS	Umbrella Centrally Sponsored Scheme
UDHR	Universal Declaration of Human Rights
UNCRC	Convention on the Rights of the Child
UNDFW	United Nations Development Fund for Women
UNICEF	United Nations International Children's Emergency Fund
UP	Uttar Pradesh
URG	Underrepresented Groups
USTTAD	Upgrading the Skills and Training in Traditional Arts/Crafts for Development
UT	Union Territory
VAW	Violence against women
VHND	Village Health Nutrition Day
VHSNC	Village Health Sanitation Nutrition Committee
WCD	Women and Child Development
WCP	Women Component Plan
WHL	Women Helpline
WHO	World Health Organisation
WPR	Worker Population Ratio
WWH	Working Women Hostel

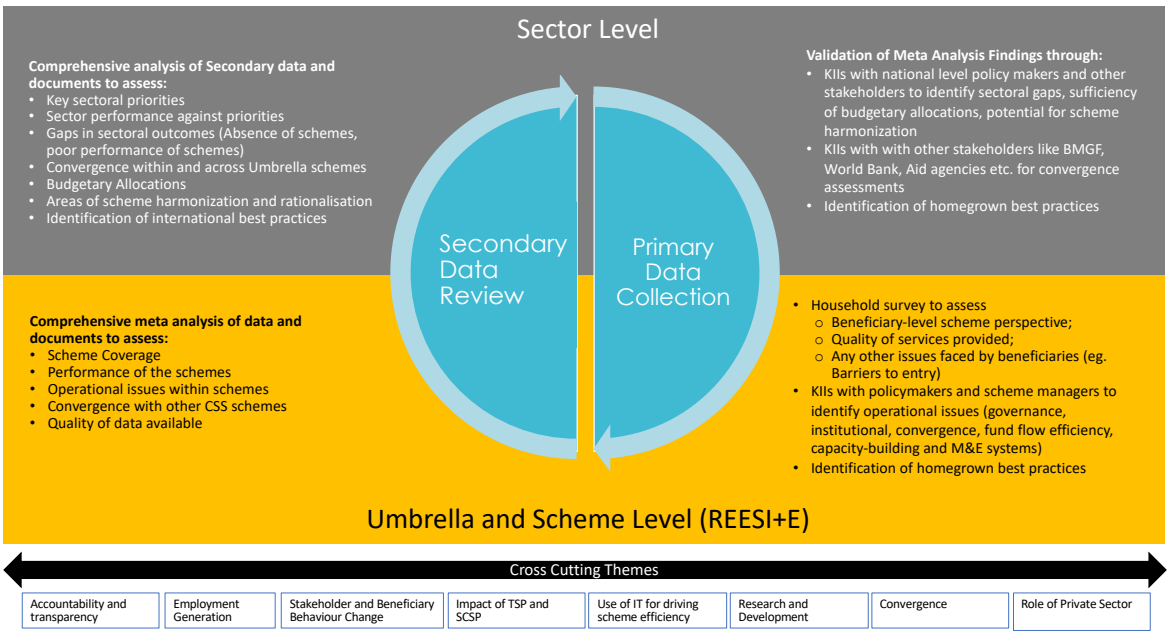
1. Overview

Introduction

As India moves forward to realize the goals of minimum government and maximum governance, there is a need to provide focused government intervention necessitating an integrated Sector-level study. The present sectoral evaluation study aims to recommend rationalization of schemes to unlock the growth potential of the WCD sector strategically. The intent of the evaluation (covering Umbrella ICDS and Mission for Protection and Empowerment for Women) is to capture the broader canvas of effectiveness, efficiency, impact, the scope for skill developments, value additions, opportunities to bring innovation and sustainability across WCD schemes, thereby assessing the overall sectoral impact on the national economy. The evaluation study comprises of 4 components: (i) Sector Analysis; (ii) Umbrella and Scheme Level Analysis; (iii) Identification of best practices and case studies; and (iv) identification of ways to improve scheme harmonisation and scheme rationalisation. One of the focus areas of the evaluation is to assess the sector and scheme performance against various cross-sectional themes such as convergence, use of IT, convergence, social inclusion, etc.

Overall evaluation approach

The evaluation uses a mixed-method approach utilising both quantitative and qualitative as well as secondary and primary data is used to provide an integrated sector-level study. Several evaluations of individual WCD schemes have taken place over the years, providing useful insights into the key contributors of improving maternal health, education, socio-economic status and sanitation along with the unique challenges of different regions. This evaluation trie to analyse the results of these evaluations complemented with sectoral analysis and programmatic review. To validate our findings, we collected primary data through Household Survey, Key Informant Interview and Focus Group Discussions from the ward/village to national level. As the focus of this evaluation is strategic rather granular, we have relied heavily on the secondary data review along with qualitative insights from policymakers, development partners, implementing agents and beneficiaries themselves which is validated with primary quantitative data in the form of a beneficiary survey. Overview of the approach to evaluation is provided below.



Key Evaluation Questions

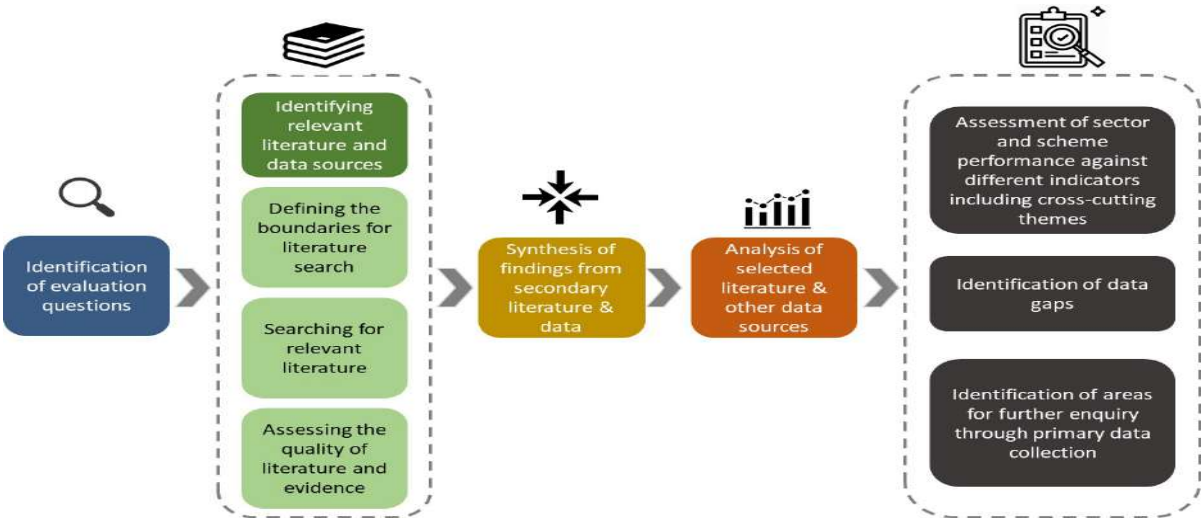
The evaluation team, based on the inputs and feedback received from NITI Aayog during the Kick-off meeting, identified the following sector and scheme level evaluation questions, which form the foundation for secondary and primary data collection.

Sector Level	Scheme Level
• **EQ1:** What are the key national and international priorities for Women and Child Development Sector? • **EQ 2:** How has the sector performed against key priorities and international commitments? What are the gaps in sectoral outcomes? • **EQ 3:** How has the WCD sector aligned with the national priorities? Are there any gaps in the sector programming due to lack of specific interventions and failure or poor outcomes of existing schemes? • **EQ 4:** How are national schemes and stakeholders intended to contribute to the sectoral outcomes, and what is their actual contribution? • **EQ 5:** Do the WCD schemes converge within and across umbrella schemes and with other schemes of the Government and stakeholders? • **EQ 6:** What are some of the operational challenges facing the WCD sector • **EQ 7:** What is the feasibility and acceptability of introducing changes in financial norms such as performance-based incentives? • **EQ 8:** How has the Women & Child Development sector contributed to various cross-cutting themes such as (i) accountability and transparency; (ii) employment generation; (iii) gender mainstreaming; (iv) climate change & sustainability; (v) mainstreaming of Tribal and Scheduled Caste population; (vi) use of IT/Technology in driving efficiency; (vii) behavioural change; (viii) unlocking synergies with other government programmes; and (ix) impact on and role of the private sector, community and civil society/NGOs in the scheme.	**Relevance** • **EQ1:** To what extent are the intended outcomes of the scheme strategically aligned with India's national and international priorities and do not duplicate other government initiatives? • **EQ 2:** To what extent is the scheme design appropriate for achieving the intended outcomes? **Effectiveness** • **EQ 3:** Have the scheme's intended outcomes been achieved or are expected to be achieved at the time of observation, and whether any unintended outcomes had inadvertently reduced the value of the scheme? **Efficiency** • **EQ 4:** How well did the scheme use its resources to achieve its outcomes? **Sustainability** • **EQ 5:** What is the likelihood that scheme outcomes & outputs will be maintained over the economic life of the scheme or over a meaningful timeframe? • **EQ: 6:** What are the in-built mechanisms within the scheme to manage risks and ensure financial, institutional, environmental & social sustainability? **Impact** • **EQ 7:** Does the scheme contribute to reaching higher-level development objectives? • **EQ 8:** What is the impact of the scheme on the target group or those affected? • **EQ 9:** Are there any unintended positive as well as negative development impacts of the intervention? • **EQ 10:** What is the impact of the scheme on the behavioural attitude of the beneficiary group? • **EQ 11:** What is the impact of the scheme on training and capacity building efforts of all stakeholders working under the scheme? • **EQ 12:** Does the scheme fulfil its overall objectives and national priorities envisaged in its mandate? **Equity** • **EQ 13:** To what extent has the scheme been successful in making services and scheme benefits available to different social groups? • **EQ 14:** Does the scheme ensures coverage for people belonging to vulnerable, marginalized, disadvantaged groups & weaker sections of society?

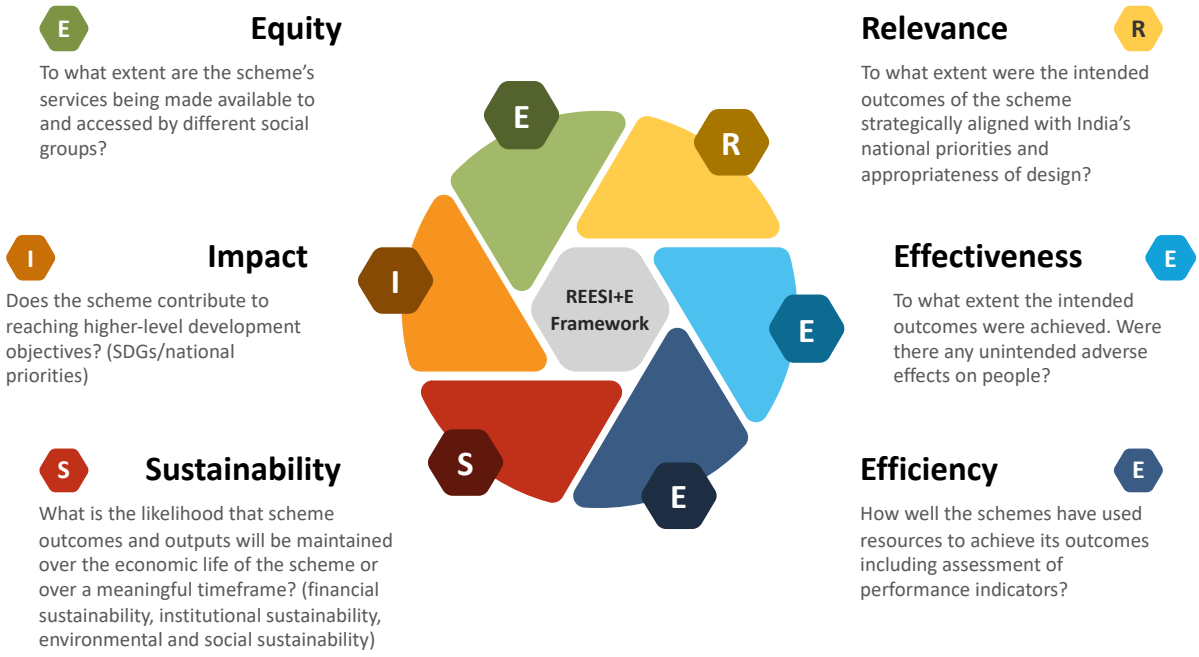
Secondary Analysis Methodology

Secondary data analysis forms the core of this evaluation exercise. The evaluation team undertook a rigorous review of the available secondary literature to identify, synthesise and analyse the secondary data and findings. Data sources for secondary analysis include: data on

performance by the ministry, schemes and ministry annual reports, CAG reports, and independent external evidence from think tanks, academic institutions, etc. The process for undertaking secondary data analysis is presented below:



In order to be able to undertake the document and data search systematically, the evaluation team developed a search strategy which includes setting up the boundaries for the selection of research studies. In order to be able to provide evidence that is relevant to this evaluation, the evaluation team proposed only to include secondary literature produced or based on the data after 2010. This makes sure that the findings of this report reflect the recent policy and operational initiatives undertaken by the government, which may already have addressed some of the findings of the studies conducted before 2010. At the scheme level, the analysis is undertaken around the REESI+E framework as showcased below.



Field Study Methodology

The field study was undertaken with the objective to complement the secondary analysis of the evaluation. The field study objectives can be described under the following two components:

- Complementing secondary analysis by validating the sector level findings, identified through secondary analysis, to assess the women and child sector performance.
- Helping to triangulate the secondary data and assess umbrella schemes and CSS schemes through the lens of Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity (REESI+E) framework and cross-cutting themes.

The field study design combined both quantitative and qualitative data collection in addition to institutional visits. An analytical framework was created for each of the 16 CSS to gain a macro-level understanding of the key areas of inquiry and indicators. The secondary synthesis of literature provided findings with key areas required to be validated through primary study. This helped in identifying the list of stakeholders to be covered for field study and also helped in designing the tools through the lens of REESI+E framework.

The finalised tools were pilot tested in two parts; the first was done in two villages and two wards in Haryana. The second was done in one village and one ward in U.P. Additionally, institutional studies were conducted in Haryana and Delhi for CCI, Working Women Hostel and Swadhar Greh.

Qualitative Data Collection

The qualitative study was undertaken across all 12 States/UTs selected for the study in addition to the national level interviews. Qualitative data collection was undertaken through:

- Key Informant Interviews/In-Depth Interviews
- Focus Group Discussions
- Institutional Study

KIIs/IDIs undertaken

Stakeholder	Number covered
States covered	11 States and 1 UT: Assam, Bihar, Chattisgarh, Delhi UT, Jharkhand, Maharashtra, Mizoram, Rajasthan, Tamilnadu, Telangana, Uttar Pradesh, Uttarakhand
National level KIIs	27
State Level KIIs	116
District Level KIIs	156
CDPOs	85
PRI member	106
L.S	109
Anganwadi worker	178
Institutional level IDI's with beneficiaries	35
Institutional level KII/FGD with Staff	34

No. of FGDs undertaken

State	Village FG's covered
Assam	11
Bihar	11
Chattisgarh	12
Delhi UT	11
Jharkhand	10
Maharashtra	11
Mizoram	14
Rajasthan	12
Tamilnadu	10
Telangana	11

Uttar Pradesh	11
Uttarakhand	12
Total	**136**

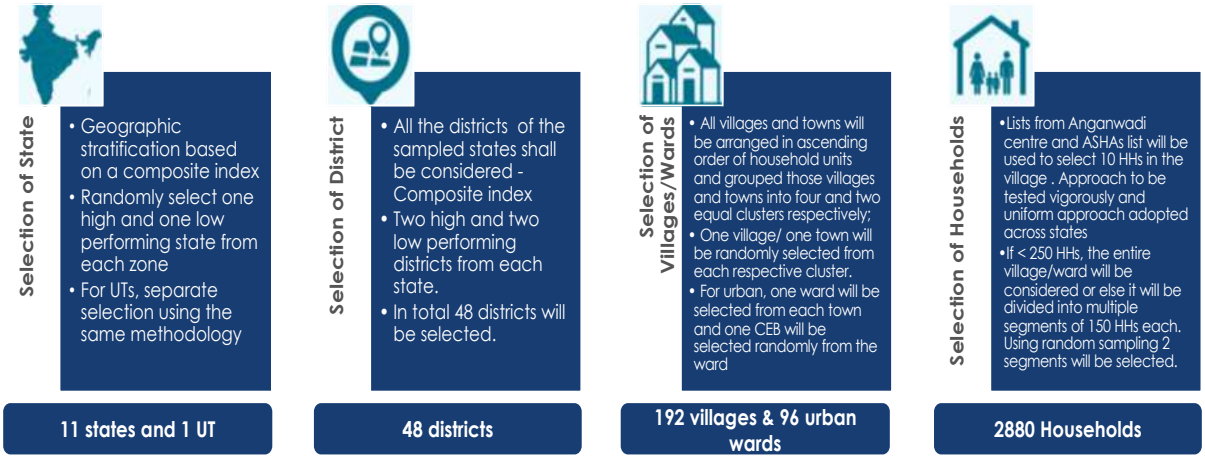
Institutional Surveys Completed

State	Institutions covered
Anganwadi Centers	261
Ujjawala Homes	6
Swadhar Greh Homes	8
CCI Homes	11
One Stop Centers	12
Working Women's Hostels	9

Quantitative Data Collection

The quantitative part of the field study involved collecting data from beneficiaries of various WCD schemes and understand the sector and implementation of the scheme through REESI+E framework.

Quantitative Sampling



Selection of states and districts

The selection was made through a combination of a scientific and consultative approach. The entire country was divided into 6 zones: (i) North, (ii) South, (iii) East, (iv) West, (v) Central (vi) North-East. Next, within each zone, States/UT were selected based on a composite index of 15 indicators including maternal and child nutrition indicators, children's well being and protection indicators, women's empowerment indicators, and protection of women and girls indicators. Based on this composite index, two states were selected in each zone – one above average and one below zonal average based on the composite index. Similar to the state selection, the four districts per state were selected using a composite indicator. Overall, the quantitative study covered 48 districts across 11 States and 1 UT.

State and District Selection

State Name	District name
Assam	Barpeta, Morigaon, Nagaon, Nalbari
Bihar	Gopalganj, Madhepura, Munger, Purba Champaran
Chattisgarh	Bilaspur, Durg, Korba, Uttar Bastar Kanker
Delhi UT	East, North East, North West, South West
Jharkhand	Chatra, Dumka, Paschimi Singhbhum, Simdega

Maharashtra	Bid, Latur, Nashik, Parbhani
Mizoram	Champhai, Lunglei, Mamit, Saiha
Rajasthan	Bhilwara, Jaisalmer, Jhalawar, Kota
Tamilnadu	Madurai, Perambalur, Theni, Virudhunagar
Telangana	Karimnagar, Nalgonda, Nizamabad, Rangareddy
Uttar Pradesh	Deoria, Kannauj, Pilibhit, Unnao
Uttrakhand	Champawat, Dehradun, Garhwal, Hardwar

Selection of households and beneficiaries for quantitative survey

A quantitative survey was conducted for a sample of 3048 households to ensure robust representation of selected states and UT. The sample distribution across these 12 states/UT were finalized based on the discussion with NITI Aayog and MWCD, where strengths and weaknesses of two approaches, namely: (a.) Uniform distribution of samples across states; and (b.) Distribution of sample based on the volume of target beneficiaries. After rounds of discussion and weighing the pros and cons of the two approaches, the uniform distribution of samples across states were selected. After finalization of village/town/city/ward, the villages/ wards were classified based on the number of households. If the village/town/city/ward has less than 250 households, the entire area was considered for the survey. In case the village/ward has more than 250 households, it was divided into multiple segments of 150 Households each. Two such segments were selected randomly and considered for household selection. From the selected segments, the list from Anganwadi workers was used to select households and beneficiaries for study. The study also purposively selected households with working women with children beneficiaries. The sample distribution across states are as follows:

HH Survey Beneficiaries covered

State	Number of HH interviewed
Assam	240
Bihar	248
Chhattisgarh	258
Delhi UT	266
Jharkhand	278
Maharashtra	242
Mizoram	263
Rajasthan	257
Tamil Nadu	241
Telangana	240
Uttar Pradesh	252
Uttarakhand	263
Total	**3,048**

Respondent Profile

The percentage division of the beneficiaries covered in the quantitative survey for the midterm report is given below:

Beneficiary category	Percentage in the total sample (%)
Pregnant women	21.23%
Lactating mother	23.85%
Mother of a child aged between 6 months to 3 years	21.88%
Mother of a child aged between 3 years to 6 years	26.44%
Adolescent girls	8.37%
Other categories of women	2.43%

2. Background of the Study

2.1. Overview of the Evaluation Study

As India moves forward to realize the goals of minimum government and maximum governance, there is a need to provide focused government intervention, and this necessitates an integrated Sector-level study. This sectoral evaluation aims to rationalise schemes to strategically unlock the growth potential of the Women and Child Development (WCD) sector while integrating different programmes and holistically approaching the sector development agenda. Despite the fact that multiple evaluations have been undertaken to assess the effectiveness of particular schemes, an umbrella level approach of ICDS, and Mission for Protection and Empowerment of Women along with interlinkages between them is required.

The intent of this evaluation covering Umbrella CSS (Umbrella ICDS and Mission for Protection and Empowerment for Women) is to capture broader canvas of effectiveness, efficiency, impact, the scope for skill developments, value additions, opportunities to bring innovation and sustainability across WCD schemes, thereby assessing the overall sectoral impact on the national economy.

2.2. Scope of the Study

The reference period of the study is from **2015-16 to 2018-19**. The evaluation study comprised of **4 broad components**:

Sector Analysis

The evaluation assessed the performance of the women and child development sector against national priorities and international commitments. The sector analysis has been used to assess the suitability of sector scheme composition, to analyse sectoral outcomes to identify gaps and assess performance, and to map the intended and actual contribution of Umbrella schemes and CSS to sectoral outcomes. Further, the sector analysis aimed to identify convergence of schemes with other developmental programmes of the Central and State Governments, private sector, CSR efforts etc. A cross-sectional thematic assessment was also conducted along the lines of accountability and transparency, use of IT, gender mainstreaming, the inclusion of vulnerable populations, climate change, etc. to bolster this component. This component has been driven by the analysis of secondary data. Gaps in the secondary data have been plugged in by primary data analysis to validate findings.

Umbrella and Scheme Level Analysis

Based on the analysis of secondary and primary data collected from beneficiaries and other key respondents, the performance of umbrella schemes and each of the individual schemes is mapped and analysed based on their intended and actual contribution. The assessment uses the REESI+E (Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity) Framework, which is further reinforced by addressing cross-sectional themes at the scheme level. Evaluation of schemes is done at two levels: at the household/beneficiary level, and at the delivery mechanism level. At the household/beneficiary level, the evaluation includes coverage of eligible beneficiaries, quality of service delivered, impact on the beneficiaries. At the delivery mechanism level, the parameters include process adherence, citizen participation, efficiency in delivery,

convergence, improvements on governance through effective use of IT and other similar parameters.

Best Practices & Case Studies

The evaluation identified scalable best practices and innovations through interviews with policymakers, policy managers, researchers and beneficiaries.

Programme Rationalisation

The scheme and sector level analysis is synthesised to determine the modalities for the continuation of the schemes. The evaluation sought harmonisation based on:

- Existing potential and ability to bring synergies amongst different schemes within the sector.
- Scope and opportunities to develop complementarities with other schemes and programmes.
- Responsiveness and capacities of the institutional structure to sustain the benefits of services and impacts on a long-term basis.
- Possibilities for strengthening governance to reflect priorities in accountability and transparency in resource deployment and implementation.

2.3. Structure of the Report

This evaluation report provides the findings of the schemes, umbrella and sector analysis conducted as part of the evaluation.

This report is divided into two volumes. **Volume I** sets the context for the entire evaluation – it provides a background to the evaluation and describes the evaluation objectives and scope. It sheds light on the approach to be employed to perform this evaluation. Volume I also provides a detailed methodology – for both literature review and field study. Other key areas such as the approach to link secondary and primary findings, to review sectoral SDG targets, and to address cross-sectional themes are also detailed in this volume. Volume I concludes with a section on the limitations of the evaluation.

Volume II begins with a detailed analysis of the Women and Child Development sector. The section includes an assessment of the performance of the section, including the sector's contribution to various cross-cutting themes. The section also highlights the issues and challenges faced by the sector and the evaluation's recommendations for the sector. Volume II also provides an analysis of the two Umbrella Schemes – Umbrella ICDS and Mission for Protection and Empowerment of Women (MPEW) – which cover assessment of the UCSS performance, issues and challenges and provides recommendation for making the Umbrella schemes more effective and efficient.

Volume II also presents detailed scheme level analysis of the 15 Centrally Sponsored Schemes under the MWCD ministry. Each CSS is evaluated using the REESI+E framework against the Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity. Each scheme level analysis also includes an examination of issues and challenges. Volume II concludes with conclusions and recommendations pertaining to both the WCD sector and the 15 schemes under review.

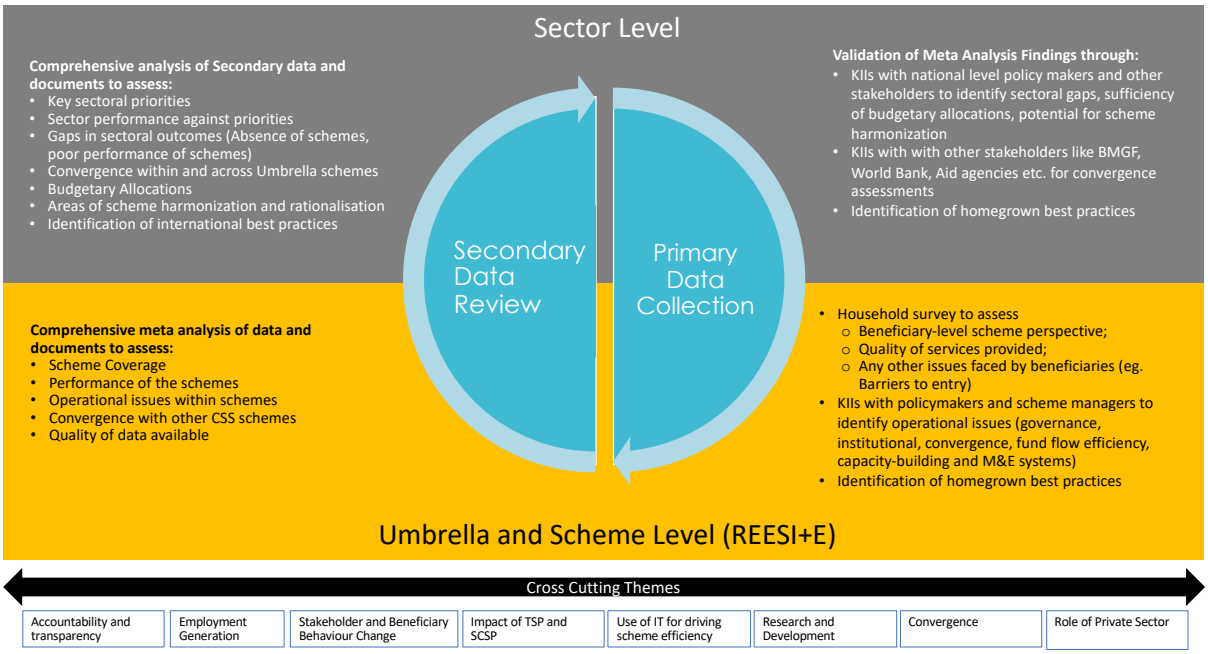
3. Approach and Methodology

3.1. Overall Approach

The key underlying principles of the evaluation is to use the findings from the analysis of secondary as well as the primary data to assess the performance of the WCD sector, as well as of the various Centrally Sponsored Schemes.

At the sector level, a comprehensive analysis of the available literature and secondary data was undertaken to identify key national priorities (through national-level strategy documents) and international commitments (SDGs, WHO health and nutrition targets etc.) as well as to identify sector performance against the identified targets. The sector level literature review was supplemented with an analysis of sector trends in terms of budgetary allocations and expenditure, scheme and sector efficiency, to underscore how the schemes come together to respond to the sector outcomes and targets. The sector analysis also provides an overview of the sector's contribution to the cross-cutting themes such as accountability and transparency, employment generation, gender mainstreaming, the inclusion of vulnerable groups, climate change adaptation and use of IT, etc. Findings from the sector level literature review (a) formed the basis for identifying areas of further enquiry, and (b) provided inputs for through KIIs and IDIs with national and state-level policymakers, scheme managers, beneficiaries, etc. At the scheme level, the evaluation operationalises the REESI+E framework to assess the schemes against the criterion of Relevance, Efficiency, Effectiveness, Sustainability, Impact and Equity, using both secondary and primary data. This is represented in **Figure 1**.

Figure 1: Overall approach for interlinking the secondary and primary study findings



Given that this evaluation is geographically diverse and covers multiple schemes, it is ensured that insights, perspectives and key evaluation responses from all stakeholders are incorporated to arrive at comprehensive conclusions. Thus, this evaluation is characterised by a **consultative and participatory approach,** wherein the active involvement of all stakeholders is encouraged – both at the supply as well as the demand side. Experiences of beneficiaries and service providers are recorded to ascertain unintended positive and negative experiences. Further, the evaluation

is **learning, and utilisation focused** such that findings are useful to a large audience and lessons and recommendations inform decisions to improve the performance of individual schemes as well as the whole sector.

A **mixed-methods approach** is used. The study design combines quantitative and qualitative data from both primary and secondary sources in order to cross-verify information and obtain a wide range of perspectives. Data triangulation is a key element of the evaluation: secondary findings are being validated by primary data, and efforts are taken to ensure that different dimensions of the same theme are captured. Some specific aspects of data triangulation that are used for analysis are as follows:

- The core team **undertaking all National level KIIs** and **visiting states** to undertake State level KIIs, interact with beneficiaries and non-beneficiaries, and identify best practices and home-grown innovations.
- **Inclusion of insights from non-beneficiaries** – to understand how schemes are viewed from the outside, to deepen our understanding on the obstacles to access scheme benefits – thus triangulating their views with the insights of implementers and beneficiaries on exclusion errors, coverage issues etc.
- **Undertaking physical and telephonic back-checks** to ensure data validity.
- Different aspects and perspectives of the same issues (such as quality of services under the scheme) being **captured at all levels** including supply and demand side.
- **Triangulation of insights of government and non-governmental stakeholders** – to gain insights on schemes from various perspectives – development partners, technical partners, experts – to integrate views from both within and outside the ambit of implementation.

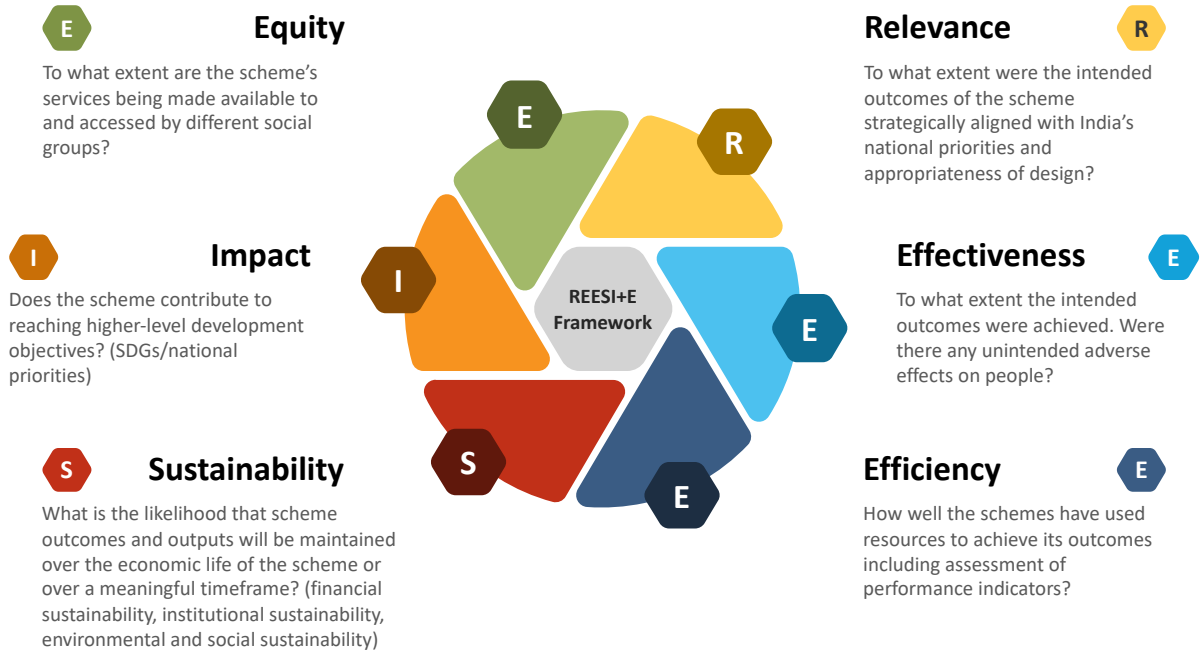
Quantitative data providing the **"what" answers** to research questions being triangulated with qualitative data providing the "**why" answers**.

3.1.1. Level of analysis

Our analysis looks at four interlinked levels starting with the **international priorities** in terms of the Sustainable Development Goals and **national priorities** as identified in the key policy documents of the Government of India. We have evaluated the extent to which the women and child development sector is aligned to help achieve SDGs and national priorities and where these are not being addressed either due to absence of interventions or non-performance of existing schemes/ interventions. Details of SDG target mapping with schemes is provided in ***Annex 1***.

Our next level of analysis is at the CSS level. A REESI framework is used for this analysis. These criteria reflect the core principles for evaluating development assistance and have been adopted by most development agencies as standards of good practice in evaluation. Equity as a criterion is also assessed to understand the extent to which government services are being made available to and accessed by different social groups. The REESI framework is described in ***Figure 2*** below:

Figure 2: REESI+E framework for umbrella and scheme level analysis



Through the REESI framework, we have evaluated coverage of various schemes in terms of eligible target beneficiaries, services, geographies and analyse the reasons for non-coverage; key issues/bottlenecks & challenges in the implementation mechanism; quality of services provided under the schemes and see how far these services benefited the end beneficiaries, and convergence within and across Umbrella schemes. We have also assessed how each of the schemes is contributing to international and national priorities. The list of schemes being covered in this evaluation is given in *Table 1*.

Table 1: List of schemes covered under the Women and Child Development sector

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

Programme Harmonisation

Through our sectoral and schematic evaluation, we have **attempted to achieve programme harmonisation,** i.e. identifying those areas in each CSS which are complementary and recommending design or implementation mechanisms, which can help the schemes to work together to achieve an overall strategic objective. Through harmonisation, we attempt to help different stakeholders share the same vision, work together and optimise the use of resources. In order to review the programme harmonisation, we looked at the following key areas:

The strategic vision of each CSS, including its vision and mission statement and the impact it aims to make to find common activities, inputs, outputs, outcomes and find ways to make synergies.

Participation of stakeholders: Understanding the coordination mechanism of stakeholders and identifying processes to help achieve a common vision and better use of resources.

Common actions: Understanding the actions being undertaken for each cross-sectional theme in each CSS and identifying common actions to achieve thematic goals for the sector.

Monitoring and controlling: Checking progress towards the sectoral by all schemes as well as the identification of new challenges, such that schemes are monitored and controlled in a harmonised way.

Best-practices and Home-grown innovations

As part of the analysis, the evaluation provides key best practices identified through secondary analysis as well as interviews with National, State and District level stakeholders. Lesseons derived from best practices are also highlighted to support learning and scaling-up.

Convergence

The basic objective of convergence of different schemes is to establish synergy among the different programmes in planning and implementation with a view to optimising the benefits. Secondly, appropriate convergence strategies can bring enhanced economic opportunities for the target beneficiaries in the scheme, which will strengthen the employment and livelihood of the people. Within convergence, we look at the following:

- **Policy Convergence:** Convergence at the policy level to determine the degree and nature of convergence. Building a common perspective among stakeholders and finalising the convergence parameter would be possible only when policy level convergence decisions are taken.
- **Inter-ministerial and inter-sectoral convergence:** Convergence with other developmental programmes of the Central and State Governments, private sector, CSR efforts, etc.
- **Scheme Convergence:** Convergence based on similarity or synergies in services offered.
- **Resource-Based Convergence:** Convergence of human resources and financial resources of different programmes/schemes implemented.
- **Operationalization of convergence mechanisms:** Identifying where convergence has been planned and executed within the parameters of that scheme and available guidelines.

Cross-cutting themes

Cross-cutting themes of *Accountability & Transparency; Direct/Indirect Employment Generation; Climate Change & Sustainability; Use of Technology in driving efficiency; Tribal and Scheduled Caste Population; Innovative Practices, technology and know-how; Behavioural change; Research &*

Development; Synergy with other Government Programmes; Reforms & Regulations; and Role of Private sector/community/collectives/cooperatives are at the centre of our evaluation while looking at the schemes.

3.1.2. Key evaluation questions

The evaluation undertook a thorough study of the RFP, and based on the inputs and feedback received from NITI Aayog during the Kick-off meeting, identified the following sector and scheme level evaluation questions, which form the foundation for secondary and primary data collection. A list of evaluation questions that are sought to be answered through the secondary and primary data analysis is provided below.

Sector Level

The broad sector level evaluation questions particularly those related to the performance of the WCD sector have been broken down into a number of sub-questions to asses performance against different aspects of the sector including but not limited to the effect of financial transfers on social, health and economic outcomes, difference in the nutritional status of the beneficiaries and eligible non-beneficiaries, access, availability, service delivery, and satisfaction of the target beneficiaries, the impact of the IEC component within the sector and infrastructure and human resource gaps within the sector.

- **EQ1:** What are the key national and international priorities for WCD Sector?
- **EQ2:** How has the sector performed against key priorities and international commitments? What are the gaps in sectoral outcomes?
- **EQ3:** How has the WCD sector aligned with the national priorities? Are there any gaps in the sector programming due to lack of specific interventions and failure or poor outcomes of existing schemes?
- **EQ4:** How are national schemes and stakeholders intended to contribute to the sectoral outcomes, and what is their actual contribution?
- **EQ5:** Do the WCD schemes converge within and across umbrella schemes and with other schemes of the Government and stakeholders?
- **EQ6:** What are some of the operational challenges facing the WCD sector?
- **EQ7:** What is the feasibility and acceptability of introducing changes in financial norms such as performance-based incentives?
- **EQ8:** How has the WCD sector contributed to various cross-cutting themes such as (i) accountability and transparency; (ii) employment generation; (iii) gender mainstreaming; (iv) climate change & sustainability; (v) mainstreaming of Tribal and Scheduled Caste population; (vi) use of IT/Technology in driving efficiency; (vii) behavioural change; (viii) unlocking synergies with other government programmes; and (ix) impact on and role of the private sector, community and civil society/NGOs in the scheme.

Scheme Level

At the scheme level, the evaluation has operationalised the REESI+E framework and evaluated all individual and umbrella schemes against the criterion of Relevance, Efficiency, Effectiveness, Sustainability, Impact, and Equity.

Relevance

- **EQ1:** To what extent were the intended outcomes of the scheme strategically aligned with India's national and international priorities & did not duplicate other government initiatives?
- **EQ2:** To what extent was the scheme design appropriate for achieving the intended outcomes?

Effectiveness

- **EQ3:** Have the scheme's intended outcomes been achieved or are expected to be achieved at the time of observation, & whether any unintended outcomes had inadvertently reduced the value of the scheme?

Efficiency

- **EQ4:** How well did the scheme use its resources to achieve its outcomes?

Sustainability

- **EQ5:** What is the likelihood that scheme outcomes & outputs will be maintained over the economic life of the scheme or over a meaningful timeframe?
- **EQ6:** What are the in-built mechanisms within the scheme to manage risks and ensure financial, institutional, environmental & social sustainability?

Impact

- **EQ7:** Does the scheme contribute to reaching higher-level development objectives?
- **EQ8:** What is the impact of the scheme on the target group or those affected?
- **EQ9:** Are there any unintended positive as well as negative development impacts of the intervention?
- **EQ10:** What is the impact of the scheme on the behavioural attitude of the beneficiary group?
- **EQ11:** What is the impact of the scheme on training and capacity building efforts of all stakeholders working under the scheme?
- **EQ12:** Does the scheme fulfil its overall objectives and national priorities envisaged in its mandate?

Equity

- **EQ13:** To what extent are the government services being made available to & accessed by different social groups?
- **EQ14:** Does the scheme ensure coverage for people belonging to vulnerable, marginalized, disadvantaged groups & weaker sections of society?

3.2. Secondary Analysis Methodology

Secondary data analysis forms the core of this evaluation exercise. The evaluation undertakes a rigorous review of the available secondary literature to identify, synthesise and analyse the secondary data and findings. The evaluation makes use of information available from government and external information sources, data on performance by the Ministry, schemes and Ministry annual reports, CAG reports, etc. and independent external evidence from think tanks, academic institutions, etc. to present a comprehensive analysis of available secondary data.

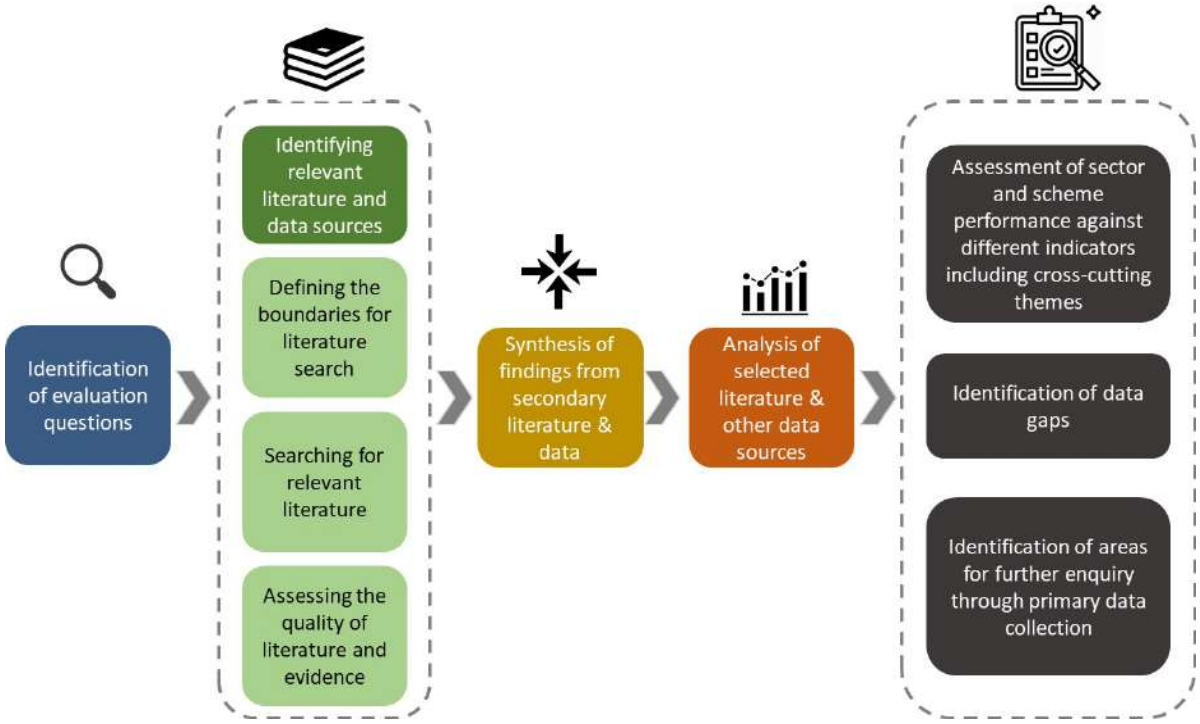
Process

The objective of the secondary data analysis is to systematically collect and appraise existing documents, studies, and reports pertaining to the WCD sector and assess the impact of its centrally sponsored schemes, analyse the strength of the methods used, synthesise the findings

from the available secondary documents, and highlight the implications for policy, programming, practice and further research. Secondary analysis has also helped in analysing and synthesising all available evidence on the performance, gaps and suggesting a way forward for the Women and Child Development sector. It provides an opportunity to implement an evidence-based approach in a sector where there is a large body of evidence of variable quality, but a systematic appraisal and synthesis of the body of literature is lacking.

The secondary analysis has also provided insights into areas for further investigation through the primary data collection. The process for undertaking secondary data analysis at the sector level is presented in **Figure 3** below and explained in the following pages.

Figure 3: Framework for secondary analysis



Identifying relevant secondary literature and secondary data sources

Once the key evaluation questions were identified and agreed with NITI Aayog, a systematic search for relevant secondary literature to enable assessment of sector and schemes against the evaluation questions was undertaken. The sources of secondary literature included ministry reports, scheme annual reports, evaluations and research conducted by the government, NGOs, academic institutions, and other development sector actors such as think tanks, multi- and bi-lateral donors, etc.

In order to document and search data systematically, the evaluation developed a search strategy which included setting up the boundaries for the selection of research studies. In order to provide evidence that is relevant, the evaluation proposed to include only secondary literature produced or based on the data after 2010. This made sure that the findings of this report reflect the recent policy and operational initiatives undertaken by the government, which may already have addressed some of the findings of the studies conducted before 2010. An indicative list of secondary data sources used by the evaluation for the secondary analysis include:

- National and International sector documents
- Financial data on allocation and expenditures of the schemes

- Annual reports of the ministries for output and outcome assessment
- Available evaluation reports for output and outcomes assessment
- Annual progress reports and implementation documents to assess the institutional arrangements
- Evaluations undertaken by non-government agencies
- MIS Data available with the Ministry
- National Family Health Surveys (2005-06 and 2015-16)
- Comprehensive National Nutrition Survey, 2018

More than 100 relevant reports and studies were identified, and a review of these was undertaken. A list of all documents collected has been provided in **Annex 2**.

Development of Secondary Review Framework

To conduct a literature review effectively and in a manner which is also useful to the entire team, we developed a framework during the inception phase, which allows us to easily triangulate findings and feed into the data collection tools. The framework covers the following aspects:

- Key Sectoral findings
- Preliminary Schematic findings
- Findings against each cross-sectional theme
- Key Areas of Enquiry for primary data collection
- Respondents for primary data collection
- Type of data collection tools to be used against each type of respondent
- Questions for each respondent type

The framework for the current documents reviewed is given in ***Annex 3***.

Synthesis of findings from secondary literature and data

Once the pool of literature and findings from each document were narrowed down, the key element was synthesis - the process of bringing together the findings from the set of included studies in order to draw conclusions based on the body of evidence. The two main approaches we are using are quantitative (statistical pooling) and narrative. An iterative approach is being undertaken in developing a theory of what is working and why, developing a preliminary synthesis of triangulated findings, exploring relationships in the data and assessing the robustness of the synthesis. We have developed two separate frameworks for undertaking sectoral and schematic synthesis of findings – these are presented in **Table 2** and **Table 3** below.

Table 2: Sector level analysis framework

Evaluation Criteria	Key Evaluation Questions	Areas of enquiry for secondary analysis	Secondary Data Sources
Sector Performance	**EQ1:** What are the key national and international priorities for Women and Child Development Sector?	• Understanding national priority for WCD in terms of beneficiaries/ geography/vulnerable groups • Determining international priorities and international targets for the sector • Identifying gaps in the existing policy framework	• Healthy States Progressive India • Strategy of New India @ 75 • MWCD Strategic Plan • National Nutrition Strategy • National and International development goals and sector documents
	EQ2: How has the sector performed against key priorities and international commitments? What are the gaps in sectoral outcomes?	• Alignment of centrally sponsored schemes with SDGs. • Adherence to international commitments with regard to Women and children (CEDAW, Mexico Plan of Action (1975), the Nairobi Forward Looking Strategies (1985), the Beijing Declaration, Platform for Action (1995)) • Alignment of outcomes and impacts of CSS with sectoral outcomes and sectoral vision • Cognizance of CSS with National Policy for the Empowerment of Women. • Identification of sectoral outcomes not targeted by CSS. • Identification of sectoral outcomes which are targeted but not being impacted by CSS.	• SDG National Indicator Framework • Strategy of New India @ 75 • National Policy for Empowerment of Women, 2001 • MWCD Strategic Plan • Programme Documents of CSS • Outcome of Schemes for Women Empowerment in India • Annual reports of the ministry for output and outcome assessment • Available evaluation reports for output and outcomes assessment
	EQ3: How has the WCD sector aligned with the national priorities? Are there any gaps in the Sector programming due to lack of specific interventions and failure or poor outcomes of existing schemes?	• Alignment of WCD sector schemes with national policies for women and children • How do CSS schemes contribute to sector level outcomes?	• National and development goals and sector documents • Annual reports of the ministry for output and outcome assessment • Available evaluation reports for output and outcomes assessment • Evaluations undertaken by non-government agencies.
	EQ4: How are national schemes and stakeholders intended to contribute to the sectoral outcomes, and what is their actual contribution?	• Are schemes' objectives and intended outcomes in line with sectoral priorities? • What are the national level impacts of the schemes in terms of SDGs and national targets?	• Scheme guidelines • Available evaluation reports for output and outcomes assessment • Annual progress reports and implementation documents to assess the institutional arrangements

Evaluation Criteria	Key Evaluation Questions	Areas of enquiry for secondary analysis	Secondary Data Sources
			• Evaluations undertaken by non-government agencies • MIS Data available with the Ministry • National Family Health Surveys • Comprehensive National Nutrition Survey
	EQ5: Do the WCD schemes converge within and across umbrella schemes and with other schemes of the Government and stakeholders?	• Schemes' intended convergence mechanisms? • Are there operational mechanisms in place to enable inter scheme and inter ministry coordination?	• Annual progress reports and implementation documents to assess the institutional arrangements • Available reports of evaluations
	EQ6: What are some of the operational challenges facing the WCD sector? (will cover infrastructure gaps, human resources, etc)	• What are the infrastructure gaps in the sector? • What are human resource gaps in the sector? • Are there policies and procedures in place to enable smooth operationalisation of schemes contributing to sector outcomes? • What are the operational inefficiencies in budget utilisation, allocation, etc.?	• Financial data on allocation and expenditures of the schemes • Annual progress reports and implementation documents to assess the institutional arrangements • Evaluations undertaken by non-government agencies • MIS Data available with the Ministry

Table 3: Scheme level analysis framework

Evaluation Criteria	Key Evaluation Questions	Areas of Enquiry for secondary analysis	Secondary Data Sources	Further Information to be validated through primary data (not exhaustive)
Relevance	**EQ1:** To what extent were the intended outcomes of the scheme strategically aligned with India's national and international priorities & did not duplicate other government initiatives? **EQ2:** To what extent was the scheme design appropriate for achieving the intended outcomes?	• How well does the scheme align with national priorities? • Is the scheme design appropriate for achieving the intended outcomes? • Is there any convergence between existing scheme design with other schemes and programs? • Does the scheme address various cross-sectional themes including accountability and transparency, Gender mainstreaming, Climate change & sustainability, etc.? • Are there are any demonstration effects and/or innovative features in the design of the scheme?	• National and International development goals and sector documents • Annual reports of the ministries for output and outcome assessment • Annual progress reports and implementation documents to assess the institutional arrangements • Available reports of evaluations conducted at the district and state level • Evaluations undertaken by non-government agencies	• Institutional stakeholders' perception & feedback on relevance and appropriateness of scheme
Effectiveness	**EQ3:** Have the scheme's intended outcomes been achieved or are expected to be achieved at the time of observation, & whether any unintended outcomes had inadvertently reduced the value of the scheme?	• How well does the scheme perform in terms of achieving the intended output and outcome? • How do the diverse implementation processes across states impact achievement of the overall objectives of the scheme? • What are the key bottlenecks/issues and challenges in the implementation mechanism? • What are the budgetary requirements for implementation of the scheme and are they being adequately met? • How does the involvement of the state governments, NGOs and CSOs impact effective implementation of the scheme?	• Annual reports of the ministries for output and outcome assessment • Available evaluation reports for output and outcomes assessment • Available reports of evaluations • MIS Data available with the Ministry • National Family Health Surveys • Comprehensive National Nutrition Survey	• End beneficiaries' perception & feedback on unintended outcomes (if any); • Institutional stakeholders' perception & feedback on unintended outcomes (if any);

Evaluation Criteria	Key Evaluation Questions	Areas of Enquiry for secondary analysis	Secondary Data Sources	Further Information to be validated through primary data (not exhaustive)
		• Does the scheme include a grievance redressal mechanism for enhancing reach and uptake?		
Efficiency	**EQ4:** How well did the scheme use its human and financial resources to achieve its outcomes?	• For schemes offering non-quantifiable benefits, is a least cost analysis and/or unit cost analysis to assess the resource efficiency undertaken at the beneficiary level? • For schemes offering quantifiable benefits (education and health outcomes), is cost per beneficiary estimations undertaken? • What are the factors that lead to budgetary delays and underutilization of budgets and how do they affect scheme performance?	• Financial data on allocation and expenditures of the schemes • Annual reports of the ministries for output and outcome assessment • Annual progress reports and implementation documents to assess the institutional arrangements • MIS Data available with the Ministry (Ministry of Women and Child Development, Ministry of Health and Family Welfare, Ministry of Drinking Water and Sanitation etc.)	• Feedback from institutional partners on steps taken to improve scheme efficiency.
Sustainability	**EQ5:** What is the likelihood that scheme outcomes & outputs will be maintained over the economic life of the scheme or over a meaningful timeframe? **EQ6:** What are the in-built mechanisms within the scheme to manage risks and ensure financial, institutional, environmental & social sustainability?	• What are the demand prospects for services offered? • Are there any mechanisms to maintain the scheme outcomes in the long run? • Are there any gaps in the institutional mechanisms in terms of adequate levels of qualified human resources, finance, equipment and other inputs that challenge the long-term sustainability of the program? • Are there any intended/unintended environmental consequences of the scheme? • What are the perceptions of local communities and stakeholders regarding the scheme?	• Available evaluation reports for output and outcomes assessment? • Available reports of evaluations conducted at the district and state level? • Evaluations undertaken by non-government agencies?	• Institutional stakeholders' perception & feedback on managing risks, financial, institutional, environmental & social sustainability of the scheme;

Evaluation Criteria	Key Evaluation Questions	Areas of Enquiry for secondary analysis	Secondary Data Sources	Further Information to be validated through primary data (not exhaustive)
		• Are there any political, economic, institutional, technical, social, environmental and financial risks associated with the implementation of the scheme?		
Impact	**EQ7:** Does the scheme contribute to reaching higher-level development objectives? **EQ8:** What is the impact of the scheme on the target group or those affected? **EQ9:** Are there any unintended positive as well as negative development impacts of the intervention? **EQ10:** What is the impact of the scheme on behavioural attitude of beneficiary group? **EQ11:** What is the impact of the scheme on training and capacity building efforts of all stakeholders working under the scheme? **EQ12:** Does the scheme fulfil its overall objectives and national priorities envisaged in its mandate?	• What change have the schemes made on their outcome and output indicators? • Review of secondary data analysis of NFHS or other National Level Surveys like Comprehensive national Nutritional Survey (CNNS) • To assess positive, negative, long-term, short-term, direct, indirect and cumulative impacts of implementation mechanisms on scheme delivery, coverage, and equity. • What is the impact of technology on Service delivery, monitoring, tracking of beneficiaries etc.? • What impact have behaviour change strategies had on the scheme outcomes and impacts?	• Annual reports of the ministries for output and outcome assessment • MIS Data available with the Ministry (Ministry of Women and Child Development, Ministry of Health and Family Welfare, Ministry of Drinking Water and Sanitation etc.) • National Family Health Surveys • Comprehensive National Nutrition Survey • External Evaluations reports • Annual progress reports and implementation documents to assess the institutional arrangements • Available reports of evaluations conducted at the district and state level	• End beneficiary perception & feedback on contribution of schemes; • Institutional stakeholders' perception & feedback on contribution of scheme to reaching higher-level development objectives;
Equity	**EQ13:** To what extent are the government services being made available to & accessed by different social groups? **EQ14:** Does the scheme	• As part of the scheme design and implementation mechanism, are there any targeted action mandated in order to reach out/address the barriers faced by the most vulnerable groups in accessing the scheme?	• Annual reports of the ministries for output and outcome assessment • MIS Data available with the MWCD • National Family Health Surveys • Comprehensive National Nutrition Survey	• Proportion of beneficiaries who belong to vulnerable, marginalized, disadvantaged &

Evaluation Criteria	Key Evaluation Questions	Areas of Enquiry for secondary analysis	Secondary Data Sources	Further Information to be validated through primary data (not exhaustive)
	ensures coverage for people belonging to vulnerable, marginalized, disadvantaged groups & weaker sections of society?	• What is the contribution of the scheme towards reduction in inequality of opportunity and income?	• External Evaluations reports • Annual progress reports and implementation documents to assess the institutional arrangements • Available reports of evaluations conducted at the district and state level	weaker sections of society; • End beneficiary perception & feedback on whether the scheme coverage has been equitable; • Role of Tribal Sub-plan & Scheduled Caste Sub-Plan in mainstreaming Tribal & Scheduled Caste population;

3.3. Field Study Methodology

The primary data collection and analysis has two overlapping objectives - validating sector level key questions and triangulating secondary information to feed into our schematic REESI+E framework. To ensure that data and opinions are received from every level, our primary data collection is covering all relevant stakeholders to arrive at conclusions. Perceptions and aspirations of end beneficiaries, service providers such as NGOs, community workers and private sector, and government officials including, program implementers will all be covered in the primary data collection. The approach for operationalizing the primary study can be as summarised under the following heads:

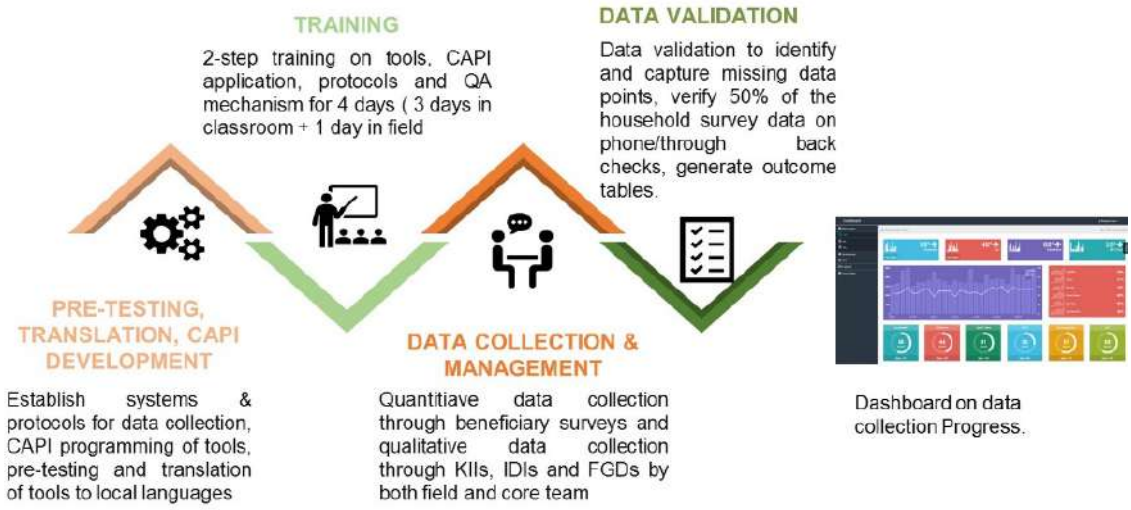
- **Validating key sector level secondary research findings:** As outlined in the sections above, sector-level research is undertaken to understand the performance of the WCD sector. The sector level secondary synthesis of the literature is providing findings with key areas required to be validated through primary study. Hence, a part of primary study tools is attributed to collecting data relevant to answering the questions on key validation areas.
- **Triangulate scheme level secondary research through primary assessment of schemes using REESI+E framework:** The second part of primary study is triangulating scheme level secondary research through assessment of the Umbrella and individual CSS using REESI+E framework.

As suggested in the ToRs, the primary study design combined both quantitative and qualitative methodology in addition to institutional visits. It also incorporated assessments of Cross-sectional themes such as accountability and transparency, climate change & sustainability, gender mainstreaming, use of IT etc.

3.3.1. Data Collection Plan

Various stages of the data collection process are detailed in Figure 4 below. The details of each stage are also presented below.

Figure 4: Data Collection Plan



Step 1: Tool development

An analytical matrix/framework was created for each of the 16 CSS to gain a macro-level understanding of the key areas of enquiry and indicators. This helped in identifying the list of

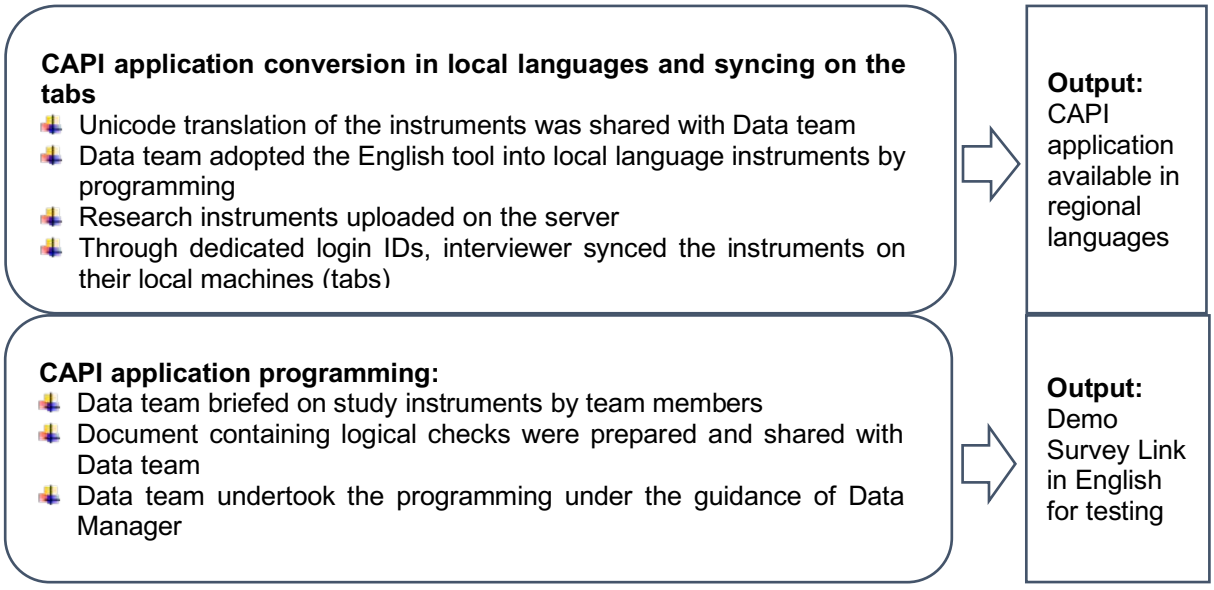
stakeholders to be covered for field study and also helped in identifying the questions through the lens of REESI+E framework. The sector level secondary synthesis of literature provided findings with key areas required to be validated through primary study. These key enquiry areas were added as questionnaires and guides in addition to the questions arrived through REESI+E framework. The tools were thus prepared to consolidate key areas of enquiry from the analytical matrix/framework and key areas of enquiry from the synthesis of secondary literature. The base language used for draft research tools was English. All the reviews and feedback received on the draft version of the research tools from NITI Aayog were incorporated, and the final research tools were then translated into regional languages.

For the **translation of the research tools**, we used the expert services of translators working with us, who are well versed in translation skills and have extensive experience in conducting translations for social survey tools. They picked appropriate words which are contextually and locally relevant. Translation checks were performed by researchers/language field managers.

Step 2: CAPI programming

The **programming of the CAPI application** was initiated as soon as the instrument was finalised. The entire CAPI development process was led by our partners, Sambodhi. Sambodhi team was responsible for all CAPI-related aspects consisting of CAPI application development, modification in CAPI application after pre-test exercise, back-end support and server management along with troubleshooting management during the entire data collection process.

Figure 5: Process for CAPI Programming



Step 3: Pre-testing the tools

The finalized tools were pilot tested in districts of Haryana and Uttar Pradesh, with one institutional FGD conducted in Delhi. A detailed pilot report was submitted to NITI Aayog. The field team was trained on the tools before it began the collection of field data. Timely updates on training plan were provided to NITI Aayog.

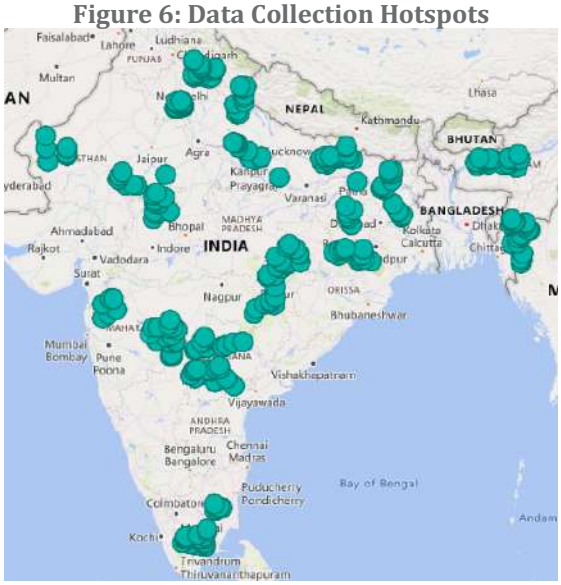
The pilot survey was conducted in two parts; the first was undertaken in two villages and two wards in Haryana. The second was done in one village and one ward in U.P. Additionally, institutional studies were conducted in Haryana and Delhi for CCI, Working Women Hostel and Swadhar Greh schemes.

The objective of the pilot study was to understand whether the tools developed and adopted for the primary study were generating desired responses and fitting with the themes to be reflected in findings. The pilot study also checked if questions were delivered in the right manner as they were to be and to elicit the responses as intended out of the tools. The findings from the quantitative and qualitative pilot were incorporated, and the quantitative survey, information guides for IDIs/KIIs and FGDs were modified accordingly. A debriefing session post-pilot study was conducted which helped to address any confusion the enumerators had in terms of clarity with the concepts, delivery of questions, operational challenges they went through in engaging and administering tools etc. Additionally, tools underwent slight modifications to avoid getting similar kind of responses and keep the participants engaged.

Step 4: Data collection and management

Data collection in qualitative and quantitative components was done parallelly in the States. After training and selection of field teams, the immediate next step was to develop a detailed field movement plan, which was shared with NITI Aayog. NITI Aayog is also continually being updated about any deviation from this plan if observed during the data collection.

Figure 6: Data Collection Hotspots



The areas in blue circles indicate the places where the field study took place. This information was pulled out using GPS coordinates.

Discussion guides for KIIs

Once the tabulation of key areas of enquiry was done based on the preliminary literature review, the key information areas were segregated stakeholder-wise. Questions were then developed for the stakeholders based on the key areas of enquiry. The discussion guides are attached in ***Annex 5***.

Questionnaires for the household survey

The methodology to arrive at the questionnaire for the HH survey follows the approach adopted to arrive at the discussion guides for KIIs. As in the case of KIIs, the key information areas from the secondary analysis framework formed the basis for developing questions for the survey. The questions were segregated based on the six schemes under our purview. The overall questionnaire for HH survey includes the standard HHs and individual questions (by the scheme) provided by NITI Aayog and the questions identified from tool framework. The questionnaire is attached in ***Annex 6*** for reference.

3.3.2. Qualitative Study

As mentioned earlier, the field study contained both – quantitative and qualitative study. The qualitative study was designed with the objective of collecting required information across various stakeholders who were involved in the implementation of WCD schemes.

3.3.2.1. Stakeholder & geographical coverage

The qualitative study was undertaken across all 12 states (11 states and 1 UT) selected for the study in addition to the national level interviews. Three major qualitative tools were used:

- Key Informant Interviews/In-Depth Interviews
- Focus Group Discussions
- Institutional Study

Key informant interviews/In-depth interviews

Under the evaluation, a total of 846 KIIs/IDIs were undertaken across the 12 states and at the national level. The tools, which were prepared during the design phase, were used for the interviews. The list of stakeholders covered are listed below:

Table 4: List of stakeholders covered

Geography	Stakeholders	Coverage
Village	Anganwadi Worker, Panchayat Raj Institution representative	Across 192 villages and 96 wards
Block	CDPO, Lady Supervisor	Across 96 blocks
District	District Program Implementing Team (from WCD and Health in some states)	Across 48 districts
State	State WCD department Program Implementing Team (from WCD and Health in some states)	Across 12 states
National	Ministry of WCD, NGOs, Lead academicians, donors etc.	
Institutions	Ujjawala, Swadhar Greh, CCI	Across 12 states

The progress of KIIs/ IDIs so for are given as below:

Table 5: KIIs/IDIs undertaken

Stakeholder	Number covered
States covered	11 States and 1 UT: Assam, Bihar, Chattisgarh, Delhi UT, Jharkhand, Maharashtra, Mizoram, Rajasthan, Tamilnadu, Telangana, Uttar Pradesh, Uttarakhand
National level KIIs	27
State Level KIIs	116
District Level KIIs	156
CDPOs	85
PRI member	106
L.S	109
Anganwadi worker	178
Institutional level IDI's with beneficiaries	35
Institutional level KII/FGD with Staff/Management	34

A detailed list of individuals and institutions interviewed is presented in ***Annex 4.***

Focus Group discussions:

The focus group discussions were held with the objective of gaining group/community feedback about the implementation of the scheme, scheme coverage, impact and people's aspirations. Two kinds of focus group discussions were held:

a. At the Village level, preferably close to Anganwadi centre – with WCD program beneficiaries, non-beneficiaries, their family members, minority groups and men.
b. At the level of the institutions which are established for the safety and security of women and children. These included. Ujjawala, Swadar Greh, CCIs and Working Women's Hostels. FGDs were conducted with the inmates. In addition, 1 or 2 IDIs were also conducted with inmates before the FGD.

The FGDs were conducted at all 12 states, and the progress per state has been given in Table 6.

Table 6: No. of FGDs undertaken

State	Village FG's covered
Assam	11
Bihar	11
Chattisgarh	12
Delhi UT	11
Jharkhand	10
Maharashtra	11
Mizoram	14
Rajasthan	12
Tamilnadu	10
Telangana	11
Uttar Pradesh	11
Uttarakhand	12
Total	**136**

Institutional survey

Another key aspect of the primary data collection included institutional surveys. This survey was intended to be largely observational with the objective of capturing the various features of the institutions. Under this component, institution observation studies were conducted across the following institutions in 12 states.

Table 7: Institutional Surveys Completed

Institutions	Covered
Anganwadi Centers	261
Ujjawala Homes	6
Swadhar Greh Homes	8
CCI Homes	11
One Stop Centers	12
Working Women's Hostels	9

3.3.2.2. Tools

As mentioned earlier, the tools were finalized following a consultative approach involving various stakeholders such as subject matter experts, NITI Aayog WCD & DMEO vertical and Ministry of WCD. The tools were prepared stakeholder wise and used accordingly. The list of tools prepared for the qualitative study included the following:

Table 8: List of data collection tools used

Geography	Tool
Village	Anganwadi worker IDI tool, PRI tool, Anganwadi centre institution study tool, FGD tool
Block	CDPO IDI tool, LS IDI tool
District	District level IDI tool
State	State-level KII tool, Institution FGD tool, Institution study tool
National	National level KII tool

The tools are attached to this report in **Annex 5**.

3.3.3. Quantitative Study

The quantitative part of the field study involved collecting data from beneficiaries and non-beneficiaries of various WCD schemes and understand the sector and implementation of the scheme through REESI+E framework.

3.3.3.1. Sampling – Geographical coverage

Selection of States

A total of 11 States and 1 Union Territory (UT) was selected for the evaluation. The selection was made through a combination of a scientific and consultative approach. The entire country was divided into 6 zones as defined in the TORs. Within each zone ((i) North, (ii) South, (iii) East, (iv) West, (v) Central (vi) North-East), States/ UT were selected based on the relevant indicators for the sector identified through a consultative approach involving Ministry of WCD, NITI Aayog's WCD and DMEO verticals and expert team members. The indicators used for selection include:

Table 9: State selection indicators

Indicator	Thematic Focus
Percentage of children under age five who are stunted	Maternal and Child Nutrition Indicators
Percentage of institutional births	
Percentage of women 15-49 years who are anaemic	
Percentage of children in Conflict with Law (CCL) and Children in Need for Care and Protection (CNCP) residing in CCIs across States/UT	Children's Well Being and Protection Indicators
Dropout rate after Class V – U-DISE	
Crime rate against children	
Percentage of children out of school (6-13 years)	
Sex ratio at birth for children born in the last 5 years (females per 1000 males)	Women's empowerment Indicators
Dropout rate for upper primary girls (up to class 8)	
Net enrolment ratio at upper primary for girls	
Percentage of women aged 20-24 years married before 18 years	
Percentage of women representation in Panchayat Raj Institutions (PRIs)	
Percentage of women aged 20-24 years married before 18 years	
Percentage of women who worked in the last 12 months and were paid in cash	
Percentage of ever-married women aged 15-49 years who have ever experienced spousal violence	Protection of women and girls indicator

Based on these indicators, a composite index was prepared, and States/UTs were divided and categorised as above and below zonal average based on the composite index. From each group of above and below average zonal category, one state was selected using simple random sampling. For us, the separate selection was made using the same methodology. However, only one UT was randomly selected. Therefore, a total of below mentioned 11 states and one UT was sampled for the study using the composite index. The selected states and UT were finalized during the inception phase of the study, and the following list was finally arrived at.

Table 10: Selected States

Selected States	Selected UT
Chhattisgarh (North & Central India) Uttar Pradesh (North & Central India) Rajasthan (Western India) Maharashtra (Western India) Bihar (Eastern India) Jharkhand (Eastern India) Assam (North-Eastern India) Mizoram (North-Eastern India) Tamil Nadu (Southern India) Telangana (Southern India) Uttarakhand (Northern and Hilly States)*	Delhi (Northern India)**

*Among the 6 regions, Northern & Hilly region had the least number of States (3 states). Only one State (Uttarakhand) was selected purposively.

Selection of Districts:

Similar to the state selection, the districts were selected using a scientific and consultative approach. The following set of indicators were used to select the districts:

- Total number of crimes committed against children
- Sex ratio at birth for children born in the last 5 years
- % of institutional births
- % of children under 5 who are stunted
- % of women 15-49 years who are anaemic

Based on these indicators, a composite index was prepared for each district in the state. Using the composite index, in each state and UT, two above and below average zonal districts were selected. Hence, in total, 45 - 48 districts were selected for the study. It was ensured that Left-Wing Extremism-affected (LWE) areas, aspirational districts and island areas were not inadvertently left out. The selected districts were plotted on a map to ensure that enough districts represent border vs in- border areas as well.

Table 11: Districts Selected

State Name	District name
Assam	Barpeta, Morigaon, Nagaon, Nalbari
Bihar	Gopalganj, Madhepura, Munger, Purba Champaran
Chattisgarh	Bilaspur, Durg, Korba, Uttar Bastar Kanker
Delhi UT	East, North East, North West, South West
Jharkhand	Chatra, Dumka, Paschimi Singhbhum, Simdega
Maharashtra	Bid, Latur, Nashik, Parbhani
Mizoram	Champhai, Lunglei, Mamit, Saiha
Rajasthan	Bhilwara, Jaisalmer, Jhalawar, Kota
Tamilnadu	Madurai, Perambalur, Theni, Virudhunagar
Telangana	Karimnagar, Nalgonda, Nizamabad, Rangareddy
Uttar Pradesh	Deoria, Kannauj, Pilibhit, Unnao
Uttrakhand	Champawat, Dehradun, Garhwal, Hardwar

Selection of Villages/Wards:

In congruence with the TORs, all the villages in each district were arranged in ascending order based on the total number of households. The villages were grouped into quartiles, and one village from each quartile was selected using simple random sampling. The study also selected one town/city from each district. Towns/cities in a district were arranged in ascending order based on the total number of households. The towns/cities were then grouped into two strata, and one town/city was selected from each stratum using simple random sampling. Within each town/city, 1 ward was selected randomly. Within each ward, one Census Enumeration Block (CEB) was randomly selected and surveyed for the study. The study used household information available in Census 2011 for selection of villages and wards. In total, 192 villages and 96 wards were selected.

Selection of households and beneficiaries for the quantitative survey:

The quantitative survey was conducted for a sample of 3048 households to ensure robust representation of selected states and UT. The sample distribution across these 12 states/UT was finalized based on the discussions with NITI Aayog and MWCD, where strengths and weaknesses of two approaches namely (a) Uniform distribution of sample across states (b) Distribution of sample based on the volume of target beneficiaries. As finally suggested by MWCD, the samples were distributed uniformly across the selected states/UT. After finalization of village/town/city/ward, the villages/wards were classified based on the number of households. If the village/town/city/ward had less than 250 households, the entire area was considered for the survey. In case the village/ward had more than 250 households, it was divided into multiple segments of 150 Households each. Two such segments were selected randomly and considered for household

selection. From the selected segments, lists from Anganwadi workers were used to select households and beneficiaries for study. The study also purposively selected households with working women with child beneficiaries.

Profile of Respondents for Quantitative Survey

The beneficiaries for the quantitative survey were purposely selected based on the beneficiary lists provided by Anganwadi worker of the various schemes under the umbrella ICDS. Women eligible for availing benefits under both the umbrella schemes but not registered with the Anganwadi were selected through snowball sampling. The HH survey covered both program beneficiaries and non-beneficiaries. Below is the list of beneficiaries selected for the survey.

Table 12: Beneficiaries for HH Survey

S.No	Quantitative survey beneficiary/ non-beneficiary
1	Pregnant women
2	Lactating women (women whose child is under 6 months old)
3	Mother of 6 months- 3-year-old child
4	Mother of a 3 -6-year-old child
5	Adolescent girls aged 10-14 years
6	Single women
7	Widow
8	Women with no social and economic support (destitute)

3.3.3.2. Sample size

A total of 3048 households were interviewed as part of the evaluation. The distribution across the states is as follows:

Table 13: Beneficiaries covered

State	Number of HH interviewed
Assam	240
Bihar	248
Chhattisgarh	258
Delhi UT	266
Jharkhand	278
Maharashtra	242
Mizoram	263
Rajasthan	257
Tamil Nadu	241
Telangana	240
Uttar Pradesh	252
Uttarakhand	263
Total	**3,048**

3.3.3.3. Respondent Profile

For the sample selection, the households were selected purposively through the list provided by the AWW and those households that were not registered were selected through snowball sampling. The samples were selected with a view to cover both beneficiaries and non-beneficiaries. The percentage division of the beneficiaries covered in the quantitative survey for the midterm report is given below:

Table 14: Distribution of sample

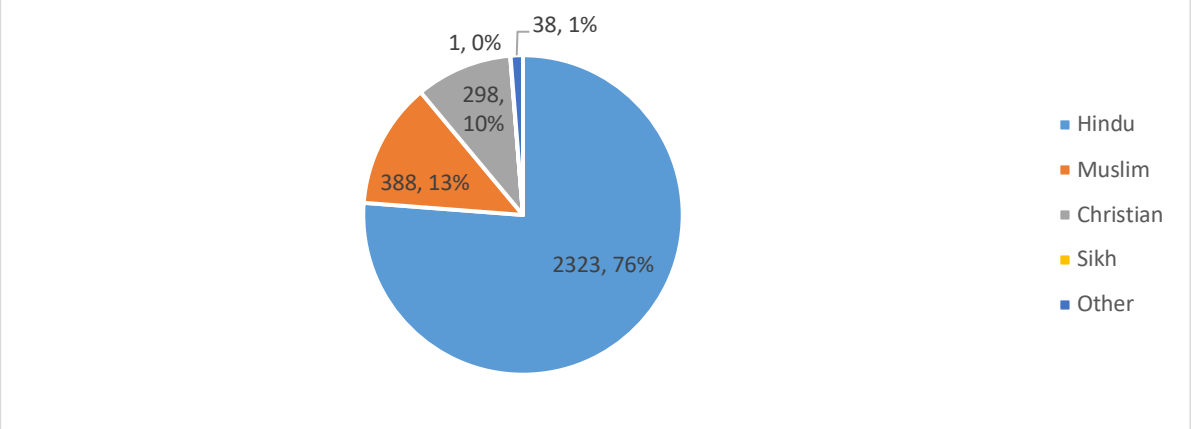
Beneficiary category	Percentage in the total sample (%)
Pregnant women	21.23%
Lactating mother	23.85%
Mother of a child aged between 6 months to 3 years	21.88%

Mother of a child aged between 3 years to 6 years	26.44%
Adolescent girls	8.37%
Other categories of women	2.43%

Household Profile: Each respondent's household information was recorded including the number of family members living under one roof, the status of ownership of accommodation, religion and caste, educational and marital status, age of all the family members and differently-abled respondents (if any). The information captured helped in gaining an understanding of the typical household and the socio-economic status of the target beneficiaries of the umbrella CSS.

Religious Profile: Figure 7 shows the percentage of respondents belonging to various religious backgrounds overall followed by the state-wise breakup by numbers. The percentage division of the respondents broadly mirrors that of the 2011 census data.

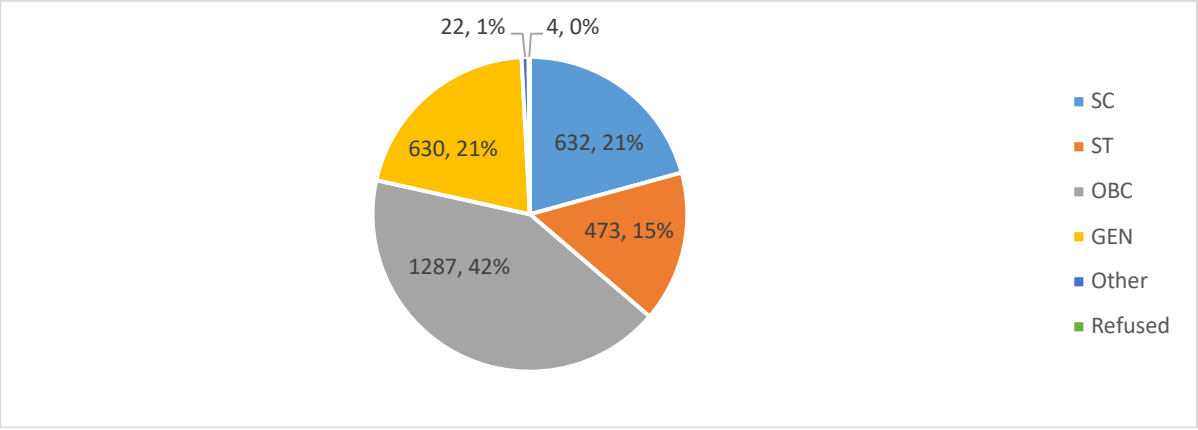
Figure 7: Religion Profile of the respondents



Religion	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
Hindu	90	208	257	246	198	192	2	233	225	220	219	233	90
Muslim	150	40	1	20	37	30		24	13	17	33	23	150
Christian					31		261		3	3			
Sikh												1	
Other					12	20						6	

Caste profile: Figure 8 shows the percentage of the respondents belonging to various castes. The percentage of the Other backward castes (OBCs) is highest overall, with U.P having maximum respondents from that category along with the maximum respondents in the Scheduled Caste category as well which is consistent with the 2011 census data.

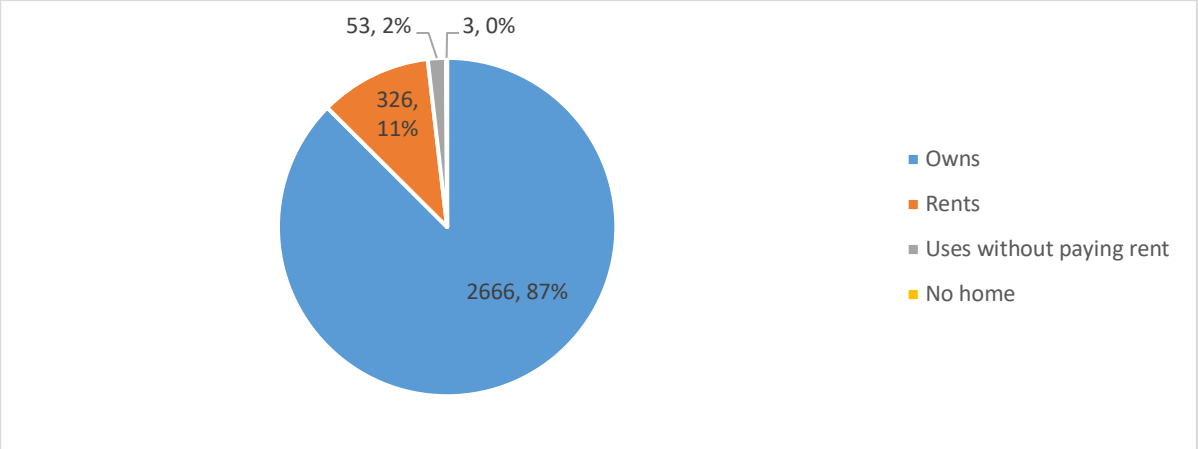
Figure 8: Caste Profile of the Respondents



Caste	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
SC	27	63	25	74	41	43	3	91	56	92	48	69	632
ST	1	7	46	4	81	32	258	16	2	19	4	3	473
OBC	19	153	164	137	118	41		117	180	120	167	71	1287
GEN	191	22	23	49	38	111	2	31	1	9	33	120	630
Other	2	1		1		14		2	2				22
Refused		2		1		1							4

Ownership of the house: Most of the respondents lived in homes that their families owned. There was only one respondent that did not have a dwelling.

Figure 9: House ownership of respondents



Ownership	AS	BR	CH	DL	JK	MH	MZ	RJ	TN	TR	UP	UK	Grand Total
Owns	238	240	238	168	253	233	184	245	189	193	247	238	2666
Rents	2	6	16	96	19	7	43	12	51	45	5	24	326
No Rent		2	3	2	6	2	35			2		1	53
No Home			1				1		1				3

Average number of members in a household: Across the 3048 households covered, it was found that on an average, 4.83 members stayed in a single household. Jharkhand and Uttar Pradesh had the maximum number of members staying in a household with the mean of both the states being 5.40 and 5.34 respectively.

Table 15: Household Sizes

Family members	AS	BR	CH	DL	JH	MH	MZ	RJ	TN	TS	UP	UK
Avg members	3.83	5.17	5.05	4.48	5.40	5.02	4.21	5.09	4.48	4.59	5.33	4.49

Education profile: The field visits explored the educational status of the respondents and their family members. The educational status of every member of the household except infants and young children who have yet to go to school was captured. The highest percentage of the respondents and their family members had completed education up to the secondary level. However, it was closely followed by the number of people who had never gone to school.

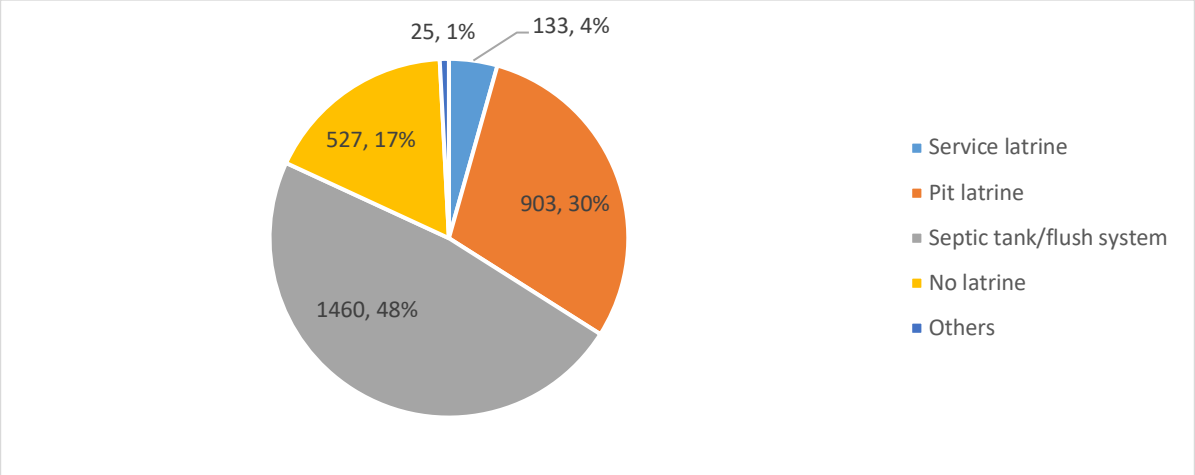
Table 16: Educational Status of respondents

Education status	Percentage of respondents
Did not go to school	19.03%
Pre-primary	12.60%
Primary (up to class 6th)	16.18%
Secondary (class 6-10)	27.53%

Secondary intermediate (class 11-12)	11.62%
Diploma/vocational/certificate course	2.15%
Graduate	6.60%
Postgraduate	3.00%
Don't know	1.30%

Type of latrines: Though most use a septic tank or flush, 19% of the respondents still did not have access to a functioning toilet within their homes.

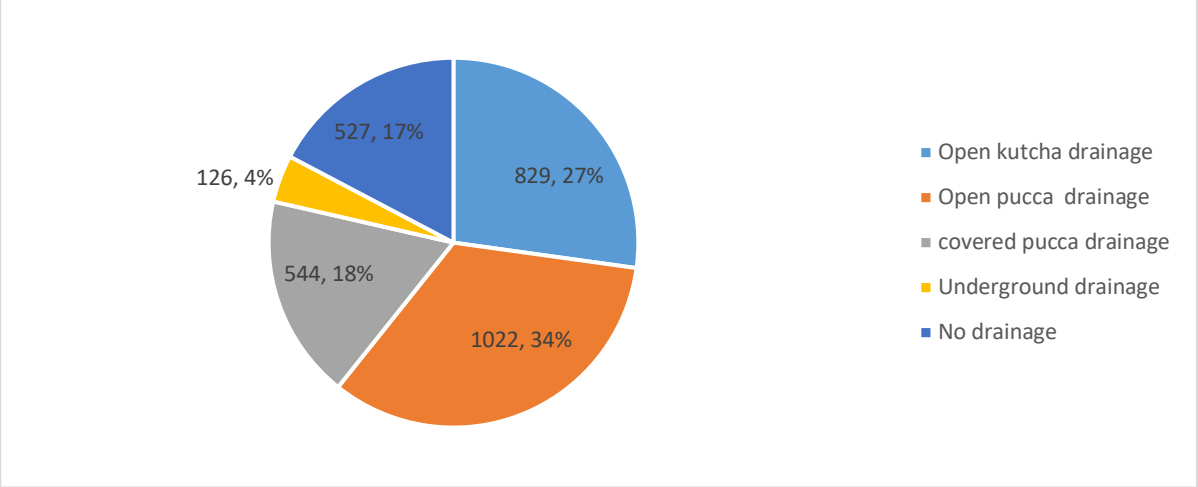
Figure 10: Type of latrines



Type of latrine used	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
Service latrine	8	16	49	19	16	16		5				4	133
Pit latrine	153	55	95	20	108	144	37	88	43	17	55	88	903
Septic tank/flush	71	92	79	201	59	46	225	88	124	197	124	154	1460
No latrine	4	85	34	25	82	35	1	75	70	26	73	17	527
Others	4		1	1	13	1		1	4				25

Types of drains: Data reveals that of the total number of households, 63 per cent have open drains.

Figure 11: Type of drainage

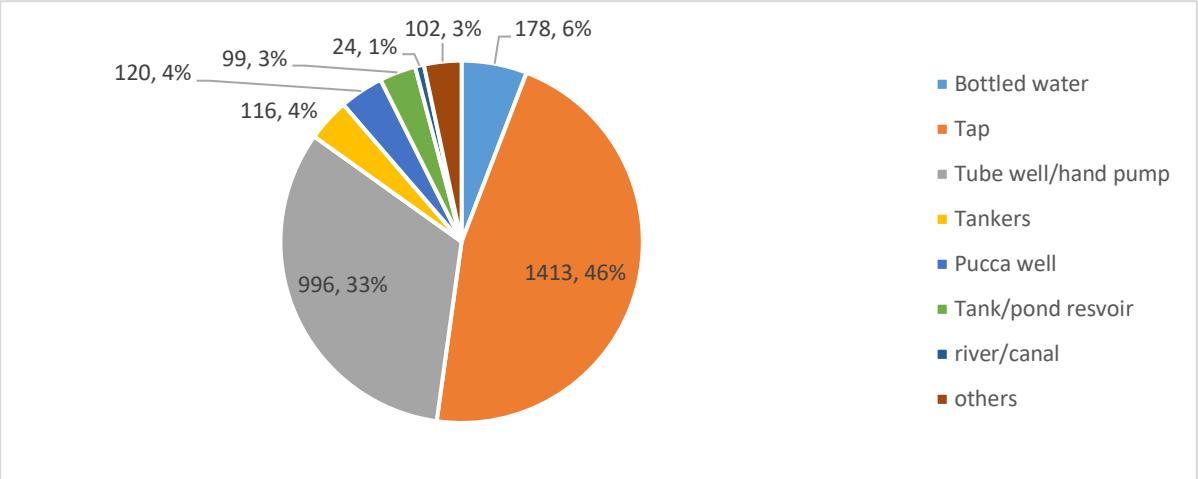


Type of drains used	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
Open kutcha drain	76	135	135	25	98	87	6	99	41	3	84	40	892

Open pucca drain	19	77	31	175	39	84	173	100	82	31	79	132	1022
Covered pucca drain	48	16	32	60	15	45	19	26	28	127	63	65	544
Underground drain			7			19	27	2		56	13	2	126
No drain	97	20	53	6	126	7	38	30	90	23	13	24	527

Sources of drinking water: Though the water sources have equitable distribution across states, in the hilly state of Uttarakhand, around 50 per cent of households access water through tanks or pond reservoirs.

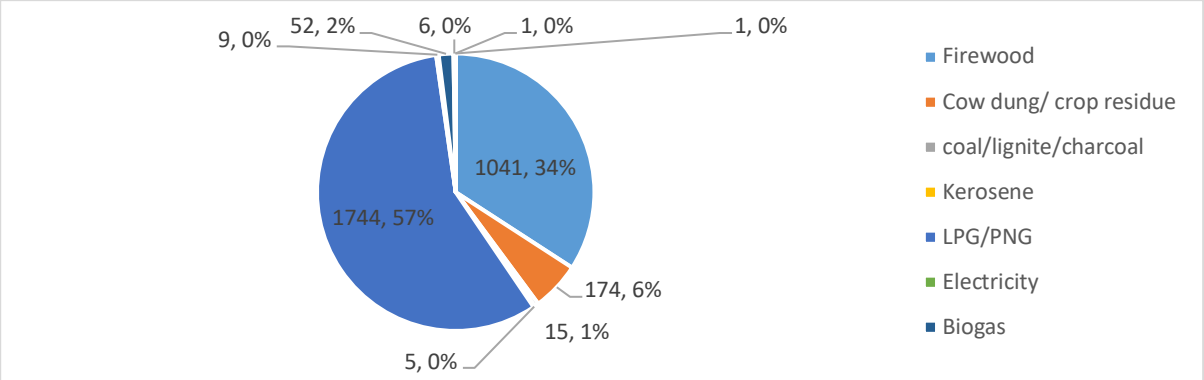
Figure 12: Source of Drinking Water



Source of drinking water	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
Bottled water		13	1	13	1	4	27	1	15	101	1	1	178
Tap	43	99	91	139	90	180	133	95	190	130	83	140	1413
Tube well/ hand pump	197	126	141	45	107	32	53	84	5	4	156	46	996
Tankers		1		34	2		26	13	27	2	1	10	116
Pucca well		6	19		64	16	3	9		2	1		120
Tank/pond reservoir			5	22	11		6	6	1		8	40	99
river/canal					1		5	6		1		11	24
others		3	1	13	2	10	10	43	3		2	15	102

Types of Fuel: Firewood is still the primary source of fuel in many states with Chhattisgarh reporting the highest usage.

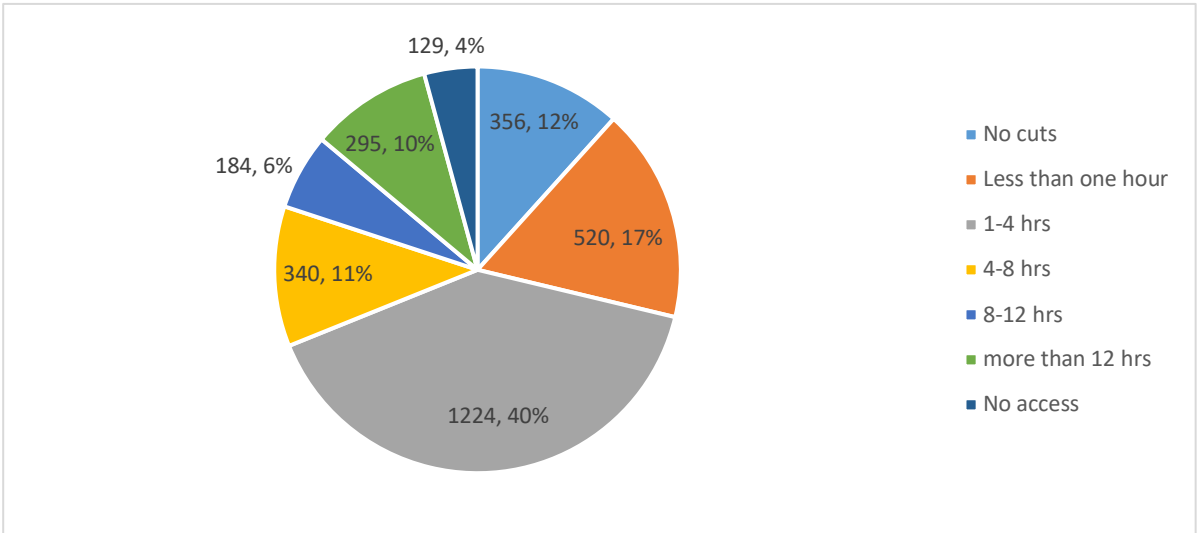
Figure 13: Type of fuel used



Type of fuel	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
Firewood	100	87	198	23	144	69	59	117	52	6	106	80	1041
Cow dung/ crop residue	8	53	3	6	46			20		1	29	8	174
Coal/lignite/ charcoal					10		1	4					15
Kerosene		2	1							2			5
LPG/PNG	124	105	35	237	71	172	200	115	186	214	116	169	1744
Electricity			1			1	3		2	1		1	9
Biogas	8	1	14		6			1		16	1	5	52
Solar			6										6
No Cooking					1								1
Any other									1				1

Number of hours without electricity: Majority of the respondents mentioned that on an average they had no electricity for 1-4 hours in the last 3 months. However, 51 households in Jharkhand reported that they had no access to electricity. In Telangana, 128 households reported no electricity cuts in the past 3 months.

Figure 14: Availability of Electricity



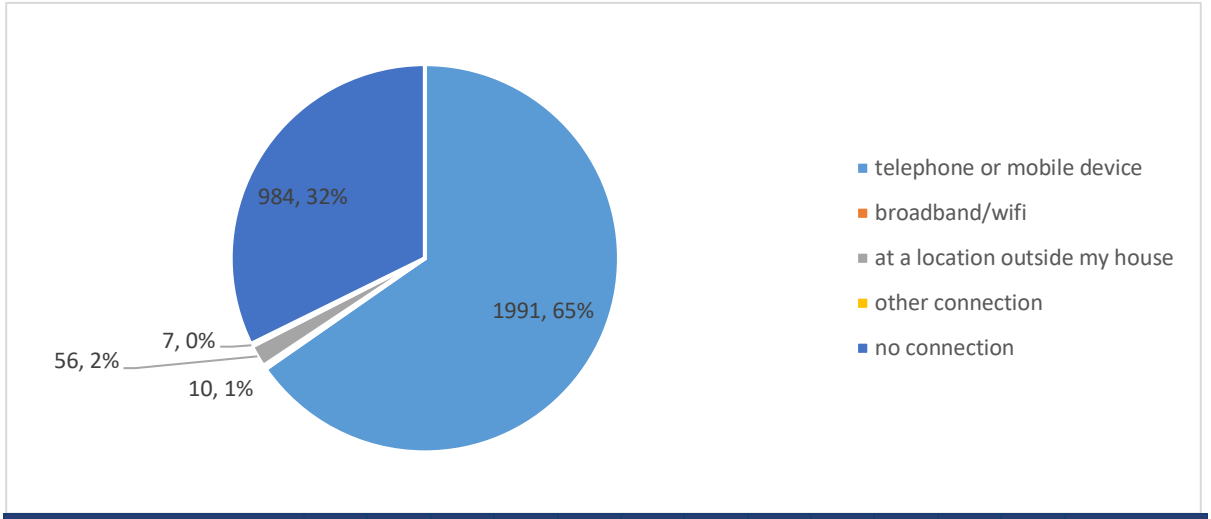
Hours without electricity	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
No cuts		2	15	19		72	2	8	106	128	1	3	356
Less than one hour	16	14	66	62	5	55	119	38	35	33	8	69	520
1-4 hrs	130	155	89	122	63	89	116	135	24	54	88	159	1224
4-8 hrs	40	29	29	1	75	15	10	9	9	21	80	22	340
8-12 hrs	9	9	41	4	38	6	6	14	7	3	41	6	184
more than 12 hrs	38	36	17	33	46	3	8	44	60	1	9		295
No access	7	3	1	25	51	2	2	9			25	4	129

The average hours spent on collecting water across states is 0.64. Data reveals that women in the state of Telangana spend maximum time collecting water.

Avg Hrs	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
	1.04	0.72	1	0.1	1.24	0.44	1.36	0.29	0.59	1.42	0.18	0.12	0.64

Access to the internet – 32 per cent of respondents reported that they had no access to the internet. Most of the respondents who stated that they had no internet connection respondents belonged to Chhattisgarh.

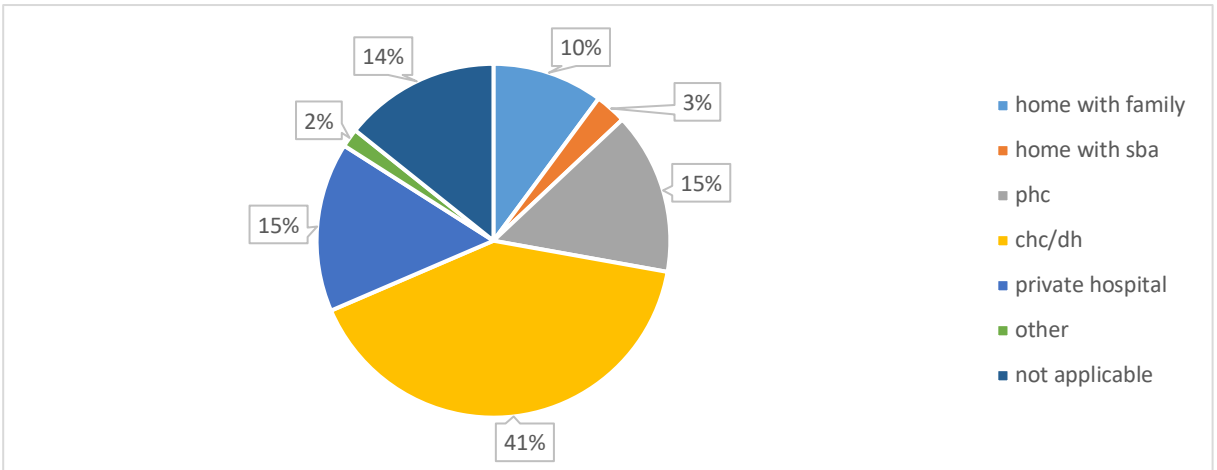
Figure 15: Access to the internet



HH access to internet	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
Telephone or mobile device	160	139	92	225	128	168	211	180	167	176	132	213	1991
Broadband/wifi	8	1								1			10
At a location outside my house	49		2						4	1			56
Other connection			3			3			1				7
No connection	23	108	161	41	150	71	52	77	69	62	120	50	984

Place of delivery of the last child born in the family – Data highlights that institutional births are much higher compared to non-institutional births (2%).

Figure 16: Where was the last child in the family born



Where was the last child in HH born	AS	BR	CG	DL	JH	MH	MZ	RJ	TN	TS	UP	UK	Grand Total
Home with family	35	31	31	18	42	44	6	17	3	2	54	26	309
Home with SBA	6	2	2	6	2	5	22	3	26		10	3	87
PHC	117	37	65	9	19	52	56	23	66	7	1		452
CHC/DH	58	91	80	141	121	58	143	129	68	130	104	118	1241

Private Hospital	5	36	19	37	44	28	26	35	51	72	46	73	472
Other	7	3	20		8	2	8			1	3		52
Not Applicable	12	48	41	55	42	53	2	50	27	28	34	43	435

3.3.3.4. Quantitative Tools

Quantitative data collection tools were prepared (See Annex 6) with the objective of measuring end beneficiaries' and eligible non-beneficiaries' perceptions, aspirations and views on WCD sector and schemes. The tool was administered across the following beneficiary groups:

1. Pregnant Woman – Section C of the tool was exclusively for the pregnant women. It assessed the awareness and accessibility along with the usage of various schemes like PMMVY, POSHAN Abhiyaan which are major components within the ICDS umbrella.
2. Lactating Mother- Section D of the tool was exclusively for the lactating mothers. It assessed the awareness and accessibility along with the usage of various schemes like PMMVY, POSHAN Abhiyaan which are major components within the ICDS umbrella.
3. Mother of child between the age of 6 months to 3 years – Sections common to all categories like section J, H and I were asked to respondents belonging to this category
4. Mother of child between the ages of 3 years to 6 years – Section Da of the tool was exclusively for the mother of children between the ages of 3-6 years. It assessed the awareness and accessibility along with the usage of various schemes like PMMVY, POSHAN Abhiyaan which are major components within the ICDS umbrella. Additionally, questions related to pre-school education were asked from them.
5. Working mother of child aged 6 months to 6 years- Section F had questions related to the National creche scheme and was therefore targeted towards working mothers.
6. Adolescent Girl (11-14 years) – Section E was for adolescent girls. This section covered all the questions related to the scheme of adolescent girls. Additionally, their parents were also asked a few questions to capture behavior change.
7. Any other women (destitute etc.). Sections common to all categories like section J, H & I were asked to respondents belonging to this category.

3.4. Data Analysis

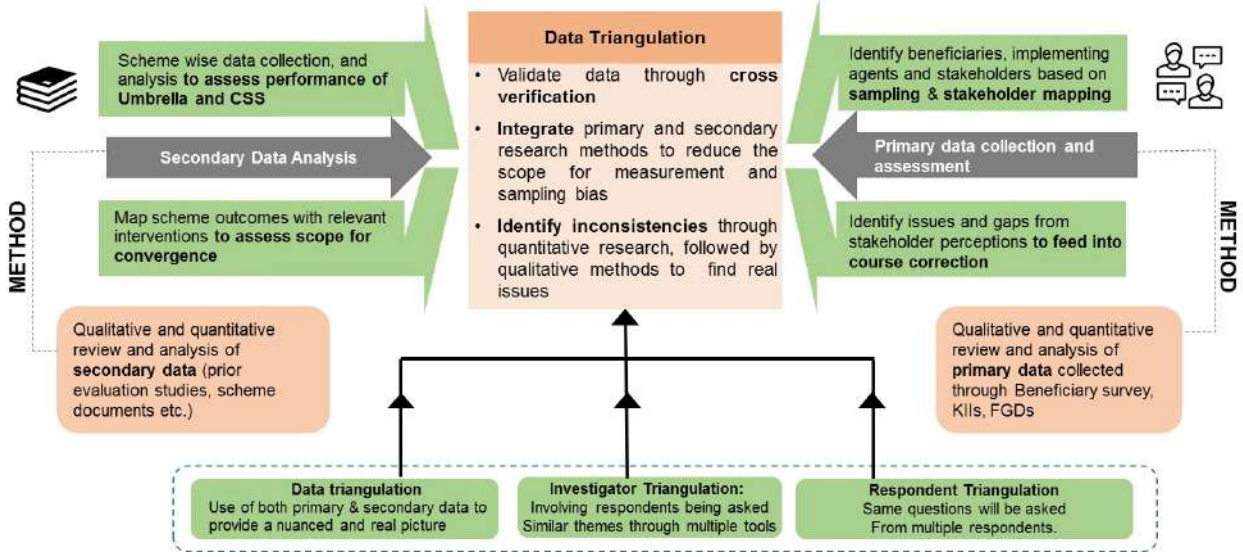
A multi-level triangulation and synthesis of findings have been undertaken. Primary data was collected on key areas of inquiry, aligned with the findings from the secondary data analysis. The primary data consists of both qualitative and quantitative insights, which is being triangulated and reviewed collectively using REESI+E framework as a theoretical analysis guide. The following activities are being undertaken to operationalise the analysis and triangulation of primary data:

- **Approach for sector research key areas validation analysis:** The responses for key validation areas from KIIs, IDIs and FGDs are being analysed as outlined in the qualitative analysis mentioned below. Once analysed, the findings were tied to the questions to make sense of the validation.
- **Quantitative analysis of primary data on quantitative indicators:** Data collected using structured surveys is being assessed using descriptive techniques such as frequency and mean of values. The primary analysis was tied with the secondary data analysis, providing an early quantitative insight into areas such as; awareness, participation and satisfaction of beneficiaries with the respective schemes.
- **Qualitative analysis of primary data on IDIs and FGDs:** Qualitative data collected from stakeholders from the demand (beneficiaries) and supply-side (institutional and administrative respondents) provides the necessary context to explain the quantitative insights. Both qualitative and quantitative insights were juxtaposed with secondary data analysis to derive supporting or contrasting insights. The IDIs and FGDs with respondents are being audio-recorded and transcribed.
- **Framework for data triangulation and sense-making:** The REESI+E framework is being used as a theoretical analysis guide to triangulate data and derive combined insights. Cross-sectional themes identified during the inception phase will also form a basis for undertaking data analysis.

3.4.1. Approach for Interlinking Secondary and Primary Study Findings

Our broad approach is depicted in ***Figure 17*** and explained below.

Figure 17: Triangulating Secondary and Primary Findings



The evaluation uses a **mixed-method approach** utilising both quantitative and qualitative as well as secondary and primary data to provide an integrated sector-level study. Several evaluations of individual women and child development schemes have taken place over the years, providing useful insights into the key contributors to the schemes. We **analyse the results of these evaluations** complemented with sectoral analysis and programmatic review. To validate our findings, primary data was collected in the form Household Survey, Key Informant Interview and Focus Group Discussions from the ward/village to national level. This is useful in the rationalization of schemes by integrating different programmes and holistically approaching the "sector development" agenda.

As the focus of this evaluation is **strategic rather granular**, we rely heavily on the secondary data review along with qualitative insights from policymakers, development partners, implementing agents and beneficiaries themselves which is validated with primary quantitative data in the form of a beneficiary survey. We have triangulated information from multiple sources – both primary and secondary and use both quantitative and qualitative data to facilitate validation of data through cross verification from more than two sources. This helps test the consistency of findings obtained through different instruments and increase the chance to control, or at least assess, some of the causes influencing our results. Through triangulation of the secondary literature review findings with primary data, we not only validate our findings but also deepen and widen our sectoral understanding.

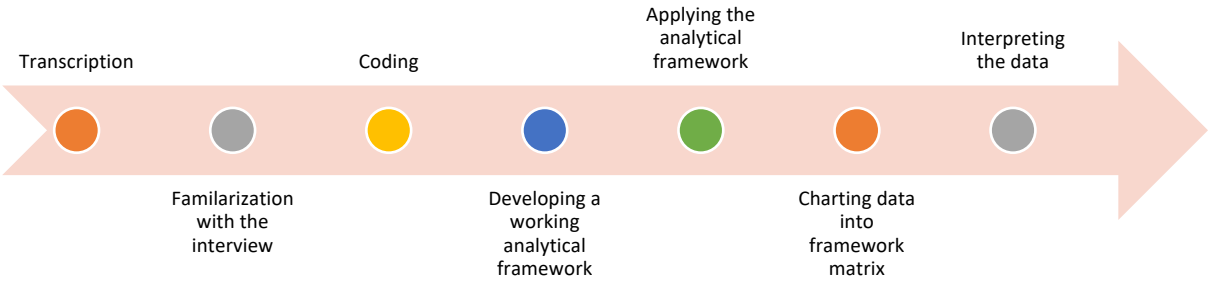
As a part of our evaluation, we undertook data triangulation involving different respondents, investigators and data types. We undertook methodological triangulation by using more than one option to gather data, such as interviews, observations, questionnaires, and using multiple types of secondary documents. Through this, we reduce bias such as *measurement bias* caused by choice of data collection method; *sampling bias* caused by not covering all the population, and *procedural bias* caused when participants provide one-sided information.

3.4.2. Qualitative data Analysis

The primary qualitative data analysis follows the overall approach outlined for interlinking the secondary and primary study findings. The analysis adapts the framework method developed by Gale et al.[1] The framework method is an appropriate method to present data for analysis and keeps the option open for inductive themes (if some new data comes up) in addition to deductive themes that were decided apriori. Hence this method is found to be useful considering the primary aim of primary data analysis was focused around the themes that were emerging from the secondary review. The apriori and emerging themes were then used for validating and triangulating secondary data.

The framework method involves seven steps that include Transcription, Familiarization with the interview, Coding, Developing a working analytical framework, applying the analytical framework & charting data into framework matrix.

[1] Gale, K. N., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology, 13*(117), 1-8.



The study ensures all the seven steps are incorporated and the qualitative analysis following framework method is explained through followings stages:

- As an initial step, transcription of all qualitative interviews such as KIIs & IDIs and FGDs were done.
- Then the next step involved coding of the all the transcripts. The coding was done by assigning labels to the interview answers in the form of short phrases.
- The codes were then mapped to the categories . The Key Validation questions from secondary data were used to develop categories.
- The codes were then aggregated to provide findings at category level.
- The categories were then used to develop themes.
- The themes are identified following the REESI+E framework.

1. The analytical framework looked like the following

Theme – Is the Ujjawala scheme implemented efficiently? (Efficiency)

Category	**Assam**	**Maharashtra**	**Tamil Nadu**	**Telangana**	**Uttar Pradesh**	**Uttarakhand**
Safety aspects	Moderate, guards but no CCTV	Secure, Watchmen, CCTV installed	Secure, watchmen, CCTV installed	Secure , (No other info)	Secure , (No other info)	Secure, Homely

2. The state level summary provided in the above mentioned table is a consolidated summary based on the coding done for each of the IDI/FGD done in the respective states.

The above summary was then used to validate/triangulate secondary level findings.

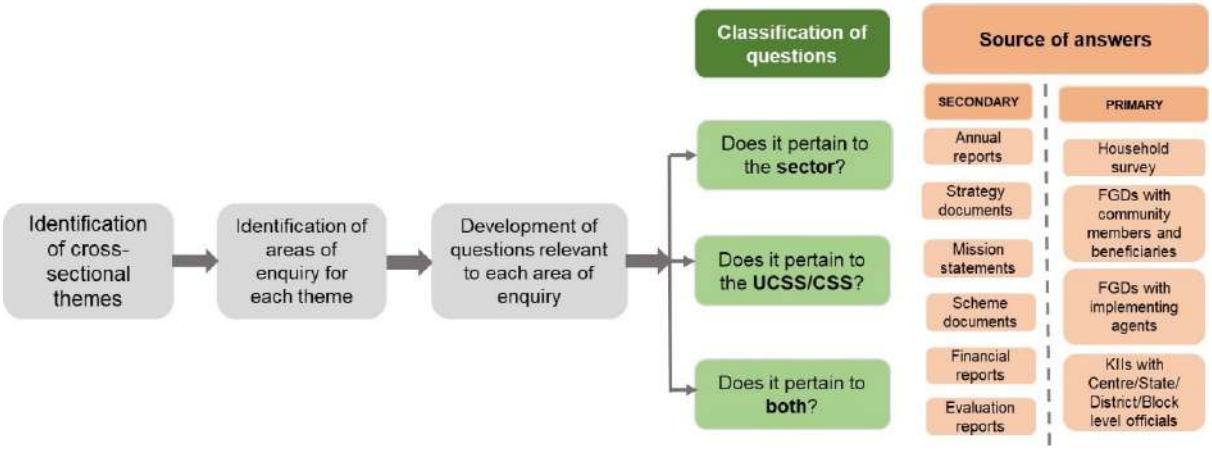
3.4.3. Approach for Addressing Cross-sectional Themes

Cross-cutting themes are topics that are gaining such importance with respect to the objectives of development programming that they should be considered and integrated into relevant development interventions and policies. At the same time, these topics are issues that cannot be easily isolated into individual interventions as even projects or programmes targeting other areas have a direct or indirect impact on them.[2] Assessing the sector and scheme contribution to various cross-sectional themes is an important component of the evaluation. The integration of cross-sectional themes is assessed at the sector level.

The first step in the assessment of cross-sectional themes was the identification of the themes. The team identified 9 themes that the WCD sector contributes to. These include Accountability and transparency; Direct/indirect employment generation; Role of Tribal Sub-Plan (TSP) and Scheduled Caste Sub-Plan component of the scheme in mainstreaming of Tribal and Scheduled Caste population; Use of IT/Technology in driving efficiency; Stakeholder & beneficiary behavioural change; Research and Development; Unlocking synergies with other government programmes; Reforms & regulations; and Impact on and role of the private sector, community and civil society/NGOs in the scheme. After the themes were identified, an analysis plan was developed. Areas of enquiry were mapped against the cross-sectional theme, and key questions were designed against each area of enquiry. Next, it was identified whether the question pertains to sectoral analysis, UCSS analysis or CSS level analysis.

Once, the level of analysis was determined- the sources (whether primary or secondary) of data to answer the key questions were mapped. For many of the key questions, secondary sources are being supplemented with information collected through the primary methods to assess the effectiveness of the implementation of cross-cutting themes at the operational level. Steps for the cross-sectional thematic assessment have been provided in ***Figure 18*** below:

Figure 18: Steps for Cross-Sectional Thematic Assessment



Annex 7 provides a detailed plan for analysis of cross-sectional themes across the sector, umbrella, and individual scheme level.

[2] Methodology for the Evaluation of Cross-Cutting Themes in Development Cooperation (Manual), Institute for Evaluations and Social Analyses

3.5. Limitations of the Study

The evaluation study design has the following limitations:

1. Findings from the primary data collection are not generalizable to remaining States/UTs not covered under the evaluation;
2. Findings from the primary data collection may also not be generalizable to districts in study States, that haven't been covered under the evaluation;
3. For several indicators on effectiveness, efficiency and impact of the scheme, the evaluation team has to rely on the administrative data available from the ministry's MIS. Given data concerns, usually, the external consultants are not given access to the data systems, and the evaluation team had to ask about specific data points. In some cases, data sharing takes a long time due to various bureaucratic approvals needed;
4. The primary sample of 3048 households is able to provide scheme or state-level estimates, but with a larger margin of error (wider confidence intervals). This may reduce the reliability of estimates;
5. Identification of households was dependent on the availability of household rosters/list of beneficiaries with the scheme/district/community level administration;
6. Identification of eligible but non-beneficiary households was made using purposive sampling, and the results may not be generalizable;
7. The evaluation is carried out in a short time frame, which may limit the opportunity for reflection and refinement in key areas of inquiry.

Ethical considerations: The primary study included interviewing sensitive respondent groups such as women and children who are victims of trafficking, women who faced violence and juveniles. Concrete measures were taken during training to ensure that the study team members are adequately sensitized on conducting interviews with these groups. Additionally, it was ensured that the training module, as well as survey manuals, contains a detailed section on sensitive nature of the study so that the enumerators understand the importance of following the required privacy and confidentiality norms during the interview.

Annexures

Annexure 1: Bibliography

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Annexure 2: Details of Key Informant Interviews and Household Survey

Annex 2a – Details of Key Informant Interviews

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
1	Assam	Both Umbrellas	SAG, MSK, BBBP	04/03/20	Mr. Kausar Jamal Hilaly	Commissioner - PWDs	Bashistha
2	Assam	MPEW	BBBP & MSK	06/03/20	Mrs. Ruby Sharma	State Coordinator, SRCW	Sarumatariya
3	Assam	ICDS	ICPS	07/03/20	Mr. Ashoka Sarma	Program Manager – IEC, Advocacy & Outreach	Beltola Tiniali
4	Assam	ICDS	ICPS	07/03/20	Savio Lakra	Program Manager, Institutional Care	
5	Assam	MPEW	Gender Budgeting	14/03/20	Mr. Sameer Das	Special Officer Planning	Uzaan Bazaar
6	Assam	ICDS	Aanganwadi, NCS	14/03/20	Mrs. Monideepa Saikya	District Program Officer	Telephonic
7	Assam	ICDS	POSHAN, PMMVY	06/03/20	Mr. Hemen Das	Secretary, Government of Assam	Dispur
8	Assam	MPEW	WWH	07/03/20	Mrs. Deepti Phukan	Probation Officer/DCPO	Uzaan Bazaar
9	Assam	MPEW	OSC, Women's Helpline	15/03/20	Mrs. Mandira Baruah	Branch Officer	Via Email (Uzaan Bazaar)
10	Assam	Both Umbrellas	All schemes	08/02/20	Dinesh Chandra Das	Dist social officer	Nagaon
11	Assam	Both Umbrellas	All schemes	01/02/20	Debojit Bora	Dist social officer	Morigaon
12	Assam	ICDS	PMMVY	02/02/20	Runjun Devi	Dist Cord PMMVY	Morigaon
13	Assam	MPEW	OSC	30/01/20	Huwanhirhi Das	OSC centre admn	Morigaon
14	Assam	MPEW	WE schemes	18/02/20	Dikshita Barman	Women welfare officer	Barpeta
15	Assam	ICDS	SAG	18/02/20	Maipak Singha	Consultant	Barpeta
16	Assam	ICDS	PMMVY	18/02/20	Hiraniya Bairagi	Dist Coordinator PMMVY	Barpeta
17	Assam	ICDS	SAG	18/02/20	Gagan Bishya	Dist Coordinator SAG	Barpeta
18	Assam	ICDS	Poshan Abhiyaan	18/02/20	Akash Boral	District lead swasth Bharat	Barpeta
19	Assam	ICDS	ICPS	18/02/20	Sima Barman	PO	Barpeta
20	Assam	Both Umbrellas	All schemes	07/03/20	Mrs Padamshweri Sitya	Dist social welfare officer	Nalabri
21	Assam	ICDS	AWS	08/03/20	Papori Sharma	Dist administrator	Nalbari
22	Assam	ICDS	Poshan Abhiyaan	09/03/20	Humen Baishya	District Coordinator	Nalbari
23	Assam	ICDS	PMMVY	09/03/20	Bobita Talukdar	Dist coordinator PMMVY	Nalbari
24	Assam	ICDS	AWS	08/02/20	Rulimani Saika	L.S	Nagaon

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
25	Assam	ICDS	AWS +Poshan	09/02/20	Rupa Sharma	Poshan abhiyaan incharge	Nagaon
26	Assam	Both Umbrellas	All schemes	09/02/20	Tarun Handique	ICPS + SAG+WH incharge	Nagaon
27	Assam	ICDS	AWS	02/02/20	Santosh Khutum	AWS incharge	Morigaon
28	Assam	ICDS	AWS	02/02/20	Bidyut Hazarika	PMMVY + SAG	Morigaon
29	Assam	Both Umbrellas	All schemes	09/02/20	Tarun Handique	CDPO	Nagaon
30	Assam	Both Umbrellas	All schemes	02/02/20	Santosh Khutum	CDPO	Burbonhaa block
31	Assam	Both Umbrellas	All schemes	02/02/20	Bidyut Hazarika	CDPO	Lahorighat block
32	Assam	ICDS	AWS	01/03/20	Smriti Bhuyan	L.S	Morigaon
33	Assam	ICDS	AWS	08/02/20	Rulimani Saika	L.S	Nagaon
34	Assam	ICDS	AWS	01/03/20	Binita Nez	L.S	Morigaon
35	Assam	Both Umbrellas	All schemes	20/02/20	Mahendra Adhikjary	CDPO	Barpeta
36	Assam	ICDS	AWS	21/02/20	Archana Das Mudoi	L.S	Barpeta
37	Assam	ICDS	AWS	21/02/20	Bhanu Das	L.S	Barpeta
38	Assam	Both Umbrellas	All schemes	02/03/20	Geetanjali Talukdar	CDPO	Nalbari
39	Assam	ICDS	AWS	04/03/20	Bhupen Bhattacharya	L.S	Nalbari
40	Assam	ICDS	AWS	06/03/20	Deepali Talukdar	L.S	Nalbari
41	Assam	ICDS	AWS	06/03/20	Momi Talukdar	L.S	Nalbari
42	Assam	Both Umbrellas	All schemes	09/01/20	Miss Rahima Khatun	PRI member	Balagaon
43	Assam	Both Umbrellas	All schemes	16/01/20	Smriti Devi	PRI member	Ahaturi Natua Gaon
44	Assam	Both Umbrellas	All schemes	15/01/20	Akhtara Begum	PRI member	Sitolimari Gaon
45	Assam	Both Umbrellas	All schemes	17/01/20	Manija Begum	PRI member	Sutar Gaon (Sulargia)
46	Assam	Both Umbrellas	All schemes	17/01/20	Husnara Khatun	PRI member	Garumara No.1
47	Assam	Both Umbrellas	All schemes	12/01/20	Moynal Ali	PRI member	Na Para Pam
48	Assam	Both Umbrellas	All schemes	12/01/20	Jutika Devi	PRI member	Batshor
49	Assam	Both Umbrellas	All schemes	11/01/20	Minoara Bibi	PRI member	Joy Mangla
50	Assam	Both Umbrellas	All schemes	11/01/20	Shawaly Das	PRI member	Garemara
51	Assam	Both Umbrellas	All schemes	07/01/20	Aliya Khatun	AWW	Barpeta Road (MB) WARD NO.-0002
52	Assam	Both Umbrellas	All schemes	07/01/20	Firuja Begum	AWW	Maj Gaon
53	Assam	Both Umbrellas	All schemes	09/01/20	Ojala Khatun	AWW	Milekuchi

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
54	Assam	Both Umbrellas	All schemes	10/01/20	Nabiran Nessa	AWW	Islam Pur
55	Assam	Both Umbrellas	All schemes	10/01/20	Binita Deka	AWW	Sarthebari (TC) WARD NO.-0003
56	Assam	Both Umbrellas	All schemes	11/01/20	Dipika Medhi	AWW	Ahaturi Natua Gaon
57	Assam	Both Umbrellas	All schemes	12/01/20	Asma Parbin	AWW	Dura Bandhi Bil
58	Assam	Both Umbrellas	All schemes	12/01/20	Khairun Nessa	AWW	Mairabari Town (CT) WARD NO.-0001
59	Assam	Both Umbrellas	All schemes	14/01/20	Afikun Nessa	AWW	Marigaon (MB) WARD NO.-0007
60	Assam	Both Umbrellas	All schemes	14/01/20	Ayesha Khatun	AWW	Banpara Darapani
61	Assam	Both Umbrellas	All schemes	15/01/20	Tulu Begum	AWW	Sutar Gaon (Sulargia)
62	Assam	Both Umbrellas	All schemes	16/01/20	Rina Mai Baruah	AWW	Dhing (TC) WARD NO.-0008
63	Assam	Both Umbrellas	All schemes	16/01/20	Konika Rani Sarkar	AWW	Jamunamukh (CT) WARD NO.-0001
64	Assam	Both Umbrellas	All schemes	17/01/20	Miss Mazida Begum	AWW	Bechamari
65	Assam	Both Umbrellas	All schemes	18/01/20	Anima Barmon	AWW	Bali Koria (CT) WARD NO.-0001
66	Assam	Both Umbrellas	All schemes	18/01/20	Rohima Khatun	AWW	Na Para Pam
67	Assam	Both Umbrellas	All schemes	19/01/20	Binita Devi	AWW	Batshor
68	Assam	Both Umbrellas	All schemes	19/01/20	Minati Das	AWW	Joy Mangla
69	Assam	Both Umbrellas	All schemes	19/01/20	Daiji Rani Das Deka	AWW	Tihu (TC) WARD NO.-0004
70	Assam	MPEW	Swadhar Greh	28/02/20	Monomoti	Centre admin	Guwhati
71	Assam	MPEW	WWH	12/03/20	Sadiya Ahmed	Warden	Guwhati
72	Assam	ICDS	ICPS	02/03/20	Rashmi	Counsellor	Guwhati
73	Assam	MPEW	Ujjawla	28/02/20	Monty	Centre admin	Guwhati
74	Bihar	MPEW	WE schemes	08/01/20	Ms Vijaylakshmi	MD-WCD	Patna
75	Bihar	Umbrella ICDS	ICDS	09/01/20	Alok Kumar	ICDS Director	Patna
76	Bihar	Umbrella ICDS	Poshan Abhiyaan	09/01/20	Shweta Sahay	Asst Dir Poshan Abhiyan	Patna

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
77	Bihar	Umbrella ICDS	SAG, creche	09/01/20	Kumari Shobha	SAG creche	Patna
78	Bihar	Umbrella ICDS	Poshan, AWS	09/01/20	Sugandha Sharma	Monitoring officer	Patna
79	Bihar	Umbrella ICDS	AWS	09/01/20	Manteshwar	WB consultant	Patna
80	Bihar	Umbrella ICDS	PMMVY	07/01/20	Anita Chaudhary	PMMVY	Patna
81	Bihar	ICPS	ICPS	09/01/20	Shri Raj Kumar	ICPS	Patna
82	Bihar	MPEW	MPEW	07/01/20	Rupesh Singh	MPEW Nodal officer	Patna
83	Bihar	MPEW	MPEW	07/01/20	Pratyush Sharma	SRCW	Patna
84	Bihar	MPEW	MPEW	07/01/20	Anupama	Gender specialist	Patna
85	Bihar	MPEW	WH	07/01/20	Supriya	WHL coordinator	Patna
86	Bihar	Umbrella ICDS	ICDS	29/01/20	Kumari Pratibha Giri	DPO ICDS	East Champaran
87	Bihar	ICDS	ICPS	03/02/20	Rakesh Kumar	CPO ICPS	East Champaran
88	Bihar	ICDS	Poshan Abhiyaan	04/02/20	Amrita Kumari	Dist Coordinator Poshan	East Champaran
89	Bihar	ICDS	PMMVY	04/02/20	Nidhi Kashyap	Dist Cord (PMMVY)	East Champaran
90	Bihar	Umbrella ICDS	ICDS	09/01/20	Rekha Kumari	DPO ICDS	Munger
91	Bihar	ICPS	ICPS	10/01/20	Bablu Kumar	CPO ICPS	Munger
92	Bihar	ICDS	Poshan Abhiyaan	10/01/20	Mukta Kumari	Dist Coordinator Poshan	Munger
93	Bihar	ICDS	PMMVY	10/01/20	Ravikant Prasad	DPC PMMVY	Munger
94	Bihar	MPEW	Women helpline	10/01/20	Rajeev Kumar	DPM	Munger
95	Bihar	MPEW	OSC	10/01/20	Anjali Kumar	OSC incharge	Munger
96	Bihar	ICPS	ICPS	20/01/20	Sams Javed Ansari	DPO ICDS	Gopalganj
97	Bihar	MPEW	WWH	21/01/20	Najia Mumtaj	Proj Manager WH	Gopalganj
98	Bihar	ICPS	ICPS	22/01/20	Alok Kumar Gautam	DCPU officer in charge	Gopalganj
99	Bihar	ICDS	Poshan Abhiyaan	27/01/20	Brij Kishore Prasad Srivastav	Dist Coordinator Poshan	Gopalganj
100	Bihar	ICDS	PMMVY	27/01/20	Subodh Kant Pant	DPC PMMVY	Gopalganj
101	Bihar	ICDS	Poshan Abhiyaan	13/02/20	Anshu Kumari	Dist Coordinator Poshan	Madhepura
102	Bihar	ICDS	PMMVY	13/02/20	Md Imran Alam	Dist Coordinator PMMVY	Madhepura
103	Bihar	MPEW	OSC+WH	12/02/20	Dr Manoj Sinha	DPM	Madhepura
104	Bihar	ICDS	AWS	12/02/20	Md Kabir	DPO	Madhepura
105	Bihar	ICDS	ICPS	12/02/20	Satish	Legal officer	Madhepura
106	Bihar	Both Umbrellas	All schemes	04/02/20	Ashish Nandan	CDPO	East Champaran
107	Bihar	Both Umbrellas	All schemes	15/01/20	Endu Kumari	CDPO	Munger
108	Bihar	Both Umbrellas	All schemes	16/01/20	Sushmita	CDPO	Munger
109	Bihar	Both Umbrellas	All schemes	24/01/20	Surendra Gilani	CDPO	Gopalganj

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
110	Bihar	Both Umbrellas	All schemes	25/01/20	Sadanand Das	CDPO	Gopalganj
111	Bihar	Both Umbrellas	All schemes	01/02/20	Jyoti Rani	L.S	East Champaran
112	Bihar	Both Umbrellas	All schemes	30/01/20	Vandita	L.S	East Champaran
113	Bihar	Both Umbrellas	All schemes	14/01/20	Preety Priya	L.S	Munger
114	Bihar	Both Umbrellas	All schemes	16/01/20	Shivani Kri	L.S	Munger
115	Bihar	Both Umbrellas	All schemes	25/01/20	Poonam Kri	L.S	Gopalganj
116	Bihar	Both Umbrellas	All schemes	11/02/20	Vinita	CDPO	Madhepura
117	Bihar	Both Umbrellas	All schemes	17/02/20	Sabana Parveen	CDPO	Madhepura
118	Bihar	ICDS	AWS	17/02/20	Kumari Pushpa	L.S	Madhepura
119	Bihar	ICDS	AWS	12/02/20	Kumari Nibha	L.S	Madhepura
120	Bihar	Both Umbrellas	All schemes	01/11/20	Tunna Pandy	PRI member	Barahra
121	Bihar	Both Umbrellas	All schemes	13/01/20	Manoj Kumar Duby	PRI member	Sasamusa
122	Bihar	Both Umbrellas	All schemes	20/01/20	Kiran Devi	PRI member	Narthua
123	Bihar	Both Umbrellas	All schemes	19/01/20	Akhilesh Yadav	PRI member	Bhagipur
124	Bihar	Both Umbrellas	All schemes	01/09/20	Ajola Devi	PRI member	Bhabhantoli
125	Bihar	Both Umbrellas	All schemes	01/08/20	Rita Devi	PRI member	Marpa Kalan
126	Bihar	Both Umbrellas	All schemes	17/01/20	Nagendra Pandit	PRI member	Gobadda
127	Bihar	Both Umbrellas	All schemes	16/01/20	Lalsahab Singh	PRI member	Sariatpur
128	Bihar	Both Umbrellas	All schemes	01/11/20	Pushpa Devi	AWW	Kataiya (NP) WARD NO.-0001
129	Bihar	Both Umbrellas	All schemes	01/12/20	Renu Devi	AWW	Jasauli
130	Bihar	Both Umbrellas	All schemes	01/12/20	Meera Devi	AWW	Natwa
131	Bihar	Both Umbrellas	All schemes	20/01/20	Pratibha Kumari	AWW	Narthua Bhagipur
132	Bihar	Both Umbrellas	All schemes	19/01/20	Indu Kumari	AWW	Babhantoli
133	Bihar	Both Umbrellas	All schemes	21/01/20	Usha Kumari	AWW	Madhepura Ward 16
134	Bihar	Both Umbrellas	All schemes	01/08/20	Anuradha Devi	AWW	Gazipur (CT) WARD NO.-0001
135	Bihar	Both Umbrellas	All schemes	01/07/20	Yasmin Bano	AWW	Jamalpur WARD NO.-0018
136	Bihar	Both Umbrellas	All schemes	01/08/20	Sangita Yadav	AWW	Gobadda
137	Bihar	Both Umbrellas	All schemes	17/01/20	Kiran Devi	AWW	Sariatpur
138	Bihar	Both Umbrellas	All schemes	15/01/20	Renuka Kumari	AWW	Chintamanpur
139	Bihar	Both Umbrellas	All schemes	16/01/20	Nusrat Parveen	AWW	Raxaul Bazar

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
							WARD NO.-0001
140	Bihar	ICDS	ICPS	10/01/20	Raj Kumar	Centre Manager	Patna
141	Chhattisgarh	ICDS	AWS	03/03/20	Mr Marabi	ICDS & Nutrition	Raipur
142	Chhattisgarh	Both Umbrellas	All WE schemes PMMVY	03/03/20	Mrs C.S Lal	WE	Raipur
143	Chhattisgarh	ICDS	ICPS	04/03/20	Asseem Datta	Prog Manager ICPS	Raipur
144	Chhattisgarh	ICDS	ICPS	04/03/20	Ramesh Sahu	Prog Manager ICPS	Raipur
145	Chhattisgarh	ICDS	SAG+Poshan	04/03/20	Shruti Nelkar	Poshan Abhiyaan + SAG	Raipur
146	Chhattisgarh	Both Umbrellas	All schemes	06/02/20	Suresh Singh	DPO	Bilaspur
147	Chhattisgarh	ICDS	Poshan	03/02/20	Ms Neha	Dist Cord Poshan Abhiyaan	Bilaspur
148	Chhattisgarh	ICDS	SAG	06/02/20	Anjana Washim	SAG officer in charge	Bilaspur
149	Chhattisgarh	ICDS	PMMVY	07/02/20	Swadha Pande	PMMVY officer in charge	Bilaspur
150	Chhattisgarh	ICDS	ICPS	05/02/20	Parvati Verma	Dist Cord ICPS	Bilaspur
151	Chhattisgarh	ICDS	ICPS	20/02/20	Preeti Dangeree	Dist Cord ICPS	Durg
152	Chhattisgarh	ICDS	AWS	18/02/20	Pratibha Singh	Dist cord ICDS	Durg
153	Chhattisgarh	ICDS	SAG	18/02/20	Pratap Singh	Dist Cord SAG	Durg
154	Chhattisgarh	Both Umbrellas	All schemes	17/02/20	Bipin Jain	DPO	Durg
155	Chhattisgarh	Both Umbrellas	All schemes	13/02/20	Anand Prakash	DPO	Korba
156	Chhattisgarh	ICDS	ICPS	14/02/20	Daya Dash	Dist Cord ICPS	Korba
157	Chhattisgarh	ICDS	Poshan Abhiyaan	16/01/20	Abhisar Ji	Dist Cor Poshan Abhiyan	Korba
158	Chhattisgarh	MPEW	OSC+WH	18/02/20	Pushpa Naren	OSC incharge	Korba
159	Chhattisgarh	Both Umbrellas	All schemes	21/01/20	C.S Mishra	DPO	Uttar Bastar
160	Chhattisgarh	ICDS	ICPS	22/01/20	Rina Lariya	ICPS officer	Uttar Bastar
161	Chhattisgarh	MPEW	Swadhar Greh	23/01/20	Tulsi Minikpuri	Swadhar Greh off in charge	Uttar Bastar
162	Chhattisgarh	ICDS	PMMVY +AWS	24/01/20	Nandam Mishra	Dist Cord AWS +PMMVY	Uttar Bastar
163	Chhattisgarh	Both Umbrellas	All schemes	06/07/20	Atul Dindekar	CDPO	Bilaspur
164	Chhattisgarh	ICDS	AWS	04/02/20	Annapurna Singh	L.S	Bilaspur
165	Chhattisgarh	ICDS	AWS	07/02/20	Santosh Tripathy	L.S	Bilaspur
166	Chhattisgarh	ICDS	AWS	11/02/20	Elen Roman	L.S	Bilaspur
167	Chhattisgarh	Both Umbrellas	All schemes	14/01/20	Vikash Singh	CDPO	Korba
168	Chhattisgarh	Both umbrellas	All schemes	15/01/20	Monaj Agarwal	CDPO	Korba
169	Chhattisgarh	ICDS	AWS	05/02/20	Annupama Singh	L.S	Bilaspur
170	Chhattisgarh	ICDS	WE schemes	06/02/20	Sontosh Tripathi	L.S	Bilaspur

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
171	Chhattisgarh	ICDS	WE schemes	07/02/20	Elen Rumana Ekta	L.S	Bilaspur
172	Chhattisgarh	ICDS	WE schemes	13/01/20	Sushma Sahoo	L.S	Korba
173	Chhattisgarh	ICDS	WE schemes	13/01/20	Dipti Asafi	L.S	Korba
174	Chhattisgarh	Both Umbrellas	All schemes	19/02/20	Jitendra Sao	CDPO	Durg
175	Chhattisgarh	Both Umbrellas	All schemes	18/02/20	Ajaya Sahoo	CDPO	Durg
176	Chhattisgarh	ICDS	AWS	20/02/20	Rekha Lonare	L.S	Durg
177	Chhattisgarh	ICDS	AWS	17/02/20	Pramila Verma	L.S	Durg
178	Chhattisgarh	Both Umbrellas	All schemes	30/01/20	Shakuntala Komre	CDPO	Uttarbastar Kanker
179	Chhattisgarh	Both Umbrellas	All schemes	31/01/20	Vattawe Didi	CDPO	Uttarbastar Kanker
180	Chhattisgarh	ICDS	AWS	31/01/20	Vattawe Didi	L.S	Uttarbastar Kanker
181	Chhattisgarh	ICDS	AWS	29/01/20	Sushama Sahoo	L.S	Uttarbastar Kanker
182	Chhattisgarh	Both Umbrellas	All schemes	01/10/20	Kirti Bai Dhurve	PRI member	Totakapa
183	Chhattisgarh	Both umbrellas	All schemes	17/01/20	Suniti Verma	PRI member	Kharra
184	Chhattisgarh	Both umbrellas	All schemes	16/01/20	Ramkrishna	PRI member	Kaudiya
185	Chhattisgarh	Both umbrellas	All schemes	15/01/20	Shri Sunita Bai Patel	PRI member	Jano
186	Chhattisgarh	Both Umbrellas	All schemes	01/12/20	Sugnandan Singh Kariyam	PRI member	Kumahari Sani
187	Chhattisgarh	Both Umbrellas	All schemes	01/12/20	Mangal Das Mahant	PRI member	Katori Nagoi
188	Chhattisgarh	Both Umbrellas	All schemes	19/01/20	Bhawesh Kemaro	PRI member	Parsoda
189	Chhattisgarh	Both Umbrellas	All schemes	19/01/20	Mamki Mahaveer	PRI member	Chapeli
190	Chhattisgarh	Both Umbrellas	All schemes	20/01/20	Sukhranjan Paal	PRI member	Vivekanand Nagar
191	Chhattisgarh	Both Umbrellas	All schemes	20/01/20	Madhu Bhartriya	PRI member	Brajpur
192	Chhattisgarh	Both Umbrellas	All schemes	01/07/20	Santi Shrivas	AWW	Bilaspur (M Corp.) WARD NO.-0010
193	Chhattisgarh	Both Umbrellas	All schemes	01/07/20	Maya Manikpuri	AWW	Bodri (NP) WARD NO.-0007
194	Chhattisgarh	Both Umbrellas	All schemes	01/10/20	Gangotri Marko	AWW	Boiraha
195	Chhattisgarh	Both Umbrellas	All schemes	01/08/20	Bimla Jaishwal	AWW	Semarchua
196	Chhattisgarh	Both Umbrellas	All schemes	01/10/20	Shree Devi Yadav	AWW	Totakapa
197	Chhattisgarh	Both umbrellas	All schemes	15/01/20	Rewati Umre	AWW	Salhe

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
198	Chhattisgarh	Both umbrellas	All schemes	16/01/20	Khushabu Nagar	AWW	Maro (NP) WARD NO.-0003
199	Chhattisgarh	Both umbrellas	All schemes	16/01/20	Kalindrikoshle	AWW	Kaudiya
200	Chhattisgarh	Both umbrellas	All schemes	15/01/20	Anita Kaushal	AWW	Jano
201	Chhattisgarh	Both Umbrellas	All schemes	01/11/20	Annpurna Devangan	AWW	Chhurikala (NP) WARD NO.-0002
202	Chhattisgarh	Both Umbrellas	All schemes	13/01/20	Jhur Bai Rathur	AWW	Kharwani
203	Chhattisgarh	Both Umbrellas	All schemes	13/01/20	Shrimati Triveni Sahu	AWW	Korba (M Corp.) WARD NO.-0043
204	Chhattisgarh	Both Umbrellas	All schemes	01/12/20	Phoolmati Korche	AWW	Kumahari Sani
205	Chhattisgarh	Both Umbrellas	All schemes	01/12/20	Basanti Yadav	AWW	Katori Nagoi
206	Chhattisgarh	Both Umbrellas	All schemes	01/11/20	Sulochna Maravi	AWW	Damau Kunda
207	Chhattisgarh	Both Umbrellas	All schemes	19/01/20	Duleshwari Kawade	AWW	Parsoda
208	Chhattisgarh	Both Umbrellas	All schemes	21/01/20	Poonam Nirmalkar	AWW	Kanker ward 14
209	Chhattisgarh	Both Umbrellas	All schemes	19/01/20	Pemin Salam	AWW	Chapeli
210	Chhattisgarh	Both Umbrellas	All schemes	20/01/20	Geeta Majundar	AWW	Vivekanand Nagar
211	Chhattisgarh	ICDS	ICPS	16/01/20	-	Centre Manager	Raipur
212	Chhattisgarh	MPEW	WWH	18/01/20	Mr Chaubey	Hostel incharge	Raipur
213	Delhi UT	Both umbrellas	All schemes	16/01/20	Mr. S.B. Shashank	Director, DWCD	New Delhi
214	Delhi UT	MPEW	WE schemes	16/01/20	Ms. Lata Negi	Dpty. Director, WEC	New Delhi
215	Delhi UT	MPEW	WE schemes	16/01/20	Inderpreet Pathak	Dpty. Director	New Delhi
216	Delhi UT	MPEW	WE schemes	16/01/20	Ms. Jyoti Goyal	Representing Dpty Director	New Delhi
217	Delhi UT	ICDS	ICPS	17/01/20	Ms. Nisha Agarwal	Dpty. Director, ICPS	New Delhi
218	Delhi UT	ICDS	WE schemes	17/01/20	Ms. Shuchi Sehgal	Dpty. Director, ICDS-I	New Delhi
219	Delhi UT	ICDS	WE schemes	17/01/20	Ms. Savita Malik	Dpty. Director, ICDS-II	New Delhi
220	Delhi UT	MPEW	WE schemes	17/01/20	Ms. Swati Sharma	Asst. Director, WEC	New Delhi
221	Delhi UT	ICDS	NCS	17/01/20	Ms. Reena	Supervisor, NCS	New Delhi
222	Delhi UT	Both umbrellas	All schemes	28/02/20	Kiran Gandhi	District officer	East Delhi
223	Delhi UT	Both umbrellas	All schemes	29/02/20	Manju Varshney	District officer	North and NW Delhi
224	Delhi UT	Both umbrellas	All schemes	05/03/20	Nafees Ahmed	District officer	South West Delhi
225	Delhi UT	Both umbrellas	All schemes	13/03/20	Sunita	CDPO	Narela
226	Delhi UT	ICDS	AWS	13/03/20	Vineeta	L.S	Narela

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
227	Delhi UT	ICDS	AWS	13/03/20	Sheenu	L.S	Narela
228	Delhi UT	ICDS	AWS	13/03/20	Poonam	L.S	Narela
229	Delhi UT	ICDS	AWS	13/03/20	Poonam Khatri	L.S	Narela
230	Delhi UT	Both umbrellas	All schemes	13/03/20	Sukhversha	CDPO	Alipur
231	Delhi UT	ICDS	AWS	13/03/20	Sunita	L.S	Alipur
232	Delhi UT	ICDS	AWS	13/03/20	Usha	L.S	Alipur
233	Delhi UT	Both umbrellas	All schemes	11/03/20	Neeru	CDPO	Neemri
234	Delhi UT	ICDS	AWS	11/03/20	Shanti	L.S	Neemri
235	Delhi UT	ICDS	AWS	11/03/20	Shashi	L.S	Neemri
236	Delhi UT	ICDS	AWS	11/03/20	Jyoti	L.S	Neemri
237	Delhi UT	Both umbrellas	All schemes	11/03/20	Pratima	CDPO	Ranibagh
238	Delhi UT	ICDS	AWS	11/03/20	Swati	L.S	Ranibagh
239	Delhi UT	ICDS	AWS	11/03/20	Neelam	L.S	Ranibagh
240	Delhi UT	ICDS	AWS	11/03/20	Vandita	L.S	Ranibagh
241	Delhi UT	Both umbrellas	All schemes	13/03/20	Shisla	CDPO	Najafgarh
242	Delhi UT	ICDS	AWS	12/03/20	Kavita	L.S	Najafgarh
243	Delhi UT	ICDS	AWS	13/03/20	Sona	L.S	Najafgarh
244	Delhi UT	Both umbrellas	All schemes	13/03/20	Nandini	CDPO	Nawada
245	Delhi UT	ICDS	AWS	13/03/20	Kishori	L.S	Nawada
246	Delhi UT	ICDS	AWS	13/03/20	Nuzhat	L.S	Nawada
247	Delhi UT	Both umbrellas	All schemes	12/03/20	Nalini	CDPO	Trilokpuri+Kondli
248	Delhi UT	ICDS	AWS	12/03/20	Meena Rayan	L.S	Trilokpuri+Kondli
249	Delhi UT	ICDS	AWS	12/03/20	Meena Tejrana	L.S	Trilokpuri+Kondli
250	Delhi UT	Both umbrellas	All schemes	11/03/20	Chanchal	CDPO	Wazirpur
251	Delhi UT	ICDS	AWS	17/01/20	Anjli Saxsena	AWW	DMC (U) (Part) WARD NO.-0214
252	Delhi UT	ICDS	AWS	20/01/20	Rekha Bhat	AWW	DMC (U) (Part) WARD NO.-0218
253	Delhi UT	ICDS	AWS	20/01/20	Usha	AWW	DMC (U) (Part) WARD NO.-0231
254	Delhi UT	ICDS	AWS	21/01/20	Archana	AWW	DMC (U) (Part) WARD NO.-0241

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
255	Delhi UT	ICDS	AWS	17/01/20	Gitanjali	AWW	Saba Pur Shahdara
256	Delhi UT	ICDS	AWS	18/01/20	Rakhi	AWW	Garhi Mendu
257	Delhi UT	ICDS	AWS	18/01/20	Sunita Rani	AWW	Sher Pur
258	Delhi UT	ICDS	AWS	17/01/20	Mamta	AWW	DMC (U) (Part) WARD NO.-0056
259	Delhi UT	ICDS	AWS	15/01/20	Manju Devi	AWW	Holambi Khurd
260	Delhi UT	ICDS	AWS	15/01/20	Punam	AWW	Katewara
261	Delhi UT	ICDS	AWS	16/01/20	Shusila	AWW	Taj Pur Kalan
262	Delhi UT	ICDS	AWS	16/01/20	Meena Devi	AWW	Tigi Pur
263	Delhi UT	ICDS	AWS	17/01/20	Kusum Lata	AWW	Rani Khera (CT) WARD NO.-0030
264	Delhi UT	ICDS	AWS	22/01/20	Suresh	AWW	Malikpur Najafgarh
265	Delhi UT	ICDS	ICPS	07/04/20	-	Superintendent	Delhi
266	Delhi UT	MPEW	Swadhar greh	17/01/20	Snehalaya	Centre admin	Delhi
267	Delhi UT	MPEW	WWH	04/03/20	-	Warden	Delhi
268	Jharkhand	Umbrella ICDS	AWS	09/01/20	Preeti Rani	Asst Dir ICDS	Ranchi
269	Jharkhand	Umbrella ICDS	Poshan Abhiyaan	10/01/20	Bablu Kumar	Consultant Poshan Abhiyan	Ranchi
270	Jharkhand	Umbrella ICDS	PMMVY + SAG	09/01/20	Madhuesh	Consultant	Ranchi
271	Jharkhand	Both umbrellas	All schemes	10/01/20	Shashi Kumar	SRCW	Ranchi
272	Jharkhand	ICDS	ICPS	28/02/20	Mrs Kanchan	Dir ICPS	Ranchi
273	Jharkhand	Both Umbrellas	All schemes	17/02/20	Shweta Bharti	DSWO	Dumka
274	Jharkhand	Both Umbrellas	All schemes	31/01/20	Kanak Tirki	DSWO	Simdega
275	Jharkhand	Both Umbrellas	All schemes	31/01/20	Kanak Tirki	CDPO	Simdega
276	Jharkhand	Both Umbrellas	All schemes	07/02/20	Renuka	CDPO	Chatra Sadar
277	Jharkhand	Both Umbrellas	All schemes	09/02/20	Rekha Rani	CDPO	Tandwa Chatra
278	Jharkhand	ICDS	AWS	06/02/20	Chandrawati Nayak	L.S	Tandwa Chatra
279	Jharkhand	ICDS	AWS	11/02/20	Kumari Anju	L.S	Chatra Sadar
280	Jharkhand	Both Umbrellas	All schemes	14/02/20	Sweta Bharti	CDPO	Dumka Sadar
281	Jharkhand	Both Umbrellas	All schemes	15/02/20	Sikha Das	CDPO	Kathikund Dumka
282	Jharkhand	ICDS	AWS	17/02/20	Mala Sah	L.S	Kathikund Dumka

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
283	Jharkhand	ICDS	AWS	12/02/20	Sarita Kumari	L.S	Dumka Sadar
284	Jharkhand	Both Umbrellas	All schemes	28/01/20	Padamsree Kashyap	CDPO	Simdega Sadar
285	Jharkhand	ICDS	AWS	01/02/20	Jahaara Khatun	L.S	Kurdeg Simdega
286	Jharkhand	ICDS	AWS	29/01/20	Husnaara	L.S	Simdega Sadar
287	Jharkhand	Both Umbrellas	All schemes	25/05/20	Sadhna Chaudhary	CDPO	Sonuva Paschimi Singhbhum
288	Jharkhand	Both Umbrellas	All schemes	26/05/20	Sangeetha Snehlata	CDPO	Chaibasa Sadar Paschimi Singhbhum
289	Jharkhand	ICDS	AWS	25/05/20	Mohini Tikri	L.S	Sonuva Paschimi Singhbhum
290	Jharkhand	ICDS	AWS	26/05/20	Vinita Sinha	L.S	Chaibasa Sadar Paschimi Singhbhum
291	Jharkhand	ICDS	ICPS	03/03/20	Sister Jayashree	Centre manager	Ranchi
292	Jharkhand	Both umbrellas	All schemes	01/10/20	Sarita	PRI member	Jaber
293	Jharkhand	Both umbrellas	All schemes	01/11/20	Sakhiya Devi	PRI member	Bad Bigha
294	Jharkhand	Both umbrellas	All schemes	23/01/20	Chandar Chakhar Singh	PRI member	Kumirkhala
295	Jharkhand	Both umbrellas	All schemes	19/01/20	Damutiriya	PRI member	Bara Muhuldiha
296	Jharkhand	Both umbrellas	All schemes	24/01/20	Gunmuni Pal	PRI member	Asanbani
297	Jharkhand	Both umbrellas	All schemes	20/01/20	Bhdhani Hemrem	PRI member	Kumirta
298	Jharkhand	Both umbrellas	All schemes	15/01/20	Kanti Jojo	PRI member	Ghansilori
299	Jharkhand	Both umbrellas	All schemes	16/01/20	Rajesh Dungdung	PRI member	Dumki
300	Jharkhand	ICDS	AWS	01/11/20	Nasir Husain	AWW	Bachra (CT) WARD NO.-0001
301	Jharkhand	ICDS	AWS	13/01/20	Hina Tabassum	AWW	Chatra (Nagar Parishad) WARD NO.-0007
302	Jharkhand	ICDS	AWS	01/12/20	Gita Davi	AWW	Mirpur
303	Jharkhand	ICDS	AWS	01/11/20	Prabha Davi	AWW	Bad Bigha
304	Jharkhand	ICDS	AWS	23/01/20	Padmavati Pahariya	AWW	Kumirkhala
305	Jharkhand	ICDS	AWS	23/01/20	Kiran Devi	AWW	Pinraa
306	Jharkhand	ICDS	AWS	24/01/20	Rupali Datta	AWW	Asanbani

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
307	Jharkhand	ICDS	AWS	21/01/20	Sajda Khatoon	AWW	Chakardharphur Ward 15
308	Jharkhand	ICDS	AWS	19/01/20	Manjary Tirey	AWW	Bara Muhuldiha
309	Jharkhand	ICDS	AWS	20/01/20	Kavita Biruwa	AWW	Kumirta
310	Jharkhand	ICDS	AWS	21/01/20	Rani Heyberam	AWW	Tensera
311	Jharkhand	ICDS	AWS	15/01/20	Anju Baleriya Kido	AWW	Shahpur Kondekera
312	Jharkhand	ICDS	AWS	15/01/20	Guloriya Jojo	AWW	Ghansilori
313	Jharkhand	ICDS	AWS	17/01/20	Katula Lakhanda	AWW	Simdega (NP) WARD NO.-0016
314	Maharashtra	Umbrella ICDS	POSHAN	30/01/20	Mr.J.B.Girase	Deputy Commissioner Monitoring-MIS	Mumbai
315	Maharashtra	Umbrella ICDS	POSHAN	30/01/20	Neha	Consultant-POSHAN	Mumbai
316	Maharashtra	Umbrella ICDS	POSHAN	30/01/20	Tejas	World Bank Consultant	Mumbai
317	Maharashtra	Umbrella ICDS	SAG	30/01/20	G.V.Deore	Deputy Commissioner	Mumbai
318	Maharashtra	Umbrella ICDS	Anganwadi services	30/01/20	Shashikant Chavan	Assistant Commissioner	Mumbai
319	Maharashtra	Both umbrellas	BBBP, Anganwadi, MSK, NCS	30/01/20	Sandhya Nagarkar	Assistant Commissioner	Mumbai
320	Maharashtra	Both umbrellas	ICPS, MPV	02/03/20	Manisha Biraris	Deputy Commissioner	Pune
321	Maharashtra	Both umbrellas	ICPS	02/03/20	-	Program Manager	Pune
322	Maharashtra	Both umbrellas	ICPS	02/03/20	-	Section officer	Pune
323	Maharashtra	MPEW	Ujjawala, Swadar, Women helpline, MSK	02/03/20	Munde	Deputy Commissioner	Pune
324	Maharashtra	MPEW	Ujjawala, Swadar, Women helpline	02/03/20	Pramod	WE program person	Pune
325	Maharashtra	MPEW	WWH	02/03/20	-	WWH incharge	Pune
326	Maharashtra	ICDS	PMMVY	27/02/20	Ravindra Pol	PMMVY coordinator	Beed
327	Maharashtra	ICDS	AWS+Poshan	05/03/20	Chandrakant Ketan	DPM	Beed
328	Maharashtra	Both umbrellas	BBBP+SAG	05/03/20	V.S Shelke	BBBP , SAG Dist Cord	Beed
329	Maharashtra	Both umbrellas	All schemes	21/02/20	R.D Kulkarni	WCD Officer	Beed
330	Maharashtra	MPEW	OSC	04/03/20	Ashok Panwar	OSC coordinator	Nashik
331	Maharashtra	MPEW	Ujjawala, Swadar,	04/03/20	Mr Jadhav	DWCD	Nashik

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
			Women helpline, WWH				
332	Maharashtra	MPEW	BBBP	04/03/20	Premlata Sawahne	Jr Asst to Deputy CEO	Nashik
333	Maharashtra	ICDS	SAG	04/03/20	Umesh Rajput	Sr Asst to Deputy CEO	Nashik
334	Maharashtra	ICDS	Poshan	04/03/20	Pratiksha Kaparaj	Swasth Bharat Prerak	Nashik
335	Maharashtra	Both umbrellas	WE schemes+NCS	25/02/20	A.V Manatkar	Supervisory Officer	Parbhani
336	Maharashtra	ICDS	ICPS	25/02/20	Mrs Meshram	Dist Cord ICPS	Parbhani
337	Maharashtra	ICDS	AWS	25/02/20	Kailas Khodke	DPM	Parbhani
338	Maharashtra	Both Umbrellas	All schemes	08/02/20	Pritam Bharbhuvan	CDPO	Nashik
339	Maharashtra	Both Umbrellas	All schemes	10/02/20	Pandit Wagte	CDPO	Nashik
340	Maharashtra	ICDS	AWS	08/02/20	Harshada Kuvar	L.S	Nashik
341	Maharashtra	ICDS	AWS	10/02/20	Jyoti Deshmukh	L.S	Nashik
342	Maharashtra	Both Umbrellas	All schemes	25/02/20	B.A Sonawane	CDPO	Parbhani
343	Maharashtra	Both Umbrellas	All schemes	26/02/20	B.T Munde	CDPO	Parbhani
344	Maharashtra	ICDS	AWS	25/02/20	Jayashree Shere	L.S	Parbhani
345	Maharashtra	ICDS	AWS	26/02/20	Sangita Dalvi	L.S	Parbhani
346	Maharashtra	Both Umbrellas	All schemes	15/02/20	Rameshwar Mundhe	CDPO	Beed
347	Maharashtra	Both Umbrellas	All schemes	15/02/20	Kishor D Aghav	CDPO	Beed
348	Maharashtra	ICDS	AWS	13/02/20	Sunita Bhimrao Pise	L.S	Beed
349	Maharashtra	ICDS	AWS	27/02/20	S.L Landge	L.S	Beed
350	Maharashtra	Both Umbrellas	All schemes	26/02/20	Balasaheb Bandedar	CDPO	Latur
351	Maharashtra	Both Umbrellas	All schemes	27/02/20	Rathod Narayan Lalsingh	CDPO	Latur
352	Maharashtra	ICDS	AWS	26/02/20	Usha Suryavanshi	L.S	Latur
353	Maharashtra	ICDS	AWS	27/02/20	Thombre Sangitha	L.S	Latur
354	Maharashtra	Both umbrellas	All schemes	01/12/20	Bhujang Ambadas Shelake	PRI member	Chavhanwadi
355	Maharashtra	Both umbrellas	All schemes	13/01/20	Sindhu Govind Taur	PRI member	Kalegaon Thadi
356	Maharashtra	Both umbrellas	All schemes	17/01/20	Ranjna Amrut More	PRI member	Ajani Kh
357	Maharashtra	Both umbrellas	All schemes	16/01/20	Parthsarthi Sitaram Babalsure	PRI member	Ramtirth
358	Maharashtra	Both umbrellas	All schemes	23/01/20	Ashok Shivram Borse	PRI member	Kharde Digar
359	Maharashtra	Both umbrellas	All schemes	23/01/20	Ramesh Nana Pawar	PRI member	Gangavan
360	Maharashtra	Both umbrellas	All schemes	24/01/20	Dharmaraj Gawande	PRI member	Kopurli Bk.
361	Maharashtra	Both umbrellas	All schemes	21/01/20	Dasharath Tandale	PRI member	Tokwadi
362	Maharashtra	Both umbrellas	All schemes	21/01/20	Seema Devidas Shinde	PRI member	Wangi
363	Maharashtra	Both umbrellas	All schemes	19/01/20	Bhashkar Baliram More	PRI member	Gavha

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
364	Maharashtra	ICDS	AWS	12/01/20	Vijaymala Namdev Krad	AWW	Chopanwadi
365	Maharashtra	ICDS	AWS	13/01/20	Dhavale Mandakini Sarjerao	AWW	Kalegaon Thadi
366	Maharashtra	ICDS	AWS	14/01/20	Meena Gundappa Aagre	AWW	Nagapur
367	Maharashtra	ICDS	AWS	14/01/20	Shaik Yasmin	AWW	Parli (M Cl) WARD NO.-0027
368	Maharashtra	ICDS	AWS	17/01/20	Savitri Nivrati Yenage	AWW	Ajani Kh
369	Maharashtra	ICDS	AWS	16/01/20	Anjirbai Nivrutti Kamble	AWW	Ramtirth
370	Maharashtra	ICDS	AWS	16/01/20	Radha Annarao Anchule	AWW	Nilanga (M Cl) WARD NO.-0015
371	Maharashtra	ICDS	AWS	24/01/20	Mandakini Rajendra Gadhe	AWW	Igatpuri (M Cl) WARD NO.-0016
372	Maharashtra	ICDS	AWS	23/01/20	Sarla Nimba Pawar	AWW	Gangavan
373	Maharashtra	ICDS	AWS	24/01/20	Shakuntala Eknath Jadhav	AWW	Kopurli Bk.
374	Maharashtra	ICDS	AWS	21/01/20	Dehubai Pandurang Kathkade	AWW	Tokwadi
375	Maharashtra	ICDS	AWS	20/01/20	Sangita Gunjale	AWW	Jintur (M Cl) WARD NO.-0014
376	Maharashtra	ICDS	AWS	20/01/20	Aruna Bansi Solanke	AWW	Palodi
377	Maharashtra	ICDS	AWS	21/01/20	Bharti Rajendra Kumar Bhajibhakri	AWW	Wangi
378	Maharashtra	ICDS	ICPS	01/02/20	Manisha	Superintendent	Mumbai
379	Maharashtra	MPEW	Swadhar greh	10/01/20	-	Centre Manager	Mumbai
380	Maharashtra	MPEW	Ujjawala	03/02/20	-	Centre Manager	Pune
381	Maharashtra	MPEW	WWH	11/01/20	-	Warden	Mumbai
382	Mizoram	ICDS	ICDS	14/01/20	A Vanlalzamawii	Joint Dir ICDS	Aizwal
383	Mizoram	ICDS	ICPS	14/01/20	Amy Lalrinpuii	Asst Dir ICPS	Aizwal
384	Mizoram	MPEW	WE schemes	14/01/20	Pi Lallianpuii	Deputy Director WE	Aizwal
385	Mizoram	Both umbrellas	All schemes	04/03/20	Dr R Lalrinhlua	District official WCD	Mamit
386	Mizoram	ICDS	Poshan	02/03/20	H. Lalrinchhani	Dist Cord, Poshan Abhiyaan	Mamit
387	Mizoram	ICDS	PMMVY	05/03/20	Laltanpuii Chhangte	Dist Cord PMMVY	Mamit
388	Mizoram	Both Umbrellas	All schemes	02/03/20	Vanlalhruaii	DPO	Mamit
389	Mizoram	MPEW	MSK	11/05/20	Vl Hemruti Hmar	Women Welfare officer	Mamit
390	Mizoram	ICDS	Poshan	19/05/20	Muansanga	Dist Cord Poshan Abhiyaan	Champhai

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
391	Mizoram	ICDS	ICPS	20/05/20	R. Lalrinchhani	CPO	Champhai
392	Mizoram	MPEW	OSC	21/05/20	Malsawmkini	OSC admin	Champhai
393	Mizoram	MPEW	All WE schemes	22/05/20	K. Lalrinfilmi	Women welfare officer	Champhai
394	Mizoram	ICDS	PMMVY	28/05/20	Rodinglianan	Dist Cord PMMVY	Champhai
395	Mizoram	ICDS	AWS+SAG	27/05/20	Rina	DPO assistant	Champhai
396	Mizoram	ICDS	Poshan	13/05/20	Heibikliana Thangtu	Dist Cord Poshan Abhiyaan	Saiha
397	Mizoram	ICDS	PMMVY	14/05/20	Kc Robin Thahmo	Dist Cord PMMVY	Saiha
398	Mizoram	MPEW	OSC	15/05/20	Imelda C Zozuanzuali	Dist Cord OSC	Saiha
399	Mizoram	ICDS	ICPS	18/05/20	Dr David Zaitingawara	CPO	Saiha
400	Mizoram	MPEW	Ujjawala	19/05/20	Judith Ngoli	Dist Cord Ujjawala	Saiha
401	Mizoram	MPEW	BBBP	19/05/20	K.L Zuithanga	Proj Coord BBBP	Saiha
402	Mizoram	ICDS	AWS	20/05/20	B Zisia	Progarm Coordinator	Saiha
403	Mizoram	ICDS	AWS	19/06/20	C Duhveli	Dist Cord ICDS	Lunglei
404	Mizoram	ICDS	ICPS	23/07/20	Lalrinkini Hmar	DCPO	Lunglei
405	Mizoram	MPEW	OSC	14/06/20	Laldanmawii	Centre admin OSC	Lunglei
406	Mizoram	ICDS	Poshan Abhiyan	17/05/20	Vanlalthanga	Dist Cord Poshan Abhiyan	Lunglei
407	Mizoram	ICDS	PMMVY	25/05/20	Lalramnunpuii Punte	Dist Prog Asst PMMVY	Lunglei
408	Mizoram	ICDS	AWS	25/05/20	Reuben Lallawmsanga	Dist Cord	Champhai
409	Mizoram	ICDS	ICDS	05/03/20	Mr Lalrhruaritlangi	CDPO	Mamit
410	Mizoram	ICDS	ICDS	05/03/20	Lalhmachhuani Sailo	L.S	Mamit
411	Mizoram	Both umbrellas	All schemes	19/05/20	Clalnun Selo	CDPO	Saiha
412	Mizoram	Both umbrellas	All schemes	18/05/20	Hmelmawia	CDPO	Saiha
413	Mizoram	ICDS	L.S	15/05/20	Hepaw Hlychho	L.S	Saiha
414	Mizoram	ICDS	L.S	18/05/20	K Lalrinfimi	L.S	Champhai
415	Mizoram	ICDS	L.S	10/06/20	C.Chawgngthangpuii	L.S	Lunglei
416	Mizoram	ICDS	L.S	13/06/20	Hmelmawia	L.S	Saiha
417	Mizoram	MPEW	Swadhar greh	06/06/20	Lillanrinmawii	Centre admin	Aizwal
418	Mizoram	MPEW	Ujjawala	04/06/20	-	Centre admin	Aizwal
419	Mizoram	MPEW	WWH	17/06/20	-	Hostel Incharge	Aizwal
420	Mizoram	Both umbrellas	All schemes	03/02/20	B Dawngzela	PRI members	Kawlkulh
421	Mizoram	Both umbrellas	All schemes	05/02/20	Pc Lalrinenga	PRI members	Neihdawn
422	Mizoram	Both umbrellas	All schemes	04/02/20	Lalbiakliana	PRI members	Pawlrang

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
423	Mizoram	Both umbrellas	All schemes	04/02/20	C Lalthantluanga	PRI members	Saichal
424	Mizoram	Both umbrellas	All schemes	21/01/20	Lungtiawia Sailo	PRI members	Rawpui
425	Mizoram	Both umbrellas	All schemes	23/01/20	Lalpianmawia	PRI members	Chhipphir
426	Mizoram	Both umbrellas	All schemes	21/01/20	C Vanlalnghaki	PRI members	Ramlaitui
427	Mizoram	Both umbrellas	All schemes	15/01/20	K. Lalduhkima	PRI members	Rawpuichhip
428	Mizoram	Both umbrellas	All schemes	17/01/20	Lalhminghlui	PRI members	Damparengpui
429	Mizoram	Both umbrellas	All schemes	16/01/20	Lalzawmliani	PRI members	Kawnmawi
430	Mizoram	Both umbrellas	All schemes	18/01/20	Joseph Laldawngliana	PRI members	Bawngva
431	Mizoram	Both umbrellas	All schemes	28/01/20	H Lalthianghlima	PRI members	Phura
432	Mizoram	Both umbrellas	All schemes	30/01/20	S. Vamo	PRI members	Vahai
433	Mizoram	Both umbrellas	All schemes	29/01/20	S.Tluasa	PRI members	Lawngban
434	Mizoram	ICDS	AWS	06/02/20	Mary Lalnunmawii	AWW	Champhai (NT) WARD NO.-0007
435	Mizoram	ICDS	AWS	03/02/20	Lalremkimi	AWW	Kawlkulh
436	Mizoram	ICDS	AWS	05/02/20	Pc Lalrinzuali	AWW	Neihdawn
437	Mizoram	ICDS	AWS	04/02/20	B Vanlalhruaii	AWW	Saichal
438	Mizoram	ICDS	AWS	21/01/20	C. Lalrosiami	AWW	Rawpui
439	Mizoram	ICDS	AWS	21/01/20	Zd Lalramhmuaki	AWW	Ramlaitui
440	Mizoram	ICDS	AWS	24/01/20	V Hranghmingthangi	AWW	Lunglei (NT) WARD NO.-0008
441	Mizoram	ICDS	AWS	23/01/20	P Lalrinawmi	AWW	Tlabung (NT) WARD NO.-0002
442	Mizoram	ICDS	AWS	22/01/20	Lalchhuanawmi	AWW	Buarpui
443	Mizoram	ICDS	AWS	15/01/20	Lalremmawii	AWW	Lengpui (NT) WARD NO.-0002
444	Mizoram	ICDS	AWS	15/01/20	Lalhmingchuangi	AWW	Rawpuichhip
445	Mizoram	ICDS	AWS	17/01/20	Lalthanpuii	AWW	Damparengpui
446	Mizoram	ICDS	AWS	16/01/20	Lalrammawii	AWW	Kawnmawi
447	Mizoram	ICDS	AWS	27/01/20	Vannunpari	AWW	Saiha (NT) WARD NO.-0012
448	Mizoram	ICDS	AWS	27/01/20	S Lalchhuanthangi	AWW	Saiha (NT) WARD NO.-0016
449	Mizoram	ICDS	AWS	28/01/20	Santy	AWW	Phura
450	Mizoram	ICDS	AWS	30/01/20	Hani	AWW	Lungpuk
451	Mizoram	ICDS	AWS	30/01/20	H.Ngopaw	AWW	Vahai

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
452	Rajasthan	Both umbrellas	All schemes	07/01/20	Dr. K.K. Pathak	Secretary, DWCD	Jaipur
453	Rajasthan	ICDS	ICDS	07/01/20	Dr. Pratibha Singh	Director, ICDS	Jaipur
454	Rajasthan	MPEW	WE	07/01/20	Mr. Prakash Chand Pawan	Director, DWE	Jaipur
455	Rajasthan	ICDS	ICDS	09/01/20	Ms. Ranjitha	Addn. Director, ICDS	Jaipur
456	Rajasthan	ICDS	ICDS	09/01/20	Richa	MIS ICDS	Jaipur
457	Rajasthan	ICDS	ICDS	09/01/20	Manju Yadav	Dep Dir ICDS	Jaipur
458	Rajasthan	ICDS	ICDS	09/01/20	Mukesh	Consultant	Jaipur
459	Rajasthan	MPEW	All schemes	09/01/20	Dr. Jagdish Prasad	Asst. Director, SRCW	Jaipur
460	Rajasthan	ICDS	SAG	09/01/20	Dr Abha Jain	Addn. Director	Jaipur
461	Rajasthan	ICDS	SAG	10/01/20	Ms. Trisha	Asst to Addn Director	Jaipur
462	Rajasthan	MPEW	WE	10/01/20	Ms. Abhilasha Sood	Dpty. Director, Women's Safety Cell	Jaipur
463	Rajasthan	ICDS	ICPS	10/01/20	Ms. Reena Sharma	Addn. Director, ICPS	Jaipur
464	Rajasthan	MPEW	WE	10/01/20	Mr Manoj Sharma	Dpty. Director, Women Welfare, DSJE	Jaipur
465	Rajasthan	MPEW	WE	10/01/20	Mr. Ramesh Sharma	Asst to Dpty Director	Jaipur
466	Rajasthan	ICDS	ICDS	20/01/20	Nagendra, Diesh	Dpty Director ICDS	Bhilwara
467	Rajasthan	MPEW	WE schemes	20/01/20	Sharatjeet Sharma, Kamal Jain	Dpty Director S.J & E	Bhilwara
468	Rajasthan	MPEW	WE schemes	20/01/20	Kamal Jain	Dpty Director S.J & E	Bhilwara
469	Rajasthan	MPEW	WE schemes	23/01/20	Hemant Jain	Social security officer	Jaisalmer
470	Rajasthan	MPEW	All schemes	23/01/20	Rajendra Chaudhary	Dep Dir ICDS & WE	Jaisalmer
471	Rajasthan	ICDS	ICDS	08/01/20	Raj Komari Kharwal	Dep Dir ICDS	Jhalawar
472	Rajasthan	MPEW	WE schemes	09/01/20	Pinki Gautam	Women welfare officer	Jhalawar
473	Rajasthan	MPEW	WE schemes	09/01/20	Manoj Kumar	Dep Dir WE	Jhalawar
474	Rajasthan	ICDS	ICDS	08/01/20	Vishnu Kumar	Coordinator	Jhalawar
475	Rajasthan	ICDS	AWS+Poshan	08/01/20	Rhythnm Mathur	Swasth Bharat Prerak	Jhalawar
476	Rajasthan	MPEW	WE schemes	08/01/20	Gauri Shankar Meena	Dpty Director S.J & E	Jhalawar
477	Rajasthan	ICDS	ICDS	15/01/20	Usha Rani	Dist Proj Assi ICDS	Kota
478	Rajasthan	Both umbrellas	All schemes	21/01/20	Shiv Kanwar	CDPO	Bhilwara city
479	Rajasthan	Both umbrellas	All schemes	22/01/20	Lalita Pathodia	CDPO	Mandal
480	Rajasthan	ICDS	AWS	21/01/20	Mamta	L.S	Bhilwara city
481	Rajasthan	ICDS	AWS	24/01/20	Kanta	L.S	Jaisalmer city
482	Rajasthan	Both umbrellas	All schemes	12/05/20	Om Prakash	CDPO	Pokaran
483	Rajasthan	ICDS	AWS	24/01/20	Devi Ram Meena	L.S	Sam

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
484	Rajasthan	Both umbrellas	All schemes	10/01/20	Nirmala Chaturvedi	CDPO	Jhalrapatan
485	Rajasthan	Both umbrellas	All schemes	13/05/20	Dilip Gupta	CDPO	Bakani
486	Rajasthan	ICDS	AWS	01/05/20	Anita Soni	L.S	Jhalrapatan
487	Rajasthan	ICDS	AWS	13/01/20	Premlata Sharma	L.S	Bakani
488	Rajasthan	Both umbrellas	All schemes	05/05/20	Jyotsana	CDPO	Ladpur
489	Rajasthan	Both umbrellas	All schemes	16/01/20	Prabha Mishra	CDPO	Kota City
490	Rajasthan	ICDS	AWS	15/01/20	Roshan Verma	L.S	Ladpur
491	Rajasthan	ICDS	AWS	16/01/20	Savitri Devi	L.S	Kota City
492	Rajasthan	Both umbrellas	All schemes	01/07/20	Madan Lal Sen	PRI member	Pandroo
493	Rajasthan	Both umbrellas	All schemes	01/08/20	Seema Sarma	PRI member	Bhilwara (M Cl) WARD NO.-0049
494	Rajasthan	Both umbrellas	All schemes	01/08/20	Mohan Lal Bhairwa	PRI member	Akhepura
495	Rajasthan	Both umbrellas	All schemes	01/12/20	Nen Singh	PRI member	Arjana
496	Rajasthan	Both umbrellas	All schemes	01/11/20	Suresh Singh	PRI member	Kheenwsar
497	Rajasthan	Both umbrellas	All schemes	01/11/20	Kheta Ram	PRI member	Baloosingh Ki Dhani
498	Rajasthan	Both umbrellas	All schemes	01/12/20	Buri Bai	PRI member	Lasooriya Shah
499	Rajasthan	Both umbrellas	All schemes	01/11/20	Ishwar Singh	PRI member	Hanotiya Hindusingh
500	Rajasthan	Both umbrellas	All schemes	01/07/20	Mahavir Mehta	PRI member	Kurar
501	Rajasthan	Both umbrellas	All schemes	01/07/20	Ratan Kawar	PRI member	Doongarpur
502	Rajasthan	ICDS	AWS	01/07/20	Ram Kaniya Sen	AWW	Pandroo
503	Rajasthan	ICDS	AWS	01/08/20	Ranjna Chodhari	AWW	Bhilwara (M Cl) WARD NO.-0049
504	Rajasthan	ICDS	AWS	01/07/20	Manju Jar	AWW	Akhepura
505	Rajasthan	ICDS	AWS	01/09/20	Shima Devi	AWW	Harpura
506	Rajasthan	ICDS	AWS	13/01/20	Shobha Sharma	AWW	Jaisalmer (M) WARD NO.-0012
507	Rajasthan	ICDS	AWS	01/12/20	Endra	AWW	Toga
508	Rajasthan	ICDS	AWS	01/11/20	Sunita Devi	AWW	Baloosingh Ki Dhani
509	Rajasthan	ICDS	AWS	01/10/20	Padma Sharma	AWW	Jhalawar (M) WARD NO.-0009
510	Rajasthan	ICDS	AWS	01/12/20	Santosh Mina	AWW	Lasooriya Shah
511	Rajasthan	ICDS	AWS	01/12/20	Asha	AWW	Kachra Kheri

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
512	Rajasthan	ICDS	AWS	01/09/20	Pooja	AWW	Ramganj Mandi (M) WARD NO.-0014
513	Rajasthan	ICDS	AWS	01/07/20	Durgesh Sharma	AWW	Kurar
514	Rajasthan	ICDS	AWS	01/07/20	Damyanti	AWW	Doongarpur
515	Rajasthan	ICDS	ICPS	09-01-2020	-	Superintendent	Jaipur
516	Rajasthan	ICDS	Swadhar Greh	13-01-2020	-	Centre admin	Jaipur
517	Rajasthan	ICDS	WWH	14-01-2020	Rajeshwari	Warden	Jaipur
518	Tamilnadu	Umbrella ICDS	Sector	13/01/20	Kavita Ramu Ias	Directr, ICDS	Chennai
519	Tamilnadu	Umbrella ICDS	Sector	20/01/20	Dr Senthil Kumar	Deputy Director	Chennai
520	Tamilnadu	Umbrella ICDS	POSHAN Abhiyan	20/01/20	Yamuna	Joint Director(NNM)	Chennai
521	Tamilnadu	Umbrella ICDS	POSHAN Abhiyan	20/01/20	Dr Saranya	Consultant POSHAN	Chennai
522	Tamilnadu	Umbrella ICDS	POSHAN Abhiyan	20/01/20	-	Finance incharge	Chennai
523	Tamilnadu	Umbrella ICDS	POSHAN Abhiyan	20/01/20	-	MIS person	Chennai
524	Tamilnadu	Umbrella ICDS	PMMVY	21/01/20	Dr Chandra Mohan	Deputy Director	Chennai
525	Tamilnadu	Umbrella ICDS	PMMVY	21/01/20	Nambi Azhagappan	System Analyst	Chennai
526	Tamilnadu	Umbrella ICDS	Anganwadi services, SAG, NCS	20/01/20	Rani	Deputy Director (ICDS)	
527	Tamilnadu	Umbrella ICDS	Anganwadi services, SAG, NCS	20/01/20	Gnana	ICDS incharge	
528	Tamilnadu	Umbrella ICDS	Anganwadi services, SAG, NCS	20/01/20	-	Joint Director(Admin)	Chennai
529	Tamilnadu	MPEW	Sector	13/01/20	Mr.Abraham	Director, Social Welfare	Chennai
530	Tamilnadu	Both umbrellas	ICPS, Ujjawala	4/01/20	Mr.Lal Vena Ias,	Commissioner, Social Defence, Program Officer	Chennai
531	Tamilnadu	Umbrella ICDS	ICPS	1/01/20	Benin	Program Manager	Chennai
532	Tamilnadu	MPEW	Women helpline	22/01/20	Ramu	Section officer	Chennai
533	Tamilnadu	MPEW	OSC, BBBP, Swadar, MPV, Gender Budgeting	22/01/20	Ms.Sundari	Joint Director (SW)	Chennai

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
534	Tamilnadu	MPEW	Working women hostel	22/01/20	Ms.Anbu	Section officer	Chennai
535	Tamilnadu	MPEW	MSK	22/01/20	Suganya	SRCW	Chennai
536	Tamilnadu	MPEW	MPEW schemes	24/01/20	Shanthi	Dist Social Welfare officer	Madurai
537	Tamilnadu	ICPS	ICDS	25/01/20	Mr Ganean	DCPO	Madurai
538	Tamilnadu	Umbrella ICDS	Medical, officer	26/01/20	Manoj Pandiyan	Medical health officer	Madurai
539	Tamilnadu	Umbrella ICDS	ICDS	27/01/20	Mrs Poongodi	ICDS PO	Madurai
540	Tamilnadu	MPEW	MPEW schemes	30/01/20	Ms Indra	Dist Social Welfare officer	Virudhnagar
541	Tamilnadu	Umbrella ICDS	ICDS	31/01/20	Mr Palaniswamy	Medical health officer	Virudhnagar
542	Tamilnadu	Umbrella ICDS	ICDS	31/01/20	Mrs Rajam	ICDS PO	Virudhnagar
543	Tamilnadu	Umbrella ICDS	ICDS	29/01/20	Shanmuga Sundaram	Medical health officer	Theni
544	Tamilnadu	Umbrella ICDS	ICDS	29/01/20	Helen Rose	ICDS PO	Theni
545	Tamilnadu	Umbrella ICDS	ICPS	28/01/20	Ms Meenakshi	DCPO	Theni
546	Tamilnadu	MPEW	MPEW schemes	28/01/20	Arul Selvi	DCPO	Perambular
547	Tamilnadu	MPEW	MPEW schemes	23/01/20	Mrs Thamumizha	Dist Social Welfare officer	Perambular
548	Tamilnadu	Umbrella ICDS	ICDS	23/01/20	Mrs Geetha Rani	Medical health officer	Perambular
549	Tamilnadu	Umbrella ICDS	ICDS	24/01/20	Mrs Bhubhaneshwari	ICDS PO	Perambular
550	Tamilnadu	Both umbrellas	ICDS +MPEW	22/01/20	Mrs Prema	CDPO	Perambular
551	Tamilnadu	Both umbrellas	ICDS +MPEW	23/01/20	Mrs Arun	CDPO	Perambular
552	Tamilnadu	Both umbrellas	ICDS +MPEW	24/01/20	Mrs Thirumagal	CDPO	madurai
553	Tamilnadu	Both umbrellas	ICDS +MPEW	27/01/20	Mrs Vithya	CDPO	Madurai
554	Tamilnadu	Both umbrellas	ICDS +MPEW	28/01/20	Mrs Vishunupriya	CDPO	Theni
555	Tamilnadu	Both umbrellas	ICDS +MPEW	29/01/20	Mrs Vijaya	CDPO	Theni
556	Tamilnadu	Both umbrellas	ICDS +MPEW	30/01/20	Mrs Veeralakshmi	CDPO	Virudhunagar
557	Tamilnadu	Both umbrellas	ICDS +MPEW	31/01/20	Mrs Hemalatha	CDPO	Virudhunagar
558	Tamilnadu	Umbrella ICDS	ICDS	22/01/20	Yakula Meri	L.S	Perambular
559	Tamilnadu	Umbrella ICDS	ICDS	23/01/20	Mrs Pappa	L.S	Perambular
560	Tamilnadu	Umbrella ICDS	ICDS	24/01/20	Mrs Selvi	L.S	Madurai
561	Tamilnadu	Umbrella ICDS	ICDS	27/01/20	Mrs Tamilarasi	L.S	Madurai
562	Tamilnadu	Umbrella ICDS	ICDS	28/01/20	Mrs Amalthaai	L.S	Theni
563	Tamilnadu	Umbrella ICDS	ICDS	29/01/20	Mrs Subbu Lakshmi	L.S	Theni
564	Tamilnadu	Umbrella ICDS	ICDS	30/01/20	Mrs Matha Mari Navarojini	L.S	Virudhunagar

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
565	Tamilnadu	Umbrella ICDS	ICDS	31/01/20	Mrs Rani	L.S	Virudhunagar
566	Tamilnadu	Both umbrellas	All schemes	07/01/20	Jayaraman	PRI member	Surappatti
567	Tamilnadu	Both umbrellas	All schemes	09/01/20	Jayaraj	PRI member	Valaichikulam
568	Tamilnadu	Both umbrellas	All schemes	09/01/20	P. Kannan	PRI member	Keeranur
569	Tamilnadu	Both umbrellas	All schemes	21/01/20	Kamaraj	PRI member	Puduvettagudi
570	Tamilnadu	Both umbrellas	All schemes	22/01/20	Ramya Devi	PRI member	Keelapuliyur (South)
571	Tamilnadu	Both umbrellas	All schemes	21/01/20	Pandeeswari	PRI member	Uppukottai
572	Tamilnadu	Both umbrellas	All schemes	20/01/20	Muthu	PRI member	Alagapuri
573	Tamilnadu	Both umbrellas	All schemes	13/01/20	Muthuraj	PRI member	Seelayampatty
574	Tamilnadu	Both umbrellas	All schemes	11/01/20	D. Karrupasamy	PRI member	Kovilangulam
575	Tamilnadu	Umbrella ICDS	AWS	07/01/20	K.V.Shanthi	AWW	Chokkalingapuram
576	Tamilnadu	Umbrella ICDS	AWS	09/01/20	Malliga	AWW	Keeranur
577	Tamilnadu	Umbrella ICDS	AWS	08/01/20	R. Sasikala	AWW	Sholavandan (TP) WARD NO.-0002
578	Tamilnadu	Umbrella ICDS	AWS	22/01/20	Amutha	AWW	Perambalur (M) WARD NO.-0015
579	Tamilnadu	Umbrella ICDS	AWS	21/01/20	K. Lalitha	AWW	Puduvettagudi
580	Tamilnadu	Umbrella ICDS	AWS	22/01/20	Parimalam	AWW	Keelapuliyur (South)
581	Tamilnadu	Umbrella ICDS	AWS	21/01/20	Amaravathi	AWW	Uppukottai
582	Tamilnadu	Umbrella ICDS	AWS	20/01/20	Meena	AWW	Alagapuri
583	Tamilnadu	Umbrella ICDS	AWS	18/01/20	Pothum Mani	AWW	Gudalur (M) WARD NO.-0008
584	Tamilnadu	Umbrella ICDS	AWS	13/01/20	Pounaeswari	AWW	Seelayampatty
585	Tamilnadu	Umbrella ICDS	AWS	11/01/20	Poonjoolai	AWW	Kovilangulam
586	Tamilnadu	Umbrella ICDS	AWS	10/01/20	Tamil Selvi	AWW	Attikulam
587	Tamilnadu	Umbrella ICDS	ICPS	26/01/20	M.Vasuki	Superintendent	Putthokotai
588	Tamilnadu	Umbrella ICDS	Swadhar Greh	24/01/20	T. Umapathi	Centre admin	Perambular
589	Tamilnadu	Umbrella ICDS	Ujjawala	25/01/20	A. Paripoorna Lilly	Project director	Putthokotai
590	Tamilnadu	Umbrella ICDS	WWH	20/01/20	Latha M	Centre director	Tamilnadu
591	Telangana	Both Umbrellas	Sector, ICDS	12/01/20	Mr.Jegadeeshwar Ias	Principal Secretary to Government	Hyderabad

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
592	Telangana	Umbrella ICDS	SAG	01/10/20	Shweta	State CDPO	Hyderabad
593	Telangana	MPEW	Sector	01/09/20	Sabita	Joint Director - Schemes	Hyderabad
594	Telangana	Umbrella ICDS	BBBP	01/09/20	Suneeta	Consultant	Hyderabad
595	Telangana	Umbrella ICDS	PMMVY	10/01/20	Santhi Kumari Ias	Special Chief Secretary	Hyderabad
596	Telangana	MPEW	Sector+ NCS+ SAG + WE schemes	01/09/20	Shweta	State CDPO	Hyderabad
597	Telangana	MPEW	MSK	01/09/20	Pragati	SRCW consultant	Hyderabad
598	Telangana	MPEW	Swadar & Ujjawala	01/09/20	Mary	consultant	Hyderabad
599	Telangana	Umbrella ICDS	POSHAN Abhiyan	01/09/20	-	Assistant Director (POSHAN)	Hyderabad
600	Telangana	Umbrella ICDS	POSHAN Abhiyan	01/09/20	-	Consultant (POSHAN)	Hyderabad
601	Telangana	Umbrella ICDS	POSHAN Abhiyan	01/09/20	-	Finance incharge	Hyderabad
602	Telangana	ICDS	ICPS	01/08/20	Dr.Saradha	Section officer	Hyderabad
603	Telangana	Both umbrellas	ICPS + WE schemes	07/02/20	Mrs Saradha	Dist welfare officer	Karimnagar
604	Telangana	ICDS	ICPS	20/01/20	Mr Saighar	CPO	Nalgonda
605	Telangana	Both umbrellas	ICPS+WE	07/02/20	Mrs Saradha	Dist welfare officer	Karimnagar
606	Telangana	Both umbrellas	All schemes	20/01/20	Ms Subhadra	Dist welfare officer	Nalgonda
607	Telangana	Both umbrellas	All schemes	24/01/20	Ms Manjula	Ext officer	Nizamabad
608	Telangana	Both umbrellas	All schemes	18/01/20	Mr Moti	Dist welfare officer	Rangareddy
609	Telangana	Both umbrellas	WE schemes	20/01/20	Nirmala Bhovangiri Mandal	CDPO	Nalgonda District
610	Telangana	ICDS	WE schemes	20/01/20	Mahalakshmi Bhovangiri Mandal	L.S	Nalgonda District
611	Telangana	Both umbrellas	WE schemes	24/01/20	Soundarya	CDPO	NIzambad
612	Telangana	ICDS	AWS	24/01/20	Vijayalakshmi	L.S	NIzambad
613	Telangana	Both umbrellas	WE schemes	24/01/20	Sunitha	CDPO	Dechipalle Mandal
614	Telangana	ICDS	AWS	24/01/20	Sameena Begum	L.S	Dechipalle Mandal
615	Telangana	Both umbrellas	WE schemes	25/01/20	Sabitha	CDPO	Karimnagar
616	Telangana	ICDS	AWS	25/01/20	Vijaya Mankondur Mandal	L.S	Karimnagar
617	Telangana	Both umbrellas	WE schemes	25/01/20	Uma Rani	CDPO	Karimnagar
618	Telangana	ICDS	WE schemes	25/01/20	Lalitha	L.S	Karimnagar
619	Telangana	Both umbrellas	WE schemes	18/01/20	G. Santhi Sree	CDPO	Rangareddy
620	Telangana	ICDS	WE schemes	18/01/20	Padmanjali	L.S	Rangareddy

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
621	Telangana	Both umbrellas	WE schemes	18/01/20	Priyadarsini	CDPO	Parigi
622	Telangana	ICDS	WE schemes	18/01/20	Indira	L.S	Doma Mandal
623	Telangana	Both umbrellas	WE schemes	18/01/20	Krishna Veni	CDPO	Bantwaraw mandal
624	Telangana	ICDS	WE schemes	18/01/20	Jyothi	L.S	rampur mandal
625	Telangana	Both umbrellas	All schemes	20/01/20	P.V Nirmala	CDPO	Nalgonda
626	Telangana	ICDS	AWS	18/01/20	-	L.S	Nalgonda
627	Telangana	ICDS	AWS	20/01/20	R. Vinodha Kumari	L.S	Nalgonda
628	Telangana	Both umbrellas	All schemes	21/01/20	M.Mohan Reddy	PRI member	Katnepalle
629	Telangana	Both umbrellas	All schemes	22/01/20	Kistayah	PRI member	Yenkepalle
630	Telangana	Both umbrellas	All schemes	13/01/20	Bugga Santhosh Kumar	PRI member	Veera Vally
631	Telangana	Both umbrellas	All schemes	24/01/20	Lakshmi	PRI member	Amdapur
632	Telangana	Both umbrellas	All schemes	25/01/20	Sakrusing	PRI member	Siddapur
633	Telangana	Both umbrellas	All schemes	18/01/20	A.Anitthareddy	PRI member	Rampur
634	Telangana	Both umbrellas	All schemes	19/01/20	Anitha	PRI member	Doma
635	Telangana	ICDS	AWS	21/01/20	Jeya Kowsalya	AWW	Karimnagar WARD NO.-0004
636	Telangana	ICDS	AWS	22/01/20	K.Nagarani	AWW	Yenkepalle
637	Telangana	ICDS	AWS	21/01/20	P.Sridevi	AWW	Chengerla
638	Telangana	ICDS	AWS	13/01/20	G Pallavi	AWW	Veera Vally
639	Telangana	ICDS	AWS	13/01/20	Sukka Prameela	AWW	Bibinagar (CT) WARD NO.-0001
640	Telangana	ICDS	AWS	17/01/20	M.Bhagya Lakshmi	AWW	Ummapur
641	Telangana	ICDS	AWS	17/01/20	R.Sujatha	AWW	Dameracherla
642	Telangana	ICDS	AWS	17/01/20	Vimala	AWW	Gollaguda (R) (OG) WARD NO.-0011
643	Telangana	ICDS	AWS	13/01/20	V Rajitha	AWW	Saidapur
644	Telangana	ICDS	AWS	24/01/20	A.Suguna	AWW	Amdapur
645	Telangana	ICDS	AWS	24/01/20	B Gangamani	AWW	Suddepalle
646	Telangana	ICDS	AWS	24/01/20	Uday Sri	AWW	Nizamabad WARD NO.-0004
647	Telangana	ICDS	AWS	25/01/20	S.Manjula	AWW	Siddapur
648	Telangana	ICDS	AWS	25/01/20	K.Swarupa	AWW	Ramareddy
649	Telangana	ICDS	AWS	18/01/20	Himavathi	AWW	Rampur

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
650	Telangana	ICDS	AWS	19/01/20	K.Suryakala	AWW	Doma
651	Telangana	ICDS	AWS	18/01/20	Nirmala Devi	AWW	GHMC (M Corp.) WARD NO.-0092
652	Telangana	ICDS	AWS	19/01/20	Chinnammulu	AWW	Ramnathgudpalle
653	Telangana	ICDS	AWS	18/01/20	B.Anitha	AWW	Secunderabad (CB) WARD NO.-0007
654	Telangana	ICDS	AWS	19/01/20	Manjula Gullapalli	AWW	Mukundapur
655	Telangana	ICDS	ICPS	27/01/20	-	Centre Manager	Telangana
656	Telangana	MPEW	Swadhar Greh	19/01/20	Psln Kumari	Centre admin	Telangana
657	Telangana	MPEW	Ujjawala	19/01/20	Srinivas Rao	Project director	Telangana
658	Telangana	MPEW	WWH	25/01/20	-	Centre admin	Nalgonda
659	Uttar Pradesh	ICDS	SAG, charge	07/01/20	D Balamani	SAG officer in charge	Lucknow
660	Uttar Pradesh	ICDS	ICDS	07/01/20	Kalpana Pandey	Additional Project Management	Lucknow
661	Uttar Pradesh	ICDS	ICDS	07/01/20	Arti Yadav	Additional Project Management	Lucknow
662	Uttar Pradesh	ICDS	PMMVY	25/01/20	Dr. Ajay Raja	Additional CMO	Lucknow
663	Uttar Pradesh	ICDS	PMMVY	25/01/20	Niranjan Bijendra	Additional CMO	Lucknow
664	Uttar Pradesh	MPEW	Ujjawala; Swadhar greh; MSK	03/03/20	Anu Dagrant	Mahila Kalyan officer	Lucknow
665	Uttar Pradesh	ICDS	SAG	06/01/20	Lily Singh	SAG officer in charge	Lucknow
666	Uttar Pradesh	Both umbrellas	All schemes	08/01/20	Renu Yadav	DPO Women welfare	Unnao
667	Uttar Pradesh	ICDS	ICDS	08/01/20	Durgesh Pratap Singh	DPO ICDS	Unnao
668	Uttar Pradesh	Both umbrellas	All schemes	10/01/20	Mohd. Sajid Ansari	CDPO	Unnao
669	Uttar Pradesh	Both umbrellas	All schemes	10/01/20	Harish Mauriya	CDPO	Unnao
670	Uttar Pradesh	ICDS	AWS	09/01/20	Mrs. Anupam Singh	L.S	Unnao
671	Uttar Pradesh	ICDS	WE	10/01/20	Sarita Rathore	L.S	Unnao
672	Uttar Pradesh	Both umbrellas	All schemes	10/05/20	Parmendra Kumar	DPO	kannauj
673	Uttar Pradesh	Both umbrellas	All schemes	13/01/20	Mrs Neela Katiyar	DPO	kannauj
674	Uttar Pradesh	MPEW	OSC	10/05/20	Supriya Pandey	OSC incharge	kannauj
675	Uttar Pradesh	Both umbrellas	All schemes	17/01/20	Pooja Singh	CDPO	kannauj
676	Uttar Pradesh	Both umbrellas	All schemes	13/01/20	Pankaj Yadav	CDPO	kannauj
677	Uttar Pradesh	ICDS	AWS	17/01/20	Mrs. Chaya Katiyar	L.S	kannauj
678	Uttar Pradesh	ICDS	AwS	17/01/20	Mrs. Sanju Verma	L.S	kannauj

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
679	Uttar Pradesh	Both umbrellas	All schemes	22/01/20	Arvind Kumar	DPO + CDPO	Pilibhit District
680	Uttar Pradesh	ICDS	AWS	22/01/20	Nishi Mishra	CDPO	Pilibhit District
681	Uttar Pradesh	ICDS	AWS	22/01/20	Nishi Mishra	L.S	Pilibhit District
682	Uttar Pradesh	ICDS	AWS	22/01/20	Alka Gangawar	CDPO	Pilibhit District
683	Uttar Pradesh	ICDS	AWS	22/01/20	Alka Gangawar	L.S	Pilibhit District
684	Uttar Pradesh	Both umbrellas	All schemes	20/01/20	Satendra Kumar Singh	DPO	Deoriya
685	Uttar Pradesh	ICDS	ICPS	20/01/20	Jp Tiwari	Child protection officer	deoriya
686	Uttar Pradesh	Both umbrellas	All schemes	21/01/20	Prabhat Kumar	DPO	Deoriya
687	Uttar Pradesh	ICDS	PMMVY	07/03/20	Rajesh Gupta	DCPM	Deoriya
688	Uttar Pradesh	MPEW	OSC	09/05/20	Mrs Neetu	OSC incharge	Deoriya
689	Uttar Pradesh	Both umbrellas	All schemes	21/01/20	Vimal Kumar Pal Singh	CDPO	Deoriya
690	Uttar Pradesh	Both umbrellas	All schemes	22/01/20	Richa Panday	CDPO	Deoriya
691	Uttar Pradesh	ICDS	AWS	23/01/20	Sangeeta Rai	L.S	Deoriya
692	Uttar Pradesh	ICDS	AWS	24/01/20	Nandini Panday	L.S	Deoriya
693	Uttar Pradesh	Both umbrellas	All schemes	01/09/20	Rajesh Tiwari	PRI member	Mukundpur
694	Uttar Pradesh	Both umbrellas	All schemes	01/08/20	Brija Nand Yadav	PRI member	Sahjour
695	Uttar Pradesh	Both umbrellas	All schemes	01/08/20	Vimla Devi	PRI member	Tilpai Digsara
696	Uttar Pradesh	Both umbrellas	All schemes	01/08/20	Deeraj Rajput	PRI member	Khudlapur
697	Uttar Pradesh	Both umbrellas	All schemes	01/12/20	Raj Kumar Patel	PRI member	Andha
698	Uttar Pradesh	Both umbrellas	All schemes	13/01/20	Lalchand	PRI member	Abhaipur Chaina Nakti
699	Uttar Pradesh	Both umbrellas	All schemes	01/06/20	Umasankar	PRI member	Kanchanpur
700	Uttar Pradesh	Both umbrellas	All schemes	01/08/20	Rambabu	PRI member	Kajipur Banger
701	Uttar Pradesh	Both umbrellas	All schemes	01/06/20	Kuldeep Kumar	PRI member	Gunamau
702	Uttar Pradesh	ICDS	AWS	01/07/20	Devwanti Tripathi	AWW	Maharajganj
703	Uttar Pradesh	ICDS	AWS	01/09/20	Reema Devi	AWW	Mukundpur
704	Uttar Pradesh	ICDS	AWS	01/07/20	Mamta Gupta	AWW	Lahilpar/Ratanpur
705	Uttar Pradesh	ICDS	AWS	01/08/20	Ram Sakhi	AWW	Tilpai Digsara
706	Uttar Pradesh	ICDS	AWS	01/08/20	Ram Beti	AWW	Khudlapur
707	Uttar Pradesh	ICDS	AWS	01/09/20	Sunita Devi	AWW	Shahpur
708	Uttar Pradesh	ICDS	AWS	13/01/20	Manjesh Lata	AWW	Harharpur Hasan
709	Uttar Pradesh	ICDS	AWS	01/12/20	Sushma Devi	AWW	Andha
710	Uttar Pradesh	ICDS	AWS	01/11/20	Barkha Sagar	AWW	Bisalpur (NPP) WARD NO.-0011

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
711	Uttar Pradesh	ICDS	AWS	01/06/20	Ranno Devi	AWW	Kanchanpur
712	Uttar Pradesh	ICDS	AWS	01/08/20	Munni Tiwari	AWW	Kajipur Banger
713	Uttar Pradesh	ICDS	AWS	01/06/20	Sakuntla	AWW	Gunamau
714	Uttar Pradesh	MPEW	Swadhar greh	08/01/20	-	Centre admin	Faizabad
715	Uttar Pradesh	MPEW	Ujjawala	08/01/20	Preeti Maurya	Centre admin	Faizabad
716	Uttar Pradesh	MPEW	WWH	10/01/20	Neera Singh	Warden	Lucknow
717	Uttar Pradesh	ICDS	ICPS	09/01/20	Rita	Centre Manager	Moti Nagar
718	Uttrakhand	ICDS	PMMVY	13/01/20	Mr. Hira Singh	State coordinator	Dehradun
719	Uttrakhand	ICDS	NCS	13/01/20	Ms. Arti	NCS nodal officer	Dehradun
720	Uttrakhand	ICDS	ICDS	13/01/20	Mr. Akhilesh Mishra	State nodal officer	Dehradun
721	Uttrakhand	ICDS	ICDS	14/01/20	Ms. Bimla	State programme coordinator	Dehradun
722	Uttrakhand	ICDS	ICPS	15/01/20	Ms. Anjana	ICPS nodal officer	Dehradun
723	Uttrakhand	MPEW	WE schemes	15/01/20	Major Yogendra Yadav	Additional Secretary	Dehradun
724	Uttrakhand	Both umbrellas	All schemes	16/01/20	Ms. Sowjanya	Secretary, wcd	Dehradun
725	Uttrakhand	ICDS	ICDS	15/01/20	Ms.Jharna Kamthan	icds director	Dehradun
726	Uttrakhand	ICDS	ICDS	15/01/20	Ms.Sujata	Dy. Director ICDS	Dehradun
727	Uttrakhand	ICDS	PMMVY	26/02/20	Jyoti Joshi	Dist Cord PMMVY	Champawat
728	Uttrakhand	Both umbrellas	All schemes	26/02/20	Prakash Brijwal	DPO	Champawat
729	Uttrakhand	ICDS	ICPS	26/02/20	Diwakar Sharma	PO	Champawat
730	Uttrakhand	ICDS	Poshan	26/02/20	Harshita Bagoli	Dist Cord NNM	Champawat
731	Uttrakhand	MPEW	OSC	04/03/20	Maya Negi	Centre Admin OSC	Dehradun
732	Uttrakhand	ICDS	PMMVY	04/03/20	Vishal Ghildiyal	Dist Cord PMMVY	Dehradun
733	Uttrakhand	ICDS	Poshan	04/03/20	Nisha Rautela	Dist Cord NNM	Dehradun
734	Uttrakhand	MPEW	BBBP+MSK	04/03/20	Saroj Dhyani	Women welfare officer	Dehradun
735	Uttrakhand	ICDS	PMMVY	04/02/20	Durga Chamoli	Dist Cord PMMVY	Haridwar
736	Uttrakhand	ICDS	Poshan	26/02/20	Riya Gupta	Dist Cord NNM	Haridwar
737	Uttrakhand	Both umbrellas	All schemes	04/02/20	Mukul Chaudhary	DPO	Haridwar
738	Uttrakhand	MPEW	OSC	22/01/20	Lakshmi Rawat	OSC incharge	Pauri Garwhal
739	Uttrakhand	ICDS	PMMVY	04/02/20	Vikas Bahuguna	Dist Cord PMMVY	Pauri Garwhal
740	Uttrakhand	ICDS	Poshan	22/01/20	Surendra Rawat	Dist Cord NNM	Pauri Garwhal
741	Uttrakhand	Both umbrellas	All schemes	22/01/20	Jitendra Kumar	DPO	Pauri Garwhal
742	Uttrakhand	ICDS	AWS	01/02/20	Yashodhara Sharma	L.S	Haridwar
743	Uttrakhand	ICDS	AWS	21/02/20	Geeta Majundar	L.S	Pauri Garwhal

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
744	Uttrakhand	ICDS	AWS	24/02/20	Kamla Martolia	L.S	Champawat
745	Uttrakhand	ICDS	AWS	25/02/20	Kiranlata Joshi	L.S	Champawat
746	Uttrakhand	Both umbrellas	All schemes	24/02/20	Laxmi Pant	CDPO	Champawat
747	Uttrakhand	Both umbrellas	All schemes	25/02/20	Pushpa Chaudhary	CDPO	Champawat
748	Uttrakhand	Both umbrellas	All schemes	11/02/20	Anju Dabral	CDPO	Dehradun
749	Uttrakhand	Both umbrellas	All schemes	12/02/20	Devendra Prasad Thapliyal	CDPO	Dehradun
750	Uttrakhand	ICDS	AWS	11/02/20	Ishita Kathait	L.S	Dehradun
751	Uttrakhand	ICDS	AWS	12/02/20	Indira Shah	L.S	Dehradun
752	Uttrakhand	Both umbrellas	All schemes	01/02/20	Gyanendra	CDPO	Haridwar
753	Uttrakhand	Both umbrellas	All schemes	03/02/20	Varsha Sharma	CDPO	Haridwar
754	Uttrakhand	ICDS	AWS	03/02/20	Anchal Chaudhary	L.S	Haridwar
755	Uttrakhand	ICDS	AWS	01/02/20	Yashodhra Sharma	L.S	Haridwar
756	Uttrakhand	Both umbrellas	All schemes	21/01/20	Meena Shah	CDPO	Pauri Garwhal
757	Uttrakhand	Both umbrellas	All schemes	22/01/20	Jitendra Kumar	CDPO	Pauri Garwhal
758	Uttrakhand	ICDS	AWS	22/01/20	Geeta Bisht	L.S	Pauri Garwhal
759	Uttrakhand	Both umbrellas	All schemes	14/01/20	Manoj Kumar	PRI member	Pachpakariya
760	Uttrakhand	Both umbrellas	All schemes	16/01/20	Nisha	PRI member	Amauli
761	Uttrakhand	Both umbrellas	All schemes	15/01/20	Rakhi	PRI member	Sahab Nagar
762	Uttrakhand	Both umbrellas	All schemes	15/01/20	Harish Jwala	PRI member	Nagal Jwalapur
763	Uttrakhand	Both umbrellas	All schemes	13/01/20	Paramjeet Kaur	PRI member	Jeevan Wala
764	Uttrakhand	Both umbrellas	All schemes	14/01/20	Fakruddin	PRI member	Nawabgarh
765	Uttrakhand	Both umbrellas	All schemes	24/01/20	Gindi Das	PRI member	Simalchaur
766	Uttrakhand	Both umbrellas	All schemes	21/01/20	Rakhi Negi	PRI member	Garh Ka Margaon
767	Uttrakhand	Both umbrellas	All schemes	12/01/20	Santosh Kashyap	PRI member	Pherupur Ramkhera
768	Uttrakhand	Both umbrellas	All schemes	12/01/20	Manita Saini	PRI member	Jasawa Wala
769	Uttrakhand	Both umbrellas	All schemes	11/01/20	Ruksana	PRI member	Baleki Yusufpur
770	Uttrakhand	Both umbrellas	All schemes	11/01/20	Mangram	PRI member	Fakkarhedi
771	Uttrakhand	ICDS	AWS	14/01/20	Usha Chand	AWW	Pachpakariya
772	Uttrakhand	ICDS	AWS	18/01/20	Laxami Binbal	AWW	Nadhan
773	Uttrakhand	ICDS	AWS	15/01/20	Rekha	AWW	Sahab Nagar
774	Uttrakhand	ICDS	AWS	13/01/20	Pratima Pal	AWW	Jeevan Wala
775	Uttrakhand	ICDS	AWS	24/01/20	Vimlesh	AWW	Simalchaur
776	Uttrakhand	ICDS	AWS	21/01/20	Chandra Kala	AWW	Garh Ka Margaon

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
777	Uttrakhand	ICDS	AWS	22/01/20	Pushpa Kuthail	AWW	Kunaith
778	Uttrakhand	ICDS	AWS	11/01/20	Mantlesh	AWW	Baleki Yusufpur
779	Uttrakhand	ICDS	AWS	11/01/20	Rekha Pundir	AWW	Fakkarhedi
780	Uttrakhand	ICDS	AWS	10/01/20	Sangeeta	AWW	Jhabrera (NP) WARD NO.-0005
781	Uttrakhand	ICDS	AWS	10/01/20	Sunita	AWW	Roorkee (NPP) WARD NO.-0003
782	Uttrakhand	ICDS	ICPS	15/01/20	-	Centre Manager	Dehradun
783	Uttrakhand	MPEW	Ujjawala	15/01/20	Mr Joshi	Centre admin	Champawat
784	Uttrakhand	MPEW	WWH	03/02/20	Varsha Sharma	WWH warden	Haridwar
785	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	09/12/2019	Dr. Alok Ranjana	Nutrition Lead, Bill and Melinda Gates Foundation	New Delhi
786	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	12/02/2020	Rasmi Avula	Research Fellow, IFPRI	New Delhi
787	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	11/12/2019	Mohini Kak	Health Specialist, World Bank	New Delhi
788	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	11/12/2019	Dr. Deepika Nayar Chaudhery	Nutrition Specialist, World Bank	New Delhi
789	National	ICDS	ICPS	12/12/2019	Prabhat Kumar	Child Protection Head, Save The Children, India	Gurgaon
790	National	ICDS	ICPS	19/12/2019	Dr. Rita Panicker	Butterflies (NGO), India	New Delhi
791	National	ICDS	ICPS	10/01/2020	Dr Mahua Bandyopadhyay	Associate Dean - School of Research Methodology, Centre for Study of Developing Societies, School of Development Studies, TISS	Mumbai
792	National	ICDS	ICPS	10/01/2020	Trupti Panchal	Chairperson, Women Centred Social Work Practice, TISS	Mumbai
793	National	ICDS	ICPS	03/01/2020	Harleen Walia	Deputy Director, CHILDLINE India Foundation (CIF)	Gurgaon

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
794	National	MPEW	All Scheme	22/01/2020	Anju Pandey	Programme Specialist, EVAW, UNWomen	New Delhi
795	National	MPEW	All Schemes	22/01/2020	Suhela Khan	WeEmpower Asia Programme, UN Women	New Delhi
796	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	24/01/2020	Gayatri Singh	Child Development Specialist, UNICEF	New Delhi
797	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	28/01/2020	Sunisha Ahuja	Early Childhood Education Specialist, UNICEF	New Delhi
798	National	Both	ICPS, BBBP	23/12/2019	Aastha Saxena Khatwani	Joint Secretary, MWCD	New Delhi
799	National	Both	NCS, MSK	20/11/2019	Anuradha Chagti	Joint Secretary, MWCD	New Delhi
800	National	ICDS	AWS, POSHAN Abhiyaan, PMMVY	21/01/2020	Sajjan Singh Yadav	Joint Secretary, MWCD	New Delhi
801	National	MPEW	Swadhar Greh, Ujjawala Scheme, Gender Budgeting	23/01/2020	Santosh Kumar	Statistical Advisor, MWCD	New Delhi
802	National	MPEW	One Stop Center, Mahila Police Volunteers, Women's Helpline	08/01/2020	Ashish Srivastava	Joint Secretary, MWCD	New Delhi

In addition to the above list, KIIs were undertaken with the staff and residents of CCIs, Swadhar Grehs, Ujjawala Homes, and Working Women's Hostels. These have not been included in the list above due to privacy concerns.

Annex 2b – Details of Household Surveys

No.	State	District	Beneficiary type	Samples covered
1	Assam	Barpeta	Pregnant women	14
2	Assam	Barpeta	Lactating mothers	17
3	Assam	Barpeta	Mother of 6 months to 3-year-old child	6
4	Assam	Barpeta	Mother of 3 year to 6-month-old child	11
5	Assam	Barpeta	Adolescent girls	4
6	Assam	Barpeta	Other categories of women	13
7	Assam	Morigaon	Pregnant women	13
8	Assam	Morigaon	Lactating mothers	10
9	Assam	Morigaon	Mother of 6 months to 3-year-old child	13
10	Assam	Morigaon	Mother of 3 year to 6-month-old child	7
11	Assam	Morigaon	Adolescent girls	8
12	Assam	Morigaon	Other categories of women	9
13	Assam	Nagaon	Pregnant women	12
14	Assam	Nagaon	Lactating mothers	9
15	Assam	Nagaon	Mother of 6 months to 3-year-old child	8
16	Assam	Nagaon	Mother of 3 year to 6-month-old child	14
17	Assam	Nagaon	Adolescent girls	5
18	Assam	Nagaon	Other categories of women	12
19	Assam	Nalbari	Pregnant women	10
20	Assam	Nalbari	Lactating mothers	9
21	Assam	Nalbari	Mother of 6 months to 3-year-old child	12
22	Assam	Nalbari	Mother of 3 year to 6-month-old child	18
23	Assam	Nalbari	Adolescent girls	4
24	Assam	Nalbari	Other categories of women	8
25	Bihar	Gopalganj	Pregnant women	12
26	Bihar	Gopalganj	Lactating mothers	13
27	Bihar	Gopalganj	Mother of 6 months to 3-year-old child	12
28	Bihar	Gopalganj	Mother of 3 year to 6-month-old child	12
29	Bihar	Gopalganj	Adolescent girls	12
30	Bihar	Gopalganj	Other categories of women	0
31	Bihar	Madhepura	Pregnant women	12
32	Bihar	Madhepura	Lactating mothers	12
33	Bihar	Madhepura	Mother of 6 months to 3-year-old child	12
34	Bihar	Madhepura	Mother of 3 year to 6-month-old child	12
35	Bihar	Madhepura	Adolescent girls	12
36	Bihar	Madhepura	Other categories of women	0
37	Bihar	Munger	Pregnant women	17
38	Bihar	Munger	Lactating mothers	16
39	Bihar	Munger	Mother of 6 months to 3-year-old child	14
40	Bihar	Munger	Mother of 3 year to 6-month-old child	15
41	Bihar	Munger	Adolescent girls	5
42	Bihar	Munger	Other categories of women	0
43	Bihar	Purba Champaran	Pregnant women	12
44	Bihar	Purba Champaran	Lactating mothers	12
45	Bihar	Purba Champaran	Mother of 6 months to 3-year-old child	12
46	Bihar	Purba Champaran	Mother of 3 year to 6-month-old child	12
47	Bihar	Purba Champaran	Adolescent girls	12
48	Bihar	Purba Champaran	Other categories of women	0

No.	State	District	Beneficiary type	Samples covered
49	Chhattisgarh	Bilaspur	Pregnant women	14
50	Chhattisgarh	Bilaspur	Lactating mothers	13
51	Chhattisgarh	Bilaspur	Mother of 6 months to 3-year-old child	10
52	Chhattisgarh	Bilaspur	Mother of 3 year to 6-month-old child	20
53	Chhattisgarh	Bilaspur	Adolescent girls	15
54	Chhattisgarh	Bilaspur	Other categories of women	0
55	Chhattisgarh	Durg	Pregnant women	12
56	Chhattisgarh	Durg	Lactating mothers	14
57	Chhattisgarh	Durg	Mother of 6 months to 3-year-old child	13
58	Chhattisgarh	Durg	Mother of 3 year to 6-month-old child	13
59	Chhattisgarh	Durg	Adolescent girls	11
60	Chhattisgarh	Durg	Other categories of women	0
61	Chhattisgarh	Korba	Pregnant women	14
62	Chhattisgarh	Korba	Lactating mothers	14
63	Chhattisgarh	Korba	Mother of 6 months to 3-year-old child	15
64	Chhattisgarh	Korba	Mother of 3 year to 6-month-old child	13
65	Chhattisgarh	Korba	Adolescent girls	11
66	Chhattisgarh	Korba	Other categories of women	0
67	Chhattisgarh	Uttar Bastar Kanker	Pregnant women	12
68	Chhattisgarh	Uttar Bastar Kanker	Lactating mothers	12
69	Chhattisgarh	Uttar Bastar Kanker	Mother of 6 months to 3-year-old child	13
70	Chhattisgarh	Uttar Bastar Kanker	Mother of 3 year to 6-month-old child	16
71	Chhattisgarh	Uttar Bastar Kanker	Adolescent girls	9
72	Chhattisgarh	Uttar Bastar Kanker	Other categories of women	0
73	Delhi UT	East	Pregnant women	15
74	Delhi UT	East	Lactating mothers	14
75	Delhi UT	East	Mother of 6 months to 3-year-old child	13
76	Delhi UT	East	Mother of 3 year to 6-month-old child	21
77	Delhi UT	East	Adolescent girls	3
78	Delhi UT	East	Other categories of women	1
79	Delhi UT	North East	Pregnant women	7
80	Delhi UT	North East	Lactating mothers	11
81	Delhi UT	North East	Mother of 6 months to 3-year-old child	10
82	Delhi UT	North East	Mother of 3 year to 6-month-old child	11
83	Delhi UT	North East	Adolescent girls	2
84	Delhi UT	North East	Other categories of women	0
85	Delhi UT	North West	Pregnant women	15
86	Delhi UT	North West	Lactating mothers	15
87	Delhi UT	North West	Mother of 6 months to 3-year-old child	16
88	Delhi UT	North West	Mother of 3 year to 6-month-old child	14
89	Delhi UT	North West	Adolescent girls	0
90	Delhi UT	North West	Other categories of women	3
91	Delhi UT	South West	Pregnant women	15
92	Delhi UT	South West	Lactating mothers	13
93	Delhi UT	South West	Mother of 6 months to 3-year-old child	12

No.	State	District	Beneficiary type	Samples covered
94	Delhi UT	South West	Mother of 3 year to 6-month-old child	15
95	Delhi UT	South West	Adolescent girls	7
96	Delhi UT	South West	Other categories of women	1
97	Delhi UT	North	Pregnant women	8
98	Delhi UT	North	Lactating mothers	12
99	Delhi UT	North	Mother of 6 months to 3-year-old child	10
100	Delhi UT	North	Mother of 3 year to 6-month-old child	14
101	Delhi UT	North	Adolescent girls	0
102	Delhi UT	North	Other categories of women	0
103	Jharkhand	Chatra	Pregnant women	14
104	Jharkhand	Chatra	Lactating mothers	20
105	Jharkhand	Chatra	Mother of 6 months to 3-year-old child	14
106	Jharkhand	Chatra	Mother of 3 year to 6-month-old child	6
107	Jharkhand	Chatra	Adolescent girls	9
108	Jharkhand	Chatra	Other categories of women	0
109	Jharkhand	Dumka	Pregnant women	16
110	Jharkhand	Dumka	Lactating mothers	19
111	Jharkhand	Dumka	Mother of 6 months to 3-year-old child	19
112	Jharkhand	Dumka	Mother of 3 year to 6-month-old child	16
113	Jharkhand	Dumka	Adolescent girls	2
114	Jharkhand	Dumka	Other categories of women	0
115	Jharkhand	Paschimi Singhbhum	Pregnant women	16
116	Jharkhand	Paschimi Singhbhum	Lactating mothers	15
117	Jharkhand	Paschimi Singhbhum	Mother of 6 months to 3-year-old child	20
118	Jharkhand	Paschimi Singhbhum	Mother of 3 year to 6-month-old child	14
119	Jharkhand	Paschimi Singhbhum	Adolescent girls	7
120	Jharkhand	Paschimi Singhbhum	Other categories of women	0
121	Jharkhand	Simdega	Pregnant women	15
122	Jharkhand	Simdega	Lactating mothers	13
123	Jharkhand	Simdega	Mother of 6 months to 3-year-old child	20
124	Jharkhand	Simdega	Mother of 3 year to 6-month-old child	16
125	Jharkhand	Simdega	Adolescent girls	0
126	Jharkhand	Simdega	Other categories of women	0
127	Maharashtra	Bid	Pregnant women	13
128	Maharashtra	Bid	Lactating mothers	11
129	Maharashtra	Bid	Mother of 6 months to 3-year-old child	12
130	Maharashtra	Bid	Mother of 3 year to 6-month-old child	14
131	Maharashtra	Bid	Adolescent girls	12
132	Maharashtra	Bid	Other categories of women	0
133	Maharashtra	Latur	Pregnant women	12
134	Maharashtra	Latur	Lactating mothers	12
135	Maharashtra	Latur	Mother of 6 months to 3-year-old child	13
136	Maharashtra	Latur	Mother of 3 year to 6-month-old child	11
137	Maharashtra	Latur	Adolescent girls	12
138	Maharashtra	Latur	Other categories of women	0

No.	State	District	Beneficiary type	Samples covered
139	Maharashtra	Nashik	Pregnant women	11
140	Maharashtra	Nashik	Lactating mothers	13
141	Maharashtra	Nashik	Mother of 6 months to 3-year-old child	11
142	Maharashtra	Nashik	Mother of 3 year to 6-month-old child	13
143	Maharashtra	Nashik	Adolescent girls	12
144	Maharashtra	Nashik	Other categories of women	0
145	Maharashtra	Parbhani	Pregnant women	12
146	Maharashtra	Parbhani	Lactating mothers	12
147	Maharashtra	Parbhani	Mother of 6 months to 3-year-old child	12
148	Maharashtra	Parbhani	Mother of 3 year to 6-month-old child	13
149	Maharashtra	Parbhani	Adolescent girls	12
150	Maharashtra	Parbhani	Other categories of women	0
151	Mizoram	Champhai	Pregnant women	17
152	Mizoram	Champhai	Lactating mothers	18
153	Mizoram	Champhai	Mother of 6 months to 3-year-old child	14
154	Mizoram	Champhai	Mother of 3 year to 6-month-old child	17
155	Mizoram	Champhai	Adolescent girls	1
156	Mizoram	Champhai	Other categories of women	0
157	Mizoram	Lunglei	Pregnant women	13
158	Mizoram	Lunglei	Lactating mothers	12
159	Mizoram	Lunglei	Mother of 6 months to 3-year-old child	18
160	Mizoram	Lunglei	Mother of 3 year to 6-month-old child	25
161	Mizoram	Lunglei	Adolescent girls	0
162	Mizoram	Lunglei	Other categories of women	0
163	Mizoram	Mamit	Pregnant women	13
164	Mizoram	Mamit	Lactating mothers	18
165	Mizoram	Mamit	Mother of 6 months to 3-year-old child	15
166	Mizoram	Mamit	Mother of 3 year to 6-month-old child	17
167	Mizoram	Mamit	Adolescent girls	1
168	Mizoram	Mamit	Other categories of women	0
169	Mizoram	Saiha	Pregnant women	14
170	Mizoram	Saiha	Lactating mothers	20
171	Mizoram	Saiha	Mother of 6 months to 3-year-old child	17
172	Mizoram	Saiha	Mother of 3 year to 6-month-old child	13
173	Mizoram	Saiha	Adolescent girls	1
174	Mizoram	Saiha	Other categories of women	0
175	Rajasthan	Bhilwara	Pregnant women	9
176	Rajasthan	Bhilwara	Lactating mothers	10
177	Rajasthan	Bhilwara	Mother of 6 months to 3-year-old child	10
178	Rajasthan	Bhilwara	Mother of 3 year to 6-month-old child	12
179	Rajasthan	Bhilwara	Adolescent girls	5
180	Rajasthan	Bhilwara	Other categories of women	5
181	Rajasthan	Jaisalmer	Pregnant women	10
182	Rajasthan	Jaisalmer	Lactating mothers	11
183	Rajasthan	Jaisalmer	Mother of 6 months to 3-year-old child	9
184	Rajasthan	Jaisalmer	Mother of 3 year to 6-month-old child	7
185	Rajasthan	Jaisalmer	Adolescent girls	9
186	Rajasthan	Jaisalmer	Other categories of women	3
187	Rajasthan	Jhalawar	Pregnant women	11
188	Rajasthan	Jhalawar	Lactating mothers	23
189	Rajasthan	Jhalawar	Mother of 6 months to 3-year-old child	14

No.	State	District	Beneficiary type	Samples covered
190	Rajasthan	Jhalawar	Mother of 3 year to 6-month-old child	27
191	Rajasthan	Jhalawar	Adolescent girls	7
192	Rajasthan	Jhalawar	Other categories of women	0
193	Rajasthan	Kota	Pregnant women	20
194	Rajasthan	Kota	Lactating mothers	25
195	Rajasthan	Kota	Mother of 6 months to 3-year-old child	20
196	Rajasthan	Kota	Mother of 3 year to 6-month-old child	14
197	Rajasthan	Kota	Adolescent girls	0
198	Rajasthan	Kota	Other categories of women	0
199	Tamil Nadu	Madurai	Pregnant women	14
200	Tamil Nadu	Madurai	Lactating mothers	20
201	Tamil Nadu	Madurai	Mother of 6 months to 3-year-old child	18
202	Tamil Nadu	Madurai	Mother of 3 year to 6-month-old child	17
203	Tamil Nadu	Madurai	Adolescent girls	0
204	Tamil Nadu	Madurai	Other categories of women	0
205	Tamil Nadu	Perambular	Pregnant women	14
206	Tamil Nadu	Perambular	Lactating mothers	21
207	Tamil Nadu	Perambular	Mother of 6 months to 3-year-old child	0
208	Tamil Nadu	Perambular	Mother of 3 year to 6-month-old child	24
209	Tamil Nadu	Perambular	Adolescent girls	1
210	Tamil Nadu	Perambular	Other categories of women	0
211	Tamil Nadu	Theni	Pregnant women	14
212	Tamil Nadu	Theni	Lactating mothers	14
213	Tamil Nadu	Theni	Mother of 6 months to 3-year-old child	0
214	Tamil Nadu	Theni	Mother of 3 year to 6-month-old child	31
215	Tamil Nadu	Theni	Adolescent girls	1
216	Tamil Nadu	Theni	Other categories of women	0
217	Tamil Nadu	Virudhunagar	Pregnant women	14
218	Tamil Nadu	Virudhunagar	Lactating mothers	16
219	Tamil Nadu	Virudhunagar	Mother of 6 months to 3-year-old child	7
220	Tamil Nadu	Virudhunagar	Mother of 3 year to 6-month-old child	24
221	Tamil Nadu	Virudhunagar	Adolescent girls	0
222	Tamil Nadu	Virudhunagar	Other categories of women	0
223	Telangana	Karimnagar	Pregnant women	14
224	Telangana	Karimnagar	Lactating mothers	15
225	Telangana	Karimnagar	Mother of 6 months to 3-year-old child	13
226	Telangana	Karimnagar	Mother of 3 year to 6-month-old child	18
227	Telangana	Karimnagar	Adolescent girls	2
228	Telangana	Karimnagar	Other categories of women	0
229	Telangana	Nalgonda	Pregnant women	16
230	Telangana	Nalgonda	Lactating mothers	22
231	Telangana	Nalgonda	Mother of 6 months to 3-year-old child	5
232	Telangana	Nalgonda	Mother of 3 year to 6-month-old child	17
233	Telangana	Nalgonda	Adolescent girls	0
234	Telangana	Nalgonda	Other categories of women	0
235	Telangana	Nizamabad	Pregnant women	15
236	Telangana	Nizamabad	Lactating mothers	18
237	Telangana	Nizamabad	Mother of 6 months to 3-year-old child	11
238	Telangana	Nizamabad	Mother of 3 year to 6-month-old child	16
239	Telangana	Nizamabad	Adolescent girls	0
240	Telangana	Nizamabad	Other categories of women	0

No.	State	District	Beneficiary type	Samples covered
241	Telangana	Rangareddy	Pregnant women	14
242	Telangana	Rangareddy	Lactating mothers	18
243	Telangana	Rangareddy	Mother of 6 months to 3-year-old child	10
244	Telangana	Rangareddy	Mother of 3 year to 6-month-old child	18
245	Telangana	Rangareddy	Adolescent girls	0
246	Telangana	Rangareddy	Other categories of women	0
247	Uttar Pradesh	Deoria	Pregnant women	12
248	Uttar Pradesh	Deoria	Lactating mothers	12
249	Uttar Pradesh	Deoria	Mother of 6 months to 3-year-old child	13
250	Uttar Pradesh	Deoria	Mother of 3 year to 6-month-old child	11
251	Uttar Pradesh	Deoria	Adolescent girls	12
252	Uttar Pradesh	Deoria	Other categories of women	0
253	Uttar Pradesh	Kannauj	Pregnant women	15
254	Uttar Pradesh	Kannauj	Lactating mothers	16
255	Uttar Pradesh	Kannauj	Mother of 6 months to 3-year-old child	23
256	Uttar Pradesh	Kannauj	Mother of 3 year to 6-month-old child	22
257	Uttar Pradesh	Kannauj	Adolescent girls	8
258	Uttar Pradesh	Kannauj	Other categories of women	0
259	Uttar Pradesh	Pilibhit	Pregnant women	14
260	Uttar Pradesh	Pilibhit	Lactating mothers	14
261	Uttar Pradesh	Pilibhit	Mother of 6 months to 3-year-old child	25
262	Uttar Pradesh	Pilibhit	Mother of 3 year to 6-month-old child	26
263	Uttar Pradesh	Pilibhit	Adolescent girls	9
264	Uttar Pradesh	Pilibhit	Other categories of women	0
265	Uttar Pradesh	Unnao	Pregnant women	11
266	Uttar Pradesh	Unnao	Lactating mothers	15
267	Uttar Pradesh	Unnao	Mother of 6 months to 3-year-old child	12
268	Uttar Pradesh	Unnao	Mother of 3 year to 6-month-old child	13
269	Uttar Pradesh	Unnao	Adolescent girls	7
270	Uttar Pradesh	Unnao	Other categories of women	3
271	Uttrakhand	Champawat	Pregnant women	16
272	Uttrakhand	Champawat	Lactating mothers	11
273	Uttrakhand	Champawat	Mother of 6 months to 3-year-old child	32
274	Uttrakhand	Champawat	Mother of 3 year to 6-month-old child	31
275	Uttrakhand	Champawat	Adolescent girls	0
276	Uttrakhand	Champawat	Other categories of women	0
277	Uttrakhand	Dehradun	Pregnant women	13
278	Uttrakhand	Dehradun	Lactating mothers	14
279	Uttrakhand	Dehradun	Mother of 6 months to 3-year-old child	16
280	Uttrakhand	Dehradun	Mother of 3 year to 6-month-old child	17
281	Uttrakhand	Dehradun	Adolescent girls	2
282	Uttrakhand	Dehradun	Other categories of women	9
283	Uttrakhand	Pauri Garwhal	Pregnant women	9
284	Uttrakhand	Pauri Garwhal	Lactating mothers	18
285	Uttrakhand	Pauri Garwhal	Mother of 6 months to 3-year-old child	27
286	Uttrakhand	Pauri Garwhal	Mother of 3 year to 6-month-old child	24
287	Uttrakhand	Pauri Garwhal	Adolescent girls	0
288	Uttrakhand	Pauri Garwhal	Other categories of women	0
289	Uttrakhand	Hardwar	Pregnant women	13
290	Uttrakhand	Hardwar	Lactating mothers	14
291	Uttrakhand	Hardwar	Mother of 6 months to 3-year-old child	19

No.	State	District	Beneficiary type	Samples covered
292	Uttrakhand	Hardwar	Mother of 3 year to 6-month-old child	13
293	Uttrakhand	Hardwar	Adolescent girls	4
294	Uttrakhand	Hardwar	Other categories of women	8

Annexure 3: Discussion Guides

A. NATIONAL LEVEL KIIS

IN-DEPTH DISCUSSION GUIDE WITH NATIONAL OFFICIALS (SECTORAL & SCHEME), WOMEN AND CHILD DEVELOPMENT (WCD)

No.	Q. No.	Response
1.	Date of KII	
2.	Name of the Respondent (optional)	
3.	Organisation	
4.	Designation of Respondent	
5.	Schemes responsible for (in case Government Official)	
6.	Schemes contributing to (in case Non-Governmental Official)	
7.	Number of months/years working for scheme(s)	
8.	Name of Investigator	
9.	Code of Investigator	

Interviewer Signature: _____ Date: _____ Place: _____

Sector level questions:

1. According to you, does the Women and child development department provide schemes that cover all beneficiaries? How does the Ministry ensure that different types of beneficiaries/target groups of women and children are covered?
2. How has the WCD sector aligned with the national priorities? Are there any gaps or failures in the sector programming due to lack of specific interventions or poor outcomes of existing schemes?
3. How has the sector performed against key priorities and international commitments? What are the gaps in sectoral outcomes?
4. There is lack of interventions that aim at ensuring economic, social and political empowerment of women. How does the ministry aim to overcome this gap? (Probe: interventions aiming at enhancing participation, decision-making, and leadership, skill development, greater access to economic resources among women).
5. Please elaborate the following:
    a. Role of CBOs and NGOs in implementing WCD schemes
    b. Inclusion of vulnerable group such as PwDs, transgenders, single women, minorities, migrants etc.
    c. Ensuring community participation in terms of PRIs role in implementation, incorporating voice of end beneficiaries in scheme implementation. PRIs role in monitoring, supervision and allocation of resources.
6. What is the scope for engaging private sector in the WCD sector? Are there any incentives available to promote private investments in the Sector?
7. What systems are in place for monitoring and managing WCD schemes? What are the challenges faced in effective monitoring of schemes?
8. What role does IEC/BCC play in improving sector outcomes? What measures are being taken to bring about behaviour change amongst beneficiaries? How have the government actions impacted the sector outcomes? What are some of the gaps that exist?
9. How have the interventions of the Women and Child Development Sector impacted the status of women and children over the last 10 years?
10. What are the key measures taken to improve women's labour force participation, reduce violence against women and children including care and rehabilitation?
11. Do you think the WCD schemes are able to provide effective services to the beneficiaries? What are some of the key gaps in service delivery?
12. **Financial:** Is the WCD sector sufficiently funded? What are challenges that the centre and/or states facing in either utilizing funds, or receiving sufficient funds? (Probe: What are the challenges in disbursal (timeliness,) causes leading to inadequate receipt/utilization of funds (if any), Reasons for variance in scheme uptake and utilization)
13. **IT aspects:** How does the Ministry encourage improved use and uptake of technology in WCD sector What has been the impact of introduction of IT in monitoring and managing the sector? Have there been any challenges faced that the governments (either at national or state level) in rolling out IT? What have been the response from the States and FLW?
14. **HR aspects:** How does the Ministry ensure a suitable HR structure for better program implementation (Probe: selection criteria, process of hiring and filling vacant positions, scope for career progression), assessing adequacy of workload of FLWs and staff)? What is the process of orienting FLWs on newer issues and programs?

15. Is there a need for reforms and regulations for meeting targets of various schemes? If yes, what are the reforms/regulations undertaken? How do you think restructuring of programs has helped in improving the service delivery and meeting the objectives?
16. Is the RTI mechanism functioning effectively?
17. How do the interventions of the WCD sector contribute to increasing availability of employment opportunities?
18. Are there possibilities for circular economy development in the sector?
19. Within the WCD, how can the inter department (UCSS) synergy be best achieved?

Scheme level (For any scheme that the respondent is focused on):

Relevance:

a. How well does the scheme align with national priorities? If not, how can the scheme better respond to national priorities?
b. Is the scheme design appropriate for achieving the intended outcomes? If not, what are some of the gaps in scheme design and how can these be addressed?
c. How does the scheme address various cross-sectional themes including accountability and transparency, gender mainstreaming, climate change & sustainability, etc.?
d. Are there are any demonstration effects and/or innovative features in the design of the scheme?

Effectiveness:

a. How does the scheme perform in terms of achieving the intended outputs and outcomes? Are there the challenges in hindering the performance if any?
b. Are there any unintended outcomes that inadvertently reduced the value of the scheme?
c. What are the key bottlenecks/issues and challenges in the implementation of the scheme and how have these challenges been addressed ?
d. Is there a difference in how the schemes are implemented in the states? How do the diverse implementation processes across states impact achievement of the overall objectives of the scheme? (Probe: including state schemes to complement CSS schemes, or use of flexi fund, or any other innovative features)
e. What are the budgetary requirements for implementation of the scheme and are they being adequately met?
f. How does the involvement of the state governments, NGOs and CSOs impact effective implementation of the scheme?
g. Are there any grievance redressal mechanisms in place that successfully incorporate beneficiaries' and non-beneficiaries' concerns? Is there evidence of amendment of schemes keeping this in view?

Impact:

a. What change have come about in the sectoral outcomes due to implementation of the schemes? (incl. Behaviour Change)
b. What are positive, negative, long-term, short-term, direct, indirect and cumulative impacts of implementation mechanisms on scheme delivery, coverage, and equity?
c. What is the impact of technology on service delivery, monitoring, tracking of beneficiaries etc.?
d. How have the behaviour change strategies impacted scheme outcomes?
e. How have the scheme been able to capacitate stakeholders?

Efficiency:

a. What is the scheme coverage against the total eligible population? In case the scheme coverage is insufficient, what are the reasons for the same? How can the coverage be increased?
b. What are the infrastructural gaps/issues in the scheme? Is the government doing anything to address the gaps/issues? If not, what can the government do?
c. What is the human resource availability for the scheme? Does the scheme have its own cadre of officers or does it rely on AWWs?
d. What are some of the main HR issues in efficient delivery of services under the scheme?
e. How frequently and what type of training is undertaken for the AWWs to train them?
f. Is there any convergence between the scheme and other schemes and programs? What are the convergence mechanisms at the national level, and how is it ensured at state and district level? Are there any challenges in convergence? How can these be overcome?
g. What measures have been taken to ensure effective coordination between the AWC staff and the health centre staff? (WCD and Health)
h. How efficiently do you think the scheme budget has been used over the last few years? Is there any way to improve efficiency in terms of fund utilisation?
i. What is the acceptance of innovative practices and technologies amongst the target beneficiaries? What are the possible challenges in acceptance of the same?
j. What is the impact of innovative technologies and practices on scheme and sectoral outcomes?
k. Is there any evidence of improvement in service delivery through the use of private sector? How can the private sector be engaged in improving scheme value chain? What are some of the challenges hampering private sector participation in the scheme?

Sustainability:

a. What are the long term demand prospects for services offered under the scheme?
b. Are there any mechanisms to maintain the outcomes of the scheme in the long run?
c. Are there any gaps in the institutional mechanisms in terms of adequate levels of qualified human resources, finance, equipment and other inputs that challenge the long-term sustainability of the program?
d. Are there any intended/unintended environmental consequences of the scheme?
e. Are there any political, economic, institutional, technical, social, environmental and financial risks associated that might limit the achievement of the outcomes of the scheme?

Equity:

a. As part of the scheme design and implementation mechanism, are there any targeted action mandated in order to reach out/address the barriers faced by the most vulnerable groups in accessing the scheme?
b. What is the contribution of the scheme towards reduction in inequality of opportunity and income?
c. Are there any steps that the government is taking or can take to improve the reach and uptake of the scheme amongst the vulnerable population groups?
d. What has been the effect of the TSP & SCSP funds on improving equity?

Cross Sectional Themes:

What are some of the best practices in implementing the scheme? These could be in terms of:

- service delivery improvement (Using SHGs)

- convergence (with H&FW, HRD, PRI)
- R&D
- steps to improve transparency
- gender mainstreaming
- employment generation
- use of technology (M&E. Information dissemination)
- behaviour change strategies (IPC, Mass media, Advocacy)
- private sector engagement
- Training

Further Scheme Specific Questions:

Anganwadi Services:

a. Past evaluations highlight that services except SNP and PSE have not received required impetus under the scheme. How does the ministry/department plan to address the imbalance?
b. How is the government responding to improving the quality of AWC infrastructure to improve scheme efficiency and effectiveness? (HR Vacancies, weighing machines, utensils, AWC structures, electricity, etc.)
c. What might be the reasons for a visible decline in beneficiary numbers under the scheme? (SNP and PSE)
d. How does the government ensure the quality of SNP and what mechanisms are available to avoid leakages through the supply chain?
e. What measures have been taken to ensure effective coordination between the AWC staff and the health centre staff so as to provide the requisite treatment? (WCD and Health)

POSHAN Abhiyan

a. How effective do you think ICDS CAS is in improving scheme delivery, management and monitoring, and tracking of beneficiaries?
b. How have the behaviour change strategies impacted scheme outcomes?
c. Has the introduction of performance incentives for FLWs had any impact on the roll out and effectiveness of the scheme?
d. Has the introduction of ILAs improved the capacity and performance of the FLWs?
e. Do you think that the POSHAN Abhiyan has added to the workload of the FLWs? Has the introduction of POSHAN abhiyan positively affected the nutritional outcomes in the state? Why or why not?

PMMVY

a. What are the reasons for delays in women receiving benefits?
b. What steps has government taken to improve the awareness of the scheme among rural and urban population.
c. Is there data available on the number of beneficiaries from the urban areas and rural areas?
d. Is it possible for the beneficiaries to be automatically registered for the scheme at the first ANC? Together with the MCP card details?
e. What are the key challenges being faced in making Aadhar-based payments?

National Creche Scheme

a. Monitoring of the scheme – From the government records, it looks like the government is not recording the number of children enrolled in/benefiting from the Creches. What are the challenges in monitoring the scheme? How can these be overcome?

SAG

a. How have the schemes related to AG's Health and Nutrition contributed to the well-being of AGs?
b. Have these schemes been able to address the issues of malnutrition and anaemia?
c. Have they been able to address the social issues related to the status of women, early marriage etc?
d. How are Parents, Local administration, School Teachers involved in the scheme?
e. High coverage of AGs in SAG entails high drop-out rates in School Education - How is this addressed at the State Level?
f. How is the identification process different for Rural and Urban?
g. How are Sakhi/Sahelis identified and oriented?
h. Is there a Directive from the State to organise Kishori Diwas?
i. Are there linkages with State-level Institutes for training AGs?

ICPS

a. What is your opinion about the Service Delivery Structures – CWSB, JJB, DCPU
b. Institutional Care - Homes
c. Non-Institutional Care
d. ChildLine (Central Sector Component of the scheme)
e. What are the possible ways to provide qualitative support service system?
f. Suggestions for better supportive system
g. Do you have sufficient human resources or sufficient staff for this scheme?
h. Any skill training or capacity building workshops arranged by the ministry or State Govt.? If yes, impact of the training?
i. Specific areas where training needs to be given.
j. Particular skill training suggestion for improved performance?
k. Satisfaction/dissatisfaction with the training given?

WWH

a. Where does the WWH scheme fit within the government's push for women in labour force?
b. How do you think women have been benefiting from the Scheme? What are the strengths of government supported WWHs?
c. Are there activities undertaken to generate awareness of the availability of government supported hostels among the population?
d. Does the government undertake a periodic audit of the hostels in their registered addresses?
e. If a WWH was to close down, what is the process for it?
f. How does the government support the inmates of the WWHs which get closed.
g. Do you think that there are any groups of women that are not being able to benefit from the WWHs?
h. How many hostels have been constructed in the last 10 years? What has been the grant-in-aid provided to the hostels in the last 10 years?
i. Has the government's focus on women employment helped in improving the focus on providing women with safe housing options to get them out of their houses and into the labour force?

j. What are the key obstacles identified by the ministry hindering setting up of more hostels?
k. Is it possible for the government to set up more hostels by itself by changing the scheme conditions?
l. What might be the issues in engaging Private Sector in setting up WWHs?
m. The state government agencies are eligible to set-up and manage WWHs. Yet 93% WWHs are run by other agencies. What might be the reasons for this?
n. What steps can be taken to increase the uptake of scheme with state governments?
o. What is the reason behind the slow growth of WWH numbers?
p. Are there any steps that have been taken to identify the need and requirement for more hostels?
q. Does government engage with CSOs/Universities/Other organisation to identify possibilities for setting up WWH hostels?
r. Does the State Government have any scheme of their own to provide safe accommodation to working women in the state?
s. Does the state play any role in identifying the location of the new WWHs?
t. Does the scheme have a provision of funds within the scheme for publicity, advertisements and generating awareness about the hostels, facilities provided and benefits?

Ujjawala

a. What is the reason for decrease in allocation of funds to the scheme?
b. Is there any mechanism to ensure that the number of homes are enough to fulfil the demand?
c. Given that the scheme relies on the state governments to identify the demand, what actions can the national government take to increase the number of homes?
d. Considering that beneficiaries of the scheme are in state of distress, how is it ensured that psycho-social need of beneficiaries are taken care of?
e. The scheme guidelines instructs to provide skilled counsellor to the survivors, however the literature says in practices such measures are absent. What do you think is the reason for the gap?

Swadhar Greh

a. What is the reason for decrease in allocation of funds to the scheme?
b. Is there any mechanism to ensure that the number of homes are enough to fulfil the demand?
c. Given that the scheme relies on the state governments to identify the demand, what actions can the national government take to increase the number of homes?
d. Considering that beneficiaries of the scheme are in state of distress, how is it ensured that psycho-social need of beneficiaries are taken care of?
e. The scheme guidelines instructs to provide skilled counsellor to the survivors, however the literature says in practices such measures are absent. What do you think is the reason for the gap?
f. Does the government undertake a periodic audit of the Shelter Homes in their registered addresses?
g. If a Swadhar Greh was to close down, what is the process for it?
h. How does the government support the inmates of the Swadhar Greh which get closed.
i. Do you think that there are any groups of women that are not being able to benefit from the Swadhar Grehs?

BBBP

a. How does the scheme implementation mechanism add value to the scheme objectives?
b. What are the convergence mechanisms at different levels and how often do these meetings happen?
c. What is the mechanism to ascertain the impact of the communication initiatives to Health Outcomes/Outputs?
d. Are there any plans to use IT-based solutions to track BBBP activities?
e. Any plans to use Digital platforms for awareness generation and communication outreach?
f. How have you used Brand Ambassadors or various mass-media approaches?
g. Is there disaggregated data available on funds spent on different mass media channels and reach?
h. How will increase in SRB be attributed to communication initiatives undertaken by BBBP?
i. How are social determinants being addressed through other programs

OSC

a. We have identified gaps pertaining to access legal aid and medical facilities through secondary literature review. What are the mechanisms in place to address these gaps
b. How do you ensure that the legal and medical assistance provided in the OSCs are effective?
c. Are there any awareness generation programmes for sensitising people on OSCs? If yes, kindly elaborate. If no, in your opinion is there a need for increasing awareness on OSCs in the state?
d. What more can be done to improve awareness regarding OSCs, specifically among the target beneficiaries belonging to various social groups?
e. How would you ensure absolute convergence of OSCs with other Government programmes and schemes being run for the development of women in difficult circumstances such as the Women Helpline?
f. Is the OSC Scheme utilizing the services provided by other Government institutions/departments for the development of women such as Police Stations, District Hospitals, Shelter Homes, Family Counselling Centres, Special Cells and additional support centres/ initiatives of the State Government or District Administration? If no, what are the efforts that may be initiated to ensure convergence?

Women's Helpline

a. What are the efforts undertaken by the ministry to make 181 a platform for all kinds of support to affected women?
b. What kind of efforts are being made with the aim to achieve universalization of the helpline and effective use of it in all kinds of women population?
c. What type of existing infrastructure (if any) with the state was used for the implementation of the scheme to ensure efficient use of resources? (State-level)
d. To what extent has the universalization of helpline numbers for women been achieved across states? What type of measures are being taken towards the same?
e. Are there any training mechanisms in place for the personnel engaged with WHL? What is the frequency of such training? What are the major aspects covered in the trainings? Do the trainings also include components of psycho-social support and counselling for the service providers?
f. Is there any SOP in place to ensure uniform service delivery at all levels of the scheme?

g. What type of additional provisions have been made to cover the differently-abled and most marginalized groups?
h. What type of awareness generation activities are currently being undertaken to spread awareness about WHL?
i. The outcome indicators of the scheme, cover aspects of convergence with only OSC. How does MWCD envision to cover all outcome aspects of the scheme through the given indicators?

Gender Budgeting

a. What type of activities and initiatives are undertaken as part of capacity building, advocacy, research and publication under the scheme?
b. Do the trainings have the intended impact on the staff deployed? How does the ministry ensure greater performance of the participants post training?
c. The technical expertise of the staff continues to be an area of concern. How does the ministry aim to address the gap especially in terms of enriching the training material?
d. How does MWCD aims to address the scarcity of designated HR and physical infrastructure for the scheme at the national as well as state level?
e. GBC have been formed but they lack effectiveness in operations. How does MWCD aim to address the same?
f. Gender disaggregated data poses critical challenges at all stages including policy level, implementation of programmes and schemes, impact assessments of the interventions. How does MWCD in convergence with other ministries aim to address the gap?
g. What measures are being taken to ensure smooth coordination with other ministries/departments and to enhance engagement of their senior officials?
h. Even after concerted efforts made by the ministry to promote GB, the figures show a declining trend. How does the ministry explain the unfavourable movement? What measures are being taken to address the same?

MSK

a. How does MWCD converge with the other ministries and state govt/UTs for effective implementation of the scheme? Are there any challenges faced? If yes, what are the suggestions to address the same?
b. To what extent does MSK support or aims to support other government schemes and programmes?

B. STATE LEVEL KIIS

IN-DEPTH DISCUSSION GUIDE WITH STATE OFFICIAL (SECTORAL & SCHEME), WOMEN AND CHILD DEVELOPMENT (WCD)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name of the Respondent (optional)	
4.	Designation of Respondent (State level official)	
5.	Number of months/years working for this scheme	
6.	Name of Investigator	
7.	Code of Investigator	

Interviewer Signature: _____ Date: Place:

Sector level questions:

1. According to you, does the Women and child development department provide schemes that cover all beneficiaries? What are the areas left out? What different types of beneficiaries/target groups of women and children left out?
2. Please describe about the following:
   a. Implementation challenges in implementing various WCD schemes
   b. Role of CBOs and NGOs in implementing WCD schemes
   c. Inclusion of vulnerable group such as tribal sub plan, transgender, etc.
   d. Support from Ministry in implementation of various schemes
   e. State ensuring community participation in terms of PRI role in implementation, incorporating end beneficiaries voice in scheme implementation
3. Please describe the mechanisms in place to monitor the States/ blocks
4. Please describe the overall IEC component – Steps taken for the sector, across the schemes and the impact.
5. Describe about the measures taken to improve women labor force participation, reduce violence against women and children including care and rehabilitation
6. Overall, how would you describe the nutritional status in ICDS vs non-ICDS areas
7. **Financial:** Please describe about Fund flow across schemes, budgetary process including approval, state contribution, challenges and concerns
8. **IT aspects:** Please describe about MIS available across various schemes and efficiency, data available for monitoring, user friendliness, dashboard for decision making, - describe in detail about ICDS-CAS, DBT for PMMVY, SAG MIS
9. **R&D aspects:** Mention about R&D in the WCD sector? Please tell about the government & private sector involvement in R&D? (Probe: percentage of private sector involvement; gaps & challenges faced in undertaking R&D works; if there are any under-researched areas; innovations or practices under R&D carried out by State)
10. **Private sector involvement:**

    i) Are there any incentives available to promote private investments in the Sector? (Probe: ways by which Private sector can help in improving value chain reaction; challenges faced in attracting private sector participation)

    ii) How well has PPP been functioning in the Sector? How many private sector, community/collectives/cooperatives and civil society have availed the benefits under WCD Scheme? What are the challenges in availing benefits?
11. Please tell about the best practices/innovative measures your state has undertaken under various schemes in meeting WCD outcomes? How it has influenced the target beneficiaries? (Probe: possible challenges faced hindering acceptance of the practices; impact of innovative

technologies and practices on scheme and sectoral outcomes; best practices/innovations observed in the state)

12. Are gender-friendly plans translating into greater empowerment of women in implementation? Are there women-friendly policies in place, like parental leave (maternity and paternity), creches, flexible working hours, inclusion in decision-making etc.? Is there a gender wage gap, and any measures in place to mitigate the same? Are there sufficient safeguards to ensure a safe working environment for women, including from physical injury, sexual harassment etc.? (Probe: safeguards for FLWs, WCD employees & contract workers, Health officials – government etc.)
13. **Capacity building:** Are there enough awareness-raising communications or courses regarding women-friendly provisions/safeguards, sexual harassment policies, grievance redressal mechanisms etc.? Are there sessions/plans for sensitization of the work force on gender equality?
14. **HR aspects:** Please describe about suitability of HR structure for program implementation (job profile, kind of contract, remuneration, selection criteria, influence in hiring, state specific, freedom for state to change policies). Please mention ways to better implementation. **Probe:** Vacancy positions for officials, scope for career progression, whether workload affect their quality of work?
15. **Grievance redressal:** Does the schemes (WCD) include a grievance redressal mechanism for enhancing reach and uptake? Are people (beneficiaries) seek for redressal of their grievances If faced (any)?
16. **Fund utilization:** Kindly share about the fund allocation under various schemes and its utilization? Probe: if gets fully utilized, challenges in disbursal (timeliness), failing to meet criteria leading to incomplete receival/utilization of funds (if any)
17. Are there any mechanisms to maintain the scheme outcomes in the long run? If yes, can you briefly describe the mechanisms?
18. What is the level of convergence within and across Umbrella and CSS schemes? What is the gap in meeting sectoral outcomes? – in Anganwadi, POSHAN, BBBP, SAGs etc
19. What are the various reforms/regulations done on the scheme for meeting targets? Do you think more reforms/regulations are required? Do you think that restructuring of programs (if done) has helped improving the delivery services and meeting the objective? Are there need for reforms and regulations to be made as per your observation?
20. Is the standard for service delivery (nutrition for safety of women and child) in compliance with the prescribed national quality standards? What are your observations on that? Can you briefly suggest possible solutions to strengthen the same?

Scheme level:

1. **Anganwadi Services:**
   a. What has the impact of the Anganwadi Services been on the state? (i. Supplementary Nutrition (SNP), ii. Pre-school Non-formal Education, iii. Nutrition & Health Education, iv. Immunization, v. Health Check-up, and vi. Referral Services).

b. How does the scheme converge with different schemes of the state or the center? Are there any innovations made by the state to improve convergence with other schemes? .(Probe: measures taken to ensure coordination between AWW and health staff, ways by which inter department synergy be best achieved)
c. How does the state rate the infrastructure of the Anganwadis? How many Anganwadis in the state (i) have a building of their own? (ii) have a pucca building? (iii) have electricity? (iv) have access to clean water? (v) have access to toilets?
d. Do the anganwadi centers regularly receive books and materials for PSE?
e. What percentage of the scheme budget is spent on Supplementary Nutrition Program (SNP)? How many beneficiaries receive Hot Cooked Meal (HCM) and Take-Home Ration (THR)?
f. What are the key IEC and BCC activities undertaken by the WCD in the state? What impacts have been seen in improvements of behaviours, perceptions, and attitudes of people towards breastfeeding (including exclusive breastfeeding), immunization, institutional birth, nutrition during pregnancy and lactation, infant and young child nutrition, etc.?
g. What is the implementation mechanism for SNP procurement and disbursement? Has the state faced any challenges in this?
h. What are the key bottlenecks/issues and challenges in the implementation mechanism? What can be the possible ways to overcome them? (Note: additionally, seek recommendations for 100% immunization and referral services and bottlenecks)
i. What is the status of AWW, LS and AWH vacancy? What are the mechanisms of their capacity building? How does the state ensure capacity building of the AWWs, LS and AWHs? (Probe: frequency and type of training provided to AWWs on ECCE/PSE, if training was enough to impart quality ECCE)
j. How many schemes are implemented through the Anganwadi Center? Do you have any view on the ability of the field workers to implement all the schemes effectively and efficiently?
k. Are there any mechanisms to provide incentives to the FLWs? Has there been any improvement in the performance because of performance incentives?
l. How does the involvement of the donor agencies, NGOs and CSOs impact effective implementation of the scheme? (Note: additionally, seek information on need of community participation for enhancing uptake and outcomes of programs and measures taken to enhance participation)
m. What are the budgetary requirements for implementation of the scheme and are they being adequately met?
n. Is the state undertaking any innovative steps under the AWS scheme? Are there any best practices that the state has identified?
o. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
p. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement

q. What is the kind of support received from other officials (Ministry/ other government officials)? How helpful it has been so far?
r. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
s. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
t. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, Challenges in logistics and other challenges that are being faced in achieving 100% immunization)
u. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
v. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*
w. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
x. Did the introduction of technology have any improvements in the way the scheme is being monitored and managed in the state? Has the state faced any challenges with the technology?
y. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: monitoring state & block level activities/officials, implementation activities, monitoring mechanism to ensure quality of services, challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
z. How does the state monitor the activities undertaken at the Anganwadi Centers?
aa. Are there any grievance redressal mechanism in place by which you can address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
bb. Are there any gaps in the institutional mechanisms in terms of adequate levels of qualified human resources, finance, equipment and other inputs that challenge the long-term sustainability of the program?

2. **PMMVY:**
   a. How has the scheme performed in the State?
   b. How many beneficiaries has the scheme reached and what is the achievement against MWCD targets? What steps are being taken by district and block administration to ensure timely registration of beneficiaries? What are the key issues faced by the local officials in registering the beneficiaries? (Probe: do the beneficiaries have to visit the AWC more than once to register)

c. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of working mothers from all social groups? (Probe: if the registration requirements are appropriate, if all the mothers have the required documents)
d. Has the state faced issues in the use and implementation of DBT? (Probe: any technological issues faced; additionally, ask if there are delays in transferring benefits and reasons behind)
e. Has the state undertaken any study of the impact of money provided to the mothers through PMMVY? If yes, what were the challenges?
f. Has the state sought beneficiary feedback on whether the money provided to women under the scheme is enough for them to improve their nutrition intake?
g. Does the state work with other departments such as the health department for MCP, UIDAI for Aadhar Enrolment, etc. to facilitate beneficiaries to access scheme benefits? (Note: additionally, ask on the challenges faced in making Aadhar based payment; if mechanisms available to remedy these challenges)
h. Has the state been able to use the flexi fund? How was it used? Did it improve the scheme results?
i. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved. (Probe: in cased of delayed payment/registration)
j. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: awareness generation activities, measures taken for awareness in rural and urban areas, contribution to the overall targets of implementation, best practices)*
k. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
l. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
m. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
n. How does the scheme utilize information technology and transparency to improve efficiency? What are the key challenges faced by field functionaries in registering beneficiaries on PMMVY-CAS? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring; additionally, ask if data available on nos of beneficiaries in rural and urban areas)*
o. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
p. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes; possibility of automatic registration for PMMVY at first ANC with just MCP card details)

q. What is the coverage of these scheme in your State? **Probe:** in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
r. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
s. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
t. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

3. **POSHAN:**
   a. What is the status of POSHAN Abhiyan implementation in the state?
   b. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of working mothers from all social groups?
   c. Has the introduction of ILAs improved the capacity and performance of the FLWs?
   d. Has the state set up a state level convergence mechanism for POSAHAN Abhiyan? How often does the committee meet and what kind of decisions are taken in these meetings?
   e. How does the state monitor the implementation of POSHAN Abhiyan? Are there any challenges in monitoring the scheme?
   f. Do you think that the POSHAN Abhiyan has added to the workload of the FLWs? Has the introduction of POSHAN abhiyan positively affected the nutritional outcomes in the state? Why or why not? **Probe:** Impact of behavior change strategies on POSHAN scheme outcomes?
   g. One of POSHAN Abhiyan's focus is on use of RTM for monitoring and management of the scheme. Has the technology been useful? How has the state's experience been with the roll-out of ICDS CAS?
   h. How effective do you think ICDS CAS is in improving scheme delivery, management and monitoring, and tracking of beneficiaries?
   i. Has the state been able to use the flexi fund? How was it used? How has the flexi fund helped the state in improving nutritional outcomes?
   j. How has the fund utilization been for this scheme in the state? Has the state faced any issue in utilization of funds or in getting funds from the center? What are the factors that lead to underutilization of budgets and how do they affect scheme performance?
   k. Are there any innovations/best practices under POSHAN Abhiyan that you would like to talk about?
   l. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.

m. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
n. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
o. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
p. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
q. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
r. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
s. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
t. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
u. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? How can these challenges be addressed? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
v. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
w. What is the acceptance of innovative practices and technologies amongst the target beneficiaries? What are the possible challenges in acceptance of the same?
x. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*
y. Do you think providing incentives to FLW's has led to an improvement in the implementation of the schemes?

z. Is there any evidence of improvement in service delivery through the use of private sector? How can the private sector be engaged in improving scheme value chain? What are some of the challenges hampering private sector participation in the scheme?

4. **Scheme for Adolescent Girls (SAG)**:
   a. What is the status of SAG implementation in the state? What all activities are undertaken under the SAG scheme? (Probe: performance of project components viz. nutrition, non-nutrition, training etc.)
   b. How is the beneficiary survey done? What is the planning process for health commodities and food commodities? How are School Teachers and Parents contacted for OOS girls?
   c. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of adolescents from all social groups?
   d. How does the state ensure maximum outreach and beneficiary coverage?
   e. How does the scheme converge with interventions of other ministries as well as other schemes of WCD? Are there any challenges being faced?
   f. How do you monitor the scheme outputs and outcomes at State level? Are there any challenges in monitoring the scheme?
   g. Are there any barriers (overall) hindering the effective implementation of the scheme? Also, please describe about key gaps and issues faced by you in planning and implementation? Mention the steps taken to mitigate the same.
   h. How has the scheme impacted the issues of malnutrition and anemia amongst adolescents in the state?
   i. What impact have behaviour change strategies had on the scheme outcomes?
   j. What are some of the supply chain issues (under the nutrition component) being faced by the state? What steps has the state undertaken to overcome these challenges?
   k. Are there any gaps in the institutional mechanisms in terms of adequate levels of qualified human resources, finance, equipment and other inputs that challenge the long-term sustainability of the program?
   l. How has the fund utilization been for this scheme in the state? Has the state faced any issue in utilization of funds or in getting funds from the center? What are the factors that lead to underutilization of budgets and how do they affect scheme performance? Which components need an increased fund allocation
   m. Are there any innovations/best practices under the SAG services that you would like to talk about?
   n. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
   o. What are the initiatives taken by the State administration for effective implementation of the scheme? How are Sakhi/Sahelis identified and oriented *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
   p. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)

q. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
r. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
s. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
t. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
u. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
v. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets , differences in rural and urban coverage)
w. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
x. Can you brief about the input use efficiency in terms of meeting outcomes and keeping the motivations of FLW's high? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
y. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

5. **National Creche Scheme (NCS)**
   a. How is the NCS performing in the state? How many Creches are being supported under the NCS? What is the demand for creches in the state? Has there been an assessment of demand for creche services in the state?
   b. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of working mothers from all social groups?
   c. How do you monitor the scheme outputs and outcomes at State level? Are there any challenges in monitoring the scheme?
   d. Are there any barriers hindering the effective implementation of the scheme? What measures are being taken to address the same?
   e. Are there provisions for training and capacity building of crèche workers/functionaries?
   f. How does the scheme converge with interventions of other ministries as well as other schemes of WCD? Are there any challenges being faced?

g. How has the fund utilization been for this scheme in the state? Has the state faced any issue in utilization of funds or in getting funds from the center? What are the factors that lead to underutilization of budgets and how do they affect scheme performance?
h. Are there any innovations/best practices in creche services that you would like to talk about?
i. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
j. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
k. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
l. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
m. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
n. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
o. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
p. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
q. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
r. Is local participation of different social groups especially the ones that are marginalised and vulnerable ensured in the implementation of the scheme? What are the necessary measures that should be taken to ensure effective participation of these groups at the community level?
s. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
t. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)

u. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

6. **Integrated Child Protection Scheme (ICPS)**:
   a. What is the status of ICPS implementation in the state? What all activities are undertaken under the ICPS scheme?
   b. Please describe whether the intent of the scheme is well aligned with the national/international priorities (meeting SDG goals)?
   c. According to you, are there any gaps in the scheme design and implementation which is hampering successful achievement of intended outcomes?
   d. What are barriers that hinder effective implementation of the scheme as well as the various components of the scheme? What measures are being taken to address the same?
   e. How do you monitor the scheme outputs and outcomes at State level? Are there any challenges in monitoring the scheme?
   f. Is there any vulnerability mapping or research being done for prevention? How is the working of child tracking system and child line? (specifically in Jharkhand & Bihar, ask about - how do they prevent trafficking?)
   g. What are the measures taken to ensure a protective environment for children residing in child care institutions?
   h. How state ensuring non-institutional care? and better services in institutional care?
   i. Are there provisions for training and capacity building of the officials either implementing or in-charge of implementing child protection mechanisms in the State? If yes, what is the frequency and impact of these trainings?
   j. Prevention of crimes against children and rehabilitation and reintegration of the child victims are major components of ICPS. What are the measures taken to ensure preventive and rehabilitative practices?
   k. To what extent does ICPS intersect with other schemes and how do you aim at improved convergence? (Probe: How do you aim at convergence of the scheme with that of other schemes such as ICDS, Ujjawala, BBBP, and the like?)
   l. How do you ensure effective budgetary support for the implementation of the scheme? What are the challenges in budgetary utilization under the scheme?
   m. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
   n. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
   o. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)

p. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
q. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
r. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
s. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
t. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
u. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
v. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
w. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
x. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

7. **Working Women Hostel (WWH):**
   a. Where does the WWH scheme fit within the government's push for women in labour force? Has the government's focus on women employment helped in improving the focus on providing women with safe housing options to get them out of their houses and into the labour force?
   b. What is the demand for WWH in the state? How many WWH have been set up in the state in the last 10 years? How many beneficiaries have benefited from WWHs in the state? What happens to beneficiaries after the WWH has shut down?
   c. What are the key obstacles hindering setting up of more hostels? Under WWH, NGOs have to pay 25%, is it acting as a hindrance? Does the State Government have any scheme of their own to provide safe accommodation to working women in the state? Does government engage with CSOs/Universities/Other organizations to identify possibilities for setting up WWH hostels?

d. The state government agencies are eligible to set-up and manage WWHs. Yet 93% WWHs are run by other agencies. What might be the reasons for this? What might be the issues in engaging Private Sector in setting up WWHs under the scheme?
e. How do you think women have been benefiting from the Scheme? What are the strengths of government supported WWHs? Does the state government have a similar scheme of its own?
f. What mechanisms are in place to monitor the WWHs? Does the government undertake a periodic audit of the hostels at their registered addresses?
g. Do you think that there are any groups of women that are not being able to benefit from the WWHs?
h. Utilization of funds under the WWH scheme have been low across states. What is the status of scheme fund utilization in your state over the last couple of years? If low, what may be some of the reasons? Which components need more fund allocation?
i. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: awareness activities on presence of WWH, additional initiatives, contribution to the overall targets of implementation, best practices)*
j. Do you think that there is a need for capacity building of officials (HR), infrastructure to improve efficiency? If Yes, what are the capacity building measures taken so far? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, maintaining infrastructures as per guideline, filling vacancy posts (if any)
k. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
l. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
m. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets). Any steps that have been taken to identify the need and requirement for more hostels?
n. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
o. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan.*

8. **Women's Helpline (WH)**
   a. How is it converging with one stop Centre (in the same building and have same dashboard?) and other convergence with other support structures such as medical, law. What is the

established follow up mechanism? Does absence of OSC in a state impact the functioning of the WHL in terms of referral services?

b. Does the scheme converge in terms of using the outreach/awareness generation infrastructure offered under other schemes of WCD or other ministries/departments?
c. Describe about state IEC plans to spread awareness of women helpline. Is there an observable impact on behavioral change and awareness levels of the beneficiaries of the IEC activities undertaken? If yes, to what extent?
d. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: awareness activities, uniform model for implementation, use of existing infrastructure, additional initiatives, contribution to the overall targets of implementation, best practices)*
e. Are there any training mechanisms in place for the personnel engaged with WHL? What the frequency of such trainings ? What are the major components covered in the training? Do the trainings also include components of psycho-social support and counselling for the service providers?
f. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
g. How does the scheme utilize information technology to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring and tracking beneficiaries)*
h. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes, safety objective, mechanisms to ensure coverage of differently abled and marginalized.) how does the state aim to enhance the coverage and service delivery under the scheme?
i. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative). Do you have any suggestions to improve the challenges and issues?
j. What is the fund allocation mechanism in place for WHL? How does MWCD ensure effective utilization of the funds?
k. Are there any monitoring mechanisms to follow up on referral services provided under WHL?
l. Are there any mechanisms to ensure perceptions and grievances of the beneficiaries are captured and acted upon? (yes/no) If not, are there any state or WHL Centre specific initiatives that have been taken to capture the perceptions of the beneficiaries?

9. **Ujjawala & Swadhar Greh**:
   a. How many Ujjawala homes and Swadhar Grehs are in the state? What is the demand for these homes in the state? Has there been an assessment of demand?
   b. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of women in distress from all social groups? What can be done to improve the scheme design and coverage?

c. How do you monitor the scheme outputs and outcomes at State level? Are there any challenges in monitoring the scheme?
d. Are there any barriers hindering the effective implementation of the scheme? What measures are being taken to address the same?
e. How does the state ensure coverage of most vulnerable? Please also describe about the demand for these homes in your state; Do you offer anything more than in guidelines offered?
f. Considering that beneficiaries of the scheme are in state of distress, how is it ensured that psycho-social need of beneficiaries are taken care of?
g. The scheme guidelines instructs to provide skilled counsellor to the survivors, however the literature says in practices such measures are absent. What do you think is the reason for the gap?
h. What kind of rehabilitation activities are they undertaking in the homes?
i. How much of a say these people have on decisions on which skills are taught to the inmates?
j. Is there a possibility of converging Ujjawala and Swadhar Greh schemes?
k. Are there any grievance redressal mechanism in place by which address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
l. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
m. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
n. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
o. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
p. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
q. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan, audits of shelter homes at their registered address)*
r. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
s. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)

t. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
u. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
v. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** if any group which is being left ou**t,** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*
w. *What is the process of closure in case a Swadhar Greh needs to be closed?* How does the government support the beneficiaries of the Swadhar Greh after it gets closed?

10. **BBBP**

a. How was the BBBP launched and expanded in your District? (Probe: Phase 1, strategy used for scaling up) What kind of initiative have you taken under the BBBP scheme? (Probe: Contribution to overall targets of implementation , best practices, Use of Brand Ambassadors or various mass-media approaches to expand the scheme awareness ,Use of TV, Radio, Newspaper etc)
b. What kind of initiatives have been undertaken under the BBBP scheme in your State? Probe: *contribution to the overall targets of implementation, best practices, state level communication strategy, district level communications initiative's in the state.*
c. According to you, are there any gaps in the scheme design? Briefly tell based on your observations.
d. What challenges are being faced in the implementation of the scheme? What are the suggested remedial measures to address the same?
e. Is there a mechanism to measure the impact of the scheme implementation? Are the indicators identified in the scheme easy to monitor? Are there any monitoring challenges?
f. The scheme, by nature, focuses on the convergence of multiple agencies. How is the convergence implemented at the State level?
g. How do you ensure effective budgetary support to the districts for the implementation of the scheme? What are the challenges in budgetary utilization under the scheme?
h. What are the steps/strategies taken to counter sex selective operations (PCPNDT)? Implementation of PCPNDT Act? Has the PCPNDT act able to counter sex selective operations? Has the BBBP scheme overall reduced sex selective abortions? Has the attitude towards girl child and education changed over time? What is the contribution of BBBP scheme on that?
i. Are there any innovations/best practices under BBBP that you would like to talk about?
j. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.

k. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, plans for training State and District functionaries on Social determinants and Communication Planning, Fimprovement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
l. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
m. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
n. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: is there an MIS system, status of use of IT, management of database, availability of data for monitoring)*
o. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
p. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes, increase in SRB due to BBBP)
q. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
r. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
s. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, components for which funding should increase, planning process (top-down and bottom-up)
t. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

11. **Gender budgeting**:
a. What is the status of Gender Budgeting in the state?
b. Is there a gender budgeting cell in the state?
c. Is gender budgeting being actively practised?
d. Over years, how much enhancement in gender budget has happened in the state?
e. Has the WCD department done any trainings in the state for mainstreaming gender budgeting?

f. Describe about fund allocation and utilization status in the state? How many officials have been trained at the state and State level? What is the frequency of GB trainings?

12. OSC

a. How many OSCs have been established in the state?
b. Are there mechanisms to monitor the functioning of OSCs? (**Probe:** Legal and medical assistance effectiveness)
c. Does the state run an awareness campaign to inform people about the OSCs? Pertaining to the increased vulnerability to sexual violence of women belonging to backward socio-economic backgrounds, are there any measures taken to ensure their access to the OSCs? If yes, what are the measures? If no, then what are the steps you wish to undertake to ensure the same?
d. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
e. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: awareness activities, additional initiatives, contribution to the overall targets of implementation, best practices)*
f. What are the state mechanisms through which women belonging to these backward communities can be engaged in the decision-making process while establishing an OSC or while aiming at its effective implementation?
g. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
h. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
i. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials like women's helpline & family counseling centers)
j. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
k. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: monitoring tasks of officials, challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan, timelines)*
l. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
m. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
n. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness,

regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)

o. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up), convergence with other schemes
p. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

13. **MSK**
    a. What kind of activities are being undertaken under the MSK scheme? What is the implementation status of the scheme in the state
    b. Have you seen any impact of the scheme?
    c. According to you, are there any gaps in the scheme design? How does the scheme converge with other schemes of the government?
    d. What is the role of the SRCW and DLCW in the scheme implementation? What are some of the activities that these have undertaken in the state?
    e. What challenges are being faced in the implementation of the scheme? What are the suggested remedial measures to address the same?
    f. How do you monitor the scheme outputs and outcomes at State level? Are there any challenges in monitoring the scheme?
    g. How do you ensure effective budgetary support for the implementation of the scheme? What are the challenges in budgetary utilization under the scheme?
    h. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
    i. What are the initiatives taken by the State administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
    j. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
    k. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
    l. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (**Probe:** convergence ,coordination with other scheme officials and usefulness)
    m. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*

n. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
o. What is the coverage of these scheme in your State? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
p. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up State-level planning)
q. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)

14. **MPV**
    a. How many MPVs have been recruited in your state? What role have they played in ensuring gender equality?
    b. Does the scheme have a provision of funds within the scheme for publicity, advertisements and generating awareness, infrastructure facilities provided and benefits?

C. DISTRICT LEVEL KIIS

IN-DEPTH DISCUSSION GUIDE WITH DISTRICT OFFICIAL (SECTORAL & SCHEME), WOMEN AND CHILD DEVELOPMENT (WCD)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the District	
3.	Name of the Respondent (optional)	
4.	Designation of Respondent (District level official)	
5.	Number of months/years working for this scheme	
6.	Name of Investigator	
7.	Code of Investigator	

Interviewer Signature: _____ Date: Place:

Sector level questions:

1. According to you, does the Women and child development department provide schemes that cover all beneficiaries? What are the areas left out? What different types of beneficiaries/target groups of women and children left out?
2. Please describe about the following:
   a. Challenges in implementing various WCD schemes
   b. Role of CBOs and NGOs in implementing WCD schemes
   c. Inclusion of vulnerable group such as tribal sub plan, transgender, etc.
   d. Support from State in implementation of various schemes
   e. District ensuring community participation in terms of PRI role in implementation, incorporating end beneficiaries voice in scheme implementation
3. Please describe the mechanisms in place to monitor the block level officials and activities? (**Probe**: timeliness of registration)
4. Please describe the overall IEC component – Steps taken for the sector, across the schemes and the impact.
5. Describe about the measures taken to improve women labor force participation, reduce violence against women and children including care and rehabilitation?
6. Overall, how would you describe the nutritional status in ICDS vs non-ICDS areas?
7. **Financial:** Please describe about Fund flow across schemes, budgetary process including approval, fund distribution among blocks, challenges and concerns
8. **IT aspects:** Please describe about MIS available across various schemes and efficiency, data available for monitoring, user friendliness, dashboard for decision making, - describe in detail about ICDS-CAS, DBT for PMMVY, PMMVY – CAS, SAG MIS
9. **HR aspects:** Please describe about suitability of HR structure for program implementation (job profile, kind of contract, remuneration, selection criteria, influence in hiring, District specific, freedom for District to change policies). Please mention ways to better implementation. **Probe:** Vacancy positions for officials, scope for career progression, whether workload affect their quality of work?
10. **Grievance redressal:** Does the schemes (WCD) include a grievance redressal mechanism for enhancing reach and uptake? Are people (beneficiaries) seek for redressal of their grievances If faced (any)?
11. **Fund utilization:** Kindly share about the fund allocation under various schemes and its utilization? Probe: if gets fully utilized, challenges in disbursal (timeliness), failing to meet criteria leading to incomplete receival/utilization of funds (if any)
12. Are there any mechanisms to maintain the scheme outcomes in the long run? If yes, can you briefly describe the mechanisms?

13. What is the level of convergence within and across Umbrella and CSS schemes? What is the gap in meeting sectoral outcomes? – in Anganwadi, POSHAN, BBBP, SAGs etc.
14. What are the various reforms/regulations done on the scheme for meeting targets? Do you think that there require more reforms? Do you think that restructuring of programs (if done) has helped improving the delivery services and meeting the objective? Are there need for reforms and regulations to be made as per your observation?
15. Is the standard for service delivery (nutrition for safety of women and child) in compliance with the prescribed national quality standards? What are your observations on that? Can you briefly suggest possible solutions to strengthen the same?

Scheme level:

Anganwadi Services:

1. What has the impact of the Anganwadi Services been on the District? (i. Supplementary Nutrition (SNP), ii. Pre-school Non-formal Education, iii. Nutrition & Health Education, iv. Immunization, v. Health Check-up, and vi. Referral Services).
2. How does the scheme converge with different schemes of the District or the center? Are there any innovations made by the District to improve convergence with other schemes?
3. How does the District rate the infrastructure of the Anganwadis? How many Anganwadis in the District (i) have a building of their own? (ii) have a pucca building? (iii) have electricity? (iv) have access to clean water? (v) have access to toilets?
4. Do the anganwadi centers regularly receive books and materials for PSE?
5. What percentage of the scheme budget is spent on Supplementary Nutrition Program (SNP)? How many beneficiaries receive Hot Cooked Meal (HCM) and Take-Home Ration (THR)?
6. What are the key IEC and BCC activities undertaken by the WCD in the District? What impacts have been seen in improvements of behaviours, perceptions, and attitudes of people towards breastfeeding (including exclusive breastfeeding), immunization, institutional birth, nutrition during pregnancy and lactation, infant and young child nutrition, etc.?
7. What is the implementation mechanism for SNP procurement and disbursement? Has the District faced any challenges in this?
8. What are the key bottlenecks/issues and challenges in the implementation mechanism? What can be the possible ways to overcome them?
9. What is the status of AWW, LS and AWH vacancy? What are the mechanisms of their capacity building? How does the District ensure capacity building of the AWWs, LS and AWHs?
10. How many schemes are implemented through the Anganwadi Center? Do you have any view on the ability of the field workers to implement all the schemes effectively and efficiently?
11. Are there any mechanisms to provide incentives to the FLWs? Has there been any improvement in the performance because of performance incentives?
12. How does the involvement of the donor agencies, NGOs and CSOs impact effective implementation of the scheme?
13. What are the budgetary requirements for implementation of the scheme and are they being adequately met?

14. Is the District undertaking any innovative steps under the AWS scheme? Are there any best practices that the District has identified?
15. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
16. What is the kind of support received from other officials (LS/MOIC/CDPO/other government officials)? How helpful it has been so far?
17. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
18. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
19. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness)
20. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up), frequency of trainings)
21. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*
22. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, training of AWW in new technology, use of MIS system, management of database, availability of data for monitoring)*
23. Did the introduction of technology have any improvements in the way the scheme is being monitored and managed in the District? Has the District faced any challenges with the technology?
24. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: monitoring District & block level activities/officials, implementation activities, monitoring mechanism, challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
25. How does the District monitor the activities undertaken at the Anganwadi Centers? (**Probe** : about quality and nutrition level of meals offered)
26. Are there any grievance redressal mechanism in place by which you can address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
27. Are there any gaps in the institutional mechanisms in terms of adequate levels of qualified human resources, finance, equipment and other inputs that challenge the long-term sustainability of the program? (**Probe**: For declining beneficiaries in the SNP component of the scheme)
28. Are there special workshops to inform frontline workers about amendments and additions in the scheme design and implementation guidelines?

PMMVY:

1. How has the scheme performed in the District?
2. How many beneficiaries has the scheme reached and what is the achievement against MWCD targets? What steps are being taken by district and block administration to ensure timely registration of beneficiaries? What are the key issues faced by the local officials in registering the beneficiaries? (Probe: do the beneficiaries have to visit the AWC more than once to register)
3. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of working mothers from all social groups?
4. Has the District faced issues in the use and implementation of DBT? Any technological issues faced? Briefly share your thoughts.
5. Has the District undertaken any study of the impact of money provided to the mothers through PMMVY? If yes, what were the challenges?
6. Has the District sought beneficiary feedback on whether the money provided to women under the scheme is enough for them to improve their nutrition intake?
7. Does the District work with other departments such as the health department for MCP, UIDAI for Aadhar Enrolment, etc. to facilitate beneficiaries to access scheme benefits?
8. Has the District been able to use the flexi fund? How was it used? Did it improve the scheme results?
9. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
10. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: awareness generation activities additional initiatives, contribution to the overall targets of implementation, best practices)*
11. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
12. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
13. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
14. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
15. What is the coverage of these scheme in your District? **Probe:** in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
16. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)

17. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
18. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

POSHAN Abhiyan:

1. What is the status of POSHAN Abhiyan implementation in the District?
2. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: awareness activities, additional initiatives, contribution to the overall targets of implementation, best practices)*
3. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of working mothers from all social groups?
4. Has the introduction of ILAs improved the capacity and performance of the FLWs?
5. Has the District set up a District level convergence mechanism for POSAHAN Abhiyan? How often does the committee meet and what kind of decisions are taken in these meetings?
6. How does the District monitor the implementation of POSHAN Abhiyan? Are there any challenges in monitoring the scheme?
7. Do you think that the POSHAN Abhiyan has added to the workload of the FLWs? Has the introduction of POSHAN Abhiyan positively affected the nutritional outcomes in the District? Why or why not?
8. One of POSHAN Abhiyan's focus is on use of RTM for monitoring and management of the scheme. Has the technology been useful? How has the District's experience been with the roll-out of ICDS CAS?
9. How effective do you think ICDS CAS is in improving scheme delivery, management and monitoring, and tracking of beneficiaries?
10. Has the District been able to use the flexi fund? How was it used? How has the flexi fund helped the District in improving nutritional outcomes?
11. How has the fund utilization been for this scheme in the District? Has the District faced any issue in utilization of funds or in getting funds from the center? What are the factors that lead to underutilization of budgets and how do they affect scheme performance?
12. Are there any innovations/best practices under POSHAN Abhiyan that you would like to talk about?
13. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
14. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
15. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement

16. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
17. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
18. *Do you have any M&E plan for this scheme? Are you able to monitor block level activities and officials? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
19. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
20. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
21. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)
22. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
23. What is the acceptance of innovative practices and technologies amongst the target beneficiaries? What are the possible challenges in acceptance of the same?
24. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*
25. Is there any evidence of improvement in service delivery through the use of private sector? How can the private sector be engaged in improving scheme value chain? What are some of the challenges hampering private sector participation in the scheme?

Scheme for Adolescent Girls (SAG):

1. What is the status of SAG implementation in the District? What all activities are undertaken under the SAG scheme?
2. How is the beneficiary survey done? What is the planning process for health commodities and food commodities? How are School Teachers and Parents contacted for OOS girls?
3. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of adolescents from all social groups?
4. How does the District ensure maximum outreach and beneficiary coverage? How many AGs have been mainstreamed to Schools? How many AGs have received Vocational / Skill building training? Is there a change in the nutrition status of the AGs?

5. How does the scheme converge with interventions of other ministries as well as other schemes of WCD? Are there any challenges being faced?
6. How do you monitor the scheme outputs and outcomes at District level? Are there any challenges in monitoring the scheme?
7. Are there any barriers hindering the effective implementation of the scheme? What measures are being taken to address the same?
8. How has the scheme impacted the issues of malnutrition and anemia amongst adolescents in the District?
9. What impact have behaviour change strategies had on the scheme outcomes?
10. What are some of the supply chain issues (under the nutrition component) being faced by the District? What steps has the District undertaken to overcome these challenges?
11. Are there any gaps in the institutional mechanisms in terms of adequate levels of qualified human resources, finance, equipment and other inputs that challenge the long-term sustainability of the program?
12. How has the fund utilization been for this scheme in the District? Has the District faced any issue in utilization of funds or in getting funds from the center? What are the factors that lead to underutilization of budgets and how do they affect scheme performance?
13. Are there any innovations/best practices under the SAG services that you would like to talk about?
14. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
15. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
16. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
17. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
18. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
19. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
20. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
21. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)

22. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
23. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)
24. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
25. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

National Creche Scheme (NCS)

1. How is the NCS performing in the District? How many Creches are being supported under the NCS? What is the demand for creches in the District? Has there been an assessment of demand for creche services in the District?
2. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of working mothers from all social groups?
3. How do you monitor the scheme outputs and outcomes at District level? Are there any challenges in monitoring the scheme?
4. Are there any barriers hindering the effective implementation of the scheme? What measures are being taken to address the same?
5. Are there provisions for training and capacity building of crèche workers/functionaries?
6. How does the scheme converge with interventions of other ministries as well as other schemes of WCD? Are there any challenges being faced?
7. How has the fund utilization been for this scheme in the District? Has the District faced any issue in utilization of funds or in getting funds from the center? What are the factors that lead to underutilization of budgets and how do they affect scheme performance?
8. Are there any innovations/best practices in creche services that you would like to talk about?
9. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
10. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
11. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)

12. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
13. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
14. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
15. *Do you have any M&E plan for this scheme? Are you able to monitor block level activities and officials? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
16. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
17. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
18. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)
19. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
20. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*
21. Is local participation of different social groups especially the ones that are marginalised and vulnerable ensured in the implementation of the scheme? What are the necessary measures that should be taken to ensure effective participation of these groups at the community level?

Integrated Child Protection Scheme (ICPS):

1. What is the status of ICPS implementation in the District? What all activities are undertaken under the ICPS scheme?
2. According to you, are there any gaps in the scheme design?
3. What are barriers that hinder effective implementation of the scheme as well as the various components of the scheme? What measures are being taken to address the same?
4. How do you monitor the scheme outputs and outcomes at District level? Are there any challenges in monitoring the scheme?
5. Is there any vulnerability mapping or research being done for prevention? How is the working of child tracking system and child line? (specifically, in Jharkhand & Bihar, ask about - how do they prevent trafficking?)

6. What are the measures taken to ensure a protective environment for children residing in child care institutions? Suggestions to improve them?
7. How District ensuring non-institutional care? and better services in institutional care and by CWSB, JJB, DCPU?
8. Are there provisions for training and capacity building of the officials either implementing or in-charge of implementing child protection mechanisms in the District? If yes, what is the frequency and impact of these trainings?
9. Prevention of crimes against children and rehabilitation and reintegration of the child victims are major components of ICPS. What are the measures taken to ensure preventive and rehabilitative practices?
10. To what extent does ICPS intersect with other schemes and how do you aim at improved convergence? (Probe: How do you aim at convergence of the scheme with that of other schemes such as ICDS, Ujjawala, BBBP, and the like?)
11. How do you ensure effective budgetary support for the implementation of the scheme? What are the challenges in budgetary utilization under the scheme?
12. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved. Do you think any changes needed to be made to this?
13. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
14. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
15. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
16. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
17. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
18. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan, state/district level monitoring & advisory committee)*
19. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
20. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
21. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness,

regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)

22. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
23. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

Working Women Hostel (WWH):

1. Where does the WWH scheme fit within the government's push for women in labour force? Has the government's focus on women employment helped in improving the focus on providing women with safe housing options to get them out of their houses and into the labour force?
2. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: awareness activities on presence of WWH, additional initiatives, contribution to the overall targets of implementation, best practices)*
3. What is the demand for WWH in the District? How many WWH have been set up in the District in the last 5 years? How many beneficiaries have benefited from WWHs in the District?0020
4. What are the key obstacles hindering setting up of more hostels? Under WWH, NGOs have to pay 25%, is it acting as a hindrance? Does the District Government have any scheme of their own to provide safe accommodation to working women in the District?
5. The District government agencies are eligible to set-up and manage WWHs. Yet 93% WWHs are run by other agencies. What might be the reasons for this? What might be the issues in engaging Private Sector in setting up WWHs under the scheme?
6. How do you think women have been benefiting from the Scheme? What are the strengths of government supported WWHs?
7. What mechanisms are in place to monitor the WWHs? Does the government undertake a periodic audit of the hostels at their registered addresses?
8. Do you think that there are any groups of women that are not being able to benefit from the WWHs?
9. Utilization of funds under the WWH scheme have been low across Districts. What is the status of scheme fund utilization in your District over the last couple of years? If low, what may be some of the reasons?
10. Do you think that there is a need for capacity building of officials (HR), infrastructure to improve efficiency? If Yes, what are the capacity building measures taken so far? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, maintaining infrastructures as per guideline, filling vacancy posts (if any)
11. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*

12. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
13. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
14. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)
15. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

Women's Helpline (WH)

1. How is it converging with one stop centre (in the same building and have same dashboard?) and other convergence with other support structures such as medical, law. What is the established follow up mechanism?
2. Describe about District IEC plans for women helpline.
3. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: awareness activities, additional initiatives, contribution to the overall targets of implementation, best practices)*
4. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
5. How does the scheme utilize information technology to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring and tracking beneficiaries)*
6. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
7. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative)
8. Are there any mechanisms to ensure perceptions and grievances of the beneficiaries are captured and acted upon? If not, are there any district or WHL Centre specific initiatives that have been taken to capture the perceptions of the beneficiaries?

Ujjawala & Swadhar Greh:

9. How many Ujjawala homes and Swadhar Grehs are in the District? What is the demand for these homes in the District? Has there been an assessment of demand?

10. According to you, are there any gaps in the scheme design? Is the scheme design appropriate to cater to the needs of women in distress from all social groups? What can be done to improve the scheme design and coverage?
11. How do you monitor the scheme outputs and outcomes at District level? Are there any challenges in monitoring the scheme?
12. Are there any barriers hindering the effective implementation of the scheme? What measures are being taken to address the same?
13. How does the District ensure coverage of most vulnerable? Please also describe about the demand for these homes in your District; Do you offer anything more than in guidelines offered?
14. Considering that beneficiaries of the scheme are in District of distress, how is it ensured that psycho-social need of beneficiaries are taken care of?
15. The scheme guidelines instructs to provide skilled counsellor to the survivors, however the literature says in practices such measures are absent. What do you think is the reason for the gap?
16. What kind of rehabilitation activities are they undertaking in the homes?
17. How much of a say these people have on decisions on which skills are taught to the inmates?
18. Is there a possibility of converging Ujjawala and Swadhar Greh schemes?
19. Are there any grievance redressal mechanism in place by which address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
20. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
21. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
22. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
23. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
24. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
25. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
26. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
27. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)

28. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)
29. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
30. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** if any group is being left out**,** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*
31. *What is the process of closure in case a Swadhar Greh needs to be closed?* How does the government support the beneficiaries of the Swadhar Greh after it gets closed?

BBBP

1. How was the BBBP launched and expanded in your District? (Probe: Phase 1, strategy used for scaling up) What kind of initiative have you taken under the BBBP scheme? (Probe: District level Communication plan, Contribution to overall targets of implementation , best practices, Use of Brand Ambassadors or various mass-media approaches to expand the scheme awareness ,Use of TV, Radio, Newspaper etc)
2. Tell us about the district level task-force. What is the composition (Probe: Health, education, Police, Law). What is the frequency of the district level task force meeting.
3. Are BBBP outreach activities included in the District Health Plan? Do all Hospitals, Schools, ICDS offices have the BBBP logo?
4. According to you, are there any gaps in the scheme design? Briefly tell based on your observations.
5. What challenges are being faced in the implementation of the scheme? What are the suggested remedial measures to address the same?
6. Is there a mechanism to measure the impact of the scheme implementation? Are the indicators identified in the scheme easy to monitor? Are there any monitoring challenges?
7. The scheme, but nature, focuses on the convergence of multiple agencies. How is the convergence implemented at the District level?
8. How do you ensure effective budgetary support to the Districts for the implementation of the scheme? What are the challenges in budgetary utilization under the scheme?
9. What are the steps/strategies taken to counter sex selective operations (PCPNDT)? Implementation of PCPNDT Act? Do you think that there is a decrease in sex-determination tests in your community? What about reduction in sex selective abortions? Has the attituOSde towards girl child and education changed over time? What is the contribution of BBBP scheme on that?
10. Are there any innovations/best practices under BBBP that you would like to talk about?

11. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
12. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
13. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
14. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: general coordination with other officials, coordination on event planning)
15. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
16. *Do you have any M&E plan for this scheme? Are you able to monitor block level activities and officials as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
17. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
18. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
19. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)
20. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)
21. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

Gender budgeting:

1. What is the status of Gender Budgeting in the District?
2. Is there a gender budgeting cell in the District?
3. Over years, how much enhancement in gender budget has happened in the District?
4. Has the WCD department done any trainings in the District for mainstreaming gender budgeting?

5. Describe about fund allocation and utilization status in the District? How many officials have been trained at the District and District level? What is the frequency of GB trainings?

OSC

1. How many OSCs have been established in the District?
2. Are there mechanisms to monitor the functioning of OSCs? How do you maintain systematic documentation of cases at the OSC?
3. Does the District run an awareness campaign to inform people about the OSCs?
4. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
5. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: awareness activities, additional initiatives, contribution to the overall targets of implementation, best practices)*
6. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
7. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
8. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (Probe: coordination with other scheme officials)
9. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
10. *Do you have any M&E plan for this scheme? Are you able to monitor block level activities and officials as per the plan? (Probe: monitoring tasks of officials, challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*
11. Can you tell briefly to what extent has the scheme able to meet the targets? (Probe: eligible beneficiaries benefitted, meet targets & outcomes)
12. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
13. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)
14. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)

15. Are the scheme benefits available and accessible to all target beneficiaries across different geographies and social groups especially those belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of the society? **Probe:** *any targets mandated to cover disadvantaged/vulnerable sections of society, inclusion as per SCSP &TSP plan*

MSK

1. What kind of activities are being undertaken under the MSK scheme? What is the implementation status of the scheme in the District?
2. What are the initiatives taken by the District administration for effective implementation of the scheme? *(Probe: additional initiatives, contribution to the overall targets of implementation, best practices)*
3. Have you seen any impact of the scheme?
4. According to you, are there any gaps in the scheme design? How does the scheme converge with other schemes of the government?
5. What is the role of the SRCW and DLCW in the scheme implementation? What are some of the activities that these have undertaken in the District?
6. What challenges are being faced in the implementation of the scheme? What are the suggested remedial measures to address the same?
7. Role of DLCW in linking women to the concerned schemes and to ensure they avail the benefits under the schemes. (Probe: Preparation of an exhaustive list of all women centric schemes relevant to the area; information dissemination mechanisms adopted to reach out to maximum women, process of linking them to the schemes and follow up mechanisms)
8. How do you monitor the scheme outputs and outcomes at District level? Are there any challenges in monitoring the scheme?
9. How do you ensure effective budgetary support for the implementation of the scheme? What are the challenges in budgetary utilization under the scheme?
10. Are there any grievance redressal mechanism in place by which you address issues of beneficiaries? If yes, what kind of grievances generally come? Please tell briefly as in how it is resolved.
11. Do you think that there is a need for capacity building of officials (HR) to improve efficiency? If Yes, what are the capacity building measures taken for officials to improve their performance? **Probe:** need of training, improvement in HRs capacity, need of expanding HR, filling vacancy posts (if any)
12. Are there any infrastructural issues which is affecting in efficient delivery of services? **Probe:** steps taken to meet infrastructural needs, challenges and areas in need for improvement
13. What is the kind of support received from other officials (scheme concerned officials/other government officials)? How helpful it has been so far? (**Probe:** coordination with other scheme officials and usefulness)
14. How does the scheme utilize information technology and transparency to improve efficiency? (**Probe***: status of use of IT, use of MIS system, management of database, availability of data for monitoring)*
15. *Do you have any M&E plan for this scheme? Are you able to execute as per the plan? (Probe: challenges and issues in monitoring and Implementation, to the extent they have been able to execute as per M&E plan)*

16. What is the coverage of these scheme in your District? Probe: in terms of eligible beneficiaries, geographies. Please give reasons if there are any coverage issues? (ability to meet target beneficiaries, meet targets)
17. What are the challenges and issues in implementing mechanism (governance mechanism, capacity constraint) which are affecting effective implementation of scheme? (**Probe:** technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, IEC, supply chain mechanism, sufficiency of supplies, on-ground coordination with other program/departments e.g. with Ministry of Health and Family Welfare, water and sanitation and issues in the bottom-up District-level planning)
18. Can you brief about the input use efficiency in terms of meeting outcomes? (probe: in terms of institutional mechanism, fund flow (adequacy and timeliness), utilization through public expenditure tracking, planning process (top-down and bottom-up)

D. IN-DEPTH DISCUSSION GUIDE WITH LADY SUPERVISOR (LS) (BLOCK), WOMEN AND CHILD DEVELOPMENT (WCD)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name of District	
4.	Name of Block	
5.	Name of the Respondent	
6.	Designation of Respondent (Block – Health Official)	
7.	Number of months/years working for this scheme	
8.	Name of Investigator	
9.	Code of Investigator	

Interviewer Signature: _____ Date: Place:

Key Questions:

1. What are the areas which require more attention for better women and child development? What can be done to ensure better development?
2. According to you, how is the implementation of ICDS scheme in your block? Probe: Quality, challenges, innovative steps undertaken, best practices.
3. Can you describe about the trainings you have received? (first training on Anganwadi services, training for PS & AWW, any recent trainings)
4. Can you briefly tell about the kind of coordination & interaction you have with Poshaan Sakhi (PS) and AWW? {Probe: frequency of meetings with PS & AWW, platform of interaction, support from other stakeholders (CDPO/MOIC/other govt officials etc}
5. What has been the planning in delivering anganwadi services to the beneficiaries;
    a. PW &LW
    b. Adolescent girls (**Probe**: Kishori Diwas, Sahelis & Sakhis)
    c. Mother of 0-6 year children
6. What has been the challenges in delivering anganwadi services to the beneficiaries;
    a. PW &LW
    b. Adolescent girls

c. Mother of 0-6 year children

Apart from the above, are there any other challenges or issues that you might have faced? Can you provide any suggestions to address those.

7. In your opinion, what are the challenges in improving community practices and behaviors around maternal and child nutrition to reduce maternal & infant mortality?

   Probe: Identification of malnourished children, provision of services at NRC (Nutrition rehabilitation centers), attitude & perception of beneficiaries towards schemes & WCD schemes, social stigma & superstitious belief if restricting access to attaining scheme benefits

8. Whether anganwadi services able to deliver the intended services
   a. Mother development – ANC/PNC checkups, Anemia reduction among mothers, institutional delivery, referral services
   b. Child development – in terms of early breastfeeding (optimal breastfeeding), PNC care, HBNC care, decrease in underweight children, holistic development - creche & pre-school activities
   c. Adolescent girls – counselling, awareness on health and access of public services, skill development, nutrition tablets, referral services, other trainings, post training evaluations
9. Do you think that women and child ministry is covering all aspects of women and child development? If not, then what aspects are left out and what can be done to ensure better development?
10. Do you see absenteeism of AWW and helper in your blocks? Why so? How can they be bettered? What are the motivation measures taken to ensure that the services are delivered?
11. According to you, are the anganwadi services providing benefits to all sections of people (SC/ST/OBC), castes, religion equally? What has been the challenges in ensuring that? Whether any measures taken?
12. Do you think any target group that could potentially benefit from ICDS has been left out?
13. Briefly tell us about the use of IT in delivering services? Kindly share about your observation of use of IT in monitoring services? (**Probe about**: *ICDS – CAS; updating data through RRS; PMMVY-DBT/ if IT has led to increased transparency & accountability)*
14. Do you feel you have enough data to monitor the implementation process of the scheme? Where are the gaps according to you?
15. Has the creche services provided through Anganwadi helped in improving the female labour force participation? Briefly tell based on your observations.
16. Did you receive any training in a group along with other Block officials under Poshan Abhiyan? If yes, do you think the training helped you increase your Knowledge & skills? (**Probe:** *usefulness of training)*
17. Please explain about your participation in Jan Andolan campaign. Briefly tell about the changes you have observed after introduction/implementation of Poshan Abhiyan? ***Probe****: increased health awareness (media & outreach activities), usefulness of ILA approach, focus on nutrition post Poshan Abhiyan, elimination of registers due to introduction of Technology,*

use of ICT- real based monitoring system, Jan andolan campaign, awareness on "first 1000 days)

18. Suggest measures on improving anganwadi services and deliver better services to target beneficiaries;
    a. PW&LW
    b. Adolescent girls
    c. Mother of 0-6 yr children

IN-DEPTH DISCUSSION GUIDE WITH CDPO(BLOCK)/concerned officials, WOMEN AND CHILD DEVELOPMENT (WCD)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name of District	
4.	Name of Block	
5.	Name of the Respondent (optional)	
6.	Designation of Respondent (Block level official)	
7.	Number of months/years working for this scheme	
8.	Name of Investigator	
9.	Code of Investigator	

Interviewer Signature: _____ Date: Place:

Page Break

Section A:

Generic questions

1. Do you think schemes of WCD cover all women and children for development? What are the areas you think are missed out? {***Probe:*** *if any sections of communities, groups, categories of women/children (destitute women, widowed women, differently abled, of any age group etc.,) left in the process}*

2. According to you, how effective are the WCD initiatives in reaching the intended benefits? Kindly mention reasons for not effectiveness (if any)? (***Probe:*** *budgetary allocations/utilization, supply gaps, implementation gaps, policy design, gaps on demand of the beneficiary's vs services provided, positive changes/ negative changes etc)*

3. According to you, do end beneficiaries know about all schemes of WCD? Which are the schemes well known and reasons for the same? Which are the schemes unknown and reasons for same?

4. According to you, how are the contributions of NGOs/CBOs in the system?

5. Can you briefly tell us about the trainings you have received as part of your job? Do you feel that these trainings were enough to carry out your roles and responsibilities effectively? (Probe: perceived usefulness of the training, improvement in K&S, if there is any areas that needs improvement in training delivery/components of training)

6. Do you receive enough HR support to execute your activities? What are the coordination issues you face working with different WCD officials? (Probe: support received from DPOs/LS/AWW/State officials)

7. What are the schemes that provide you enough data to monitor? What are the schemes that do not provide enough data for monitoring? Why so? What are the challenges in maintaining the different dashboards?

8. Describe about the fund flow to your blocks and detail about the advantages and disadvantages on present structure. Are there any suggestions for improvement?

9. Do you see absenteeism of LS in your blocks? Why so? How can they be bettered? What are the measures taken to ensure the services are continued to be delivered? Performance of LS in Anganwadi visits

10. As part of the scheme design and implementation mechanism, are there any targeted actions mandated in order to reach out/address the barriers faced by the most vulnerable groups in accessing the scheme? (***Probe:*** *inclusion as per TSP and SCSP; vulnerable groups: ST/SC/OBC/Transgender*

11. Given an issue, is there any standard operating procedures (SOP) to escalate to resolve? (IT, Infrastructure, supplies, program related, HR concerns etc) Is the escalation matrix clearly demarcated? And effective in resolving issues? Were there any issues/cases you escalated to the District Authority in the past? were your concerns addressed? According to you what measures need to be taken to better the issue resolution and make it more effective.

Section- B

i. **National Creche Scheme for Working Women (NCS)**

1. Do you think that these schemes are improving the employment opportunities for women? Please elaborate based on your observations. *(**Probe:** Direct/Indirect Employment opportunities)*

2. Can you tell us about some of the services provided under the National Creche Scheme for Working Women? Do you think these schemes are improving the growth and development of both child and mother? Please briefly describe your observations.

ii. **Scheme for Adolescent Girls (AGs)**

1. Do you observe any changes as a result of implementation of the scheme? (***Probe:*** *level of women empowerment/ awareness of schemes/ Positive & negative results)*

2. What are the challenges (if any) as a result for which the scheme (AG) is not able to have more impact in the field as intended? If there, have you taken any initiatives to curb those challenges?

iii. **POSHAN Abhiyan:**

1. Can you tell about the outreach and awareness activities of scheme for POSHAN Abhiyan (PA)? Can you briefly tell about the changes that the scheme has brought about? (***Probe****: awareness and outreach activities as a result of convergence- Jan andolan, awareness level, improvement in focus on nutrition, any positive/ negative changes)*

2. The schemes objective is to have a robust mechanism of convergence to achieve intended goals. Have you been able to observe increase in convergence that is happening to address malnutrition? What according to you is the significance of convergence taking place? Do you prepare convergence plans? How are the plans developed? What are the challenges in preparing said plans? What are the stages of implementation of these plans? Mention the challenges faced during implementation

3. Can you tell about ICT based real monitoring system introduced under POSHAN Abhiyan initiative? (***Probe:*** *level of implementation, Usage of ICT based real monitoring system, improvement in monitoring)*

4. Are AWWs receiving incentives for using IT based tools? (***Probe*****:** *extent of utilization of IT based tools, motivation due to incentives, extent of elimination of registers, observations)*

iv. **Beti Bachao Beti Padhao (BBBP):**

1. Do you observe any changes as a result of implementation of the scheme? (***Probe:*** *level of women empowerment/improvement in girl child education, attitude towards birth of girl*

child, education, survival and protection of girl child awareness of schemes, Positive & negative results)

2. Are there any innovative measures taken resulting in improved awareness/performance of BBBP? Briefly tell if there are any areas where there have been improved practices/improvements?

v. PMMVY:

1. Can you tell based on your observation how has the implementation of the scheme (PMMVY) been in the field? (***Probe*****:** *disbursal of incentives, Utilization of benefits, level of women empowerment, improvement in mother and child health, improved health seeking behavior)*

2. Has usage of Technology *(DBT transfer, dashboard*) helping in increasing the transparency and accountability of the scheme? Briefly share your thoughts about it.

3. What are the reasons for delays in women receiving benefits? What are the grievance redressal mechanisms available to beneficiaries in case of delayed payments or delayed registration?

4. What are the platforms for FLWs to inform pregnant women about the scheme?

5. What are the main reasons for delayed or denied registration to PLWs?

6. Is it possible for the beneficiaries to be automatically registered for the scheme at the first ANC? Together with the MCP card details?

7. What are the key challenges being faced in making aadhar-based payments? What are the mechanisms available to remedy these challenges?

8. Are the state and national nodal officers responsive to the challenges being faced in the field? Can you give examples?

9. What steps has government taken to improve the awareness of the scheme among rural and urban population.

10. Is there data available on the number of beneficiaries bifurcated across the urban and rural areas?

11. Are the registration requirements appropriate and do young mothers have the required documents readily available?

vi. **Anganwadi services:**

1. Did you observe any challenges in delivery of services under various schemes? If Yes, what are the challenges you think are affecting in efficient delivery of services *(**Probe:** supply issues, infrastructure related issues, supplementary food, drugs for various categories of beneficiaries, infrastructure, other issues)*

2. Are adolescent girls (drop-outs AG & AGs) benefitting out of any government schemes? Briefly tell about your observations.

3. Do you think providing day-care facilities to children (6mos-6years) at AWCs is helping working mothers in the community by not affecting their economic flow? Briefly tell about your observations.

4. Do you think children (6 months-6years) who get enrolled in AWCs are able to have better cognitive, social, emotional and physical development? Can you tell briefly about your observations in course of time?

5. Do you think that various government initiatives (use of IT and various monitoring mechanisms created) has been able to improve scheme efficiency, accountability and transparency? – specifically ask about PMMVY-CAS

6. Do you have any programs on building awareness of mothers on better childcare? If Yes, how is it helping the development of the child? Please tell about your observations.

7. What are the challenges faced by both beneficiaries as well as AWW under the health referral component of Anganwadi services.

E. IN-DEPTH DISCUSSION GUIDE WITH ANGANWADI WORKER (VILLAGE/COMMUNITY), WOMEN AND CHILD DEVELOPMENT (WCD)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name of District	
4.	Name of Block	
5.	Name of Village	
6.	Name of the Respondent	
7.	Designation of Respondent (FLW- Health Official)	
8.	Number of months/years working for this scheme	
9.	Name of Investigator	
10.	Code of Investigator	

Interviewer Signature: _____ Date: Place:

Key Questions – AWW

1. How long have you been working as an Anganwadi worker? (__years, __months)

   In last three years was there the Anganwadi Helper (AH) position vacant? (__months)

   In AH absence, did you face any challenges in delivering services? (Yes/No)

2. From your experience do you think beneficiaries of various schemes are able to avail the benefits to the full extent.

   Yes/No – If yes, To what % of beneficiaries ()

   Reasons for not availing (Please tick as appropriate)

Reasons	**Adolescent Girls**	**Mothers with 0-6 years children**	**PW&LW**
Incomplete documentation			
Irregular fund release			
Sufficient time not available to deliver services			
Organizing & managing Community based events			
Low awareness			
Others, please specify……			

3.
   a. Do you face coordination challenges while working with ANM, AWW, ASHA/USHA? Yes/No.
   b. How frequent do you meet with ANM & AWW? (weekly/fortnighly/monthly/quarterly/None)
   c. Do you get enough support from CDPO/POSHAN Sakhi /Lady Supervisor? (Yes/No)
   d. Do you get enough support from MOIC/other government officials? (Yes/No).
   e. **Instruction:** Get a quote on kind of coordination & interaction, AWW has with ANM , ASHA/USHA, POSHAN Sakhi (PS) & Lady Supervisor

4. *Does* family pressure or social stigma prevent the eligible beneficiaries from availing the benefits provided under various schemes like PMMVY, Scheme for Adolescent Girls (SAG) etc.?

5. Have you ever faced any challenges in delivery of services to the target groups? If Yes, what are the challenges you think are affecting in efficient delivery of services?

ICDS

A	*Supply issues – supplementary food*
B	*Supply issues- drugs for various categories, availability and functional equipment (like growth monitoring instruments, IEC materials etc)*
C	*Infrastructure issues- sanitary facilities/ adequate spaces/ fans & lights/electricity supply, water supply*
D	*Fund issues (salary & for delivery of Anganwadi services) – not received on time/delayed payments*
E	*Other issues- hr and training*

AGs

A	*Supply issues – supplementary food*
B	*Supply issues- drugs for various categories, availability and functional equipment*
C	*HR Issues,*
D	*Training issues*
E	*Capacity issues (Competencies)*

NCS

A	*Supply issues – supplementary food*
B	*Supply issues- drugs for various categories, play & learning materials*
C	*Fund issues (salary & for delivery of Anganwadi services) – not received on time/delayed payments*
D	*Other issues- hr, training*

POSHAN Abhiyan

A	*Supply issues – supplementary food & availability of functional equipment (like growth monitoring instruments, IEC materials etc)*
B	*Supply issues- drugs for various categories*
C	*Fund issues (salary & for delivery of Anganwadi services) – not received on time/delayed payments*
D	*Other issues- hr, training*

6. What are your views on resolving infrastructural related issues for efficient delivery of Anganwadi services? (Note: Get a quote)

   Were you successfully being able to take above mentioned steps to better service delivery at your AWC? (Yes/No)

   What are the top three challenges? (eg: coordination/fund/hr support etc) Instruction: List them 1..... 2..... 3.....

7. Do you think there is enough time to manage all your activities? Yes/No.

   Please tell us the time spent in undertaking various activities/services

S.No	Activities	Days spent in the last 3 months
1	Home Visits (HBNC)	
2	Home Visits (ANC/PNC)	
3	Administration (procurement of resources)	
4	IT (ICDS-CAS/PMMVY-CAS)	
5	Register maintenance	
6	Meetings/Training	
7	Awareness activities	
8	Mobilization for VHSND	
9	In VHSND (Helping ASHA/ANM)	
10	PW Mobilization	
11	Pre-school activities	
12	Creche service (0-3 years child)	
13	Attending to Adolescent Girls – ARSH, Kishori Diwas	
14	Mamta Diwas/other programs/events related to child and mother held at community	
15	Conduct surveys	
16	Growth monitoring and promotion/NHE	
17	THR	
18	Other activities (_____)	

8. Over the years, have the number of Supplementary Nutrition Program (SNP) beneficiaries have declined/stayed constant/increased in your locality? Yes/No

   In the recent years, has there been a negative/positive change in perception of the beneficiaries regarding SNP? Increase/Decrease?

9. How is Anganwadi services helping on child growth & development? (one on reducing children underweight and another on exclusive breastfeeding) Instruction: Get quotes

   Eg. “kids who are underweight their parents are given counselling on how to improve the kid’s situation”

10. What according to you is the perception of beneficiaries on various services received out of government schemes? Do you think they feel satisfied with the services that are being provided to them?

AGs	Very unsatisfied/unsatisfied/Neutral/ satisfied/very satisfied
Mothers with 0-6-year children	Very unsatisfied/unsatisfied/Neutral/ satisfied/very satisfied
PW	Very unsatisfied/unsatisfied/Neutral/ satisfied/very satisfied
LW	Very unsatisfied/unsatisfied/Neutral/ satisfied/very satisfied

11.
   a. *Are you aware about ICDS-CAS? Yes/No;* ***if No.. Skip following questions***
   b. *Are you provided with a mobile or tablet? Mobile/Tablet/None?*
   c. *Have you completed training to work on ICDS- CAS? Yes/No;* ***if No.. Skip following questions***
   d. *Do you use it frequently? Yes/No;*
   e. *Is it user-friendly? Yes/No;*
   f. *Do you need to fill register manually also? Yes/No?;*
   g. *Do you consider that ICDS-CAS has lessened work/added work? Lessened/Added?;*
   h. *How quickly the software IT issues are dealt with if you have any? Within 3 days, within 7 days, 15 days, one month, Never, don't get issues?*

12.
   a. *Are you aware about PMMVY-CAS? Yes/No;* ***if No.. Skip following questions***
   b. *Are you provided with a mobile or tablet? Mobile/Tablet/None?*
   c. *Have you completed training to work on PMMVY- CAS? Yes/No;* ***if No.. Skip following questions***
   d. *Do you use it frequently? Yes/No;*
   e. *Is it user-friendly? Yes/No;*
   f. *Do you need to fill register manually also? Yes/No?;*
   g. *Do you consider that PMMVY-CAS has lessened work/added work? Lessened/Added?;*
   h. *How quickly the software IT issues are dealt with if you have any? Within 3 days, within 7 days, 15 days, one month, Never, don't get issues?*

13. *According to you, is DBT (Direct benefit transfer) useful on transferring PMMVY benefits? Yes/No/Don't know;*

Do you think there are challenges for beneficiaries for availing PMMVY benefits?

Issues	***Tick (whichever applicable)***
Documentation problem	
Aadhar card not updated	
Bank account opening issue	
Other issues(specify_____)	

14. Do you think government services provided under various schemes are availed by all sections/ categories of population? On a scale of 1-5, 1 being not inclusive and 5 being very inclusive for **a.** ST/SC **b.** OBC **c.** religion **d.** Minority groups

Category	***On a scale (1-5)***
ST/SC	
OBC	
Religion (Minorities)	

15. Do you think that there are areas that need improvement for efficient delivery of Anganwadi services? Yes/No/Don't know,

    Get a quote (**Probe** : More funding, sometimes funds are discontinued, salaries on time).

16. Is child growth monitoring done at the Anganwadi center? Yes/No? If No. skip

    If yes, who fills the data?

Stakeholder	***Tick (whichever applicable)***
AWW	
ASHA	
LS	
Others (Please specify_____	

17. Do you conduct an annual survey of all households in the village? Yes/No; **If no. skip**

    If yes, what major areas does the survey cover? Give options

Indicators	***Yes/No***
New-born	
Newly married	
Survey 1(specify)_____	
Survey 2(specify)_____	
Survey 3(specify)_____	

18. Do you delete names who have left the village? Yes/No. If No, skip

    How frequently do you delete? (Daily/Fortnightly/Monthly/Quarterly/Half yearly/Yearly)

19. Did you receive any ILA (Incremental Learning Approach) training in a group along with other Block officials under POSHAN Abhiyan? Yes/No. **If No, skip**

    How many trainings so far? ___

    How many trainings in the last quarter? __

What components of the scheme are given more impetus during these trainings? List them.

1..... 2..... 3.....

20. What all are the meetings & training you have been participating in the past 1 year apart from ILA? (Get a quote)

(**Probe:** *sector meetings/block level meetings/ other trainings/ who conducted the meeting/ stakeholder's participation/usefulness (increase in K&S) of the training & meetings where participated)*

21. Is there a women's committee present in this village to coordinate the working of creche and Anganwadi center? Yes/ No? **If No, skip**

If yes, how useful do you think is the presence of such a committee? (***Scale of 1-5***)

Category	***On a scale (1-5)***
Usefulness of presence of committee	

22. How do you spread awareness about ICDS services ensuring maximum participation

Activity	**Tick if applicable**
Meetings	
Home visits	
VHSND	
Community events	
Others (please specify)	

23. How do you spread awareness about PMMVY services

Activity	**Tick if applicable**
Meetings	
Home visits	
VHSND	
Community events	
Others (please specify)	

24. How do you spread awareness about SAG services

Activity	**Tick if applicable**
Meetings	
Home visits	
VHSND	
Community events	

Others (please specify)	

25. a.Have you initiated the process of peer educators (Sakhi/Saheli) Yes/No.

b. What are the Trainings that adolescent girls have received? Select all apply

Trainings	**Tick if applicable**
Vocational	
Nutrition and Health management	
Life skills education & Accessing Public services	
Family welfare & child care practices	
Home management	
None	

c. How often do you have meetings with them? (Weekly / Monthly /Once in 3 months/None)

d. How often do you plan Kishori Diwas? (Monthly/ Once in 3 months/ Once in 6 months / Once in more than 6 months/ Never)

e. What all activities are undertaken on Kishori Diwas? Select all apply

Activities	**Tick if applicable**
Health checkup	
Supply of tablets	
Entries in health cards	
Referrals related activities	
Height & Weight Measurement	
Imparting Information Education and Communication (IEC) to community/parents/siblings	
None	

26. How do you spread awareness about POSHAN Abhiyaan services

Activity	**Tick if applicable**
Meetings	
Home visits	
VHSND	
Community events	
Others (please specify)	

27. How do you spread awareness about Creche services

Activity	**Tick if applicable**
Meetings	
Home visits	
VHSND	
Community events	
Others (please specify)	

28. Do you get any performance incentive? (Yes/No) **If No, skip**

    If yes, then what kind of incentives did you get? (probe: how much cash. In your opinion, how do incentives help in AWW's performance? (Get a quote)

29. How much does the community especially parents involve themselves in the activities of the centre? (Highly involved / moderately involved / not involved at all)

30. Is there a visible change in the community behaviour towards the health of women and children? No affect (1), Minor affect (2), Neutral affect (3), Moderate affect (4), Major affect (5)

31. How has it changed over the years?

Impact	Scale (1-5) No affect (1) , Minor affect (2) , Neutral affect (3), Moderate affect (4) , Major affect (5)
Less drop out from school	
Better health	
Less child Marriage	
Better safety	
Others (please specify_____)	

IN-DEPTH INTERVIEW GUIDE WITH PANCHAYATI RAJ INSTITUTIONS/COMMUNITY LEADERS, WOMEN AND CHILD DEVELOPMENT (WCD)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name of the District	
4.	Name of the Village	
5.	Name of the Respondent	
6.	Gender of the respondent	
7.	Designation of Respondent (Panchayati Raj Institutions)	
8.	Number of months/years serving in this designation	
9.	Name of Investigator	
10.	Code of Investigator	

Interviewer Signature: _____ Date: Place:

Sl No.	Q. No.	प्रतिक्रिया
1.	मूल्यांकन की तिथि	DD/MM/YY
2.	राज्य का नाम	
3.	जिले का नाम	
4.	गाँव का नाम	
5.	प्रतिवादी का नाम	
6.	प्रतिवादी का लिंग	
7.	उत्तरदाता (पंचायती राज संस्थाओं) का पदनाम	
8.	इस पदनाम में सेवारत महीनों / वर्षों की संख्या	
9.	अन्वेषक का नाम	

10.	जांचकर्ता का कोड	

साक्षात्कारकर्ता का हस्ताक्षरः _____ दिनांकः स्थानः

Key Questions:

मुख्य सवाल:

1. What according to you are the top three major problems in the women and child development sector as a whole? (Tick from the following options listed below)

Sl no.	Issues/Problems	Tick 3 of the following options
1	coverage of all eligible beneficiaries	
2	system inefficiencies	
3	coordination challenges with other department	
4	lack of NGO support	
5	local social issues	
6	lack of political will	
7	insufficient fund allocation	
8	some sector areas left out	
9	Other issues (Mention _____)	

आपके अनुसार महिला और बाल विकास क्षेत्र में शीर्ष तीन प्रमुख समस्याएँ क्या हैं? (नीचे सूचीबद्ध निम्न विकल्पों में से टिक करें)

Sl no	मुद्दों / समस्याओं	निम्न विकल्पों में से 3 पर टिक करें
1	सभी पात्र लाभार्थियों का कवरेज	
2	सिस्टम की अक्षमता	
3	अन्य विभाग के साथ समन्वय चुनौतियां	
4	एनजीओ के समर्थन की कमी	
5	स्थानीय सामाजिक मुद्दे	
6	राजनीतिक इच्छाशक्ति की कमी	
7	अपर्याप्त निधि आवंटन	
8	कुछ क्षेत्र क्षेत्रों को छोड़ दिया	
9	अन्य मुद्दे (उल्लेख _____)	

2. What are the top five areas do you think require more attention for both women and child respectively? Tick from the following options mentioned below.

Sl no	Areas needed more attention	Tick 5 of the options
1	sex selection at birth	
2	physical and mental development of child	
3	pre-school education	
4	disparity in education of girl child	
5	physical and mental development of school dropouts	
6	Physical and mental harassment at work place	
7	physical and mental harassment at home	
8	physical and mental harassment at public place	
9	child marriage	
10	Property rights	
11	Creche facilities	
12	Sanitation	
13	Adolescent health	
14	women safety	
15	Nutrition and health (PW	
16	Nutrition and health(LM),	
17	livelihood and job opportunities (including MGNREGA)	
18	SHGs	
19	skill building training/programs	
20	Other issues (Mention _____)	

क्या आपको लगता है कि शीर्ष पांच क्षेत्र क्रमशः महिलाओं और बच्चों दोनों के लिए अधिक ध्यान देने की आवश्यकता है? नीचे दिए गए निम्न विकल्पों में से टिक करें।

Sl no	क्षेत्रों को अधिक ध्यान देने की आवश्यकता थी	विकल्प के टिक 5
1	जन्म के समय सेक्स का चयन	
2	बच्चे का शारीरिक और मानसिक विकास	
3	पूर्व विद्यालयी शिक्षा	
4	बालिका शिक्षा में असमानता	
5	स्कूल छोड़ने वालों का शारीरिक और मानसिक विकास	
6	कार्य स्थल पर शारीरिक और मानसिक उत्पीड़न	

7	घर पर शारीरिक और मानसिक उत्पीड़न	
8	सार्वजनिक स्थान पर शारीरिक और मानसिक उत्पीड़न	
9	बाल विवाह	
10	संपत्ति के अधिकारी	
11	क्रेच की सुविधा	
12	स्वच्छता	
13	किशोर स्वास्थ्य	
14	महिला सुरक्षा	
15	पोषण और स्वास्थ्य (पीडब्लू)	
16	पोषण और स्वास्थ्य (एलएम),	
17	आजीविका और नौकरी के अवसर (मनरेगा सहित)	
18	स्वयं सहायता समूहों	
19	कौशल निर्माण प्रशिक्षण / कार्यक्रम	
20	अन्य मुद्दे (उल्लेख _____)	

3. Do you discuss about various WCD related issues in Gram Sabha/village level meetings? (Yes/No)

   Tell us about various WCD issues discussed in those meetings? (get a quote)

   क्या आप ग्राम सभा / ग्राम स्तरीय बैठकों में डब्ल्यूसीडी से संबंधित विभिन्न मुद्दों पर चर्चा करते हैं? (हां / नहीं) उन बैठकों में चर्चा किए गए विभिन्न डब्ल्यूसीडी मुद्दों के बारे में बताएं? (एक कहावत कहना)

4. Do you see more women participating and raising their voice in Gram Sabha/SHG/other village level meetings? (Yes/No).

   Can you suggest measures to be taken to motivate them for larger participation?

   (Get a quote)

   सभा / एसएचजी / अन्य ग्राम स्तरीय बैठकें? (हा/नही)। क्या आप उन्हें बड़ी भागीदारी के लिए प्रेरित करने के लिए किए जाने वाले उपायों का सुझाव दे सकते हैं?

   (एक कहावत कहना)

5. Among the following medium what do you find most effective in spreading awareness, and increase motivation of women (1 being least effective and 10 being most effective)

Sl no	Mediums	Rank (1 being least effective and 10 being most effective)
1	TV	
2	Radio	

3	Newspaper	
4	Textbook	
5	ICE materials/pamphlets	
6	Street Play	
7	Rallies	
8	Awareness programs/events (NGOs/Govt officials)	
9	Anganwadi Visits (Messaging/awareness activities)	
10	Exposure visits	
11	Internet/messages	
12	Local influencers communication	

निम्नलिखित माध्यमों में आपको जागरूकता फैलाने में सबसे प्रभावी क्या लगता है, और महिलाओं की प्रेरणा में वृद्धि करना ((1 कम से कम प्रभावी और 10 सबसे प्रभावी रहा)

Sl no	माध्यमों	रैंक (1 कम से कम प्रभावी और 10 सबसे प्रभावी रही)
1	टीवी	
2	रेडियो	
3	समाचार पत्र	
4	पाठयपुस्तक	
5	बर्फ सामग्री / पैम्फलेट	
6	स्ट्रीट प्ले	
7	रैलियों	
8	जागरूकता कार्यक्रम / कार्यक्रम (एनजीओ / सरकारी अधिकारी)	
9	आंगनवाड़ी का दौरा (संदेश / जागरूकता गतिविधियाँ)	
10	एक्सपोजर का दौरा	
11	इंटरनेट / संदेशों	
12	स्थानीय प्रभावित करने वाले संचार	

6. Do you think there is a need for continuation of Anganwadi services? (Yes/No)

Kindly rank the extent of demand of the services offered in the long run. (5: very high, 4: high, 3: Neither high nor low, 2: low, 1: very low)

क्या आपको लगता है कि आंगनवाड़ी सेवाओं को जारी रखने की आवश्यकता है? लंबे समय में दी जाने वाली सेवाओं की मांग की हद तक रैंक करें। (5: बहुत ऊँचा, 4: ऊँचा, 3: न ऊँचा और न ही नीचा, 2: निम्न, 1: बहुत कम)

7. How do you rate the contribution of Anganwadi services on woman and child development in your village. Rate each of the following contributions on a scale of 1 to 5 (5: very high, 4: high, 3: Neither high nor low, 2: low, 1: very low)?

Contributions	***To what extent (on a scale of 1-5)***
Improvement in maternal health	
Improvement in child health	
Development of child through pre-school activities	
Mainstreaming drop-out Adolescent girls	
Improvement in overall awareness of Adolescent health	

आप अपने गांव में महिला और बच्चे पर आंगनवाड़ी सेवाओं के योगदान को कैसे विकसित करते हैं । 1 से 5 के पैमाने पर निम्नलिखित योगदानों में से प्रत्येक को दर दें (5: बहुत उच्च, 4: उच्च, 3: न तो उच्च और न ही कम, 2: कम, 1: बहुत कम)?

योगदान	***1-5 के पैमाने पर***
मातृ स्वास्थ्य में सुधार	
बाल स्वास्थ्य में सुधार	
प्री-स्कूल गतिविधियों के माध्यम से बच्चे का विकास	
मेनस्ट्रीमिंग ड्रॉप-आउट किशोरियाँ	
किशोर स्वास्थ्य की समग्र जागरूकता में सुधार	

8. In the last 3 months how many days did you involve yourself in AWS? ____days.

From the following in which activities did you participate

Activities	Tick if applicable
Ensuring availability of AWW& AWH at AWC	
Ensuring participation of the target group in ICDS activities	
Monitoring of AWC by visiting the centre once a month	
Involvement in decision making in the running of AWC	
Help in organizing VHSND's	
Others (please specify_____)	

पिछले 3 महीनों में आपने खुद को आंगनवाड़ी सेवाओं में कितने दिनों के लिए शामिल किया? _____दिन

निम्नलिखित में से आपने किन गतिविधियों में भाग लिया

क्रियाएँ	यदि लागू हो तो टिक करें
AWC पर AWW और AWH की उपलब्धता सुनिश्चित करना	
ICDS गतिविधियों में लक्ष्य समूह की भागीदारी सुनिश्चित करना	
महीने में एक बार केंद्र पर जाकर AWC की निगरानी	
AWC चलाने में निर्णय लेने में भागीदारी	
VHSND के आयोजन में मदद करें	
अन्य, (कृपया निर्दिष्ट करें)	

9. Can you tell us about the major challenges in effective delivery services and implementation of the following schemes:

Scheme	**2 Major *challenges for each scheme***
Anganwadi Services	
National Creche Scheme	
Scheme for Adolescent girls	
POSHAN Abhiyan	
Pradhan Mantri Matru Vandana Yojana (PMMVY)	

	Supply issues- Supplementary food
	Supply issues- drugs for various categories, availability and functional equipment (like growth monitoring instruments, IEC materials etc)
	Infrastructure issues- sanitary facilities/ adequate spaces/ fans & lights/electricity supply, water supply
	Fund issues (salary & for delivery of Anganwadi services) – not received on time/delayed payments
	HR issues
	Coordination issues
	Capacity and training issues

क्या आप हमें प्रभावी डिलीवरी सेवाओं और निम्नलिखित योजनाओं के कार्यान्वयन में प्रमुख चुनौतियों के बारे में बता सकते हैं:

योजना	**चुनौतियां (2 *प्रमुख चुनौतियां*)**
आंगनवाड़ी सेवाएं	
राष्ट्रीय क्रेच योजना	
किशोरियों के लिए योजना	
पोशन अभियान	

प्रधानमंत्री मातृ वंदना योजना (PMMVY)	

	आपूर्ति के मुद्दे- पूरक भोजन
	आपूर्ति के मुद्दे- विभिन्न श्रेणियों, उपलब्धता और कार्यात्मक उपकरणों (जैसे विकास निगरानी उपकरण, आईईसी सामग्री आदि) के लिए दवाएं
	इन्फ्रास्ट्रक्चर मुद्दे- सैनिटरी सुविधाएं / पर्याप्त स्थान / पंखे और रोशनी / बिजली की आपूर्ति, पानी की आपूर्ति
	फंड इश्यू (वेतन और आंगनवाड़ी सेवाओं की डिलीवरी के लिए) - समय पर नहीं मिला / देरी से भुगतान
	HR जारी करता है
	समन्वय के मुद्दे
	क्षमता और प्रशिक्षण के मुद्दे

Q8a) Do you think all the above the schemes are able to cover all the sections SC/ST/OBC/Transgender/all Religions? Yes/No.
Have you taken any initiatives from your side to ensure the equitable coverage of the schemes? Yes/No
If Yes, tell your initiatives taken for each scheme. (**Instruction:** Get a quote)

Scheme	**Equity Status (Yes/No)**	**Initiatives taken (Yes/No)**
Anganwadi Services		
National Creche Scheme		
Scheme for Adolescent girls		
POSHAN Abhiyan		
Pradhan Mantri Matru Vandana Yojana (PMMVY)		

Q8a) क्या आपको लगता है कि उपरोक्त योजनाएं सभी वर्गों SC / ST / OBC / ट्रांसजेंडर / सभी धर्मों को कवर करने में सक्षम हैं? हा/ नही।
क्या आपने योजनाओं के न्यायसंगत कवरेज को सुनिश्चित करने के लिए अपनी तरफ से कोई पहल की है? हां / नहीं
यदि हां, तो प्रत्येक योजना के लिए अपनी पहल बताएं। (निर्देश: एक उद्धरण प्राप्त करें)

योजना	न्यायसम्य की **स्थिति (हाँ / नहीं)**	**पहल की गई (हाँ/ नही)**
आंगनवाड़ी सेवाएं		
राष्ट्रीय क्रेच योजना		
किशोरियों के लिए योजना		
पोशन अभियान		
प्रधानमंत्री मातृ वंदना योजना (PMMVY)		

10. How do you rate the contribution of NGO's/CBO's on the following: on a scale of 1 to 5 (5: very high, 4: high, 3: Neither high nor low, 2: low, 1: very low)

Scheme	***Scale (1-5)***

Improving awareness on Health	
Accessing Public services	
Improving gender equality in access to services	
Inclusion of all social groups (SC/ST/OBC/Transgender/all Religions)	

आप निम्नलिखित पर NGO / CBO के योगदान का मूल्यांकन कैसे करते हैं : 1 से 5 के पैमाने पर (5: बहुत उच्च, 4: उच्च, 3: न तो उच्च और न ही निम्न, 2: निम्न, 1: बहुत कम) रेटिंग के पीछे के कारणों पर ध्यान दें।

योजना	***वैतनमान (1-5)***
स्वास्थ्य पर जागरूकता में सुधार	
सार्वजनिक सेवाओं की पहुंच	
सेवाओं के पहुंच में लैंगिक समानता में सुधार	
सभी सामाजिक समूहों (SC / ST / OBC / ट्रांसजेंडर / सभी धर्मों) का समावेश	

11. According to you, what is the awareness level of village on the following schemes:
(Rate each of the following contributions on a scale of 1 to 5 (5: very high 4: high, 3: Neither high nor low, 2: low, 1: very low/Nil)

Scheme	***To what extent (on a scale of 1-5)***
ICDS	
Poshan Abhiyaan	
PMMVY	
SAG	
NCS	
ICPS	
Working Women hostel	
Women helpline	
Ujjawala	
Swadar Greh	
BBBP	
MPV	
OSC	
MSK	

आपके अनुसार, निम्न योजनाओं पर गांव का जागरूकता स्तर कैसा है : 1 से 5 के पैमाने पर निम्नलिखित योगदानों में से प्रत्येक की दर (5: बहुत उच्च, 4: उच्च, 3: न तो उच्च और न ही कम, 2: कम , 1: बहुत कम/शून्य)

योजना	***किस सीमा तक (1-5 के पैमाने पर)***
आईसीडीएस	
पोषण अभियान	
PMMVY	
एसएजी	
एनसीएस	
आईसीपीएस	
कामकाजी महिला छात्रावास	
महिला हेल्पलाइन	
उज्जवला	
स्वाधार ग्रेह	
BBBP	
एमपीवी	
ओएससी	
एमएसके	

12. Are you aware of any training/other programs that are being conducted for AG's in your AWC? Yes/No.
If yes, how do you think such training programs helps the out of school AG's who may have been streamlined? (Get a quote)
(Focus: improvement of Home and Life Skills, employment, accessing public services)

क्या आप किसी भी प्रशिक्षण / अन्य कार्यक्रमों के बारे में जानते हैं जो आपके AWC में AG के लिए आयोजित किए जा रहे हैं? हाँ /नही

यदि हाँ, तो आपको कैसे लगता है कि इस तरह के प्रशिक्षण कार्यक्रम स्कूल एजी से बाहर निकलने में मदद करते हैं, जिन्हें सुव्यवस्थित किया जा सकता है? (एक कहावत कहना)

(फोकस: गृह और जीवन कौशल में सुधार, रोजगार, सार्वजनिक सेवाओं तक पहुंच)

13. According to you how has the schemes introduced by the government contributed in a positive way on improving gender roles. *Ask separately on scheme:* {***PMMVY***, ***Scheme for Adolescent girls (AGs)***, ***Anganwadi Services***, ***National creche services (NCS)*** *and fill the following:*

Indicator	***Improved gender role (yes/No)***	***If yes, Scheme Name – select multiple options (PMMVY, SAG, AWS, NCS)***
Decision making at HH level		
Health		
Education of children		

Decision making at village/community level/Gram Sabha		

आपके अनुसार सरकार द्वारा शुरू की गई योजनाओं ने लैंगिक भूमिकाओं को बेहतर बनाने में कैसे सकारात्मक तरीके से योगदान दिया है। योजना पर अलग से पूछें: {PMMVY, किशोरियों के लिए योजना (AGs), आंगनवाड़ी सेवाएँ, राष्ट्रीय क्रेच सेवाएँ (NCS) और निम्नलिखित भरें:

जांच	***बेहतर लिंग भूमिका (हाँ/ नहीं)***	यदि हाँ, स्कीम का नाम- कई विकल्पों का चयन करें (PMMVY, SAG,NCS, AWS)
घर के स्तर पर निर्णय लेना		
स्वास्थ्य		
बच्चों की शिक्षा पर निर्णय लेना		
गाँव / सामुदायिक स्तर / ग्राम सभा में निर्णय लेना		

14. How are you engaged/involved in the implementation of POSHAN Abhiyan activities?

Activities	Tick all if applicable (if engaged)
Awareness generation in Gram Sabha/ Special Gram Sabha	
Organizing Mahila Sabha, Children's Gram Sabha	
Meetings with functionaries of AWC, health, sanitation etc	
Discussions & implementation plans at Gram Panchayat meetings	
Others (Please specify_____)	
None	

आप पोषन अभियान गतिविधियों के कार्यान्वयन में कैसे शामिल हैं?

क्रियाएँ	यदि लागू हो तो टिक करें
ग्राम सभा / विशेष ग्राम सभा में जागरूकता पैदा करना	
महिला सभा, बच्चों की ग्राम सभा का आयोजन	
AWC, स्वास्थ्य, स्वच्छता आदि के कार्यकताओं के साथ बैठकें	
ग्राम पंचायत बैठकों में चर्चा और कार्यान्वयन योजना	
अन्य, (कृपया निर्दिष्ट करें _____)	

15. Has there been any training conducted in this panchayat regarding the POSHAN Abhiyan? (Yes/No)
If yes have ever participated in any training under POSHAN Abhiyan so far (Yes/No). Did your participation/involvement increase after receiving training? (Yes/No).
Are there any activities happening in your area viz. nutrition rallies/pledges/meetings as a part of Jan Andolan – POSHAN Abhiyan? (yes/No)

क्या इस पंचायत में पोशन अभियान को लेकर कोई प्रशिक्षण आयोजित किया गया है? (हां/नहीं)

यदि हाँ, अब तक पोशन अभियान के तहत किसी भी प्रशिक्षण में भाग लिया है (हां/नहीं)। प्रशिक्षण प्राप्त करने के बाद आपकी भागीदारी / भागीदारी बढ़ गई? (हां/नहीं)। क्या आपके क्षेत्र में कोई गतिविधियाँ हो रही हैं। जन आन्दोलन के हिस्से के रूप में पोषण रैलियाँ / प्रतिज्ञाएँ / बैठकें - पोशन अभियान? (हां/नहीं)

16. Is there any creche in your village? Yes/No.
If yes, are you satisfied with the creche facilities available . Yes/No.
What all provisions should be incorporated for improved infrastructure ? Get a quote

क्या आपके गाँव में कोई शिशु-गृह है? हा/नही।

यदि हाँ, तो क्या आप उपलब्ध शिशु-गृह सुविधाओं से संतुष्ट हैं। हा/ नही।

बेहतर बुनियादी ढांचे के लिए सभी प्रावधानों को क्या शामिल किया जाना चाहिए? (उद्हारण प्राप्त करें)

17. How important/significant do you think is the role of BBBP in changing the mindset of people on the birth of a girl child? (**Ask and mark:** 1- significant change, 2- moderate change, 3 – little change, 4- No change, 5 – no comments)

Please tell if you think that there are any scopes for improvement? (Instruction: Get a quote)

आपको लगता है कि लड़की के जन्म पर लोगों की मानसिकता को बदलने में बीबीबीपी की भूमिका कितनी महत्वपूर्ण / महत्वपूर्ण है? (पूछें और चिह्नित करें: 1- महत्वपूर्ण परिवर्तन, 2- मध्यम परिवर्तन, 3 - थोड़ा परिवर्तन, 4- कोई परिवर्तन नहीं, 5 - कोई टिप्पणी नहीं)

कृपया बताएं कि क्या आपको लगता है कि सुधार के लिए कोई ढलान हैं? (निर्देश: एक उद्धरण प्राप्त करें)

18. How important/significant do you think is the role of BBBP in changing the mindset of people on educating a girl child? (**Ask and mark:** 1- significant change, 2- moderate change, 3 – little change, 4- No change, 5 – no comments)

Please tell if you think that there are any scopes for improvement? (Instruction: Get a quote)

आपको कितना महत्वपूर्ण / महत्वपूर्ण लगता है कि एक बच्ची को शिक्षित करने पर लोगों की मानसिकता को बदलने में बीबीबीपी की भूमिका है? (पूछें और चिह्नित करें: 1- महत्वपूर्ण परिवर्तन, 2- मध्यम परिवर्तन, 3 - थोड़ा परिवर्तन, 4- कोई परिवर्तन नहीं, 5 - कोई टिप्पणी नहीं)

कृपया बताएं कि क्या आपको लगता है कि सुधार के लिए कोई ढलान हैं? (निर्देश: एक उद्धरण प्राप्त करें)

19. According to you, how do you rate women safety in the village?

No	Stakeholder	Safety levels (very safe, moderately safe, moderately unsafe, very unsafe)
1	Girl child	
2	Adolescent girls	

3	Adult women	

आपके अनुसार, आप गाँव की महिलाओं की सुरक्षा को क्या स्तर देंगे?

No	हितधारक	सुरक्षा स्तर (बहुत सुरक्षित, मध्यम सुरक्षित, मध्यम असुरक्षित, बहुत असुरक्षित)
1	बच्ची	
2	किशोरियां	
3	वयस्क महिलाएं	

13a. According to you, what are the top 3 personal safety risks concerns with women in your village.

1	
2	
3	

Among *(1. Child marriage 2. Domestic violence 3. Dowry 4. Honor killings 5. Snatching 6. Emotional harassment at home 7. Physical harassment from partner/in laws 8. sexual assault at home 9. sexual assault/rape at public space 10. Online/internet-based harassment 11. Murder*)

आपके अनुसार, आपके गांव की महिलाओं के साथ शीर्ष 3 व्यक्तिगत सुरक्षा जोखिम चिंताएं क्या हैं ..

1	
2	
3	

(1. बाल विवाह 2. घरेलू 5v हिंसा 3. दहेज 4. सम्मान हत्याएं 5. स्नैचिंग 6. घर में भावनात्मक उत्पीड़न 7. साथी / ससुराल वालों से शारीरिक उत्पीड़न 8. घर में यौन उत्पीड़न 9. सार्वजनिक स्थान पर यौन उत्पीड़न / बलात्कार 10. ऑनलाइन (इंटरनेट आधारित उत्पीड़न 11. हत्या)

13b) Has the panchayat taken any steps to improve the safety of women? Yes/no.
If yes, what measures have been taken to improve the safety of women in the panchayat area? (Probe about the area of risk addressed) - (Get a quote)

क्या पंचायत ने महिलाओं की सुरक्षा में सुधार के लिए कोई कदम उठाया है? हाँ/ नही। यदि हाँ, तो पंचायत क्षेत्र में महिलाओं की सुरक्षा में सुधार के लिए क्या उपाय किए गए हैं? (संबोधित जोखिम के क्षेत्र के बारे में जांच) - (एक उद्धरण प्राप्त करें)

14. Have you provided any help or awareness to women/child access the following services

Services/Homes	Yes/No
Working women hostel	
One stop centre	
Women helpline	
Ujjawala	

Swadar Greh	
ICPS	
Mahila Police Volunteers	
Mahila Shakti Kendra	

क्या आपने महिलाओं / बच्चों को निम्नलिखित सेवाओं तक पहुँचने में कोई मदद या जागरूकता प्रदान की है

सेवा / होम्स	**हाँ /नही**
कामकाजी महिला छात्रावास	
वन स्टॉप सेंटर	
महिला हेल्पलाइन	
उज्जवला	
स्वाधार ग्रेह	
आईसीपीएस	
महिला पुलिस स्वयंसेवक	
महिला शक्ति केंद्र	

14. According to you, does Women and Child Development department involve you in the delivery of services under various scheme? (1-Very low 2-low, 3- neutral, 4- high, 5- very high).
Do you think this needs to be improved? (Yes/No) (Get a quote).
आपके अनुसार, क्या महिला और बाल विकास विभाग आपको विभिन्न योजनाओं के तहत सेवाओं के वितरण में शामिल करता है? (1-बहुत कम 2-कम, 3- तटस्थ, 4- उच्च, 5- बहुत अधिक)।
क्या आपको लगता है कि इसमें सुधार करने की आवश्यकता है? (हां / नहीं) संक्षेप में अपने विचार साझा करें।

15. How well do you think have the schemes like Ujjawala, Swadar Greh and ICPS scheme have been implemented in your panchayat? (5: very high 4: high, 3: Neither high nor low, 2: low, 1: very low)?
What measures would you suggest should be taken for a more effective implementation? (get a quote, if responded (or) write not applicable)

आपको क्या लगता है कि आपकी पंचायत में उज्जवला, स्वार गेरे और आईसीपीएस योजना जैसी योजनाएँ कैसे लागू की गई हैं? (5: बहुत ऊँचा 4: ऊँचा, 3: न ऊँचा न नीचा, 2: निम्न, 1: बहुत नीचा)?
अधिक प्रभावी कार्यान्वयन के लिए आपको क्या उपाय सुझाए जाने चाहिए? (एक उद्धरण प्राप्त करें, यदि उत्तर दिया गया (या) लागू नहीं है)

16. According to you, how would you rate the implementation of scheme? (5: very high 4: high, 3: Neither high nor low, 2: low, 1: very low)?
What measures do you suggest that the scheme is implemented well? (Get a quote)
(**Note**: Ask in areas, where there are beneficiaries availing Ujjawala, Swadar Greh and ICPS scheme)

आपके अनुसार, आप योजना के क्रियान्वयन को किस तरह से लागू करेंगे? (५: बहुत ऊँचा ४: ऊँचा, ३: न ऊँचा न नीचा, २: निम्न, १: बहुत नीचा)?
आप क्या उपाय सुझाते हैं कि योजना अच्छी तरह से लागू हो? (एक कहावत कहना)

(नोट: उन क्षेत्रों में पूछें, जहाँ उज्जवला, स्वार गेरे और आईसीपीएस योजना का लाभ उठाने वाले लाभार्थी हैं)

17. Is there a visible change in the community behaviour towards the health of women and children in the last 10 years? No change (1) , Minor change (2) , Neutral change (3), Moderate change (4) , Major change (5) No comments (6)
How has it changed over the years?

Impact	On a Scale (1-5) how would do you rate the affect No affect (1) , Minor affect (2) , Neutral affect (3), Moderate affect (4) , Major affect (5)
Less drop out from school	
Better health	
Less child Marriage	
Others (please specify_____)	

Please share some best practices. (Get a quote)

क्या पिछले 10 वर्षों में महिलाओं और बच्चों के स्वास्थ्य के प्रति सामुदायिक व्यवहार में बदलाव दिखाई दे रहा है? कोई परिवर्तन नहीं (1), मामूली परिवर्तन (2), तटस्थ परिवर्तन (3), मध्यम परिवर्तन (4), प्रमुख परिवर्तन (5) कोई टिप्पणी नहीं (6)

पिछले कुछ वर्षों में यह कैसे बदल गया है?

प्रभाविता	स्केल (1-5) कोई प्रभाव नहीं (1), मामूली प्रभाव (2), तटस्थ प्रभावित (3), मध्यम प्रभावित (4), प्रमुख प्रभावित (5)
स्कूल से कम ड्रॉप आउट	
बेहतर स्वास्थ्य	
कम बाल विवाह	
अन्य, (कृपया निर्दिष्ट करें_____)	

कृपया कुछ सर्वोत्तम प्रथाओं को साझा करें। (एक कहावत कहना)

F. FOCUSED GROUP DISCUSSIONS (FGDS) FOR BENEFICIARIES UNDER VARIOUS SCHEMES – WOMEN AND CHILD DEVELOPMENT

विभिन्न योजनाओं - महिला और बाल विकास के तहत लाभार्थियों के लिए केंद्रित समूह चर्चा (FGDs)

Moderator Name: _____

Notetaker Name: _____

Date of FGD: _____ **Place/Venue:** _____

Start Time: _____ **End Time:** _____

Number of participants: _____

Ground rules to be set before conducting Focused Group Discussion FGDs):

- FGD will last in between 40-45 mins
- The Focus Group will have between 6-10 participants
- Thank people for coming
- Review the purpose of the group, and the goals of the meeting.
- Encourage Participation of all categories – give chance to speak
- Don't hold back. It is safe for you to freely express your opinions without consequence.
- We will allow team members to put new ideas on the table and let them develop. (There's no such thing as a bad idea!)
- We will engage in constructive/productive dialogue and feedback.
- We will allow no sidebars (separate conversations, or body-language sidebars like eye-rolling, etc.).
- Team members will respectfully disagree openly with each other – not passively or to others.
- Team members have the right to challenge, criticize and/or disagree during the decision/discussion.
- Team members have the right to question for clarity and the responsibility to give honest answers.
- Team members have the responsibility to respect and build on the strength that diversity provides
- Thank all for participation (Request to speak, if they have to say something at last, if not covered)

Group Composition:

There will be maximum 10-12 participants in Focused Group Discussion. Of those participants there will be 2 men, 2 Adolescent Girls, 1 Pregnant Women (PW), 1 Lactating Mother (LM), 1 working mother, 1 mother of 6 mos – 3 years child, 1 mother of 3-6 years child, 1 elderly women (elderly women/in-laws) It will be ensured that among those participants 1-2 members will be more minority groups.

Key Questions:

1. There are various government schemes under Women and Child Development sector. Are you aware of the schemes under WCD sector? Briefly tell about it.

   (Instruction to the moderator: Ask specifically about each scheme – Mention the name of the scheme (if needed mention a line about the scheme and probe). Read out all schemes and **a)** check awareness and **b)** about availing the scheme benefits? (with posters)}, allow each of them to talk and judge. (**Note:** additionally ask, if they are aware of any benefits from the schemes related to girl child)

   Instructions to judge: When they speak, if more than >70 % recall, classify as well aware, 30-70-% classify as aware, otherwise not good awareness.

S.No	Name of Scheme	Scheme awareness level (well aware/aware/not aware)	Scheme benefit level (well aware/aware/not aware)
1	ICDS		
2	POSHAN Abhiyan		
3	PMMVY		
4	SAG		
5	Creche		
6	ICPS		
7	Working Women hostel		
8	Women Helpline		
9	Ujjawala		
10	Swadhar Greh		
11	BBBP		
12	MPV		
13	OSC		
14	MSK		

2. Do you think all the schemes put together are covering the development of women and children? Yes/No/To an extent

   i) As per their knowledge and understanding on the coverage, ask them who all are the different categories of beneficiaries left out? *(Give examples: women with destitute, widowed women, transgender, and other groups)* List them out*: a) ___b) _____c) ___.*

ii) What are the various aspects/areas that are left out by the scheme? (pregnant women violence aspects, Online violence, Microfinance, Social pressure, -----) ***Instruction:*** Allow them to talk and mention the top 3 areas in the blanks

a) ____b) ____c) _____

3. Do you think there has been a change in the last 10 years in the health practices/health approaches adopted for women and child health? (Yes/No) (**Instruction**:Get a quote)
4. According to you, has the distribution of services provided under the schemes been equitable i.e., Is there any instance whereby a woman/child belonging to a particular group (SC/ST/OBC/Minority groups/disadvantaged sections) was denied access? (**Instruction:** Get a quote on instances)
5. (Information about Creche services):
   a) Are there any Creche centers established in your community? Yes/No
   b) Are the Creche services being delivered from AWC itself? Yes/No
   c) If any new Creche centers are established as per the scheme, have the villages been consulted while setting up creche center/involved in the decision-making process in scheme implementation in your community? Yes/No.
   d) Has creche services facilitated and met the requirements of your children? Yes/No.
   e) Has the provision of a creche in any way help/support in better functioning of SHGs? (Yes/No)
   f) Has the provision of a creche in any way increased freedom to move outside? {(Yes/No)
6. Is there any instance where people have been denied using creche facilities? (Yes/No)

   If Yes, Groups/sections denied services,Name_____; proportion of such population_____%
7. Note down the gender of sarpanch _____(Male/Female) and ask the following:
   i) Is Sarpanch involved in implementing WCD schemes? **Instruction:** Ask them to speak and judge the following – Very involved/involved to a satisfactory level/Not involved/creates negative environment
   ii) Is Sarpanch approachable for solving issues related to WCD sector? Ask them to speak and judge the following – Very approachable/approachable to a satisfactory level/Not approachable/create negative environment
8. According to the group, what proportion of eligible beneficiaries from the village avail scheme benefits? (ask them to talk and enumerator to judge)

S.No	**Scheme**	**Share/proportion of eligible beneficiaries availing the benefits(all of them, most of them, some of them, very few of them, none of them)**
1	ICDS	
2	PMMVY	

3	SAG	
4	OSC	
5	Working Women hostel	
6	Creche – under National creche scheme	
7	MPV	
8	Women helpline	
9	Swadar Greh	
10	Ujjawala	
11	ICPS	

9. What are the reasons for not availing specific scheme benefits? (**Instruction:** Ask the group to discuss, observe, judge and mention)

S.No	**Parameter**	**Reasons**	**Mention appropriate**
1	ICDS-Anganwadi	Infrastructure issues(a), Service delivery issues(b), Social pressure(c), Unfair treatment(d), Gaps in Govt rules(e)	
2	SAG		
3	Women violence		
4	ICPS		
5	Creche		

10. Has the i) ICDS and ii) PMMVY scheme contributed in the overall development of mother? (Probe: perception on service of ICDS and PMMVY scheme – say on ANC checkup, HBNC visits, HRP referrals, cash incentives) (Note: ask them to speak against each of the following and mention tick if it emerges out that each of them contributes)

No	***Category***	***ICDS - Tick if it emerges out of discussions***	***PMMVY - Tick if it emerges out of discussions***
1	Nutrition		
2	Health Education		
3	Health Checkup		
4	Referral services		

Instruction: get a quote

11. (a) Has the ICDS scheme contributed in the overall development of child? ask them to speak against each of the following and mentioned tick if it emerges out that each of them contributes

No	*Category*	*Tick if it emerges out of discussions*
1	Nutrition	
2	Immunization	
3	Pre-school education	
4	Health Checkup	
5	Referral services	

Instruction*: get a quote on each of the above categories*

(b) Does the AWW frequently record and monitor the growth of the child? Yes/No.

Is it done adequately? Yes/No

12. I. Do you participate in various activities undertaken as a part of AWS scheme? (Yes/No)
    a) If Yes, can you tell briefly about the frequency of participation and the ways you get involved? (Probe: involve in awareness activities, engage in meetings held at AWC for Nutrition and Health Education **(mother and child);** for Creche and pre-school activities etc.) **Instruction:** Get a quote
    b) If women or people from backward sections get involved in the implementation process? (eg: awareness activities, engage in meetings on decision making for implementation) Yes/No
    c) Do people follow-up to receive the mandated benefits of the scheme? (Yes/No)

    II. Do you participate in various activities undertaken as a part of POSHAN scheme? (Yes/No)

    a. If Yes, can you tell briefly about the frequency of participation and the ways you get involved? (Probe: involve in awareness activities, engage in meetings held at AWC for Nutrition and Health Education **(mother and child);** for Creche and pre-school activities etc.) Instruction: Get a quote
    b. If women or people from backward sections get involved in the implementation process? (eg: awareness activities, engage in meetings on decision making for implementation) Yes/No
    c. Do people follow-up to receive the mandated benefits of the scheme? (Yes/No)
13. How important/significant do you think is the role of BBBP in changing the mindset of people on the birth of a girl child? (**Ask and mark:** 1- significant change, 2- moderate change, 3 – little change, 4- No change, 5 – no comments)

    Please tell if you think that there are any scopes for improvement? (Yes/No)
14. How important/significant do you think is the role of BBBP in changing the mindset of people on educating a girl child? (**Ask and mark:** 1- significant change, 2- moderate change, 3 – little change, 4- No change, 5 – no comments)

    Please tell if you think that there are any scopes for improvement? (Yes/No)

15. Are you aware of the importance of the “first 1000 days?” (**Instruction:** Mention about the scheme and rate accordingly based on the recall. If more than 70% able to recall, note as well aware, 30-70% able to recall, mention as aware, otherwise mention as not much aware) (Select: well aware/aware/not much aware)

16. (Note: Ask and judge **Yes/No**. Get answer on the percentage of beneficiaries having this issue)

Sl no.	**Conditions**	**(Yes/No)**	**% of beneficiaries having this issue**
1.	If lack of Aadhar card affected women’s access to PMMVY benefits (in anyway)		
2	If lack of Bank Account restricted women to access benefits (in anyway)		

17. How easy for the beneficiaries to get a bank account opened? **Instruction:** Ask and judge on (very easy/easy/tough/very tough)

18. How do you rate women safety in your village? (**Instruction:** *ask them to speak and enumerator to judge)*

No	**Stakeholder**	**Safety levels (very safe, moderately safe, moderately unsafe, very unsafe)**
1	Girl child	
2	Adolescent girls	
3	Adult women	

19. According to you, what are the top 3 personal safety risks concerns with women/child in your village – (Ask them to speak and judge)

    a) Women Safety

        i.

        ii.

        iii.

        Among (1. Child marriage 2. Domestic violence 3. Dowry 4. Honor killings 5. Snatching 6. Emotional harassment at home 7. Physical harassment from partner/in laws 8. sexual assault at home 9. sexual assault/rape at public space 10. Online/internet-based harassment 11. Murder)

    b) Child Safety

School safety concerns: a) Beating/bullying by teacher b) Beating/bullying from other students c) insensitivity towards Adolescent girl child d) sexual assault by students e) sexual assault by teachers f) sexual assault by warden/other staff g) passing comments h) School Bus safety

i)

ii.

iii.

Other safety issues: a) Child marriage b) Snatching c) Emotional harassment at home d) Physical harassment from relatives/parents e) Sexual assault/rape at public places f) Road accident g) Exploitation in the form of child labor h) Kidnapping/Hostage i) Child trafficking j) Murder

i)

ii.

iii.

20. There are instances happening in village such as women being hit/insulted/harassed by their husband and other family members. Do you find them as violent act against women?

(Instruction: Prompt the participants to speak about issues/problems women face at domestic level and judge if they consider these above-mentioned issues as violence)

Sl no	**Issues**	**If considered Violence (Yes/No)**
1	Emotional harassment (verbal abuse, insults and humiliation, criticism)	
2	Husband/family members threatening to hurt you	
3	Physical harassment (hitting/slapping)	
4	Marital rape	
5	Forced abortion	
6	Causing injury	
7	Women not allowed to take up work/jobs	
8	Women not allowed to go outside of home	
9	Denying money, food and transportation	
10	Not receiving help/support if sick or injured	
11	Other issues (Mention _____)	

21. When encountered with violence at home, whom do the women report to? (Ask them to speak and rank the top 3)

A…

B…

C…

A) Police B) Women Helpline C) Take help of One stop center D) MPV E) Panchayat officials/Village leaders F) Don't report to authorities.

22. When encountered with violence at public areas, whom do the women report to? (Ask them to speak and rank the top 3)

A…

B…

C…

A) Husband/Family B) Police C) Women Helpline D) Take help of One stop center E) MPV F) Panchayat officials/Village leaders G) Don't report to authorities.

23. On a scale of 5 to 1, how would you rank the functioning of community vigilance group *(Very good-5, good-4, neutral-3, bad-2, very bad-1)*? Any suggestions to improve? (Probe: hindrances (If any) restricting reporting of cases)

(**Note:** *Only to be included in areas where Ujjawala scheme benefits are availed*)

G. INSTITUTIONAL SURVEY (SCHEME), WOMEN AND CHILD DEVELOPMENT (WCD)

i) Working Women hostel

ii) National Creche scheme

iii) Anganwadi services

iv) Ujjawala

v) Swadhar greh

vi) One Stop Centre

vii) Childcare Institutions (CCIs)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name/Type of the Institution	
4.	GPS	Latitude: |__|__|.|__|__|__| Longitude: |__|__|.|__|__|__|
5.	Name of Investigator	
6.	Code of Investigator	

Interviewer Signature: _____ Date: Place:

WORKING WOMEN HOSTEL

Institutional Study for Working Women Hostel

1. Whether it is on a public land?
    a. Yes
    b. No
2. Whether it is suitable and convenient for working women to access
    a. Yes
    b. No
3. Whether the hostel can be easily accessed by the PWD (Person with disability)?
    a. Yes
    b. No
4. Does the working women hostels have a day care creche facilities available?
    a. Yes
    b. No

4.a. Is the day care centres are safe and well ventilated with adequate reading and playing materials for children?

    a. Yes
    b. No
    c. N.A.

5. Does the working women hostels fulfill the following basic conditions in terms of basic amenities? Tick against each

Living rooms (Single, double) Dormitory	- 75 to 100 sq.ft (without bathroom) - 65-75 sq ft (with bathroom)
Common Room	21 sq.ft. per resident for at least 25% of the strength
Dining Room	11 sq.ft per resident for atleast 50% pf the strength
Kitchen and store	6 sq.ft per resident (max 60 sq.ft)
Bathroom Toilet Washbasin	1 for every 6-8 residents 1 for every 6-8 residents 1 for every 8-10 residents
Warden room	Not living with family – size of 2 single room With family – max 115 sq.ft
Sick room	1 of size 100 sq.ft
Floor height	10-12 feet

Total built up area	2.5 times of living area
Washing machine	For every 25 residents
Geyser/Solar heating	Appropriate capacity
Computers , Internet	

6. Is there security measures available within the premises ?
    a. Yes
    b. No

6a. Does the working women hostel have a functioning CCTV in its premises?

    a. Yes
    b. No

7. Does the working women hostel have medical first aid available?
    a. Yes
    b. No

8. Does the working women hostel maintain attendance registers and contact details of the beneficiaries as well as mothers of the children available?
    a. Yes
    b. No

9. Does the working women hostel have the following staff available in the facility? Tick all the applicable options
    a. Hostel warden
    b. Cook
    c. Chowkidar
    d. House Keeping

10. Is there a hostel management committee?
    a. Yes
    b. No

11. Does it have a fire safety exit?
    a. Yes
    b. No

To be asked to the warden

12. Did you ever face drinking water issues in the past?
    a. Yes
    b. No

13. Did you face network connectivity issues in the past?
    a. Yes
    b. No

14. Did you face supply crunch of essentials in the past?
    a. Yes

b. No

15. Is there a NGO/CBO involved in the functioning of this institute?
    a. Yes
    b. No
16. Is there a feedback mechanism in place?
    a. Yes
    b. No
17. Is internet available to all now?
    a. Yes
    b. No
18. Are records maintained digitally?
    a. Yes
    b. No
19. Is data about the institute relayed to state/district HQ
    a. Yes
    b. No
20. If 19 is yes , how is the data relayed to the HQ
    a. Digitally
    b. Paper files

National Creche Scheme
(Institutional Study for Creche Scheme)

1. Whether it is suitable and convenient for working women to access the creche, in case of any emergency.

   1.Yes
   2.No

क्या यह कामकाजी महिलाओं के लिए क्रेच के लिए उपयुक्त और सुविधाजनक है, , किसी भी आपात स्थिति।

1. हाँ
2. नहीं

2. What is the opening and closing hours of the creche? Please specify (_____ closing time_____)
   क्रेच के खुलने और बंद होने का समय क्या है? कृपया निर्दिष्ट करें (_____)

3. Can the creche facilities be accessed by non-working women also?
   1.Yes
   2.No

   क्या गैर-कामकाजी महिलाओं द्वारा भी क्रेच सुविधाओं तक पहुँचा जा सकता है?

1. हाँ
2. नहीं

4. Can children with special needs also access the creche?
   1.Yes
   2.No
   विशेष आवश्यकता या दिव्यांग बच्चों के लिए इस क्रेचे की पहुंच है?

1. हाँ
2. नहीं

5. Is the Centre clean, well-lighted with adequate ventilation.
   1.Yes
   2.No
   क्या केंद्र साफ है, पर्याप्त वेंटिलेशन के साथ अच्छी तरह से रोशनी है।

1. हाँ
2. नहीं

6. Is there a provision for safe and regular drinking water facility
   1.Yes
   2.No

   सुरक्षित और नियमित पेयजल सुविधा का प्रावधान है

1. हाँ
2. नहीं

8. Is the food provided to the children having the adequate nutritional value
1.Yes
2.No

पोषण मूल्य भोजन बच्चों को दिया जाने वाला है?

1. हाँ
2. नहीं

9. Is the food provided in the creche age appropriate?
1.Yes
2.No

क्या क्रेच प्रदान किया गया भोजन वच्चों की उम्र के लिए उचित है?

1. हाँ
2. नहीं

10. Does the creche maintain the records and registers which include all the required information about the mothers?
1.Yes
2.No

क्या क्रेच रिकॉर्ड्स और रजिस्टर्स रखता है जिसमें मांताओं के बारे में सभी जरूरी जानकारी शामिल होती है।

1. हां
2. नहीं

11. Does the creche also maintain specific entry in the registers and records for severely underweight children?
1. Yes
2. No

क्या क्रेच रजिस्टर में विशिष्ट एंट्रीज और गंभीर स्तर तक कम वजन वाले बच्चों के रिकॉर्ड भी रखता है

1. हां
2. नहीं

12. Is the user charges collected according to the following table,
क्या इस्तेमालकर्ता शुल्क नीचे दी गई टेबल के अनुसार लिया जाता है

Sections ***सत्र***	***User charges*** ***इस्तेमालकर्ता शुल्क***	***Yes-1/No-2/NA-3*** ***हां-1/ नहीं-2/ एन/ए -3***
BPL families बीपीएल परिवार	Rs.20 per child per month प्रति बच्चा रू. 20 प्रति महीना	
Families with Income (Both Parents) of up to Rs. 12,000/- per month हर महीने रू. 12000/- तक की आमदनी वाले परिवार (माता-पिता दोनों)	Rs.100 per child per month प्रति बच्चा रू.100 प्रति महीना	
Families with Income (Both Parents) of above Rs.12,000/- per month हर महीने रू. 12000/- से ज्यादा की आमदनी वाले परिवार (माता-पिता दोनों)	Rs.200 per child per month प्रति बच्चा रू.200 प्रति महीना	

13. Is there an admission/ enrolment register for recording profile of children and parents including profession/income of both parents
1.Yes
2.No

क्या बच्चे और माता-पिता की रूपरेखा (प्रोफाइल) रिकॉर्ड करने के लिए प्रवेश/ नामांकन रजिस्टर है इसमें व्यवसाय/ माता-पिता दोनों की आमदनी शामिल है
1.हां
2.नहीं

14. Is there an attendance register of children?
1.Yes
2.No

क्या बच्चों की उपस्थिति का रजिस्टर है
1.हां
2.नहीं

15.Is there an attendance registers of functionaries?
1.Yes
2.No

क्या पदाधिकारियों की उपस्थिति का रजिस्टर है?

1.हां

2.नहीं

16. Are there health checkups records maintained which need to be shared with doctors?
1. Yes
2. No

क्या उन स्वास्थ्य जांच के रिकॉर्ड रखे जाते हैं जिन्हें डॉक्टर के साथ साझा करने की जरूरत होती है?

1. हां

2. नहीं

17.Is there a supplementary nutrition register for recording the food provided to the Children?
1.Yes
2. No

क्या बच्चों को दिये जाने वाले भोजन को रिकॉर्ड करने के लिए पूरक पोषण का रजिस्टर है।

1.हां

2.नहीं

18.Does the creche maintain (a)Mother's meeting register (b) Visitors register (c) Register for user fee?
1.Yes
2.No

क्या क्रेच (a) मां से मुलाकात का रजिस्टर (b) मिलने आने वालों का रजिस्टर (c) इस्तेमालकर्ता की फीस का रजिस्टर रखता है?

1.हां

2.नहीं

19. Are there required number of creche helpers and workers available in the creche?
1. Yes
2. No

क्या आपके क्रेच में पर्याप्त संख्या में क्रेच सहायक और कर्मचारी उपलब्ध हैं?

1. हां

2. नहीं

20. Is there a first-aid kit
1. Yes
2. No

प्राथमिक चिकित्सा किट

1. . हां
2. नहीं

To be asked to the creche worker

21. Did you ever face drinking water issues in the past?
    1.yes
    2.No

    क्या आपने कभी पीने के पानी के मुद्दों का सामना किया था?

    1.हाँ

    2.नहीं

22. Did you face network connectivity issues in the past?
    1.Yes
    2.No

    क्या आपने नेटवर्क कनेक्टिविटी के मुद्दों का सामना किया था?

    1.हाँ

    2.नहीं

23. Did you face supply crunch of essentials in the past?
    1.Yes
    2.No

    क्या आपने कभी आपूर्ति की कमी का सामना किया है ?

    1.हाँ

    2.नहीं

24. Is there a NGO/CBO involved in the functioning of this institute?
    1.Yes
    2.No

    क्या इस संस्थान के कामकाज में एक NGO / CBO शामिल है?

    1.हाँ

    2.नहीं

25. Is there a feedback mechanism in place?
    1.Yes
    2.No

    क्या कोई प्रतिक्रिया तंत्र है?

    1.हाँ

    2.नहीं

26. Is internet available to all now?
    1.Yes
    2.No

    क्या अब इंटरनेट सभी के लिए उपलब्ध है?

    1.हाँ

    2.नहीं

27. Are records maintained digitally?
    1.Yes

2.No

क्या रिकॉर्ड डिजिटल रूप से बनाए हुए हैं?

1.हाँ

2.नहीं

28A.Is data about the institute relayed to state/district HQ

1.Yes

2.No

क्या संस्थान राज्य / जिला मुख्यालय को डाटा भेजती है

1. हाँ

2. नहीं

28B. If 28A is yes , how is the data relayed to the HQ

1.Digitally

2.Paper files

3.Both ways

यदि 28A हाँ है, तो मुख्यालय से डेटा कैसे रिले किया जाता है

1. डिजिटल

2. कागज की फाइलें

3. दोनों तरीकों से

29. Were you given any specific skills training given on or off the job?

1.Yes

2.No

क्या आपको नौकरी पर कोई विशिष्ट कौशल प्रशिक्षण दिया गया था?

30.Are you satisfied with the training that your were provided?

1.Yes

2.No

31. Do you think there should be more training given to improve your performance?

1.Yes

2.No

Anganwadi Services (Erstwhile Core ICDS)
(Institutional Study for Anganwadi Services)

1. What is the model of anganwadi?

    1. separate
    2. Modal (2-3 AWC merged together)
    3. Merged with school

    आंगनवाड़ी का मॉडल

    1. अलग
    2. मोडल (2-3 AWC एक साथ विलय)

2. Does the AWCs have the following amenities (**tick all the applicable options**)
    क्या आंगनवाड़ी केंद्र में निम्नलिखित सुविधाएं हैं (लागू होने वाले सभी विकल्पों पर निशान लगायें)
    1. Pucca Building
    पक्की इमारत
    2. Adequate Availability of Outdoor Space
    बाहर जगह की पर्याप्त उपलब्धता
    3. Adequate Availability of Indoor Space
    अंदर जगह की पर्याप्त उपलब्धता
    4. Drinking water facilities
    पीने के पानी की सुविधाएं
    5. Usable Toilet Facility
    इस्तेमाल योग्य शौचालय सुविधाएं
    6. Separate Storage Space
    अलग से स्टोरेज/सामान रखने की जगह
    7. Adequate Cooking Space and utensils for cooking and serving
    खाना पकाने के लिए पर्याप्त जगह & खाना पकाने और परोसने के लिए बर्तन
    8.Tablets/Cell-Phones
    टैबलेट्स/ सेल-फोन
    9.First-aid kit
    प्राथमिक चिकित्सा किट

2a. Please tick (whichever applicable) based on the reliability/regularity of the services provided.

Sl. no	**Facilities**	**Availability (Y/N)**		**Reliability/Regularity**		**Average hrs of supply in 24 hrs (mention hrs of supply)**
1.	Water Supply	Y	N	Regular	Irregular	(_____hrs)

2.	Electricity	Y	N	Reliable	Not reliable	(_____hrs

2b. Is there THR packages available in the AWC?
1. Yes
2. No

2c. Are there any THR packets distributed/available in the AWC which have crossed its expiry date?
1. Yes
2.No

3. Are the AWW educated till Metric and Above?
1. Yes
2.No

क्या आंगनवाड़ी कार्यकर्ता मैट्रिक और इससे ज्यादा पढ़े-लिखे हैं?

1. हां

2.नहीं

4. Have the AWWs received Job Training?
1. Yes
2.No

क्या आंगनवाड़ी कार्यकताओं को कार्य प्रशिक्षण मिलता है?

1. हां

2.नहीं

5. Whether ICDS-CAS implemented in the AWC?
1. Yes
2.No

क्या ICDS-CAS AWC में लागू है?

1. हां

2.नहीं

6. Has the AWW attended ICDS-CAS training?
1. Yes
2.No

क्या AWW ने ICDS-CAS प्रशिक्षण में भाग लिया है?

1. हां

2.नहीं

7. Have the devises provided under ICDS-CAS functional?
1. Yes
2.No

क्या ICDS-CAS उपकरण जो प्रदान किए गए हैं, कार्यात्मक हैं?

1. हां

2.नहीं

8. Has the AWW started updating the records using celllphones/tablets?
   1. Yes
   2.No

   क्या AWW ने सेलफोन / टैबलेट का उपयोग करके रिकॉर्ड अपडेट करना शुरू कर दिया है?

   1. हां

   2.नहीं

9. Do the AWW belong to the Local Area?
   1. Yes
   2.No

   क्या आंगनवाड़ी कार्यकर्ता स्थानीय क्षेत्र से हैं?

   1. हां

   2.नहीं

10. Are the AWCs having adequate availability of Educational Material for Nutrition and Health Education (NHED)?
    1. Yes
    2.No

    क्या आंगनवाड़ी केंद्र में पोषण व स्वास्थ्य शिक्षा (एनएचईडी) के लिए शिक्षा सामग्री की पर्याप्त उपलब्धता है?

    1. हां

    2.नहीं

11. Does the AWC's have the following growth monitoring devices?
    क्या AWC में निम्नलिखित विकास निगरानी उपकरण हैं?

Growth-Monitoring Devices *विकास निगरानी उपकरण*	*Available in the AWC* *Yes/ No* *AWC में उपलब्ध है* *हाँ/नही*	*Device is functional/not functional* *डिवाइस कार्यात्मक है / कार्यात्मक नहीं है*
Infantometer		
Stadiometer		
Infant Weighing Scale		
Mother & Child Weighing Scale		

12. Are the AWCs maintaining Health Cards?
    1. Yes
    2.No

क्या आंगनवाड़ी केंद्र हेल्थ कार्ड्स बनाता है?

1. हां

2.नहीं

13. Are the AWW's maintaining the MCP card register? (*select relevant option)*
क्या आंगनवाड़ी MCP कार्ड रजिस्टर को बनाए रखती हैं ?*(संबंधित विकल्प को चुने)*
1. The register was filled properly
रजिस्टर अच्छी तरह से भरे गये थे
2. The register was filled only partially
रजिस्टर केवल कुछ हद तक ही भरे गये थे
3. They were not filling the register
उन्होने रजिस्टर नहीं भरे

14. Which of the following registers & records are being maintained by Anganwadi worker? (**tick all the applicable options**)
आंगनवाड़ी कार्यकर्ताओं द्वारा इनमें से कौन-कौन से रजिस्टर्स और रिकॉर्ड्स रखे जा रहे हैं? **(सभी लागू विकल्पों पर टिक करें)**
1.Family Register
परिवार रजिस्टर
2.Supplementary Food Stock Register
पूरक भोजन के स्टॉक का रजिस्टर
3.Supplementary Food Distribution Register
पूरक भोजन के वितरण का रजिस्टर
4.Pre-School Education Register
स्कूल-पूर्व शिक्षा का रजिस्टर
5.Pregnancy and Delivery Register
गर्भावस्था और प्रसव का रजिस्टर
6.Immunisation and Village Health and Nutrition Day (VHND)
टीकाकारण और ग्राम स्वास्थ्य एवं पोषण दिवस (वीएचएनडी)
7.Vitamin A Biannual Rounds Register
विटामिन ए बाइएनुअल राउंड्स रजिस्टर
8.Home Visits Planner
घर के दौरों की योजना का विवरण (होम विजिट प्लानर)
9.Referrals
रेफरल्स
10.Summaries MPR(Monthly & Annual)
सारांश (मासिक और सालाना)
11.Weight Records of Children
बच्चों के वजन का रिकॉर्ड
12. Referral slips
रेफ़रल पर्ची

15. On which of the following is the food cooked?
    1. Firewood
    2. Cowdung cake/Crop Residue
    3. Coal/Lignite/Charcoal
    4. Kerosene
    5. LPG/PNG
    6. Electricity
    7. Bio-gas
    8. Solar
16. Tick whatever materials children have received from Anganwadi Centre?

List of Items	Received (Yes/No)	Items (no) received by AWC from 1st April 2019 - 31st Oct, 2019	Items (no) disbursed from 1st April 2019 - 31st Oct, 2019
School bag			
Tiffin box			
water bottle			

17. What are the materials (PSE) you have received for providing pre – school education service? (tick whichever applicable)

List of Items	Available (Yes - 1/No - 2)
Building block set (basic shapes that vary in color, size and thickness)	
Colourful beads and wires	
Balls of varying sizes	
Simple puzzles (e.g jigsaw puzzle, colour puzzle, shape puzzle)	
Balls of varying sizes	
Alphabet and number cards	
Picture books with one or two text lines	
Toys (e.g dolls, maze etc)	
Plastic fruits and vegetables	
Variety of tools (e.g.,spoon, measuring cups, paint brushes, etc.)	
Crayons, markers, coloured pencils, coloured chalk	

Tape/Glue	

17a. Are there any provisions for replacing and replenishing the material provided for PSE?

1. Yes
2. No

क्या पीएसई के लिए प्रदान की गई सामग्री को बदलने और फिर से भरने के लिए कोई प्रावधान हैं?

1. हाँ
2. नहीं

To be asked to the AWW

15.Are there provisions for adequate drinking water available in the facility?

1.yes
2.No

15a. If no, have they ever requested the higher authorities for the same?

1.yes
2.No

15b. Did the higher authorities respond?

1. Yes
2. No

15c. How many days did they take to respond? _____(days)

15d. Was the response of the higher authorities satisfactory?

1. Yes
2. No

15e.Are there provisions for adequate sanitation facilities available in the facility?

1.yes
2.No

15f. If no, have they ever requested the higher authorities for the same?

1.yes
2.No

15g. Did the higher authorities respond?

3. Yes
4. No

15h. How many days did they take to respond? _____(days)

15i. Was the response of the higher authorities satisfactory?

3. Yes
4. No

15j.Are there provisions for adequate cooking facilities available in the facility?

1.yes
2.No

15k. If no, have they ever requested the higher authorities for the same?

1.yes
2.No

15l. Did the higher authorities respond?

5. Yes
6. No

15m. How many days did they take to respond? _____(days)

15n Was the response of the higher authorities satisfactory?

5. Yes
6. No

16. Did you face network connectivity issues in the past?

1.Yes
2.No

17. Did you face supply crunch of essentials in the past?
1.Yes
2.No

18. Is there a NGO/CBO involved in the functioning of this institute?
1.Yes
2.No

19. Is there a feedback mechanism in place?
1.Yes
2.No

20. Is internet available to all now?
1.Yes
2.No

21. Are records maintained digitally?
1.Yes
2.No

21A.Is data about the institute relayed to state/district HQ
1.Yes
2.No

21B. If 21A is yes , how is the data relayed to the HQ
1.Digitally
2.Paper files

Ujjawala
(Institutional Study for Ujjawala)

1. Is the location of the Protective and Rehabilitative Homes (P&R) and Half-way Homes suitable and convenient?
1. Yes
2.No

प्रोटेक्टिव एंड रिहैबिलिटेटिव होम्स (सुरक्षित एवं पुनर्वास आवास) (P&R) और हाफ-वे होम्स का स्थान उपयुक्त और सुविधाजनक है
1. हां
2.नहीं

2. Do the protection homes have the following staff:(***tick all the applicable options***)

क्या सुरक्षा ग्रहों के लिए निम्नलिखित कर्मचारी है: *(लागू होने वाले सभी विकल्पों पर निशान लगायें)*
1.Project Director
परियोजना निदेशक (प्रोजेक्ट डायरेक्टर)
2.Social Worker
सामाजिक कार्यकर्ता
3.Clinical Psychologist
नैदानिक मनोचिकित्सक (क्लीनिकल साइकोलोजिस्ट)
4.Clerk cum Accountant
कलर्क कम एकाउंटेंड
5.Guard,
चौकीदार
6.Doctor (Part time)
डॉक्टर (पार्ट टाइम))
7.Psychiatrist
मनोचिकित्सक

3. Do the protection homes have the required facilities such as furniture, utensils, linen beds, locker etc.
1. Yes
2.No

क्या सुरक्षा ग्रहों में आवश्यक सुविधाएं उपलब्ध हैं जैसे कि फर्नीचर, बर्तन, पर्दे, बिस्तर, लॉकर आदि
1. हां
2.नहीं

3a. Are the beds and mattresses available in the centre of usuable quality?
1.Yes
2.No

क्या बिस्तर और गद्दे उपयोग करने योग्य गुणवत्ता के केंद्र में उपलब्ध हैं?
1. हां

2.नहीं

3b. Are their proper washrooms available in the centre?
1.Yes
2.No

3c. if3b is yes, are these washrooms functional and of usuable quality?
1.Yes
2.No

3d. Are the washrooms properly maintained by the administration?
1.Yes
2.No

4. Do the homes have sufficient Electricity and Water supply
1. Yes
2.No

क्या घरों में पर्याप्त बिजली और पानी की आपूर्ति है

1. हां

2.नहीं

4a. Are the electrical appliances available in the center functional?

1.Yes

2.No

5. Are the following services provided by the homes, (***tick all the applicable options***)
क्या घरों द्वारा नीचे दी गई सेवाएं प्रदान की जाती हैं, ***(लागू होने वाले सभी विकल्प चुनें)***

1.Food
भोजन
2.Personal items such as clothes, toiletries, sanitary items etc
निजी वस्तुएं जैसे कि कपड़े, प्रसाधन का सामान/टॉयलेट्रीज, सैनिटरी वस्तुऐं आदि
3.Medical Care (Medicines includes emergency care)
चिकित्सा देखभाल (दवाईयां आपातकालीन देखभाल सहित)
4.Legal Aid (court work and documentation)
कानूनी सहायता (अदालत का काम और दस्तावेज)
5.Education through formal school, Vocational Training and Income generation activities
औपचारिक स्कूल के माध्यम से शिक्षा, व्यवसायिक प्रशिक्षण और आमदनी अर्जित करने की गतिविधियां

6. Is security guard available within the premise?
1. Yes
2.No

6a. Is there a functional/operational CCTV camera available within the premise?
1. Yes

2.No

6b. Is the premises locked with gates?

1. Yes
2.No

क्या सीसीटीवी कैमरा और सुरक्षा गार्ड उपलब्ध है?

1. हाँ
2. नहीं

7. Is there a fire exit
    1. Yes
    2. No

आग से बचने के लिए रास्ता ?

1. ह ा ँ
2. न ह ी ं

7a. Does the centre have a kitchen premises?

1. Yes
2. No

7b. If yes, check for the following in the kitchen

1. Condition of utensils in which food is prepared
2. Expiry date of ingredients kept in the kitchen
3. Maintenance of hygiene within centre

7c. If no, check how meal procured from outside is served within centre.

1. Cooked meals procured from outside
2. Meals cooked outside the centre and brought to the centre
3. Ready to eat or fast food items brought from outside
4. No meals provided

To be asked to the warden

8.Did you ever face drinking water issues in the past?

1.yes
2.No

9. Did you face network connectivity issues in the past?

1.Yes
2.No

10. Did you face supply crunch of essentials in the past?

1.Yes
2.No

11. Is there a NGO/CBO involved in the functioning of this institute?

1.Yes
2.No

12. Is there a feedback mechanism in place?

1.Yes
2.No

13. Is internet available to all now?
1.Yes
2.No

14a. is the centre maintaining the following records
1. Finance Records
2. Logistics Records
3. Beneficiaries record

14b. Are records maintained digitally?
1.Yes
2.No

15A.Is data about the institute relayed to state/district HQ
1.Yes
2.No

15B. If 20A is yes , how is the data relayed to the HQ
1.Digitally
2.Paper files

Swadar Greh
(Institutional Study for Swadar Greh)

1. Is the location of the Swadar Greh suitable and convenient
   1. Yes
   2.No

   उपयुक्त और सुविधाजनक स्वार Greh का स्थान

   1. हाँ

   2. नहीं

2. Does the Swadar Greh has the following staff(***tick all the applicable options***)
   a. Resident Superintendent
   b. Counselor/Psychatrist
   c. Official Assistant cum DEO
   d. Medical Doctor (part time)
   e. Guard/ watchman

   क्या स्वार गेयर में निम्नलिखित कर्मचारी हैं: (सभी लागू विकल्पों पर टिक करें)

   A) निवासी अधीक्षक

   B)काउंसेलर / Psychatrist

   c) आधिकारिक सहायक सह डीईओ

   D) मेडिकल डॉक्टर (अंशकालिक)

   E) चौकीदार / चौकीदार

3. Do the protection homes have the required facilities such as furniture, utensils, linen beds, locker etc.
   1. Yes
   2.No

   संरक्षण घरों में आवश्यक सुविधाएं जैसे फर्नीचर, बर्तन, लिनन बेड, लॉकर आदि हैं।

   1. हाँ

   2. नहीं

3a. Are the beds and mattresses available in the centre of usuable quality?
   1.Yes
   2.No

3b. Are their proper washrooms available in the centre?
   1.Yes
   2.No

3c. if3b is yes, are these washrooms functional and of usuable quality?
   1.Yes
   2.No

3d. Are the washrooms properly maintained by the administration?
   1.Yes
   2.No

4. Do the homes have sufficient Electricity and Water supply
   1. Yes
   2.No

   घरों में पर्याप्त बिजली और पानी की आपूर्ति हो

   1. हाँ

   2. नहीं

5. Are the following services provided by the homes, (***tick all the applicable options***)

   a. Food
   b. Personal items such as clothes, toiletries, sanitary items etc
   c. Medical Care (Medicines includes emergency care)
   d. Legal Aid (court work and documentation
   e. Education through formal school, Vocational Training and Income generation activities

   क्या घरों द्वारा दी जाने वाली निम्नलिखित सेवाएं हैं, (सभी लागू विकल्पों पर टिक करें)

   ए। खाना

   ख। व्यक्तिगत वस्तुएं जैसे कपड़े, प्रसाधन, सेनेटरी आइटम आदि

   सी। चिकित्सा देखभाल (दवाओं में आपातकालीन देखभाल शामिल है)

   घ। कानूनी सहायता (अदालत का काम और प्रलेखन)

   इ। औपचारिक स्कूल, व्यावसायिक प्रशिक्षण और आय सृजन गतिविधियों के माध्यम से शिक्षा

6. Is security guard available within the premise?
   1. Yes
   2.No

   क्या सीसीटीवी कैमरा और सुरक्षा गार्ड आधार के भीतर उपलब्ध है?

   1. हाँ

   2. नहीं

6a. Is there a functional/operational CCTV camera available within the premise?
   1. Yes
   2.No

6b. Is the premises locked with gates?
   1. Yes
   2.No

7a. Does the centre have a kitchen premises?
   3. Yes
   4. No

7b. If yes, check for the following in the kitchen
   4. Condition of utensils in which food is prepared
   5. Expiry date of ingredients kept in the kitchen

6. Maintenance of hygiene within centre

7c. If no, check how meal procured from outside is served within centre.

1. Cooked meals procured from outside
2. Meals cooked outside the centre and brought to the centre
3. Ready to eat or fast food items brought from outside
4. No meals provided

8. Is there a fire exit?

1. Yes
2. No

आग से बचने के लिए रास्ता ?

1. ह ा ँ
2. न ह ी ं

To be asked to the warden

15.Did you ever face drinking water issues in the past?

1.yes
2.No

16. Did you face network connectivity issues in the past?

1.Yes
2.No

17. Did you face supply crunch of essentials in the past?

1.Yes
2.No

18. Is there a NGO/CBO involved in the functioning of this institute?

1.Yes
2.No

19. Is there a feedback mechanism in place?

1.Yes
2.No

20. Is internet available to all now?

1.Yes
2.No

21. Is the centre maintaing the following records

1. Finance Records
2. Logistics Records
3. Beneficiaries record

22.Are records maintained digitally?

1.Yes
2.No

21A.Is data about the institute relayed to state/district HQ

1.Yes
2.No

22B. If 20A is yes , how is the data relayed to the HQ

1.Digitally
2.Paper files

One Stop Centre
(Institutional Study for One-Stop Centre)

1. Is the location of OSC suitable and convenient.
   1.Yes
   2.No

   क्या ओएससी का स्थान उपयुक्त और सुविधाजनक है।

   1.हां

   2.नहीं

1a. What is the distance of OSC from the remotest village? (_____km)

1b. What is the travel time to reach the facility from the remotest place in the coverage area
   1. Less than 30 mins
   2. 30mins- 2 hrs
   3. 2-6 hrs
   4. More than 6 hrs

2. Is there a hospital/medical facillity which is prominently visible and accessible near the OSC?
   1. Yes
   2.No

क्या कोई अस्पताल/ चिकित्सा सुविधा है जो ओएससी के आस-पास मुख्य रूप से दिखती है और पहुंच में है?

   1. हां

   2.नहीं

3. Do you have provision of linkage with PCR van?
   1. Yes
   2.No

4. Is the OSC integrated with Women Helpline (WH)?
   1. Yes
   2.No

5. Do you have provision of linkage with 108 service?
   1. Yes
   2.No

6. Do you have linkage with National Health Mission (NHM)?
   1. Yes
   2.No

7. Do you help facilitate women in lodging FIR? (Note: check for records if available)
   1. Yes
   2.No

8. Is there the provision of the following in the OSC? (**tick all the applicable options)**
   क्या ओएससी में निम्नलिखित का प्रावधान/ व्यवस्था है (सभी लागू विकल्पों पर टिक करें)

1.Police Facilitation
पुलिस की सुविधा
2.Psycho-social counselling
मनो-सामाजिक परामर्श
3.Legal aid and counselling
कानूनी सहायता और परामर्श
4.Temporary shelter
अस्थायी आश्रय

9. Does the OSC have the following staff? (***tick all the applicable options***)
All options can be selected
1.Centre Administrator
2.Case Worker
3. Police Facilitation Officer (PFO)
4. Para Legal Personnel/ Lawyer
5. Para Medical Personnel
6.Counsellor
7. IT Staff
8. Multi- purpose Helper
9. Security Guard/ Night Guard

ओएससी में निम्न कर्मचारी हैं? (सभी लागू विकल्पों पर टिक करें)
1. पुरातत्व प्रशासक
2. कैस वर्कर
3. पुलिस सुविधा अधिकारी (PFO)
4. पैरा लीगल कार्मिक / वकील
5. पैरा मेडिकल कार्मिक
6. परामर्शदाता
7. आईटी स्टाफ
8. बहुउद्देश्यीय हेल्पर
9. सिक्योरिटी गार्ड / नाइट गार्ड

10. Are the following facilities provided to the beneficiaries by the OSC **tick all the applicable options**
क्या ओएससी द्वारा लाभार्थियों को नीचे दी गयी सुविधाएं प्रदान की जाती हैं

1.Boarding
बोर्डिंग/ ठहरने की जगह
2.Lodging
लॉजिंग/ अस्थायी अवास
3.Secondary and tertiary medical facilities
चिकित्सा
4.Psychological Counselling

मनोवैज्ञानिक परामर्श

5. Legal services
6. First aid

11. Do you have telephone line installed?
    1.Yes
    2.No

12. Do you have a functional CCTV in your Centre?
    1.Yes
    2.No

13. Do you generate the Unique ID of the women affected by violence through web-based software?
    1.Yes
    2.No

14. Is there a video conferencing facility available in the OSC?
    1.Yes
    2.No

    क्या ओएससी में वीडियो कॉन्फ्रेंसिंग की सुविधा उपलब्ध है?

    1.हां

    2.नहीं

15. Is there adequate number of basic kits available in the OSC? Note: basic kits includes- toothpaste ,first aid, soap, sanitary pads, shampoo, pads, sewing kit, comb, toothbrush, diapers (infants)

    1.Yes
    2.No

    क्या ओएससी में बेसिक किट्स पर्याप्त संख्या में उपलब्ध हैं, बेसिक किट्स में प्राथमिक चिकित्सा किट , साबुन, शैम्पू, केश तेल, सैनिटरी पैड्स, सिलाई किट, कंघी, टूथ-ब्रश, टूथपेस्ट और डायपर (शिशुओं के लिए) शामिल हैं?

    1.हां

    2.नहीं

16. Is there a fire exit?
    1. Yes
    2. No

    आग से बचने के लिए रास्ता ?

    1. ह ा ँ

    2. न ह ी ं

    To be asked to the warden

9.Did you ever face drinking water issues in the past?

1.yes
2.No

10. Did you face network connectivity issues in the past?
1.Yes
2.No

11. Did you face supply crunch of essentials in the past?
1.Yes
2.No

12. Is there a NGO/CBO involved in the functioning of this institute?
1.Yes
2.No

13. Is there a feedback mechanism in place?
1.Yes
2.No

14. Is internet available to all now?
1.Yes
2.No

15a. Do you keep records for each beneficiary separately? (Note: check for records)
1.Yes
2.No

15b. Are the records regularly updated? (Note: check for records)
1.Yes
2.No

15.c. Do you have follow-up mechanism of beneficiaries after they leave OSC?
1.Yes
2.No

16. Are records maintained digitally?
1.Yes
2.No

17A.Is data about the institute relayed to state/district HQ
1.Yes
2.No

18B. If 20A is yes , how is the data relayed to the HQ
1.Digitally
2.Paper files

19.Do you have network established with external agencies/individuals who are willing to provide legal/medical/psycho-social counselling services at OSC.?
1.Yes
2.No

Childcare Institutions (CCIs)
(Institutional study)

1. Does the CCI has the following staff? (***tick all the applicable options***)

i) Resident Superintendent
ii) Counselor/Psychatrist
iii) Official Assistant cum DEO
iv) Medical Doctor (part time)
v) Guard/ watchman
vi) IT staff
vii) Librarian
viii) Legal counsellor

2. Tick the basic amenities available in the Institution.

S.No.	Item for Construction	Area in Sq. ft.
(i)	2 Dormitories	Each 1000 Sq. Ft. for 25 juveniles/children i.e., 2000 Sq.Ft.
(ii)	2 Classrooms	300 Sq. Ft. For 25 juveniles/children i.e.600 Sq. Ft.
(iii)	Sickroom/First aid room	75 Sq. ft. per juvenile/children for 10 i.e. 750 Sq. ft.
(iv)	Kitchen	250 Sq. ft.
(v)	Dining Hall	800 Sq. ft.
(vi)	Store	250 Sq. ft.
(vii)	Recreation Room	300 Sq. ft.
(viii)	Library	500 Sq. ft.
(ix)	5 bath rooms	25 Sq. ft each i.e. 125 Sq. ft.
(x)	8 toilets/latrines	25 Sq. ft each i.e. 200 Sq. ft.
(xi)	Office rooms	a) 300 Sq. ft. b) Superintendent's room 200 sq. fit
(xii)	Counselling and guidance room	120 Sq. ft.
(xiii)	Workshop	1125 Sq. ft. For 15 juvenile @75 Sq. ft. Per trainee
(xiv)	Residence for Superintendent	(a) 2 rooms of 250 Sq. ft. each (b) Kitchen 75 Sq. ft. 1 bathroom-cum -Toilet/latrine 50 Sq. ft.
(xv)	2 Rooms for Juvenile Justice Board / Child welfare committee	300 Sq. ft. each i.e.600 Sq.ft

3. Tick as per the availability/arrangements of the following items mentioned as per the guideline:

Sl. No	Items/arrangements	Availability (Yes/No)
1	Whether the reception area, equipped with adequate table space, seating space, and storage, registers, files etc.	

2	Whether the reception area equipped with graphic display material, which would help the child and those accompanying him/her understand the role of the CCI, the expectations from the child, routine to be observed, code of conduct for staff, children and visitors, available redressal mechanisms	
	Is the reception area child friendly? (wall paintings, availability of toys and other play materials)	
	Is there any play area and is it child friendly? (wall paintings, availability of toys and other play materials)	
	Is there a provision for a kit consisting of basic clothing, sanitation & hygiene kits (along with other provisions of immediate psycho-social support) for every child coming into the CCI?	
3	Whether CCI have a visiting area meant for the purpose of meetings of CCL with their parents/guardians/relatives.	
4	Whether the reception area is separate from the main building?	
5	Every CCI shall have minimum 1000 sq. ft. allocated to a dormitory for 25 children	
6	Whether the dormitories have provision of adequate beds, bedding and storage units at the rate of 1 unit of bed, bedding, and locker per child per dormitory	
7	Whether the dormitories are equipped with sufficient fans, coolers and heaters to be used as per the weather requirement	
8	Whether the dormitories are fitted with an alarm system, emergency lights and fire – fighting equipment which can be used in case of emergencies	
9	Whether the bathing, toilet and laundry facilities shall have adequate supply of water and adequate supply of soap, shampoo etc.	
10	Every CCI shall have a common dining area where children gather for meals daily.	
11	Sufficient number of desk and chairs in study room	
12	Whether CCI have library with adequate books both of academic and leisure pursuit	
13	Whether the library have adequate desks and chairs, fans and lights to enable children to read comfortably	
14	Whether CCI have adequate ventilation which enables the access to fresh and natural light	
15	Whether CCI have at least one room which is meant for indoor recreation activities like music, dance, yoga, indoor games etc	

16	Whether the recreation room is fitted with a TV with cable connection where children are allowed to watch a pre-selected list of channels during fixed hours as part of their daily routine	
17	Whether the CCI have an open outdoor space for outdoor recreation activities like physical exercise, outdoor sports etc	
18	Whether there are sufficient sports equipment and a place to store it.	
19	Whether CCI have a sickroom/medical room which the CCL can access when he/she needs to be administered first aid, or is unwell and needs proper rest	
20	Whether medical room has a first aid kit.	
21	Whether the medical room have adequate storage to be used for medical supplies and equipment	
22	Whether CCI have at least one room which is demarcated for counselling and conference sessions	
23	Whether CCI have access to safe drinking water at all hours/ RO water filters installed	
24	Every CCI shall have fire extinguishers in the kitchen, dormitories, storerooms, counselling rooms.	
25	Whether CCI have power back up/inverters/generators	
26	Whether the study room is equipped with computers and internet facilities	
27	Whether there is a fire exit	

To be asked to the warden

4.Did you ever face drinking water issues in the past?
1.yes
2.No

5. Did you face network connectivity issues in the past?
1.Yes
2.No

6. Did you face supply crunch of essentials in the past?
1.Yes
2.No

7. Is there a NGO/CBO involved in the functioning of this institute?
1.Yes
2.No

8. Is there a feedback mechanism in place?
1.Yes

2.No

9. Is internet available to all now?

1.Yes

2.No

10. Are records maintained digitally?

1.Yes

2.No

11A.Is data about the institute relayed to state/district HQ

1.Yes

2.No

11B. If 20A is yes , how is the data relayed to the HQ

1.Digitally

2.Paper files

12. Are there separate records (registers maintained) for each child cases as a part of Individual care plan?

1. Yes

2.No

13.Are the Registers filled?

1. Yes with regularity

2. Yes with irregularity

3. Not filled

H. FOCUS GROUP DISCUSSION(FGD), WOMEN AND CHILD DEVELOPMENT (WCD) Working Women Hostel (WWH)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name/Type of the Institution	
4.	GPS	Latitude: |__|__|.|__|__|__| Longitude: |__|__|.|__|__|__|
5.	Name of Moderator	
6.	Code of Moderator	
7.	Name of Notetaker	
8.	Code of Notetaker	

Interviewer Signature: _____ Date: Place:

- **FGD composition:** These centers will have 4-8 participants who will be randomly selected for conducting FGD.
- **Management:** In-charge/Residential Head

Questions to the operations team (Management):

1) What all services are provided to beneficiaries at this centre?
2) How are the finances within this institution managed? Are the funds received adequate to manage the centre? In the event of shortage of funds, how do you manage the finances?
3) Does the hostel find any difficulty in accessing grants for replacement of furniture?
4) From where is procurement done of essentials like - beds, blankets, toiletries etc. for the centre? How often such procurement takes place?
5) How do you ensure hygiene maintenance in the centre? Has there been any complain from women/child about these services? If yes, how do you address them?
6) How many times in a day is meal served to women within the centre? Who prepares the meal? Do you maintain any record for cost involved in food procurement.?
7) How do you ensure women safety in the centre?
8) Could you share experiences of beneficiaries those who have been rehabilitated/reintegrated after being enrolled/registered in this Centre? Probe: social and economic rehabilitation
9) What is the mechanism to follow-up and tracking of the beneficiaries after they have left the Institution?

10) What are the mechanisms in place in the Homes to address issues of abuse (sexual, mental, physical) taking place within the Centre?
11) Are there any guidelines available from the government on the minimum staff requirement? Are these adhered to? Kindly share your thoughts.
12) What are the mechanisms available to address staff's greivance? Are there any guidelines available from the government on the minimum staff requirement? Are these adhered to?
13) Does this hotel have hostel management committee? How frequently do the Hostel Management Committee meetings happen?
14) Any feedback you want to give to improve the services to the beneficiaries in the center?
15) Questions on cost benefit – how much does it cost to run the hostel? How much revenue does the hostel collect? How much funding from govt? and whether it is cost efficient?
16) **Convergence *(schemes with similar goals coming together to achieve the objective)*:** Whether there is any convergence with other government schemes? If yes, how do you think the working women hostel scheme is converging with another scheme. Also do you think the convergence is benefitting the beneficiaries in any way.

Key Questions (Beneficiaries):

1) Do you think the WWH enables you to feel more empowered and caters to your needs as working women? Would you recommend the use of WWHs to girls/women from your hometown?

2) **Admission Procedure:**
   i) How are the allotment done? Does the preference given to disadvantaged sections of the society? Anybody staying more than 3 years? How much fees collected? Anybody with income more than 50,000 per month staying?

   (Probe: the inmates of the working women's hostel reasonable rent not exceeding 15% of their total emoluments/ gross salary in the case of single bed rooms, 10% in case of the double bed rooms and 7 ½ % in the case of the dormitories. Fees charged from the children in the Day Care Centre should not be more than 5% of the emoluments of their mother)

3) Do you have a role in the management of the hostel? Please describe.

4) **Infrastructure:**
   i) Are there any facilities/provisions lacking against the prescribed level?
   ii) How do you find the infrastructure of the hostels compared to your needs?
   iii) Is the cleanliness and hygiene of the hostel of acceptable quality?
   iv) Are there any other infrastructure facilities that would make the WWHs better? Internet availability? Do you think the hostel is suitable for differently abled?

5) Quality of services:

i) How do you rate the quality of general services (*basic amenities, infrastructure, medical services*)? *(Rate on a scale of 1 to 5)* Can you provide some suggestions on how the quality of general services can be improved?
ii) Quality of day care services? (*Rate on a scale of 1 to 5)* Can you provide some suggestions on how the quality of day care services can be improved?
iii) Quality of food? (*Rate on a scale of 1 to 5)*

6) Do you have colleagues that prefer to live in private hostels instead of WWHs? What are the possible reasons?

7) What are the mechanisms available to address staff's grievance? Are there any guidelines available from the government on the minimum staff requirement? Are these adhered to?

8) **Security:**
i) Is the hostel easily accessible?
ii) What efforts has the Hostel Management committee taken to ensure that the living environment is safe?
iii) Is the Warden resident here? DO you feel secure at the hostel? Is there a CCTV and other security measures available?

9) **Cost effectiveness**: [Probe questions around the comparison with other possible options]
i) Why have you chosen to be in this hostel?
ii) What are the other possible options available – such as pvt hostels etc?
iii) For a similar hostel, how much would you pay and how much do you pay here? Arrive at cost advantage to inmates

10) **Aspirations and expectations**:
i)What is your opinion on the way that hostel is run?
ii)Do you think that some rules can be changed?
iii)Do you think you require any additional facilities?

I. FOCUS GROUP DISCUSSION(FGD), WOMEN AND CHILD DEVELOPMENT (WCD) (SWADHAR GREH)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name/Type of the Institution	
4.	GPS	Latitude: |__|__|.|__|__|__| Longitude: |__|__|.|__|__|__|
5.	Name of Moderator	
6.	Code of Moderator	
7.	Name of Notetaker	
8.	Code of Notetaker	

Interviewer Signature: _____ Date: Place:

- **FGD composition:** These centers will have 4-8 participants who will be randomly selected for conducting FGD.
- **Management:** In-charge/Residential Head

Questions to the operations team (Management):

1) What all services are provided to beneficiaries at this centre?
2) Can you briefly tell about legal services provided to beneficiaries in the centre? (Probe: availability of legal counsellors – full time/part time, number of days counselling done in a week)
3) Can you briefly tell about psychosocial counselling services provided to beneficiaries in the centre? (Probe: availability of psychiatrists/counsellors – full time/part time, number of days counselling done in a week)
4) How are the finances within this institution managed? Are the funds received adequate to manage the centre? In the event of shortage of funds, how do you manage the finances?
5) From where is procurement done of essentials like - beds, blankets, toiletries etc. for the centre? How often such procurement takes place?
6) How do you ensure hygiene maintenance in the centre? Has there been any complain from women/child about these services? If yes, how do you address them?
7) How many times in a day is meal served to beneficiaries within the centre? Who prepares the meal? Do you maintain any record for cost involved in food procurement.?
8) How do you ensure women safety in the centre?

9) Could you share experiences of beneficiaries those who have been rehabilitated/reintegrated after being enrolled/registered in this Centre? Probe: social and economic rehabilitation
10) What is the mechanism to follow-up and tracking of the beneficiaries after they have left the Institution?
11) What are the mechanisms in place in the Homes to address issues of abuse (sexual, mental, physical) taking place within the Centre?
12) Are you satisfied with the salary you receive as per your expectation considering the services you provide? Do you wish to continue delivering services at this current pay-scale? Please suggest if anything should be done.
13) What are the mechanisms available to address staff's greivances? Are there any guidelines available from the government on the minimum staff requirement? Are these adhered to?
14) Are you satisfied with the trainings provided to you? How helpful it has been in improving your performance?
15) Do you suggest any possible skill training to improve their performance? (Probe: any areas they lack capacity/ K&S)
16) Any feedback you want to give to improve the services to the beneficiaries in the center?

Key Questions (Beneficiaries):

1) Do you all think that Swadhar Greh benefit you? Please explain more.
2) In your opinion what are the main safety challenges and issues faced by women and/or child in your village? Why do you think these instances happen?
3) What are the challenges and issues the women & children face in coping with this problem at personal level? Also, briefly tell about the challenges and issues the women &children face in reaching out to take support from existing Institutions (if any)? (Probe: any steps taken to access support, resolve your issues and mainstreaming in society again; barriers in accessing services from counsellors/Police/other Institutions – societal taboo, geographical proximity, lack of awareness)
4) How approachable do you think is the centre (Swadhar Greh)? Probe: in terms of beneficiaries reaching out to Institutions and system facilitating Institutions to provide services to the needy/eligible beneficiaries.
5) **Counseling services:** (Note: ask separately about legal and psychosocial counselling for beneficiaries)
   i) Have you received any counseling service after coming here?
   ii) How often does such counsellors visit here?
   iii) What is your opinion about counselling services?
   iv) Do you feel any benefit from such services?
   v) Have you ever complained about quality of counselling services provided here? Were those grievances addressed?
6) **Medical services**
   i) Do you receive any medical service after coming here?
   ii) Briefly share about the regularity of medical services/health check-ups provided to you?
   iii) How helpful the health services have been so far in improving your health? Briefly share your experiences.
   iv) Have you ever complained about quality of medical services provided here? Were those grievances addressed?
7) **Quality of services:**

i) What all facilities do you receive at this centre? How is the quality of such services received?
ii) Are the beds and mattresses comfortable enough to sleep? In case they are not comfortable, have you made any complaints about the same? If yes, were your grievances addressed or solved?
iii) What is the condition of washroom in this centre? Is it cleaned on a regular basis? How often cleanliness drives take place in this centre? In case they are very un-hygenic, have you made any complaints about the same? If yes, were your grievances addressed or solved?
iv) How many times in a day is meal served to you at this centre? How is the quality of food served? In case of bad quality, have you made any complaints about the same? If yes, were your grievances addressed or solved?

8) **Safety aspects:**
i) Do you feel safe within the premises of this centre?
ii) Have you ever complained about safety issues in the centre? If yes, were your grievances addressed or solved?

9) **Skill based training:**
i) Have you people received any skill-based training from the centre? Was it good enough?
ii) Have you received any employment opportunity based on the training received?
iii) Do you want to move out of this place? If Yes, what kind of life do you dream of after going from here? If no, why?

10) Grievances
i) Do you see any kind of discrimination in the homes? Do you have a grievance mechanism in place and how confident are you to contact them when encountered with grievance?
ii) Have you had any grievances staying here? (Probe: related to food quality, accommodation, training, counselling, rules etc.) If Yes, have you ever raised your grievances? If yes, how long did it take to resolve.
iii) What are your plans of reintegration into families/society?

J. FOCUS GROUP DISCUSSION(FGD), WOMEN AND CHILD DEVELOPMENT (WCD) (UJJAWALA HOMES)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name/Type of the Institution	
4.	GPS	Latitude: |__|__|.|__|__|__| Longitude: |__|__|.|__|__|__|
5.	Name of Moderator	
6.	Code of Moderator	
7.	Name of Notetaker	
8.	Code of Notetaker	

Interviewer Signature: _____ Date: Place:

- **FGD composition:** These centers will have 4-8 participants who will be randomly selected for conducting FGD.
- **Management:** In-charge/Residential Head

Questions to the operations team (Management)**:**

1) What all services are provided to beneficiaries at this centre?
2) Can you briefly tell about legal services provided to beneficiaries in the centre? (Probe: availability of legal counsellors – full time/part time, number of days counselling done in a week)
3) Can you briefly tell about psychosocial counselling services provided to beneficiaries in the centre? (Probe: availability of psychiatrists/counsellors – full time/part time, number of days counselling done in a week)
4) How are the finances within this institution managed? Are the funds received adequate to manage the centre? In the event of shortage of funds, how do you manage the finances?
5) From where is procurement done of essentials like - beds, blankets, toiletries etc. for the centre? How often such procurement takes place?
6) How do you ensure hygiene maintenance in the centre? Has there been any complain from women/child about these services? If yes, how do you address them?
7) How many times in a day is meal served to women within the centre? Who prepares the meal? Do you maintain any record for cost involved in food procurement.?
8) How do you ensure women safety in the centre?
9) Could you share experiences of beneficiaries those who have been rehabilitated/reintegrated after being enrolled/registered in this Centre? Probe: social and economic rehabilitation

10) What is the mechanism to follow-up and tracking of the beneficiaries after they have left the Institution?
11) Are you satisfied with the salary you receive as per your expectation considering the services you provide? Do you wish to continue delivering services at this current pay-scale? Please suggest if anything should be done.
12) Are you satisfied with the trainings provided to you? How helpful it has been in improving your performance?
13) Do you suggest any possible skill training to improve their performance? (Probe: any areas they lack capacity/ K&S)
14) What are the mechanisms in place in the Homes to address issues of abuse (sexual, mental, physical) taking place within the Centre?
15) Any feedback you want to give to improve the services to the beneficiaries in the center?

Key Questions (Beneficiaries):

16) Do you all think that Ujjawala homes benefit you? Please explain more.
17) In your opinion what are the main safety challenges and issues faced by women and/or child in your village? Why do you think these instances happen?
18) What are the challenges and issues the women & children face in coping with this problem at personal level? Also, briefly tell about the challenges and issues the women &children face in reaching out to take support from existing Institutions (if any)? (Probe: any steps taken to access support, resolve your issues and mainstreaming in society again; barriers in accessing services from counsellors/Police/other Institutions – societal taboo, geographical proximity, lack of awareness)
19) How approachable do you think is Ujjawala Homes? Probe: in terms of beneficiaries reaching out to Institutions and system facilitating Institutions to provide services to the needy/eligible beneficiaries.
20) **Counseling services: (Note:** ask separately about legal and psychosocial counselling services)
    i) Have you received any counseling service after coming here?
    ii) How often does such counsellors visit here?
    iii) What is your opinion about counselling services?
    iv) Do you feel any benefit from such services?
    v) Have you ever complained about quality of counselling services provided here? Were those grievances addressed?
21) **Medical services**
    i) Do you receive any medical service after coming here?
    ii) Briefly share about the regularity of medical services/health check-ups provided to you?
    iii) How helpful the health services have been so far in improving your health? Briefly share your experiences.
    iv) Have you ever complained about quality of medical services provided here? Were those grievances addressed?
22) **Quality of services:**
    i) What all facilities do you receive at this centre? How is the quality of such services received?

ii) Are the beds and mattresses comfortable enough to sleep? In case they are not comfortable, have you made any complaints about the same? If yes, were your grievances addressed or solved?
iii) What is the condition of washroom in this centre? Is it cleaned on a regular basis? How often cleanliness drives take place in this centre? In case they are very un-hygenic, have you made any complaints about the same? If yes, were your grievances addressed or solved?
iv) How many times in a day is meal served to you at this centre? How is the quality of food served? In case of bad quality, have you made any complaints about the same? If yes, were your grievances addressed or solved?

23) **Safety aspects:**
i) Do you feel safe within the premises of this centre?
ii) Have you ever complained about safety issues in the centre? If yes, were your grievances addressed or solved?

24) **Skill based training:**
i) Have you people received any skill-based training from the centre? Was it good enough?
ii) Have you received any employment opportunity based on the training received?

25) Aspirations
i) Do you want to move out of this place? If Yes, what kind of life do you dream of after going from here? If no, why?
ii) What are your plans of reintegration into family/society?

26) Grievance addressal:
i) Do you see any kind of discrimination in the homes? Do you have a grievance mechanism in place and how confident are you to contact them when encountered with grievance?
ii) Have you had any grievances staying here? (Probe: related to food quality, accommodation, training, counselling, rules etc. Have you ever raised your grievances? If yes, how long did it take to resolve.

K. FOCUS GROUP DISCUSSION(FGD), WOMEN AND CHILD DEVELOPMENT (WCD) (CHILDCARE INSTITUTIONS)

Sl No.	Q. No.	Response
1.	Date of Assessment	DD/MM/YY
2.	Name of the State	
3.	Name/Type of the Institution	
4.	GPS	Latitude: |__|__|.|__|__|__| Longitude: |__|__|.|__|__|__|
5.	Name of Moderator	
6.	Code of Moderator	
7.	Name of Notetaker	
8.	Code of Notetaker	

Interviewer Signature: _____ Date: Place:

- **FGD composition:** These centers will have 4-8 participants who will be randomly selected for conducting FGD. The beneficiaries of age group 12-18 will be engaged in the study.
- **Management:** In-charge/Residential Head

Questions to the operations team (Management):

1) What all services are provided to beneficiaries at this centre?
2) Can you briefly tell about legal services provided to beneficiaries in the centre? (Probe: availability of legal counsellors – full time/part time, number of days counselling done in a week)
3) Can you briefly tell about psychosocial counselling services provided to beneficiaries in the centre? (Probe: availability of psychiatrists/counsellors – full time/part time, number of days counselling done in a week)
4) How are the finances within this institution managed? Are the funds received adequate to manage the centre? In the event of shortage of funds, how do you manage the finances?
5) From where is procurement done of essentials like - beds, blankets, toiletries etc. for the centre? How often such procurement takes place?
6) How do you ensure hygiene maintenance in the centre? Has there been any complain from women/child about these services? If yes, how do you address them?
7) How many times in a day is meal served to women within the centre? Who prepares the meal? Do you maintain any record for cost involved in food procurement.?
8) How do you ensure women safety in the centre?
9) Could you share experiences of beneficiaries those who have been rehabilitated/reintegrated after being enrolled/registered in this Centre? Probe: social and economic rehabilitation

10) What is the mechanism to follow-up and tracking of the beneficiaries after they have left the Institution?
11) Did you receive any skill-based training in recent time? If Yes, was it useful to you?
12) Do you suggest any possible skill training to improve their performance? (Probe: any areas they lack capacity/ K&S)
13) What are the mechanisms in place in the Homes to address issues of abuse (sexual, mental, physical) taking place within the Centre?
14) Any feedback you want to give to improve the services to the beneficiaries in the center?

Key Questions (Beneficiaries):

15) Do you all think that CCIs benefit you? Please explain more.
16) In your opinion what are the main safety challenges and issues faced by women and/or child in your village? Why do you think these instances happen?
17) What are the challenges and issues the women & children face in coping with this problem at personal level? Also, briefly tell about the challenges and issues the women &children face in reaching out to take support from existing Institutions (if any)? (Probe: any steps taken to access support, resolve your issues and mainstreaming in society again; barriers in accessing services from counsellors/Police/other Institutions – societal taboo, geographical proximity, lack of awareness)
18) How approachable do you think is CCI? Probe: in terms of beneficiaries reaching out to Institutions and system facilitating Institutions to provide services to the needy/eligible beneficiaries.
19) **Counseling services: (Note**: ask separately on legal and psychosocial counselling services)
    i) Have you received any counseling service after coming here?
    ii) How often does such counsellors visit here?
    iii) What is your opinion about counselling services?
    iv) Do you feel any benefit from such services?
    v) Have you ever complained about quality of counselling services provided here? Were those grievances addressed?
20) **Medical services**
    i) Do you receive any medical service after coming here?
    ii) Briefly share about the regularity of medical services/health check-ups provided to you?
    iii) How helpful the health services have been so far in improving your health? Briefly share your experiences.
    iv) Have you ever complained about quality of medical services provided here? Were those grievances addressed?
21) **Quality of services:**
    i) What all facilities do you receive at this centre? How is the quality of such services received?
    ii) Are the beds and mattresses comfortable enough to sleep? In case they are not comfortable, have you made any complaints about the same? If yes, were your grievances addressed or solved?
    iii) What is the condition of washroom in this centre? Is it cleaned on a regular basis? How often cleanliness drives take place in this centre? In case they are very un-hygenic, have you made any complaints about the same? If yes, were your grievances addressed or solved?

iv) How many times in a day is meal served to you at this centre? How is the quality of food served? In case of bad quality, have you made any complaints about the same? If yes, were your grievances addressed or solved?

22) **Safety aspects:**
   i) Do you feel safe within the premises of this centre?
   ii) Have you ever complained about safety issues in the centre? If yes, were your grievances addressed or solved?

23) **Skill based training:**
   i) Have you people received any skill-based training from the centre? Was it good enough?
   ii) Have you received any employment opportunity based on the training received?

24) Aspirations
   i) Do you want to move out of this place? If Yes, what kind of life do you dream of after going from here? If no, why?
   ii) What are your plans of reintegration into family/society?

25) Grievance addressal:
   i) Do you see any kind of discrimination in the homes? Do you have a grievance mechanism in place and how confident are you to contact them when encountered with grievance?
   ii) Have you had any grievances staying here? (Probe: related to food quality, accommodation, training, counselling, rules etc. Have you ever raised your grievances? If yes, how long did it take to resolve.

L. IN DEPTH INTERVIEWS, WOMEN AND CHILD DEVELOPMENT (WCD) (UJJAWALA, SWADHAR GREH, CHILD CARE INSTITUTIONS)

Swadar Greh

1) How does Swadar Greh benefit you?
2) How did you reach out to these institutions? Did you face any challenges in accessing the institution (Probe: approachability)
3) What is your opinion on the counselling services you received? Did you have any grievance on the quality of services you received, and has it been addressed?
4) What is your opinion on the medical services you received? Did you have any grievance on the quality of services you received, and has it been addressed?
5) Do you feel safe within the premises of this centre? Are you aware of any incidents of abuse (Sexual/verbal/physical) happened in this home? Was it reported to any competent authority and was there any action taken?
6) Do you see any kind of discrimination in the homes? Have you raised any grievance related to discrimination?
7) What are your plans of reintegration into families/society?

Ujjawala:

1) How does Ujjawala benefit you?
2) How did you reach out to these institutions? Did you face any challenges in accessing the institution (Probe: approachability)
3) What is your opinion on the counselling services you received? Did you have any grievance on the quality of services you received, and has it been addressed?
4) What is your opinion on the medical services you received? Did you have any grievance on the quality of services you received, and has it been addressed?
5) Do you feel safe within the premises of this centre? Are you aware of any incidents of abuse (Sexual/verbal/physical) happened in this home? Was it reported to any competent authority and was there any action taken?
6) Do you see any kind of discrimination in the homes? Have you raised any grievance related to discrimination?
7) Do you want to move out of this place? If Yes, what kind of life do you dream of after going from here? If no, why?

Childcare Institutions:

1) How do you feel living in this home? What are the facilities that are provided to you here?
2) (Probe: approachability)
3) What is your opinion on the counselling services you received? Did you have any grievance on the quality of services you received, and has it been addressed?
4) What is your opinion on the medical services you received? Did you have any grievance on the quality of services you received, and has it been addressed?
5) Do you feel safe within the premises of this centre? Are you aware of any incidents of abuse (Sexual/verbal/physical) that may have taken place in this home? (Probe: by other children

residing at home & by management team) Was it reported to any competent authority and was there any suitable action taken thereof?

6) Do you see/face any kind of discrimination in the homes? Have you raised any grievance related to discrimination?
7) Do you want to move out of this place? If Yes, what kind of life do you dream of after going from here? If no, why?

Annexure 4: Quantitative Survey Questionnaire

SECTION A: IDENTIFICATION OF HOUSEHOLD			
A1 (a)	App Version एप वर्जन		
A1 (b)	State Code राज्य कोड	Code |__|__| कोड	
A1 (c)	State name राज्य का नाम	Name: _____ नाम	
A1 (d)	District code जिला कोड	Code |__|__| कोड	
A1 (e)	District name जिले का नाम	Name: _____ नाम	
A1 (f)	Block code ब्लॉक कोड	Code |__|__| कोड	
A1 (g)	Block name ब्लॉक का नाम	Name: _____ नाम	
A1 (h)	Village/CEB code गांव/ सीईबी कोड	Code |__|__| कोड	
A1 (i)	Village/CEB name गांव/ सीईबी का नाम	Name: _____ नाम	
A2.	Interviewer ID सर्वेकर्ता की आईडी	|__|__|	
A3.	Supervisor ID सुपरवाइजर की आईडी	|__|__|	
A6.	Household number घर की संख्या	|_|_|_|	
A7.	Unique Reference ID. यूनिक रेफरेंस आईडी ***CAPI: This will be automatically generated***	|_|_|_|_|_|_|_|_|_|	
A8.	Date of visit मुलाकात की तारीख	|_____|	
A9.	Result of visit मुलाकात का परिणाम	Available for interview साक्षात्कार के लिए उपलब्ध	1
		Refused मना कर दिया	2
		Others:_____ अन्य:_____	3
CAPI: If A9 = 2 or 3, END the survey			
A10.	Type of respondent प्रतिभागी का प्रकार	Pregnant woman गर्भवती महिला	1
		Lactating women स्तनपान करा रही महिलाएं	2

	(Multiple choice)	Mother of child aged between 6 months to 3 years 6 महीने से 3 साल की उम्र के बच्चे की मां	3
		Mother of child aged between 3 years to 6 years 3 साल से 6 साल की उम्र के बच्चे की मां	4
		Adolescent girl (11-14) किशोर लड़की	5
		Other categories of women कोई अन्य महिला *if the select this then open the following options*	6
		Single women अकेली महिला	6a
		Widow विधवा	6b
		Women with no social and economic support (destitute) बिना सामाजिक और आर्थिक सहायता वाली महिलाएं (निराश्रित)	6c
A11.	Is the respondent employed and has a child aged between 6 months to 6 years? क्या प्रतिभागी नौकरी-पेशा है और उनका 6 महीने से 6 साल की उम्र का बच्चा है? (employment include unpaid work on farm, family enterprise or any other economic activity) (रोजगार में खेत पर बिना वेतन काम करना, परिवार का उद्यम या कोई अन्य गतिविधि शामिल है)	Yes 1 हां	
		No 2 नहीं	
A12a.	Respondent name प्रतिभागी का नाम	_____	
A12b.	Name of Household head घर के मुखिया का नाम	----------	

A13.	What is the religion of this household? यह घर किस धर्म का पालन करता है?	Hindu 1 हिन्दू
		Muslim 2 मुस्लिम
		Christian 3 ईसाई
		Sikh 4 सिख

		No religion 9 कोई धर्म नहीं
		Other (specify) _____ 88 अन्य (बतायें).....
		Refused 99 बताने से मना कर दिया
A14.	What is the caste of this household? इस घर की जाति क्या है?	Scheduled caste 1 अनुसूचित जाति
		Scheduled tribe 2 अनुसूचित जन जाति
		Other backward caste 3 अन्य पिछड़ा वर्ग
		Forward/General 4 अगड़ी/ सामान्य
		Other (specify) _____ 88 अन्य (बतायें) .....
		Refused 99 बताने से मना कर दिया
A15.	What Is the kind of ownership of house? घर का मालिकाना हक किस प्रकार का है?	Owns the dwelling 1 अपना खुद का घर है
		Rents the dwelling 2 किराये का घर है
		Uses without paying rent 3 बिना किराये चुकाये इस्तेमाल करते हैं
		No dwelling 4 कोई घर नहीं है
A16.	How many members stay in the house? घर में कितने सदस्य रहते हैं?	|___|

B1	B2	B3	B4	B5	B6	B6A	B6B	B6C	B6D
Individual ID	Name ***First then Last Name*** पहले नाम और फिर सरनेम ***Make a complet***	Is [NAME] male or female? क्या (नाम) पुरूष है या महिला?	What is the relationship of [NAME] to household head? (नाम) का घर के मुखिया के साथ क्या रिश्ता है?	How old is [NAME]? (नाम) की उम्र क्या है? ***Record "0" if infant below 1 year old.***	What is [NAME]'s marital status? ***[NAME]*** की वैवाहिक स्थिति क्या है***?*** ***CAPI: Skip this question if B5 < 6***	Does the [NAME] have a bank account? क्या [नाम] का बैंक में खता है?	Does the [NAME] have an aadhaar card ? क्या [NAME] के पास आधार कार्ड है? ***CAPI: If B6B = 2, skip to B7***	Does the aadhar card have your current address in it? क्या आधार कार्ड में आपका वर्तमान पता है?	Is the [NAME] bank account linked to Adhaar ? क्या [NAME] का बैंक अकाउंट आधार से लिंक्ड है ? ***CAPI: Skip this question if B6A = 2 or B6B = 2***

	e list of all individuals who normally live and eat their meals together in this household, starting with the head of household. ***सभी व्यक्तियों की संपूर्ण सूची बनाएं जो सामान्य तौर से इस घर में एक साथ रहते और***	Male पुरूष .....1 Female.. महिला...2 Others अन्य 3	Head.....1 मुखिया Wife/Spouse.....2 पत्नी/ जीवनसाथी Child/adopted child.....3 बच्चा/ गोद लिया हुआ बच्चा Grandchild.....4 नाती/ पोता Niece/Nephew.....5 भतीजी/ भतीजा Father/Mother.....6 पिता/ मां Sister/Brother.....7 बहन/ भाई Son/Daughter-in-law.....8 बेटा/ बहू Brother/Sister-in-law.....9 देवर/देवरानी Father/Mother-in-law.....10 सास-ससुर Grandfather/mother.....11 दादा/ दादी Other relative.....12 अन्य रिश्तेदार House help/House help's relative...13 नौकर/ नौकर के रिश्तेदार Other non-relative.....14 अन्य गैर रिश्तेदार	YEARS साल	Never Married ...1 कभी शादी नहीं हुई Currently Married...2 फिलहाल विवाहित Widowed...3 विधवा/ विधुर Separated...4 जीवनसाथी से अलग हो गये हैं Divorced...5 तलाकशुदा	Yes हाँ....1 No ना.....2	Yes हाँ....1 No ना.....2	Yes हाँ....1 No ना.....2	Yes हाँ....1 No ना.....2 Don't Know पता नहीं....99

	साथ में भोजन करते हैं; घर के मुखिया से शुरू करें।								
1									
2									
3									
4									
5									

	B7	B8	B9	B10	B11	B12
Individual ID	Is [NAME] mentally/physically disabled? क्या [NAME] मानसिक / शारीरिक रूप से अक्षम है?	What kind of disability does [NAME] have? ***[NAME]*** को किस प्रकार की विकलांगता है***?*** ***CAPI: Ask if B7 is Yes***	Can the [NAME] read and write in any language with understanding? क्या (नाम) किसी भी भाषा को समझने के साथ पढ़ और लिख सकती है? ***CAPI: Ask if B5 > 5***	What is the highest level of education [NAME] has attained? शिक्षा का उच्चतम स्तर [NAME] क्या है? ***CAPI: Ask if B5 > 5 and B5 < 46 and B7 = 1***	Was there any serious problem faced by [NAME] at school? (Read options aloud) क्या स्कूल में [NAME] द्वारा किसी गंभीर समस्या का सामना किया गया था? (जोर से पढ़ें विकल्प) ***CAPI: Ask if B5 > 5 and B5 < 46 and B7 = 1***	If [Name] is a dropout, what is the reason for dropping out of school? यदि [नाम] एक ड्रॉपआउट है, तो स्कूल छोड़ने का क्या कारण है? ***CAPI: Ask if B10 is < 4 and B05 > 5 and B05 < 46***
	Yes हाँ....1 No ना.....2	In seeing....1, देखने में In hearing....2 सुनने में In speech.....3 बोलने में In movement....4 चलने/फिरने में In Mind/ Intellect....5 दिमागी/ समझने में Mental illness.....6 मानसिक बीमारी Amy other....7, कोई अन्य Multiple Disability....8	Yes हाँ....1 No ना.....2	Did not got to schools....1, स्कूल नहीं गए Pre-primary..2, प्राथमिक-पूर्व Primary (upto Class 5).....3, प्राथमिक (कक्षा 5 तक) Secondary/Matric (Class 6-10)....4, माध्यमिक/ मैट्रिक (कक्षा 6-10) Higher Secondary/Intermediate (Class 11-12)....5, उच्चतर माध्यमिक / इंटरमीडिएट (कक्षा 11-12) Diploma/certificate/vocational course....6, डिप्लोमा/ सर्टिफिकेट/ व्यवसायिक कोर्स	No problems....1, कोई समस्या नहीं Lack of books/supplies...2, किताबों/ अन्य चीजों का अभाव Poor teaching...3, खराब शिक्षण Lack of teachers....4, शिक्षकों का अभाव Children were not safe....5, बच्चे सुरक्षित नहीं थे Lack of good quality toilets....6, अच्छी गुणवत्ता वाले शौचालयों की कमी Lack of building/classrooms….7,	Too old/too young....1, बहुत बड़ी/ बहुत छोटी school is far away....2, स्कूल बहुत दूर है school is too expensive....3, स्कूल बहुत महंगा है Illness....4, बीमारी Engaged in economic activity/work....5, आर्थिक गतिविधि/ काम में लग गये हैं Useless/uninteresting....6, व्यर्थ/ रुचि नहीं होना Failed exam....7, परीक्षा में अनुतीर्ण हो गये Got married or pregnant...8

		कई विकलांगताएं		Graduate..7, स्नातक Post graduate..8, स्नातकोत्तर Don't know – 99 पता नहीं	इमारत/ कक्षाओं का अभाव Others….88 अन्य (please specify) (कृपया बतायें) Don't Know…..99 नहीं पता	शादी या गर्भवती हो गयी Continue education…..9 अभी पढाई कर रहे हैं Others….88 अन्य (please specify) (कृपया बतायें) Don't Know…..99 नहीं पता
1						
2						
3						
4						
5						

	B13	B13A	B13B	B14	B15A	B15B	B15C
Individual ID	Has [NAME] worked anytime during the last year (include part time help, unpaid work on farm, family enterprise or any other economic activity) ? क्या (नाम) ने पिछले साल में किसी भी समय काम किया है (इसमें पार्ट टाइम मदद, खेत पर, परिवार के उद्यम/व्यवसाय या किसी अन्य वित्तीय गतिविधि में काम किया है)? ***CAPI: Skip B13, B13A, B13B & B14 if B5 < 5***	What was the nature of work of done by [NAME] (नाम) ने किस प्रकार का काम किया था ***CAPI: ask if B13 is 1 or 2 or 3***	What sector did [NAME] work in ? (नाम) ने किस क्षेत्र में काम किया है? ***CAPI: ask if B13 is 1 or 2 or 3***	Is [NAME] seeking for work? क्या (नाम) काम ढूंढ रहा है? ***CAPI: ask if B13 is 4***	How many surviving children does [NAME] have? (नाम) के कितने जीवित बच्चे हैं? ***CAPI: Ask if B3 is 2 and B5 > 12***	How many children were ever born? कुल कितने बच्चे पैदा हुए थे? ***CAPI: Ask if B3 is 2 and B5 > 12***	Number of children born alive during last one year पिछले एक साल में जन्में जीवित बच्चों की संख्या ***CAPI: Ask if B3 is 2 and B5 > 12***
	Yes, Main Worker (worked for 6 months or more)……1, हां, मुख्य कामगार (6 महीने या इससे ज्यादा तक काम किया Yes, Marginal worker (worked for 3 months	Self Income – Employer….1, खुद कमाना- नियोक्ता Self Income – Single Worker….2, खुद कमाना - अकेले कामगार Fixed monthly salary/wage - Private	Agriculture….1, कृषि Mining….2, खान/खदान में काम करना Manufacturing – Textiles….3, उत्पादन - कपड़ा	Yes….1 हां No…..2 नहीं			

	or more but less than 6 months).....2, हां, गैरमामूली कामगार (3 महीने या इससे ज्यादा लेकिन 6 महीने से कम काम किया) Yes, less than 3 months.....3, हां, 3 महीने से कम Non-worker (not worked at all).....4 काम नहीं करते (बिल्कुल भी काम नहीं किया)	or Non Profit Sector....3 मासिक वेतन/ मजदूरी तय है - प्राइवेट या गैर-लाभ क्षेत्र Fixed monthly salary/wage - Government or State-owned Enterprise.....4 मासिक वेतन/ मजदूरी तय है - सरकारी या राज्य के उद्यम में Daily or non-fixed wage....5, दिहाड़ी मजदूर या मजदूरी तय नहीं है Unpaid work within family....6, परिवार में बिना वेतन वाला काम Unpaid work outside family...7 परिवार के बाहर बिना वेतन वाला काम	Manufacturing - Non-textiles....4, उत्पादन - गैर-कपड़ा संबंधी Services – Trade....5, सेवाएं - व्यापार Services - Non-trade.....6, सेवाएं - गैर व्यापार Services – Construction….8 सेवाएं - निर्माण कार्य				
1							
2							

Section C: To be administered to Pregnant Women भाग सी: गर्भवती महिलाओं से पूछा जाना है *CAPI: Ask this section if A10 = 1*			
C1A	How many month pregnant are you? आप कितने महिनो की गर्भवती हैं ?	_____ number of days	
Questions related to Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) योजना से संबंधित प्रश्न			
C1	Do you know about the Pradhan Mantri Matru Vandana Yojana (PMMVY)? आप प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) के बारे में जानती हैं? ***CAPI: IF C1 = 2, mark C7 = 8 and skip to C25***	Yes हां	1
		No नहीं	2
C2	How did you get to know of PMMVY scheme ? *(Multiple choice)* आपको पीएमएमवीवाई योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के माध्यम से	5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	6
C3	Do you know of the benefits received under PMMVY scheme? क्या आप पीएमएमवीवाई योजना के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
C4	What are the benefits of PMMVY scheme? *(Options not to be read out)* पीएमएमवीवाई योजना के क्या-क्या फायदे हैं? *(विकल्पों को नहीं पढ़ा जाना है)* ***CAPI: Ask If C3 = 1***	Cash transfer as partial compensation of wage loss मजदूरी के नुकसान होने पर आंशिक क्षतिपूर्ति के रूप में नकद हस्तांतरण	1
		Cash transfer of INR 5000/- as a partial compensation of wage loss मजदूरी के नुकसान होने पर आंशिक क्षतिपूर्ति के रूप में रूपये 5000 तक नकद हस्तांतरण	2
		Cash transfer in 3 installments of INR 1000, INR 2000 and INR 2000 within 4 months, 6 months and after child-birth respectively 4 महीने, 6 महीने और बच्चे के जन्म के बाद क्रमश: रूपये 1000, रूपये 2000 और रूपये 2000 की 3 किश्तों में नकद हस्तांतरण	3

		Any other benefit _____ कोई अन्य फायदा	88
C5	On a scale of 1 to 3 (3 being very relevant and 1 being least), how relevant do you think PMMVY scheme is for your needs? आपको PMMVY स्कीम आपके ज़रूरतों के लिए कितना उपयुक्त या उपयोगी लगता है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी हद तक उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know नहीं पता	99
C6	Have you ever received any benefit under PMMVY scheme? आपको पीएमएमवीवाई योजना के तहत कोई फायदा मिला है? ***CAPI: skip to C8 if C6 = 1***	Yes हां	1
		No नहीं	2
C7	If not, what are the major reasons for not being able to avail the benefits of the scheme? यदि नहीं, तो योजना के फायदों का लाभ नहीं उठा पाने के मुख्य कारण क्या हैं? *(Multiple choice question)* ***CAPI: skip to C25***	My pregnancy was not registered मेरा प्रेगनेंसी रजिस्टर नहीं हुआ	1
		Did not have identity proof कोई आइडेन्टिटी प्रूफ नहीं है	2
		Local authorities insisted but failed to produce Aadhaar स्थानीय अधिकारियों ने जोर दिया लेकिन आधार कार्ड दिखने में असफल	3
		Did not have a post office/bank account पोस्ट ऑफिस/ बैंक खाता नहीं था	4
		This is not my first baby यह मेरा पहला बच्चा नहीं है	5
		Lack of interest in availing benefits लाभ उठाने में देल्चास्पी नहीं	6
		Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	7
		Not aware of scheme ***(CAPI: to be marked automatically if C1 = 2)*** योजना के बारे जानकारी नहीं होना	8
		Any other reason _____ कोई अन्य कारण	88
C7a	How many days after LMP (Last Menstrual Period) did you register your pregnancy? LMP (प्रेगनेंट होने पे आखरी पीरियड) के कितने दिन बाद आपने अपनी गर्भावस्था को पंजीकृत किया?	____ no. of days दिनों की संख्या	
C8	Did you ever receive the first installment of INR 1000 ? क्या आपको कभी-भी रूपये 1000 की पहली किश्त प्राप्त हुई है?	Yes हां	1
		No नहीं	2
C9	How many days after pregnancy registration did you receive the first installment?	____ no. of days दिनों की संख्या	

	गर्भावस्था का पंजीकरण कराने के कितने दिनों के बाद आपको पहली किश्त प्राप्त हुई? ***CAPI: Ask if C8 = 1***		
C10	Did you ever receive the second installment of INR 2000 ? क्या आपको कभी-भी रूपये 2000 की दूसरी किश्त प्राप्त हुई है? (***to be asked to women who are more than 6 months into pregnancy or mothers who have claimed before***) ***(उन महिलाओं से पूछा जाना है जो 6 महीने से ज्यादा की गर्भवती हैं या उन मांताओं से जो पहले दावा कर चुकी हैं)***	Yes हां	1
		No नहीं	2
		Not Applicable लागू नहीं	77
C11	How many days after pregnancy registration did you receive the second installment? गर्भावस्था का पंजीकरण कराने के कितने दिनों के बाद आपको दूसरी किश्त प्राप्त हुई? ***CAPI: Ask if C10 = 1***	____ no. of days दिनों की संख्या	
C12	Did you ever receive the third installment of INR 2000 ? क्या आपको कभी-भी रूपये 2000 की तीसरी किश्त प्राप्त हुई है? ***(to be asked to women whose have registered child birth)*** ***(उन महिलाओं से पूछें जिन्होने बच्चे के जन्म का पंजीकरण कराया है)***	Yes हां	1
		No नहीं	2
		Not Applicable लागू नहीं	77
C13	How many days after pregnancy registration did you receive the third installment? गर्भावस्था का पंजीकरण कराने के कितने दिनों के बाद आपको तीसरी किश्त प्राप्त हुई? ***CAPI: Ask if C12 = 1***	____ no. of days दिनों की संख्या	
C14	Where did you receive the cash benefit? आपको नकद राशि कहां प्राप्त हुई?	Own bank account खुद के बैंक खाते में	1
		Husband's bank account पति के बैंक खाते में	2
		Other, please specify _____ अन्य, कृपया बतायें	3
C15	Do you receive an SMS alert on your phone when the cash benefit is transferred to your account?	Yes हां	1

	जब आपके खाते में नकद राशि भेजी जाती है तो क्या आपको अपने फोन पर कोई एसएमएस संदेश प्राप्त होता है?	No नहीं	2
C15a	Did you receive any SMS alert about scheme related information on your phone? क्या आपको अपने फ़ोन पर योजना संबंधी जानकारी के बारे में कोई एसएमएस अलर्ट प्राप्त हुआ है?	Yes हां	1
		No नहीं	2
C15b	Who uses that mobile? उस मोबाइल का उपयोग कौन करता है? ***CAPI: Ask if C15a = 1***	Self खुद	1
		Husband पति	2
		Other Family members परिवार के अन्य सदस्य	3
C16	On a scale of 1 to 5, how satisfied are you with the scheme benefits? 1 से 5 के स्केल पर, आप योजना के लाभों से कितनी संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
C17	On a scale of 1 to 3, how easy was the process of application? 1 से 3 के पैमाने पर बतायें, आवेदन की प्रक्रिया कितनी आसान थी?	Very hard बहुत कठिन	1
		Neutral ना आसान और ना कठिन	2
		Very easy बहुत आसान	3
C18	What are the key barriers or problems you faced while accessing PMMVY benefits? (Multiple choice) पीएमएमवीवाई के फायदों को लेते समय आपको किन मुख्य बाधाओं या समस्याओं का सामना करना पड़ा? *(एक से अधिक विकल्प)*	Application procedure was too complicated आवेदन की प्रकिया बहुत जटिल थी	1
		Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	2
		Unfair treatment from service providers (Asha/Anganwadi/ANM)	3

		सेवा प्रदानकर्ताओं (आशा/ आंगनवाड़ी/ एएनएम) का अनुचित/पक्षपात पूर्ण व्यवहार	
		Anganwadi was too far आंगनवाड़ी बहुत दूर था	4
		Anganwadi not open during scheduled hours निर्धारित समय के दौरान आंगनवाड़ी नहीं खुली	5
		Bank/Post office/Business correspondent was too far बैंक / डाकघर / व्यापार संवाददाता बहुत दूर था	6
		No problem कोई दिक्कत नहीं है	7
		Any other reason _____ कोई अन्य कारण	88
C19	How did you utilize the cash benefit received under this scheme? ***(Multiple choice)*** इस योजना के तहत प्राप्त हुए नकद लाभ को आपने कैसे इस्तेमाल किया? (एक से अधिक विकल्प)	Fulfilling nutrition needs पोषण संबंधित जरूरतों को पूरा करना	1
		Use for medical needs चिकित्सा संबंधित जरूरतों के लिए इस्तेमाल करना	2
		Savings जमा पूंजी	3
		Any other needs (Please specify_____) किसी अन्य जरूरत के लिए (कृपया निर्दिष्ट करें_____)	4
C20	Who takes the decision on how the cash benefit is utilized? इसका निर्णय कौन लेता है कि नकद लाभ का उपयोग कैसे करना है?	Self मैं खुद	1
		Husband पति	2
		Both collectively दोनों ने मिलकर	3
		Other अन्य	88
C20a	Who access women's bank account? महिलाओं के बैंक खाते का उपयोग कौन करता है?	Self मैं खुद	1
		Husband पति	2
		Both collectively दोनों ने मिलकर	3
		Other अन्य	4
C21		Yes हां	1

	Are you aware of the process of registering your grievance, if any with the scheme? क्या आप अपनी योजना से जुड़ी शिकायत दर्ज कराने की प्रक्रिया के बारे में जानती हैं? ***CAPI: Skip to C24 if C21 = 2***	No नहीं	2
C21A	Have you used the grievance redressal mechanism in case your payment was delayed? यदि आपके भुगतान में देरी हुई तो क्या आपने शिकायत दर्ज कराया है ?	Yes हां	1
		No नहीं	2
C24C	Has the FLW provided counselling to you on the purpose of the money and how to use it? क्या फ्रंटलाइन कार्यकर्ता ने आपको परामर्श प्रदान किया है के स्कीम में मीले पैसे का कैसे उपयोग करना चाहिए?	Yes हां	1
		No नहीं	2
Questions related to POSHAN Abhiyan scheme: **पोषण अभियान योजना से संबंधित प्रश्न:**			
C25	Are you aware of POSHAN Abhiyan scheme? क्या आप पोषण अभियान योजना के बारे में जानती हैं? ***CAPI: If C25 = 2, skip to C31***	Yes हां	1
		No नहीं	2
C26	How did you get to know of POSHAN Abhiyan scheme? *(Mulitple choice)* आपको पोषण अभियान योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		Village Heath Sanitation and nutrition Day (VHSND) ग्राम स्वास्थ्य स्वच्छता व पोषण दिवस (VHSND)	3
		Community based events समुदाय आधारित आयोजन	4
		SMS एसएमएस	5
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	6
		Through Non-Government Organization (NGOs) गैर-सरकारी संस्था (एनजीओ) के माध्यम से	7
		Any other Non-Government source कोई अन्य गैर-सरकारी स्रोत	8
C27	Which medium helped you learn the most about POSHAN Abhiyan?	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1

	पोषण अभियान के बारे में जानने के लिए किस माध्यम ने आपकी सबसे ज्यादा मदद की?	TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		Village Heath Sanitation and nutrition Day (VHSND) ग्राम स्वास्थ्य स्वच्छता व पोषण दिवस (VHSND)	3
		Community based events समुदाय आधारित आयोजन	4
		SMS एसएमएस	5
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	6
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के माध्यम से	7
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	8
C28	On a scale of 1 to 3, how relevant do you think POSHAN Abhiyan scheme is for your needs? 1 से 3 के पैमाने पर, आपके विचार से पोषण अभियान योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know नहीं पता	99
C29	Are you aware of the importance of 1000 days with respect to mother and child nutrition? क्या आप मां और बच्चे के पोषण के संबंध में 1000 दिनों के महत्व को जानती हैं?	Yes हां	1
		No नहीं	2
C30	What does "*first 1000 days*" mean? *"पहले 1000 दिनों"* का क्या मतलब है? ***(to be marked yes if 1000 days defined correctly i.e. "1000 days is period from pregnancy to second birthday of child when it is critical to ensure complete nutrition of mother and child")*** ***(हां पर निशान लगाया जाना है यदि 1000 दिनों को सही से बताया गया है यानि "1000 दिन गर्भावस्था से बच्चे के दूसरे जन्मदिन तक की वह अवधि होती है जब माँ और बच्चे के पूर्ण पोषण को सुनिश्चित करना महत्वपूर्ण होता है")*** ***CAPI: Ask if C29 = 1***	Yes हां	1
		No नहीं	2
C30A	Do you know about *"POSHAN Mah" ?* क्या आपको पोशन माह के बारे में पता है ?	Yes हां	1

		No नहीं		2
C30B	Of the following services, which all did you get? निम्नलिखित सेवाओं में से, आप सभी को क्या मिला?	Yes हाँ	No नहीं	Don't Know पता नहीं
1	Growth monitoring विकास की निगरानी	1	2	99
2	ANC/PNC checkup ANC / PNC चेकअप	1	2	99
3	Immunization टीकाकरण	1	2	99
4	THR distribution पोशन आहार (THR) वितरण	1	2	99
5	Nutrition Health and Hygiene education पोषण स्वास्थ्य और स्वच्छता शिक्षा	1	2	99
6	Others (Please specify _____) अन्य, कृपया निर्दिष्ट करें _____	1	2	99
C30C	Have you ever been a part of a community event organized under the POSHAN Abhiyan? क्या आप कभी पोशन अभियान के तहत आयोजित सामुदायिक कार्यक्रम का हिस्सा रहे हैं?	Yes हां	1	
		No नहीं	2	
C30D	Has you ever received SMS alerting about nutrition status of your child? (Messages related to Severely/Moderately acutely malnourished or needs referral)? क्या आपने कभी अपने बच्चे के पोषण की स्थिति के बारे में एसएमएस प्राप्त किया है? (संदेश गंभीर रूप से / मध्यम तीव्रता से कुपोषित या रेफरल की जरूरत है)	Yes हां	1	
		No नहीं	2	
		Don't Know पता नहीं	99	
C30E	Has the AWW used phone/tablet to provide/update information on nutrition status of your child (Example: to record height weight of children, provide messages related to Severe/Moderate Acute Malnutrition etc.) क्या AWW ने आपके बच्चे के पोषण की स्थिति के बारे में जानकारी दर्ज/रिकॉर्ड करने के लिए फोन/टैबलेट का उपयोग किया है ? (उदाहरण: बच्चों के वजन को रिकॉर्ड करने के लिए, गंभीर / मध्यम तीव्र	Yes हां	1	
		No नहीं		2
		Don't Know पता नहीं		99

	कुपोषण आदि से संबंधित संदेश प्रदान करना)		
Questions related to Anganwadi services **आंगनवाड़ी सेवाओं से संबंधित प्रश्न**			
C31	Are you aware of services provided by Anganwadi centre? क्या आप आंगनवाड़ी कार्यकर्ता/ केंद्र द्वारा प्रदान की जाने वाली सेवाओं के बारे में जानती हैं? ***CAPI: Skip to C50 if C31 = 2***	Yes हां	1
		No नहीं	2
C32	On a scale of 1 to 3, how relevant do you think Anganwadi services is for your needs? 1 से 3 के स्केल पर, आपके विचार से आंगनवाड़ी सेवाएं आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know पता नहीं	99
C33	Have you ever availed any anganwadi services? क्या आपने कभी भी आंगनवाड़ी सेवाओं का लाभ उठाया है? ***CAPI: If C33 = 1, Skip to C35***	Yes हां	1
		No नहीं	2
C34	If not, what are the major reasons for not being able to avail the benefits of the scheme? यदि नहीं, तो योजना के फायदों का लाभ नहीं उठा पाने के मुख्य कारण क्या हैं? *(Multiple choice)* ***CAPI: Skip to c50***	Lack of interest in availing benefits फायदों का लाभ उठाने में रुचि का अभाव	1
		Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	2
		Anganwadi is too far आंगनवाड़ी बहुत दूर है	3
		Anganwadi closed during scheduled anganwadi working hours आंगनवाड़ी समय पर नहीं खुल रहा है	4
		Any other reason _____ कोई अन्य कारण	88
C35	Do you receive Take home ration from Anganwadi Center? क्या आपको आंगनवाड़ी केंद्र से घर के लिए राशन (पोशन आहार) मिलता है? ***CAPI: Skip to C37 if C35 = 3 or 4***	Yes, regularly हां, नियमित रूप से	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		Do not receive नहीं मिलता है	3
		Anganwadi Center provides but we do not take. आंगनवाड़ी केंद्र प्रदान करता है लेकिन हम नहीं लेते हैं	4

C35A	In the last 6 months, how many times did you receive Take home ration? पिछले 6 महीनो में आपको पोशन आहार कितने बार मिला?	No. of times _____ जितने बार मिला_____	
C35B	Do you think quantity of take-home ration provided is sufficient? क्या आपको लगता है के पोशन आहार उचित मात्रा में मिलती है आपको?	Yes हां	1
		No नहीं	2
C35C	Who consumes the take-home ration? आम तोर पर पोशन आहार कौन खता है ?	Self मै खुद	1
		Share with family परिवार के साथ बाट देती हूँ	2
		No one consumes कोई नहीं खता	3
		Other, specify अन्य, बतायें	88
C36	On a scale of 1 to 5, 1 being very poor and 5 being very good, how would you rate the quality 1 से 5 के स्केल पर, 1 का मतलब बहुत खराब और 5 का मतलब बहुत अच्छा है, आप गुणवत्ता का कैसे मूल्यांकन करेंगी	Very poor बहुत खराब	1
		Poor खराब	2
		Neutral ना अच्छा और ना खराब	3
		Good अच्छा	4
		Very Good बहुत अच्छा	5
C37	Do you receive hot cooked meal from Anganwadi Center? क्या आपको आंगनवाड़ी केंद्र से पका हुआ गर्म भोजन मिलता है? ***CAPI: Skip to C39 if C37 = 3 or 4***	Yes, regularly हां, नियमित रूप से	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		Do not receive नहीं मिलता है	3
		Anganwadi Center provides but we do not take. आंगनवाड़ी केंद्र प्रदान करता है लेकिन हम नहीं लेते हैं	4
C38	Do you like the taste of hot cooked meal? क्या आपको गर्म पका हुआ भोजन का स्वाद पसंद आता है?	Yes हां	1
		No नहीं	2
		Neutral ना अच्छा और ना खराब	3
C38a	Are you satisfied with the quantity of hot cooked meal provided to you? क्या आप प्रदान किए गए गर्म पके भोजन की मात्रा से संतुष्ट हैं?	Yes हां	1
		No नहीं	2
		Neutral ठीक है	3

C38b	Is there any specific food item you would like to add to the food menu of hot-cooked meal to meet the dietary needs of your child? क्या कोई विशिष्ट खाद्य पदार्थ है जिसे आप अपने बच्चे की आहार की जरूरतों को पूरा करने के लिए गर्म-पका भोजन के भोजन मेनू में जोड़ना चाहेंगी? (Multiple choice)	Milk दूध	1
		Eggs अंडा	2
		Meat and Fish मांस और मछली	3
		Green and Leafy vegetable हरी और पत्तेदार सब्जियां	4
		Fruits फल	5
		Cheese पनीर	6
		Starchy foods (Breads, potato, pasta etc.) स्टार्चयुक्त खाद्य पदार्थ (ब्रेड, आलू, पास्ता आदि।	7
		legume/nuts. फली/नट्स	8
		None कोई नहीं	99
		Other अन्य कोई	88
C39	Did ASHA/AWW/USHA come to meet you at your home? क्या आशा/AWW/USHA आपसे मिलने के लिए आपके घर आयी? ***CAPI: skip C39B if C39 = 2***	Yes हां	1
		No नहीं	2
C39A	In the past 6 months, how many times did ASHA/AWW/USHA visit you? पिछले 6 महीने, आशा/अन्गंवादी/उषा वर्कर आप से कितने बार मिलने आई	No. of times _____ जितने बार मिला_____	
C39B	Did ANM talk to you about the process of getting referred to a hospital? क्या ANM ने आपसे बड़े हस्पताल पे रेफ़र होने की प्रक्रिया पे बात की है? ***CAPI: Skip to C40 if C39B = 2***	Yes हां	1
		No नहीं	2
C39C	To which facility does the ANM refer to? आम तौर पर महिलायों को कहाँ रेफ़र करती है? ***CAPI: Skip to C40 if C39C = 5 or C39C = 99***	Primary Health Center (PHC) प्राथमिक स्वास्थ केंद्र (PHC)	1
		Community Health Center (CHC) समुदायिक स्वास्थ केंद्र (CHC)	2
		Sub-divisional Hospital सब-डिवीज़नल हस्पताल	3
		District Hospital जिला अस्पताल	4
		Don't get referred रेफ़र नहीं होता	5
		Don't Know नहीं पता	99
		Others, specify अन्य, बतायें	88

C39D	Did you visit the referred facility? क्या आप रेफेर किये गए संस्था गए ? ***CAPI: Skip to C40 if C39D = 2***	Yes हां	1
		No नहीं	2
C39E	How satisfied were you with the treatment offered at the facility? आपको रेफेर किये गए संस्था पर जो सेवा मिली , उससे आप कितना संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
C39F	Did the AWW/Asha follow-up the treatment till the end? क्या AWW/Asha ने आपके इलाज के बारे में आखरी तक जानकारी रखी?	Yes हां	1
		No नहीं	2
C40	Did you receive any antenatal checkup (ANC)? क्या आपकी कोई प्रसवपूर्व जांच (ANC) हुई है? ***CAPI: Skip to C41A if C40 = 2***	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99
C40A	Who all did your antenatal checkups (ANC)? ***(Multiple Choice)*** आपकी प्रसवपूर्व जांच (ANC) किस-किस ने की?	Government doctor सरकारी डॉक्टर	1
		Private doctor निजी डॉक्टर	2
		Staff Nurse स्टाफ नर्स	3
		Lady Health Visitor लेडी हेल्थ विजिटर	4
		Male Health Worker मेल हेल्थ वर्कर	5
		ANM ए एन एम्	6
		AWW आंगनवाड़ी वर्कर	8
		Other health personnel अन्य स्वास्थ्य कर्मचारी	9
		Other (specify) अन्य (बतायें)	88
C40B	How many times [did you receive/have you received] ANC checkups when you were pregnant? आपकी गर्भावस्था के दौरान कितनी बार प्रसव पूर्व जांच (ANC) हुई थी?	No. of times _____ जितने बार मिला_____	
C40C	Of the following ANC services, which all did you get?	Yes हाँ	No नहीं / Don't Know पता नहीं

	निम्नलिखित ANC सेवायों में से अप्पको कौन कौन सी मिली थी?			
1	Registration of pregnancy गर्भावस्था का पंजीकरण	1	2	99
2	Height measurement उंचाई मापना	1	2	99
3	Weight measurement वजन मापना	1	2	99
4	BP measurement बीपी मापना	1	2	99
5	Test for anemia/hemoglobin test रक्त की कमी की जांच/ हीमोग्लोबिन जांच	1	2	99
6	Testing of urine sample पेशाब नमूने की जांच	1	2	99
7	Other blood tests अन्य रक्त जांच	1	2	99
8	Abdominal examination पेट का निरीक्षण	1	2	99
9	Iron and Folic Acid tablet आयरन और फोलिक एसिड टेबलेट	1	2	99
10	TT Injection टीटी इंजेक्शन	1	2	99
11	Breast examination स्तन का परीक्षण	1	2	99
12	Treatment of anemia रक्त की कमी का उपचार	1	2	99
13	Nutritional supplement from Anganwadi आंगनवाड़ी से पोषक आहार	1	2	99
14	FP counselling परिवार नियोजन पर परामर्श	1	2	99
15	Referrals if your pregnancy was high-risk रेफरल्स यदि आपकी गर्भावस्था उच्च जोखिम में थी	1	2	99

C41A	Are Village Health Sanitation and Nutrition Days held at your village? क्या आपके गाँव में गांव स्वास्थ्य स्वच्छता और पोषण दिवस / टीकाकरण दिवस का आयोजन किया जाता है? ***CAPI: If C41A = 3 then skip to C42***	Yes, every month हां, हर महीने	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		No नहीं	3
C41B	Does the ASHA, AWW, ANM, or someone else inform women about VHSNDs/Immunization days in advance? क्या आशा, आंगनवाडी कार्यकर्ता, एएनएम, या कोई अन्य महिलाओं को पहले से ही वीएचएसएनडी/टीकाकरण दिवस के बारे में सूचित करते हैं?	Yes हां	1
		No नहीं	2
C42	On a scale of 1 to 5, how satisfied are you with Anganwadi services?	Very satisfied बहुत संतुष्ट	1

	1 से 5 के पैमाने पर आप आंगनवाड़ी सेवाओं से कितनी संतुष्ट हैं?	Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
C43	What are the key barriers or problems you faced while accessing anganwadi services? (Multiple choice) आंगनवाड़ी सेवाओं का इस्तेमाल करते समय आपको किन मुख्य बाधाओं या समस्याओं का सामना करना पड़ा? *(एक से अधिक विकल्प)*	Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	1
		Unfair treatment from service providers (Asha/Anganwadi/ANM) सेवा प्रदानकर्ताओं (आशा/ आंगनवाड़ी/ एएनएम) का अनुचित/ पक्षपातपूर्ण व्यवहार	2
		Anganwadi was too far आंगनवाड़ी बहुत दूर थी	3
		Anganwadi not open during scheduled hours आंगनवाड़ी समय पर नहीं खुल रहा है	4
		No Problem कोई समस्या नहीं	5
		Any other reason _____ कोई अन्य कारण	88
C44	Are you aware of grievance redressal mechanism for the scheme? क्या आप योजना से सम्बंधित कोई शिकायत दर्ज करने के प्रक्रिया के बारे में जानते हैं?	Yes हां	1
		No नहीं	2
C46	Has the AWW ever shown you any videos providing information about say breastfeeding/ANC care/diet diversity etc. through phone or tablet क्या AWW ने कभी आपको फोन या टैबलेट के माध्यम से स्तनपान / एएनसी देखभाल / आहार विविधता आदि के बारे में जानकारी प्रदान करने वाला कोई वीडियो दिखाया है	Yes हां	1
		No नहीं	2
C46a	Has you ever received SMS alerting about nutrition status of your child? (Messages related to Severely/Moderately acutely malnourished or needs referral)? क्या आपने कभी अपने बच्चे के पोषण की स्थिति के बारे में एसएमएस प्राप्त किया है? (गंभीर कुपोषिण / मध्यम कुपोषिण या रेफरल की जरूरत के बारे में)	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99

C46b	Has the AWW used phone/tablet to record information on nutrition status of your child(Example: to record height weight of children, provide messages related to Severe/Moderate Acute Malnutrition etc.) क्या AWW ने आपके बच्चे के पोषण की स्थिति के बारे में जानकारी दर्ज/रिकॉर्ड करने के लिए फोन/टैबलेट का उपयोग किया है (उदाहरण: बच्चों के वजन को रिकॉर्ड करने के लिए, गंभीर / मध्यम तीव्र कुपोषण आदि से संबंधित संदेश प्रदान करना)	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99
C47	On a scale of 1 to 5, 1 being lowest and 5 being highest, to what extent do you feel Anganwadi services have supported you to continue with your work/job ? 1 से 5 के पैमाने पर, 1 सबसे कम और 5 सबसे अधिक होने के नाते, आप किस हद तक महसूस करते हैं कि आंगनवाड़ी सेवाओं ने आपको अपना काम / नौकरी जारी रखने के लिए समर्थन दिया है?	Very High बहुत जादा	1
		High जादा	2
		Neither high nor low ना कम ना जादा	3
		Low कम	4
		Very Low बहुत कम	5
C48	On a scale of 1 to 5, 1 being lowest and 5 being highest, to what extent does the presence of Anganwadi and interaction with AWW/others enable you to positively influence household decision making? 1 से 5 के पैमाने पर, 1 सबसे कम और 5 सबसे अधिक होने के नाते, आंगनवाड़ी की उपस्थिति और AWW / दूसरों के साथ बातचीत किस हद तक आपको घरेलू निर्णय लेने को सकारात्मक रूप से प्रभावित करने में सक्षम बनाती है?	Very High बहुत जादा	1
		High जादा	2
		Neither high nor low ना कम ना जादा	3
		Low कम	4
		Very Low बहुत कम	5
Questions related to Beti Bachao Beti Padhao **बेटी बचाओ बेटी पढ़ाओ से संबंधित प्रश्न**			
C50	Are you aware of Beti Bachao Beti Padhao Scheme? क्या आप बेटी बचाओ बेटी पढ़ाओ योजना के बारे में जानती हैं? ***CAPI: Skip to next section if C50 = 2***	Yes हां	1
		No नहीं	2
C51		TV/Newspaper/Radio टी वी/ अखबार/ रेडियो	1

	How did you get to know of Beti Bachao Beti Padhao scheme? *(Multiple Choice)* आपको बेटी बचाओ बेटी पढ़ाओ योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	Visits by anganwadi, ANM & other social workers आंगनवाड़ी, एएनएम और अन्य सामाजिक कार्यकर्ताओं के साथ मुलाकात	2
		Posters /Leaflets / pamphlets/Brochures /magazine पोस्टर/ लीफ्लेट्स/ पर्चे/ ब्रोशर/ पत्रिका	3
		SMS एसएमएस	4
		Logo of Beti Bachao Beti Padhao बेटी बचाओ बाटी पढ़ो का लोगो	5
		Other, please specify_____ अन्य, कृपया बतायें	88
C52	On the scale of 1to 3 how relevant do you think is the Beti Bachao Beti Padhao Scheme? 1 से 3 के स्केल पर, आपके विचार से बेटी बचाओ बेटी पढ़ाओ योजना कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
C53	Do you see a positive change in attitude of your family towards having girl child because of the Beti Bachao Beti Padhao campaign? क्या आप बेटी बचाओ बेटी पढाओ अभियान की वजह से लड़कि पैदा होने के प्रति अपने परिवार के नजरिये/ रवैये में कोई सकारात्मक बदलाव देखती हैं?	Yes, lot of positive change हां, बहुत ज्यादा सकारात्मक बदलाव	1
		Yes, moderate change हां, काफी बदलाव	2
		No change कोई बदलाव नहीं	3
		Don't Know नहीं पता	99
C54	Do you see a positive change in attitude of your family towards educating girl child because of the Beti Bachao Beti Padhao campaign? क्या आप बेटी बचाओ बेटी पढाओ अभियान की वजह से लड़कियों को शिक्षित करने के प्रति अपने परिवार के नजरिये/ रवैये में कोई सकारात्मक बदलाव देखती हैं?	Yes, lot of positive change हां, बहुत ज्यादा सकारात्मक बदलाव	1
		Yes, moderate change हां, काफी बदलाव	2
		No change कोई बदलाव नहीं	3
		Don't Know नहीं पता	99
C55	Were you informed about the sex of any of your child before child's birth by a medical professional? क्या आपको किसी मेडिकल पेशेवर द्वारा अपने बच्चे के जन्म से पहले उसके लिंग के बारे में जानकारी दी गयी थी?	Yes हाँ	1
		No नहीं	2

Section D: To be administered to Lactating mothers ***CAPI: Ask this section if A10 = 2***		
D1A	How old is your youngest child? आपके सबसे छोटे बच्चे की उम्र कितनी है?	_____ number of days

Questions related to Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme प्रश्न प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) योजना से संबंधित है			
D1	Are you aware of the Pradhan Mantri Matru Vandana Yojana (PMMVY)? आप प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) के बारे में जानती हैं? ***CAPI: IF D1 = 2, mark D7 = 8 and skip to D25***	Yes हां	1
		No नहीं	2
D2	How did you get to know of PMMVY scheme ? *(Multiple Choice)* आपको पीएमएमवीवाई योजना के बारे में जानकारी कैसे मिली? (एक से अधिक विकल्प)	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के माध्यम से	5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	6
D3	Do you know of the benefits received under PMMVY scheme? क्या आप पीएमएमवीवाई योजना के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
D4	What are the benefits of PMMVY scheme? *(Options not to be read out)* पीएमएमवीवाई योजना के क्या-क्या फायदे हैं? *(विकल्पों को नहीं पढ़ा जाना है)* ***CAPI: Ask If D3 = 1***	Cash transfer as partial compensation of wage loss मजदूरी के नुकसान होने पर आंशिक क्षतिपूर्ति के रूप में नकद हस्तांतरण	1
		Cash transfer of INR 5000/- as a partial compensation of wage loss मजदूरी के नुकसान होने पर आंशिक क्षतिपूर्ति के रूप में रूपये 5000 तक नकद हस्तांतरण	2
		Cash transfer in 3 installments of INR 1000, INR 2000 and INR 2000 within 4 months, 6 months and after child-birth respectively 4 महीने, 6 महीने और बच्चे के जन्म के बाद क्रमश: रूपये 1000, रूपये 2000 और रूपये 2000 की 3 किश्तों में नकद हस्तांतरण	3
		Any other benefit _____ कोई अन्य फायदा	88
D5	On a scale of 1 to 3, how relevant do you think PMMVY scheme is for your needs?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant	2

	1 से 3 के स्केल पर, आपके विचार से पीएमएमवीवाई योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	काफी हद तक उपयुक्त	
		Very Relevant बहुत उपयुक्त	3
		Don't Know नहीं पता	99
D6	Have you ever received any benefit under PMMVY scheme? क्या आपको पीएमएमवीवाई योजना के तहत कोई फायदा मिला है? ***CAPI: Skip to D9 if D6 = 1***	Yes हां	1
		No नहीं	2
D7	If not, what is the major reasons for not being able to avail the benefits of the scheme? *(Multiple choice question)* यदि नहीं, तो योजना के फायदों का लाभ नहीं उठा पाने के मुख्य कारण क्या हैं? *(Multiple choice question)* *(एक से अधिक विकल्प)* ***CAPI: (to be asked to eligible but non-beneficiaries)*** ***CAPI: skip to D25***	My pregnancy was not registered मेरा प्रेगनेंसी रजिस्टर नहीं हुआ	1
		Did not have identity proof कोई आइडेन्टिटी प्रूफ नहीं है	2
		Local authorities insisted but failed to produce Aadhaar स्थानीय अधिकारियों ने जोर दिया लेकिन आधार कार्ड दिखने में असफल	3
		Did not have a post office/bank account पोस्ट ऑफिस/ बैंक खाता नहीं था	4
		This is not my first baby यह मेरा पहला बच्चा नहीं है	5
		Lack of interest in availing benefits	6
		Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	7
		Not aware of scheme ***(CAPI: to be marked automatically if C1 = 2)*** योजना के बारे जानकारी नहीं होना	8
		Any other reason _____ कोई अन्य कारण	88
D7a	How many days after LMP (Last Menstrual Period) did you register your pregnancy? LMP (प्रेगनेंट होने पे आखरी पीरियड) के कितने दिन बाद आपने अपनी गर्भावस्था को पंजीकृत किया?	____ no. of days दिनों की संख्या	
D8	Did you ever receive the first installment of INR 1000 ? क्या आपको कभी-भी रूपये 1000 की पहली किश्त प्राप्त हुई है?	Yes हां	1
		No नहीं	2
D9	How many days after pregnancy registration did you receive the first installment? गर्भावस्था का पंजीकरण कराने के कितने दिनों के बाद आपको पहली किश्त प्राप्त हुई? ***CAPI: Ask if D8 = 1***	____ no. of days दिनों की संख्या	
D10	Did you ever receive the second installment of INR 2000 ? क्या आपको कभी-भी रूपये 2000 की दूसरी किश्त प्राप्त हुई है	Yes हां	1
		No नहीं	2

		Not Applicable लागू नहीं	77
D11	How many days after pregnancy registration did you receive the second installment? गर्भावस्था का पंजीकरण कराने के कितने दिनों के बाद आपको दूसरी किश्त प्राप्त हुई? ***CAPI: Ask if C10 = 1***	____ no. of days दिनों की संख्या	
D12	Did you ever receive the third installment of INR 2000 ? क्या आपको कभी-भी रूपये 2000 की तीसरी किश्त प्राप्त हुई है?	Yes हां	1
		No नहीं	2
		Not Applicable लागू नहीं	77
D13	How many days after pregnancy registration did you receive the third installment? गर्भावस्था का पंजीकरण कराने के कितने दिनों के बाद आपको तीसरी किश्त प्राप्त हुई? ***CAPI: Ask if C12 = 1***	____ no. of days दिनों की संख्या	
D14	Where did you receive the cash benefit? आपको नकद राशि कहां प्राप्त हुई?	Own bank account खुद के बैंक खाते में	1
		Husband's bank account पति के बैंक खाते में	2
		Other, please specify _____ अन्य, कृपया बतायें	88
D15	Do you receive an SMS alert on your phone when the cash benefit is transferred to your account? जब आपके खाते में नकद राशि भेजी जाती है तो क्या आपको अपने फोन पर कोई एसएमएस संदेश प्राप्त होता है?	Yes हां	1
		No नहीं	2
D15a	Did you receive any SMS alert about scheme related information on your phone? क्या आपको अपने फ़ोन पर योजना संबंधी जानकारी के बारे में कोई एसएमएस अलर्ट प्राप्त हुआ है?	Yes हां	1
		No नहीं	2
D15b	Who uses that mobile? उस मोबाइल का उपयोग कौन करता है? ***CAPI: Ask if C15a = 1***	Self खुद	1
		Husband पति	2
		Other Family members परिवार के अन्य सदस्य	3
D16	On a scale of 1 to 5, how satisfied are you with the scheme benefits? 1 से 5 के स्केल पर, आप योजना के लाभों से कितनी संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3

		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
D17	On a scale of 1 to 3, how easy was the process of application? 1 से 3 के पैमाने पर बतायें, आवेदन की प्रक्रिया कितनी आसान थी?	Very hard बहुत कठिन	1
		Neutral ना आसान और ना कठिन	2
		Very easy बहुत आसान	3
D18	What are the key barriers or problems you faced while accessing PMMVY benefits? (Multiple choice) पीएमएमवीवाई के फायदों को लेते समय आपको किन मुख्य बाधाओं या समस्याओं का सामना करना पड़ा? *(एक से अधिक विकल्प)*	Application procedure was too complicated आवेदन की प्रकिया बहुत जटिल थी	1
		Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	2
		Unfair treatment from service providers (Asha/Anganwadi/ANM) सेवा प्रदानकर्ताओं (आशा/ आंगनवाड़ी/ एएनएम) का अनुचित/पक्षपात पूर्ण व्यवहार	3
		Anganwadi was too far आंगनवाड़ी बहुत दूर था	4
		Anganwadi not open during scheduled hours निर्धारित समय के दौरान आंगनवाड़ी नहीं खुली	5
		Bank/Post office/Business correspondent was too far बैंक / डाकघर / व्यापार संवाददाता बहुत दूर था	6
		No problem कोई दिक्कत नहीं है	7
		Any other reason _____ कोई अन्य कारण	88
D19	How did you utilize the cash benefit received under this scheme? (multiple choice) इस योजना के तहत प्राप्त हुए नकद लाभ को आपने कैसे इस्तेमाल किया? (एक से अधिक विकल्प)	Fulfilling nutrition needs पोषण संबंधित जरूरतों को पूरा करना	1
		Use for medical needs चिकित्सा संबंधित जरूरतों के लिए इस्तेमाल करना	2
		Savings जमा पूंजी	3
		Any other needs किसी अन्य जरूरत के लिए	3
D20	Who takes the decision on how the cash benefit is utilized?	Self मैं खुद	1
		Husband	2

	इसका निर्णय कौन लेता है कि नकद लाभ का उपयोग कैसे करना है?	पति	
		Both collectively दोनों ने मिलकर	3
		Other अन्य	88
C20a	Who access women's bank account? महिलाओं के बैंक खाते का उपयोग कौन करता है?	Self मैं खुद	1
		Husband पति	2
		Both collectively दोनों ने मिलकर	3
		Other अन्य	4
D21	Are you aware of the process of registering your grievance, if any with the scheme? क्या आप अपनी योजना से जुड़ी शिकायत दर्ज कराने की प्रक्रिया के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
Questions related to POSHAN Abhiyan scheme: **पोषण अभियान योजना से संबंधित प्रश्न:**			
D25	Are you aware of **POSHAN Abhiyan** scheme? क्या आप पोषण अभियान योजना के बारे में जानती हैं? ***CAPI: If D25 = 2, skip to D31***	Yes हां	1
		No नहीं	2
D26	How did you get to know of POSHAN Abhiyan scheme? *(Multiple Choice)* आपको पोषण अभियान योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		Village Heath Sanitation and nutrition Day (VHSND) ग्राम स्वास्थ्य स्वच्छता व पोषण दिवस (VHSND)	3
		Community based events समुदाय आधारित आयोजन	4
		SMS एसएमएस	5
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	6
		Through Non-Government Organization (NGOs) गैर-सरकारी संस्था (एनजीओ) के माध्यम से	7
		Any other Non-Government source कोई अन्य गैर-सरकारी स्रोत	8
D27	Which medium helped you learn the most about POSHAN Abhiyan?	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio	2

	पोषण अभियान के बारे में जानने के लिए किस माध्यम ने आपकी सबसे ज्यादा मदद की?	टीवी/ अखबार/ रेडियो	
		Village Heath Sanitation and nutrition Day (VHSND) ग्राम स्वास्थ्य स्वच्छता व पोषण दिवस (VHSND)	3
		Community based events समुदाय आधारित आयोजन	4
		SMS एसएमएस	5
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	6
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के माध्यम से	7
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	8
D28	On a scale of 1 to 3, how relevant do you think POSHAN Abhiyan scheme is for your needs? 1 से 3 के पैमाने पर, आपके विचार से पोषण अभियान योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
D29	Are you aware of the importance of 1000 days with respect to mother and child nutrition? क्या आप मां और बच्चे के पोषण के संबंध में 1000 दिनों के महत्व को जानती हैं?	Yes हां	1
		No नहीं	2
D30	What does "*first 1000 days*" mean? *"पहले 1000 दिनों"* का क्या मतलब है? ***(to be marked yes if 1000 days defined correctly i.e. "1000 days is period from pregnancy to second birthday of child when it is critical to ensure complete nutrition of mother and child")*** ***(हां पर निशान लगाया जाना है यदि 1000 दिनों को सही से बताया गया है यानि "1000 दिन गर्भावस्था से बच्चे के दूसरे जन्मदिन तक की वह अवधि होती है जब माँ और बच्चे के पूर्ण पोषण को सुनिश्चित करना महत्वपूर्ण होता है")*** ***CAPI: Ask if D29 = 1***	Yes हां	1
		No नहीं	2
D30A	Do you know about *"POSHAN Mah" ?* क्या आपको *'पोशन माह'* के बारे में पता है ?	Yes हां	1
		No नहीं	2

D30B	Of the following services, which all did you get? निम्नलिखित सेवाओं में से, आप सभी को क्या मिला?	Yes हाँ	No नहीं	Don't Know पता नहीं
1	Growth monitoring विकास की निगरानी	1	2	99
2	ANC/PNC checkup ANC / PNC चेकअप	1	2	99
3	Immunization टीकाकरण	1	2	99
4	THR distribution पोशन आहार (THR) वितरण	1	2	99
5	Nutrition Health and Hygiene education पोषण स्वास्थ्य और स्वच्छता शिक्षा	1	2	99
6	Others (Please specify _____) अन्य, कृपया निर्दिष्ट करें _____	1	2	99
D30C	Have you ever been a part of a community event organized under the POSHAN Abhiyan? क्या आप कभी पोशन अभियान के तहत आयोजित सामुदायिक कार्यक्रम का हिस्सा रहे हैं?	Yes हां	1	
		No नहीं	2	
D30D	Has you ever received SMS alerting about nutrition status of your child? (Messages related to Severely/Moderately acutely malnourished or needs referral)? क्या आपने कभी अपने बच्चे के पोषण की स्थिति के बारे में एसएमएस प्राप्त किया है? (गंभीर / मध्यम तीव्रता से कुपोषिण या रेफरल की जरूरत के बारे में)	Yes हां	1	
		No नहीं	2	
		Don't Know पता नहीं	99	
D30E	Has the AWW used phone/tablet to provide/update information on nutrition status of your child(Example: to record height weight of children, , provide messages related to Severe/Moderate Acute Malnutrition etc.) क्या AWW ने आपके बच्चे के पोषण की स्थिति के बारे में जानकारी दर्ज/रिकॉर्ड करने के लिए फोन/टैबलेट का उपयोग किया है (उदाहरण: बच्चों के वजन को रिकॉर्ड करने के लिए, गंभीर / मध्यम तीव्र कुपोषण आदि से संबंधित संदेश प्रदान करना)	Yes हां	1	
		No नहीं	2	
		Don't Know पता नहीं	99	
Questions related to Anganwadi services				

D31	Are you aware of services provided by Anganwadi worker/centre? क्या आप आंगनवाड़ी कार्यकर्ता/ केंद्र द्वारा प्रदान की जाने वाली सेवाओं के बारे में जानती हैं? ***CAPI: Skip to D50 if D31 = 2***	Yes हां	1
		No नहीं	2
D32	On a scale of 1 to 3, how relevant do you think Anganwadi services is for your needs? 1 से 3 के स्केल पर, आपके विचार से आंगनवाड़ी सेवाएं आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
D33	Have you ever availed any anganwadi services? क्या आपने कभी भी आंगनवाड़ी सेवाओं का लाभ उठाया है? ***CAPI: If D33 = 1, Skip to D35***	Yes हां	1
		No नहीं	2
D34	If not, what are the major reasons for not being able to avail the benefits of the scheme? यदि नहीं, तो योजना के फायदों का लाभ नहीं उठा पाने के मुख्य कारण क्या हैं? *(Multiple choice)* ***CAPI: Skip to c50***	Lack of interest in availing benefits फायदों का लाभ उठाने में रुचि का अभाव	1
		Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	2
		Anganwadi is too far आंगनवाड़ी बहुत दूर है	3
		Anganwadi closed during scheduled anganwadi working hours आंगनवाड़ी समय पर नहीं खुल रहा है	4
		Any other reason _____ कोई अन्य कारण	88
D35	Do you receive Take home ration from Anganwadi Center? क्या आपको आंगनवाड़ी केंद्र से घर के लिए राशन (पोशन आहार) मिलता है? ***CAPI: Skip to D37 if D35 = 3 or 4***	Yes, regularly हां, नियमित रूप से	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		Do not receive नहीं मिलता है	3
		Anganwadi Center provides but we do not take. आंगनवाड़ी केंद्र प्रदान करता है लेकिन हम नहीं लेते हैं	4
D35A	In the last 6 months, how many times did you receive Take home ration? पिछले 6 महीनो में आपको पोशन आहार कितने बार मिला?	No. of times _____ जितने बार मिला_____	
D35B		Yes हां	1

	Do you think quantity of take-home ration provided is sufficient? क्या आपको लगता है के पोशन आहार उचित मात्रा में मिलती है आपको?	No नहीं	2
D35C	Who consumes the take-home ration? आम तोर पर पोशन आहार कौन खता है ?	Self मै खुद	1
		Share with family परिवार के साथ बाट देती हूँ	2
		No one consumes कोई नहीं खता	3
		Other, specify अन्य, बतायें	88
D36	On a scale of 1 to 5, 1 being very poor and 5 being very good, how would you rate the quality 1 से 5 के स्केल पर, 1 का मतलब बहुत खराब और 5 का मतलब बहुत अच्छा है, आप गुणवत्ता का कैसे मूल्यांकन करेंगी	Very poor बहुत खराब	1
		Poor खराब	2
		Neutral ना अच्छा और ना खराब	3
		Good अच्छा	4
		Very Good बहुत अच्छा	5
D37	Do you receive hot cooked meal from Anganwadi Center? क्या आपको आंगनवाड़ी केंद्र से पका हुआ गर्म भोजन मिलता है? ***CAPI: Skip to D39 if D37 = 3 or 4***	Yes, regularly हां, नियमित रूप से	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		Do not receive नहीं मिलता है	3
		Anganwadi Center provides but we do not take. आंगनवाड़ी केंद्र प्रदान करता है लेकिन हम नहीं लेते हैं	4
D38	Do you like the taste of the hot cooked meal? क्या आपको गर्म पका हुआ भोजन पसंद है?	Yes हां	1
		No नहीं	2
		Neither satisfied nor dissatisfied ठीक है	
D38a	Are you satisfied with the quantity of hot cooked meal provided to you? क्या आप प्रदान किए गए गर्म पके भोजन की मात्रा से संतुष्ट हैं?	Yes हां	1
		No नहीं	2
		Neither satisfied nor dissatisfied ठीक है	3
D38b	Is there any specific food item you would like to add to the food menu of hot-cooked meal to meet the dietary needs of your child?	Milk दूध	1
		Eggs	2

	क्या कोई विशिष्ट खाद्य पदार्थ है जिसे आप अपने बच्चे की आहार की जरूरतों को पूरा करने के लिए गर्म-पका भोजन के भोजन मेनू में जोड़ना चाहेंगी? (Multiple choice)	अंडा	
		Meat and Fish मांस और मछली	3
		Green and Leafy vegetable हरी और पत्तेदार सब्जियां	4
		Fruits फल	5
		Cheese पनीर	6
		Starchy foods (Breads, potato, pasta etc.) स्टार्चयुक्त खाद्य पदार्थ (ब्रेड, आलू, पास्ता आदि।	7
		legume/nuts. फली/नट्स	8
		None कोई नहीं	99
		Other अन्य कोई	88
D39	Did ASHA/AWW/USHA worker come to meet you at your home? क्या आशा/अन्गंवादी/उषा वर्कर आपसे मिलने के लिए आपके घर आयी? ***CAPI: skip to C39B if D39 = 2***	Yes हां	1
		No नहीं	2
D39A	In the past 6 months, how many times did ASHA/Anganwadi/USHA visit you? पिछले 6 महीने, आशा/अन्गंवादी/उषा वर्कर आप से कितने बार मिलने आई	No. of times _____ जितने बार मिला_____	
D39B	Did ANM talk to you about the process of getting referred to a bigger hospital? क्या ANM ने आपसे बड़े हस्पताल पे रेफ़र होने की प्रक्रिया पे बात की है? ***CAPI: Skip to C40 if C39B = 2***	Yes हां	1
		No नहीं	2
D39C	To which facility does the ANM refer to? आम तौर पर महिलायों को कहाँ रेफ़र करती है? ***CAPI: Skip to D40 if D39C = 5 or D39C = 99***	Primary Health Center (PHC) प्राथमिक स्वास्थ केंद्र (PHC)	1
		Community Health Center (CHC) समुदायिक स्वास्थ केंद्र (CHC)	2
		Sub-divisional Hospital सब-डिवीज़नल हस्पताल	3
		District Hospital जिला अस्पताल	4
		Don't get referred रेफ़र नहीं होता	5
		Don't Know नहीं पता	99
		Others, specify अन्य, बतायें	88
D39D	Did you visit the referred facility? क्या आप रेफेर किये गए संस्था गए ? ***CAPI: Skip to D40 if C39D = 2***	Yes हां	1
		No	2

		नहीं	
D39E	How satisfied were you with the treatment offered at the facility? आपको रेफेर किये गए संस्था पर जो सेवा मिली , उससे आप कितना संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
D39F	Did the AWW/Asha follow-up the treatment till the end? क्या AWW/Asha ने आपके इलाज के बारे में आखरी तक जानकारी रखी?	Yes हां	1
		No नहीं	2
D40	Did you receive any antenatal checkup? क्या आपकी कोई प्रसवपूर्व जांच हुई है? ***CAPI: Skip to D41A if D40 = 2***	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99
D40A	Who all did your antenatal checkups? आपकी प्रसवपूर्व जांच किस-किस ने की? ***(Multiple Choice)***	Government doctor सरकारी डॉक्टर	1
		Private doctor निजी डॉक्टर	2
		Staff Nurse स्टाफ नर्स	3
		Lady Health Visitor लेडी हेल्थ विजिटर	4
		Male Health Worker मेल हेल्थ वर्कर	5
		ANM ए एन एम्	6
		AWW आंगनवाड़ी वर्कर	7
		Other health personnel अन्य स्वास्थ्य कर्मचारी	8
		Other (specify) अन्य (बतायें)	88
D40B	How many times [did you receive/have you received] ANC checkups when you were pregnant? आपकी गर्भावस्था के दौरान कितनी बार प्रसव पूर्व जांच (ANC) हुई थी?	No. of times _____ जितने बार मिला_____	

D40C	Of the following ANC services, which all did you get? निम्नलिखित ANC सेवायों में से अप्पको कौन कौन सी मिली थी?	Yes हाँ	No नहीं	Don't Know पता नहीं
1	Registration of pregnancy गर्भावस्था का पंजीकरण	1	2	99
2	Height measurement उंचाई मापना	1	2	99

3	Weight measurement वजन मापना	1	2	99
4	BP measurement बीपी मापना	1	2	99
5	Test for anemia/hemoglobin test रक्त की कमी की जांच/ हीमोग्लोबिन जांच	1	2	99
6	Testing of urine sample पेशाब नमूने की जांच	1	2	99
7	Other blood tests अन्य रक्त जांच	1	2	99
8	Abdominal examination पेट का निरीक्षण	1	2	99
9	Iron and Folic Acid tablet आयरन और फोलिक एसिड टेबलेट	1	2	99
10	TT Injection टीटी इंजेक्शन	1	2	99
11	Breast examination स्तन का परीक्षण	1	2	99
12	Treatment of anemia रक्त की कमी का उपचार	1	2	99
13	Nutritional supplement from Anganwadi आंगनवाड़ी से पोषक आहार	1	2	99
14	FP counselling परिवार नियोजन पर परामर्श	1	2	99
15	Referrals if your pregnancy was high-risk रेफरल्स यदि आपकी गर्भावस्था उच्च जोखिम में थी	1	2	99

D41A	Are Village Health Sanitation and Nutrition Days held at your village? क्या आपके गाँव में गांव स्वास्थ्य स्वच्छता और पोषण दिवस / टीकाकरण दिवस का आयोजन किया जाता है? ***CAPI: If C41A = 3 then skip to C42***	Yes, every month हां, हर महीने	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		No नहीं	3
D41B	Does the ASHA, AWW, ANM, or someone else inform women about VHSNDs/Immunization days in advance? क्या आशा, आंगनवाडी कार्यकर्ता, एएनएम, या कोई अन्य महिलाओं को पहले से ही वीएचएसएनडी/टीकाकरण दिवस के बारे में सूचित करते हैं?	Yes हां	1
		No नहीं	2
D42	On a scale of 1 to 5, how satisfied are you with Anganwadi services? 1 से 5 के पैमाने पर आप आंगनवाड़ी सेवाओं से कितनी संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied	5

		बहुत ज्यादा असंतुष्ट	
D43	What are the key barriers or problems you faced while accessing anganwadi services? ***(Multiple choice)*** आंगनवाड़ी सेवाओं का इस्तेमाल करते समय आपको किन मुख्य बाधाओं या समस्याओं का सामना करना पड़ा? ***(एक से अधिक विकल्प)***	Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	1
		Unfair treatment from service providers (Asha/Anganwadi/ANM) सेवा प्रदानकर्ताओं (आशा/ आंगनवाड़ी/ एएनएम) का अनुचित/ पक्षपातपूर्ण व्यवहार	2
		Anganwadi was too far आंगनवाड़ी बहुत दूर थी	3
		Anganwadi not open during scheduled hours आंगनवाड़ी समय पर नहीं खुल रहा है	4
		No Problem कोई समस्या नहीं	5
		Any other reason _____ कोई अन्य कारण	88
D44	Are you aware of grievance redressal mechanism for the scheme? क्या आप योजना से सम्बंधित कोई शिकायत दर्ज करने के प्रक्रिया के बारे में जानते हैं?	Yes हां	1
		No नहीं	2
D46	Has the AWW ever shown you any videos providing information about say breastfeeding/ANC care/diet diversity etc. through phone or tablet क्या AWW ने कभी आपको फोन या टैबलेट के माध्यम से स्तनपान / एएनसी देखभाल / आहार विविधता आदि के बारे में जानकारी प्रदान करने वाला कोई वीडियो दिखाया है	Yes हां	1
		No नहीं	2
D46a	Has you ever received SMS alerting about nutrition status of your child? (Messages related to Severely/Moderately acutely malnourished or needs referral)? क्या आपने कभी अपने बच्चे के पोषण की स्थिति के बारे में एसएमएस प्राप्त किया है? (गंभीर / मध्यम तीव्रता से कुपोषिण या रेफरल की जरूरत के बारे में	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99
D46b	Has the AWW used phone/tablet to record information on nutrition status of your child(Example: to record height weight of children, , provide messages related to Severe/Moderate Acute Malnutrition etc.) क्या AWW ने आपके बच्चे के पोषण की स्थिति के बारे में जानकारी दर्ज/रिकॉर्ड करने के लिए फोन/टैबलेट का उपयोग किया है	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99

	(उदाहरण: बच्चों के वजन को रिकॉर्ड करने के लिए, गंभीर / मध्यम तीव्र कुपोषण आदि से संबंधित संदेश प्रदान करना)		
D47	On a scale of 1 to 5, 1 being lowest and 5 being highest, to what extent do you feel Anganwadi services have supported you to continue with your work/job ? 1 से 5 के पैमाने पर, 1 सबसे कम और 5 सबसे अधिक होने के नाते, आप किस हद तक महसूस करते हैं कि आंगनवाड़ी सेवाओं ने आपको अपना काम / नौकरी जारी रखने के लिए समर्थन दिया है?	Very High बहुत जादा	1
		High जादा	2
		Neither high nor low ना कम ना जादा	3
		Low कम	4
		Very Low बहुत कम	5
D48	On a scale of 1 to 5, 1 being lowest and 5 being highest, to what extent does the presence of Anganwadi and interaction with AWW/others enable you to positively influence household decision making? 1 से 5 के पैमाने पर, 1 सबसे कम और 5 सबसे अधिक होने के नाते, आंगनवाड़ी की उपस्थिति और AWW / दूसरों के साथ बातचीत किस हद तक आपको घरेलू निर्णय लेने को सकारात्मक रूप से प्रभावित करने में सक्षम बनाती है?	Very High बहुत जादा	1
		High जादा	2
		Neither high nor low ना कम ना जादा	3
		Low कम	4
		Very Low बहुत कम	5
Questions related to Beti Bachao Beti Padhao बेटी बचाओ बेटी पढ़ाओ से संबंधित प्रश्न			
D50	Are you aware of Beti Bachao Beti Padhao Scheme? क्या आप बेटी बचाओ बेटी पढ़ाओ योजना के बारे में जानती हैं? ***CAPI: Skip to next section if D50 = 2***	Yes हां	1
		No नहीं	2
D51	How did you get to know of Beti Bachao Beti Padhao scheme? आपको बेटी बचाओ बेटी पढ़ाओ योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	TV/Newspaper/Radio टी वी/ अखबार/ रेडियो	1
		Visits by anganwadi, ANM & other social workers आंगनवाड़ी, एएनएम और अन्य सामाजिक कार्यकर्ताओं के साथ मुलाकात	2
		Posters /Leaflets / pamphlets/Brochures /magazine पोस्टर/ लीफ्लेट्स/ पर्चे/ ब्रोशर/ पत्रिका	3
		SMS एसएमएस	4
		Logo of Beti Bachao Beti Padhao बेटी बचाओ बाटी पढ़ो का लोगो	5
		Other, please specify_____ अन्य, कृपया बतायें	88
D52		Not Relevant	1

	On the scale of 1to 3 how relevant do you think is the Beti Bachao Beti Padhao Scheme? 1 से 3 के स्केल पर, आपके विचार से बेटी बचाओ बेटी पढ़ाओ योजना कितनी उपयुक्त है?	उपयुक्त नहीं	
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know नहीं पता	99
D53	Do you see a positive change in attitude of your family towards having girl child because of the Beti Bachao Beti Padhao campaign? क्या आप बेटी बचाओ बेटी पढाओ अभियान की वजह से लड़कि पैदा होने के प्रति अपने परिवार के नजरिये/ रवैये में कोई सकारात्मक बदलाव देखती हैं?	Yes, lot of positive change हां, बहुत ज्यादा सकारात्मक बदलाव	1
		Yes, moderate change हां, काफी बदलाव	2
		No change कोई बदलाव नहीं	3
		Don't Know नहीं पता	99
D54	Do you see a positive change in attitude of your family towards educating girl child because of the Beti Bachao Beti Padhao campaign? क्या आप बेटी बचाओ बेटी पढाओ अभियान की वजह से लड़कियों को शिक्षित करने के प्रति अपने परिवार के नजरिये/ रवैये में कोई सकारात्मक बदलाव देखती हैं?	Yes, lot of positive change हां, बहुत ज्यादा सकारात्मक बदलाव	1
		Yes, moderate change हां, काफी बदलाव	2
		No change कोई बदलाव नहीं	3
		Don't Know नहीं पता	99
D55	Were you informed about the sex of any of your child before child's birth by a medical professional? क्या आपको किसी मेडिकल पेशेवर द्वारा अपने बच्चे के जन्म से पहले उसके लिंग के बारे में जानकारी दी गयी थी?	Yes हाँ	1
		No नहीं	2

Section Da: To be administered to mother of 3-6 year old child ***CAPI: Ask this section if A10 = 4*** *If A10 = 1 OR A10 = 2, ask only Da17, Da18 and Da19*			
Questions related to Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme **प्रश्न प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) योजना से संबंधित है**			
Da1	Are you aware of the Pradhan Mantri Matru Vandana Yojana (PMMVY)? आप प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) के बारे में जानती हैं? ***CAPI: If Da1 = 2, skip to Da6***	Yes हां	1
		No नहीं	2
Da2	How did you get to know of PMMVY scheme ? *(Multiple Choice)* आपको पीएमएमवीवाई योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4
		Through Non-Government Organization (NGOs)	5

		गैर- सरकारी संस्था (एनजीओ) के माध्यम से	
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	6
Da3	Do you know of the benefits received under PMMVY scheme? क्या आप पीएमएमवीवाई योजना के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
Da4	What are the benefits of PMMVY scheme? *(Options not to be read out)* पीएमएमवीवाई योजना के क्या-क्या फायदे हैं? *(विकल्पों को नहीं पढ़ा जाना है)* ***CAPI: Ask If Da3 = 1***	Cash transfer as partial compensation of wage loss मजदूरी के नुकसान होने पर आंशिक क्षतिपूर्ति के रूप में नकद हस्तांतरण	1
		Cash transfer of INR 5000/- as a partial compensation of wage loss मजदूरी के नुकसान होने पर आंशिक क्षतिपूर्ति के रूप में रूपये 5000 तक नकद हस्तांतरण	2
		Cash transfer in 3 installments of INR 1000, INR 2000 and INR 2000 within 4 months, 6 months and after child-birth respectively 4 महीने, 6 महीने और बच्चे के जन्म के बाद क्रमश: रूपये 1000, रूपये 2000 और रूपये 2000 की 3 किश्तों में नकद हस्तांतरण	3
		Any other benefit _____ कोई अन्य फायदा	88
Da5	On a scale of 1 to 3, how relevant do you think PMMVY scheme is for your needs? 1 से 3 के स्केल पर, आपके विचार से पीएमएमवीवाई योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी हद तक उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know नहीं पता	99
Questions related to POSHAN Abhiyan scheme: **पोषण अभियान योजना से संबंधित प्रश्न:**			
Da6	Are you aware of POSHAN Abhiyan scheme? क्या आप पोषण अभियान योजना के बारे में जानती हैं? ***CAPI: If Da6 = 2, skip to Da12***	Yes हां	1
		No नहीं	2
Da7	How did you get to know of POSHAN Abhiyan scheme? *(Multiple Choice)* आपको पोषण अभियान योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2

		Village Heath Sanitation and nutrition Day (VHSND) ग्राम स्वास्थ्य स्वच्छता व पोषण दिवस (VHSND)	3
		Community based events समुदाय आधारित आयोजन	4
		SMS एसएमएस	5
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	6
		Through Non-Government Organization (NGOs) गैर-सरकारी संस्था (एनजीओ) के माध्यम से	7
		Any other Non-Government source कोई अन्य गैर-सरकारी स्रोत	8
Da8	Which medium helped you learn the most about POSHAN Abhiyan? पोषण अभियान के बारे में जानने के लिए किस माध्यम ने आपकी सबसे ज्यादा मदद की?	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		Village Heath Sanitation and nutrition Day (VHSND) ग्राम स्वास्थ्य स्वच्छता व पोषण दिवस (VHSND)	3
		Community based events समुदाय आधारित आयोजन	4
		SMS एसएमएस	5
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	6
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के माध्यम से	7
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	8
Da9	On a scale of 1 to 3, how relevant do you think POSHAN Abhiyan scheme is for your needs? 1 से 3 के पैमाने पर, आपके विचार से पोषण अभियान योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know नहीं पता	99
Da10	Are you aware of the importance of 1000 days with respect to mother and child nutrition? क्या आप मां और बच्चे के पोषण के संबंध में 1000 दिनों के महत्व को जानती हैं?	Yes हां	1
		No नहीं	2

Da11	What does "*first 1000 days*" mean? *"पहले 1000 दिनों"* का क्या मतलब है? ***(to be marked yes if 1000 days defined correctly i.e. "1000 days is period from pregnancy to second birthday of child when it is critical to ensure complete nutrition of mother and child")*** ***(हां पर निशान लगाया जाना है यदि 1000 दिनों को सही से बताया गया है यानि "1000 दिन गर्भावस्था से बच्चे के दूसरे जन्मदिन तक की वह अवधि होती है जब माँ और बच्चे के पूर्ण पोषण को सुनिश्चित करना महत्वपूर्ण होता है")*** ***CAPI: Ask if Da11 = 1***	Yes हां		1
		No नहीं		2
Da12	Do you know about *"POSHAN Mah" ?* क्या आपको *'पोशन माह'* के बारे में पता है ?	Yes हां		1
		No नहीं		2

Da12a	Of the following services, which all did you get? निम्नलिखित सेवाओं में से, आप सभी को क्या मिला?	Yes हाँ	No नहीं	Don't Know पता नहीं
1	Growth monitoring विकास की निगरानी	1	2	99
2	ANC/PNC checkup ANC / PNC चेकअप	1	2	99
3	Immunization टीकाकरण	1	2	99
4	THR distribution पोशन आहार (THR) वितरण	1	2	99
5	Nutrition Health and Hygiene education पोषण स्वास्थ्य और स्वच्छता शिक्षा	1	2	99
6	Others (Please specify _____) अन्य, कृपया निर्दिष्ट करें _____	1	2	99
Da12b	Have you ever been a part of a community event organized under the POSHAN Abhiyan? क्या आप कभी पोशन अभियान के तहत आयोजित सामुदायिक कार्यक्रम का हिस्सा रहे हैं?	Yes हां	1	
		No नहीं	2	
Da12c	Has you ever received SMS alerting about nutrition status of your child? (Messages related	Yes हां	1	

	to Severely/Moderately acutely malnourished or needs referral)? क्या आपने कभी अपने बच्चे के पोषण की स्थिति के बारे में एसएमएस प्राप्त किया है? (गंभीर / मध्यम तीव्रता से कुपोषिण या रेफरल की जरूरत के बारे में)	No नहीं	2
		Don't Know पता नहीं	99
Da12d	Has the AWW used phone/tablet to record information on nutrition status of your child (Example: to record height weight of children, , provide messages related to Severe/Moderate Acute Malnutrition etc.) क्या AWW ने आपके बच्चे के पोषण की स्थिति के बारे में जानकारी दर्ज/रिकॉर्ड करने के लिए फोन/टैबलेट का उपयोग किया है (उदाहरण: बच्चों के वजन को रिकॉर्ड करने के लिए, गंभीर / मध्यम तीव्र कुपोषण आदि से संबंधित संदेश प्रदान करना)	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99

Questions related to Anganwadi services

Da13	Are you aware of services provided by Anganwadi worker/centre? क्या आप आंगनवाड़ी कार्यकर्ता/ केंद्र द्वारा प्रदान की जाने वाली सेवाओं के बारे में जानती हैं? ***CAPI: Skip to Da38 if Da13 = 2***	Yes हां	1
		No नहीं	2
Da14	On a scale of 1 to 3, how relevant do you think Anganwadi services is for your needs? 1 से 3 के स्केल पर, आपके विचार से आंगनवाड़ी सेवाएं आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know नहीं पता	99
Da15	Have you ever availed any anganwadi services? क्या आपने कभी भी आंगनवाड़ी सेवाओं का लाभ उठाया है? ***CAPI: If Da15 = 1, Skip to Da17***	Yes हां	1
		No नहीं	2
Da16	If not, what are the major reasons for not being able to avail the benefits of the scheme? यदि नहीं, तो योजना के फायदों का लाभ नहीं उठा पाने के मुख्य कारण क्या हैं? *(Multiple choice)* ***CAPI: Skip to c50***	Lack of interest in availing benefits फायदों का लाभ उठाने में रुचि का अभाव	1
		Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	2
		Anganwadi is too far आंगनवाड़ी बहुत दूर है	3

		Anganwadi closed during scheduled anganwadi working hours आंगनवाड़ी समय पर नहीं खुल रहा है	4
		Any other reason _____ कोई अन्य कारण	88
Da17	Does your child attend pre-school service provided by Anganwadi? क्या आपका बच्चा आंगनवाड़ी द्वारा प्रदान की गई प्री-स्कूल सेवा में जाता है? *CAPI: Skip to Da19 if Da17 = 2 or Da17 = 3*	Yes हां	1
		No नहीं	2
		Preschool services not provided by Anganwadi प्री स्कुल सेवाएं आनगनवाड़ी में उपलब्ध नहीं है	3
Da18	On a scale of 1 to 5, how would you rate the quality of pre-school services in contributing to physical and mental development of your child? 1 से 5 के पैमाने पर, आप अपने बच्चे के शारीरिक और मानसिक विकास में योगदान देने के लिए, प्री-स्कूल सेवाओं की गुणवत्ता का मूल्यांकन कैसे करेंगे?	Very Low बहुत कम	1
		Low कम	2
		Neither low nor high ना कम का जादा	3
		High जादा	4
		Very High बहुत जादा	5
Da19	Has your child been provided immunization at Anganwadi, after turning 3 years old? क्या आपके बच्चे का (3 वर्ष के हो जाने के बाद) टीकाकरण हुआ है ? *CAPI: Skip to Da21 if Da19 = 2*	Yes हां	1
		No नहीं	2
Da20	How many immunization/vaccination has your child been provided at Anganwadi Centre, after turning 3 years old? 3 वर्ष का हो जाने के बाद बच्चे का आनगनवाड़ी केंद्र में कितने बार टीकाकरण हुआ है ? Instruction: *check MCP card and note the status*	No. of times _____ इतने बार_____	
Da21	Do you receive Take home ration from Anganwadi Center? क्या आपको आंगनवाड़ी केंद्र से घर के लिए राशन (पोशन आहार) मिलता है? ***CAPI: Skip to Da26 if D21 = 3 or 4***	Yes, regularly हां, नियमित रूप से	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		Do not receive नहीं मिलता है	3
		Anganwadi Center provides but we do not take. आंगनवाड़ी केंद्र प्रदान करता है लेकिन हम नहीं लेते हैं	4
Da22	In the last 6 months, how many times did you receive Take home ration? पिछले 6 महीनो में आपको पोशन आहार कितने बार मिला?	No. of times _____ जितने बार मिला_____	
Da23	Do you think quantity of take-home ration provided is enough? क्या आपको लगता है के पोशन आहार उचित मात्रा में मिलती है आपको?	Yes हां	1
		No नहीं	2
Da24	Who consumes the take-home ration?	Self मै खुद	1

	आम तोर पर पोशन आहार कौन खता है ?	Share with family परिवार के साथ बाट देती हूँ	2
		No one consumes कोई नहीं खता	3
		Other, specify अन्य, बतायें	88
Da25	On a scale of 1 to 5, 1 being very poor and 5 being very good, how would you rate the quality 1 से 5 के स्केल पर, 1 का मतलब बहुत खराब और 5 का मतलब बहुत अच्छा है, आप गुणवत्ता का कैसे मूल्यांकन करेंगी	Very poor बहुत खराब	1
		Poor खराब	2
		Neutral ना अच्छा और ना खराब	3
		Good अच्छा	4
		Very Good बहुत अच्छा	5
Da26	Do you receive hot cooked meal from Anganwadi Center? क्या आपको आंगनवाड़ी केंद्र से पका हुआ गर्म भोजन मिलता है? ***CAPI: Skip to Da28 if Da26 = 3 or 4***	Yes, regularly हां, नियमित रूप से	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		Do not receive नहीं मिलता है	3
		Anganwadi Center provides but we do not take. आंगनवाड़ी केंद्र प्रदान करता है लेकिन हम नहीं लेते हैं	4
Da27	Do you like the taste of food? क्या आपको वह खाना पसंद आता है?	Yes हां	1
		No नहीं	2
		Okay ठीक है	3
Da27a	Are you satisfied with the quantity of hot cooked meal provided to you? क्या आप प्रदान किए गए गर्म पके भोजन की मात्रा से संतुष्ट हैं?	Yes हां	1
		No नहीं	2
		Neutral ठीक है	3
Da27b	Is there any specific food item you would like to add to the food menu of hot-cooked meal to meet the dietary needs of your child? क्या कोई विशिष्ट खाद्य पदार्थ है जिसे आप अपने बच्चे की आहार की जरूरतों को पूरा करने के लिए गर्म-पका भोजन के भोजन मेनू में जोड़ना चाहेंगी? (Multiple choice)	Milk दूध	1
		Eggs अंडा	2
		Meat and Fish मांस और मछली	3
		Green and Leafy vegetable हरी और पत्तेदार सब्जियां	4

		Fruits फल	5
		Cheese पनीर	6
		Starchy foods (Breads, potato, pasta etc.) स्टार्चयुक्त खाद्य पदार्थ (ब्रेड, आलू, पास्ता आदि।	7
		legume/nuts. फली/नट्स	8
		None कोई नहीं	99
		Other अन्य कोई	88
Da28	Did ANM talk to you about the process of getting referred to a hospital? क्या ANM ने आपसे बड़े हस्पताल पे रेफ़र होने की प्रक्रिया पे बात की है? ***CAPI: Skip to Da30 if Da28 = 2***	Yes हां	1
		No नहीं	2
Da29	To which facility does the ANM refer to? आम तौर पर महिलायों को कहाँ रेफ़र करती है? ***CAPI: Skip to Da30 if Da29 = 5 or Da29 = 99***	Primary Health Center (PHC) प्राथमिक स्वास्थ केंद्र (PHC)	1
		Community Health Center (CHC) समुदायिक स्वास्थ केंद्र (CHC)	2
		Sub-divisional Hospital सब-डिवीज़नल हस्पताल	3
		District Hospital जिला अस्पताल	4
		Don't get referred रेफ़र नहीं होता	5
		Don't Know नहीं पता	99
		Others, specify अन्य, बतायें	88
Da29A	Did you visit the referred facility? क्या आप रेफेर किये गए संस्था गए ? ***CAPI: Skip to Da30 if Da29A = 2***	Yes हां	1
		No नहीं	2
Da29B	How satisfied were you with the treatment offered at the facility? आपको रेफेर किये गए संस्था पर जो सेवा मिली , उससे आप कितना संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
Da29C		Yes	1

	Did the AWW/Asha follow-up the treatment till the end? क्या AWW/Asha ने आपके इलाज के बारे में आखरी तक जानकारी रखी?	हां	
		No नहीं	2
Da30	Are Village Health Sanitation and Nutrition Days held at your village? क्या आपके गाँव में गांव स्वास्थ्य स्वच्छता और पोषण दिवस / टीकाकरण दिवस का आयोजन किया जाता है? ***CAPI: If Da30 = 3 then skip to Da32***	Yes, every month हां, हर महीने	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2
		No नहीं	3
Da31	Does the ASHA, AWW, ANM, or someone else inform women about VHSNDs/Immunization days in advance? क्या आशा, आंगनवाडी कार्यकर्ता, एएनएम, या कोई अन्य महिलाओं को पहले से ही वीएचएसएनडी/टीकाकरण दिवस के बारे में सूचित करते हैं?	Yes हां	1
		No नहीं	2
Da32	On a scale of 1 to 5, how satisfied are you with Anganwadi services? 1 से 5 के पैमाने पर आप आंगनवाड़ी सेवाओं से कितनी संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
Da33	What are the key barriers or problems you faced while accessing anganwadi services? (Multiple choice) आंगनवाड़ी सेवाओं का इस्तेमाल करते समय आपको किन मुख्य बाधाओं या समस्याओं का सामना करना पड़ा? *(एक से अधिक विकल्प)*	Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	1
		Unfair treatment from service providers (Asha/Anganwadi/ANM) सेवा प्रदानकर्ताओं (आशा/ आंगनवाड़ी/ एएनएम) का अनुचित/ पक्षपातपूर्ण व्यवहार	2
		Anganwadi was too far आंगनवाड़ी बहुत दूर थी	3
		Anganwadi not open during scheduled hours आंगनवाड़ी समय पर नहीं खुल रहा है	4
		No Problem कोई समस्या नहीं	5
		Any other reason _____ कोई अन्य कारण	88
Da34	Are you aware of grievance redressal mechanism for the scheme? क्या आप योजना से सम्बंधित कोई शिकायत दर्ज करने के प्रक्रिया के बारे में जानते हैं?	Yes हां	1
		No नहीं	2

Da35	Has the AWW ever shown you any videos providing information about say breastfeeding/ANC care/diet diversity etc. through phone or tablet क्या AWW ने कभी आपको फोन या टैबलेट के माध्यम से स्तनपान / एएनसी देखभाल / आहार विविधता आदि के बारे में जानकारी प्रदान करने वाला कोई वीडियो दिखाया है	Yes हां	1
		No नहीं	2
Da35a	Has you ever received SMS alerting about nutrition status of your child? (Messages related to Severely/Moderately acutely malnourished or needs referral)? क्या आपने कभी अपने बच्चे के पोषण की स्थिति के बारे में एसएमएस प्राप्त किया है? (गंभीर / मध्यम तीव्रता से कुपोषिण या रेफरल की जरूरत के बारे में)	Yes हां	1
		No नहीं	2
Da35b	Has the AWW used phone/tablet to record information on nutrition status of your child (Example: to record height weight of children, , provide messages related to Severe/Moderate Acute Malnutrition etc.) क्या AWW ने आपके बच्चे के पोषण की स्थिति के बारे में जानकारी दर्ज/रिकॉर्ड करने के लिए फोन/टैबलेट का उपयोग किया है (उदाहरण: बच्चों के वजन को रिकॉर्ड करने के लिए, गंभीर / मध्यम तीव्र कुपोषण आदि से संबंधित संदेश प्रदान करना)	Yes हां	1
		No नहीं	2
Da36	On a scale of 1 to 5, 1 being lowest and 5 being highest, to what extent do you feel Anganwadi services have supported you to continue with your work/job ? 1 से 5 के पैमाने पर, 1 सबसे कम और 5 सबसे अधिक होने के नाते, आप किस हद तक महसूस करते हैं कि आंगनवाड़ी सेवाओं ने आपको अपना काम / नौकरी जारी रखने के लिए समर्थन दिया है?	Very High बहुत जादा	1
		High जादा	2
		Neither high nor low ना कम ना जादा	3
		Low कम	4
		Very Low बहुत कम	5
Da37	On a scale of 1 to 5, 1 being lowest and 5 being highest, to what extent does the presence of Anganwadi and interaction with AWW/others enable you to positively influence household decision making? 1 से 5 के पैमाने पर, 1 सबसे कम और 5 सबसे अधिक होने के नाते, आंगनवाड़ी की उपस्थिति और AWW / दूसरों के साथ बातचीत किस हद तक आपको घरेलू निर्णय लेने को सकारात्मक रूप से प्रभावित करने में सक्षम बनाती है?	Very High बहुत जादा	1
		High जादा	2
		Neither high nor low ना कम ना जादा	3
		Low कम	4
		Very Low बहुत कम	5
		No नहीं	2

Questions related to Beti Bachao Beti Padhao
बेटी बचाओ बेटी पढ़ाओ से संबंधित प्रश्न

Da38	Are you aware of Beti Bachao Beti Padhao Scheme? क्या आप बेटी बचाओ बेटी पढ़ाओ योजना के बारे में जानती हैं? ***CAPI: Skip to next section if Da38 = 2***	Yes हां	1
		No नहीं	2
Da39	How did you get to know of Beti Bachao Beti Padhao scheme? आपको बेटी बचाओ बेटी पढ़ाओ योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	TV/Newspaper/Radio टी वी/ अखबार/ रेडियो	1
		Visits by anganwadi, ANM & other social workers आंगनवाड़ी, एएनएम और अन्य सामाजिक कार्यकर्ताओं के साथ मुलाकात	2
		Posters /Leaflets / pamphlets/Brochures /magazine पोस्टर/ लीफ्लेट्स/ पर्चे/ ब्रोशर/ पत्रिका	3
		SMS एसएमएस	4
		Logo of Beti Bachao Beti Padhao बेटी बचाओ बाटी पढ़ो का लोगो	5
		Other, please specify_____ अन्य, कृपया बतायें	88
Da40	On the scale of 1to 3 how relevant do you think is the Beti Bachao Beti Padhao Scheme? 1 से 3 के स्केल पर, आपके विचार से बेटी बचाओ बेटी पढ़ाओ योजना कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know नहीं पता	99
Da41	Do you see a positive change in attitude of your family towards having girl child because of the Beti Bachao Beti Padhao campaign? क्या आप बेटी बचाओ बेटी पढाओ अभियान की वजह से लड़कि पैदा होने के प्रति अपने परिवार के नजरिये/ रवैये में कोई सकारात्मक बदलाव देखती हैं?	Yes, lot of positive change हां, बहुत ज्यादा सकारात्मक बदलाव	1
		Yes, moderate change हां, काफी बदलाव	2
		No change कोई बदलाव नहीं	3
		Don't Know नहीं पता	99
Da42	Do you see a positive change in attitude of your family towards educating girl child because of the Beti Bachao Beti Padhao campaign? क्या आप बेटी बचाओ बेटी पढाओ अभियान की वजह से लड़कियों को शिक्षित करने के प्रति अपने परिवार के नजरिये/ रवैये में कोई सकारात्मक बदलाव देखती हैं?	Yes, lot of positive change हां, बहुत ज्यादा सकारात्मक बदलाव	1
		Yes, moderate change हां, काफी बदलाव	2
		No change कोई बदलाव नहीं	3
		Don't Know नहीं पता	99

Da43	Were you informed about the sex of any of your child before child's birth by a medical professional? क्या आपको किसी मेडिकल पेशेवर द्वारा अपने बच्चे के जन्म से पहले उसके लिंग के बारे में जानकारी दी गयी थी?	Yes हाँ	1
		No नहीं	2

Section E: To be administered to Adolescent Girls (AGs) भाग ई: किशोर लड़कियों से पूछा जाना है *CAPI: Ask this section if A10 = 5*			
E1	Are you aware of the **Scheme for Adolescent Girls (AGs)?** क्या आप **किशोर लड़कियों (AGs) के लिए योजना** के बारे में जानती हैं? ***CAPI: If E1 = 2, Skip to next section after marking E5A = 4***	Yes हां	1
		No नहीं	2
E2	How did you get to know about **Scheme for Adolescent Girls (AGs)?** आपको **किशोर लड़कियों (AGs) के लिए योजना** के बारे में जानकारी कैसे मिली?	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए	5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	6
E3	Are you aware of the benefits received under **Scheme for Adolescent Girls (AGs)?** क्या आप **किशोर लड़कियों के लिए योजना** के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
E4	On a scale of 1 to 3, how relevant do you think **Scheme for Adolescent Girls (AGs)**? 1 से 3 के स्केल पर, आपके विचार से **किशोर लड़कियों के लिए योजना** आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
		Don't Know पता नहीं	99
E5	Were you provided any of the following services under the **Scheme for Adolescent Girls (AGs)**? क्या आपको किशोरी लड़कियोंकी योजना के तहत इन में से कोई सेवा मिली है? (Multiple Choice) ***CAPI: If E5 = 99 go to E5A, else skip to E6***	Training under Scheme for Adolescent Girls (AGs) किशोर लड़कियों के लिए योजना के तहत प्रशिक्षण	1
		Counselling from Anganwadi Center आंगनवाड़ी केंद्र से परामर्श	2
		Health Services from Anganwadi Center आंगनवाड़ी केंद्र से स्वास्थ्य सेवाएं	3
		None कोई नहीं	99
E5A	If not, what is the major reasons for not being able to avail the benefits of the scheme? यदि नहीं, तो योजना के फायदों का लाभ नहीं उठा पाने के मुख्य कारण क्या हैं?	Required services not available आवश्यक सेवाएं उपलब्ध नहीं हैं	1
		Lack of interest in availing benefits लाभ उठाने में दिलचस्पी की कमी	2

	CAPI: Skip to Next section	Unable to get required support from Government officials/workers सरकारी अधिकारियों / श्रमिकों से अपेक्षित सहयोग न मिल पाना	3
		Not aware of scheme ***(CAPI: to be marked automatically if E1 = 2)*** योजना के बारे नहीं पता था	4
		Any other reason _____ कोई अन्य कारण	88
E6	Have you received any Vocational training so far in AWC under National Skill Development Program (NSDP)? क्या आपको अभी तक आंगनवाड़ी केंद्र में राष्ट्रीय कौशल विकास कार्यक्रम (एनएसडीपी) के तहत कोई प्रशिक्षण मिला है? ***CAPI: If E6 = 2 and E5 != 1 go to E6A***	Yes हां	1
		No नहीं	2
E6AA	Do you think the training was useful to you? क्या आपको लगता है कि प्रशिक्षण आपके लिए उपयोगी था ?	Yes हां	1
		No नहीं	2
E6AB	Will you be pursuing work related to your training ? क्या आप अपने प्रशिक्षण से संबंधित कार्य कर रहे हैं?	Yes हां	1
		No नहीं	2
E6A	Have you been made aware of the importance of going to school? क्या आपको स्कूल जाने के महत्व के बारे में बताया गया है?	Yes हां	1
		No नहीं	2
E6B	Do you plan to join school back in future? क्या आप भविष्य में स्कूल वापस जाने की सोच रहे हैं?	Yes हां	1
		No नहीं	2
E7	Do you receive any nutrition and health education in Anganwadi Center? क्या आपको आंगनवाड़ी केंद्र में कोई भी पोषण व स्वास्थ्य संबंधी शिक्षा/ प्रशिक्षण प्राप्त हुआ है?	Yes हां	1
		No नहीं	2
E7a	Do you receive any counselling/awareness session on Adolescence Reproductive and Sexual Health (ARSH)? क्या आपको किशोरावस्था प्रजनन और यौन स्वास्थ्य (ARSH) पर कोई परामर्श /जानकारी प्राप्त होता है?	Yes हां	1
		No नहीं	2
E7b	Do you receive Take home ration from Anganwadi Center? क्या आपको आंगनवाड़ी केंद्र से घर के लिए राशन (पोशन आहार) मिलता है?	Yes, regularly हां, नियमित रूप से	1
		Yes, but irregular हां, लेकिन अनियमित रूप से	2

	CAPI: Skip to E8 if E7b = 3	Do not receive नहीं मिलता है	3
E7c	Do you consume food received through Take home ration? क्या आप टेक होम राशन के माध्यम से प्राप्त भोजन का उपभोग करते हैं?	Yes हां	1
		No नहीं	2
E8	Have you attended and received any services on "Kishori Diwas"? क्या आपने "किशोरी दिवस" के दिन किसी भी सेवाओं में भाग लिया और प्राप्त की है? ***CAPI: If E8 = 1, skip to E10***	Yes हां	1
		No नहीं	2
E9	Why did you not attend "Kishori Diwas"? आप "किशोरी दिवस" में शामिल क्यों नहीं हुए?	Kishori Diwas not held किशोरी दिवस आयोजित नहीं होता	1
		Family restrictions पारिवारिक प्रतिबंध	2
		Required services not provided आवश्यक सेवाएं प्रदान नहीं की गई हैं	3
		Too far बहुत दूर	4
		Any other reason. Specify _____ कोई अन्य कारण। उल्लिखित करना	88
E9A	Are you aware of Sakhis / Sahelis ?\ क्या आप सखी/सहेली प्रोग्राम के बारे में जानते हैं? ***CAPI: Skip to E10 if E9A = 2***	Yes हां	1
		No नहीं	2
E9B	Are you a Sakhis / Sahelis? क्या आप सखी/सहेली हैं? ***CAPI: Skip to E10 if E9B = 2***	Yes हां	1
		No नहीं	2
E9C	What are your activities as a Sakhi/Saheli ? सखी / सहेली के रूप में आपकी क्या कार्य रहता हैं?	Conducting programs aimed at changing young men's gender-related attitudes and promoting safe behavior etc. युवक-युवतियों के लिंग संबंधी नजरिए को बदलने और सुरक्षित व्यवहार को बढ़ावा देने आदि के लिए कार्यक्रम आयोजित करना।	1
		Educational activities (role-plays, games and interactive activities) शैक्षिक गतिविधियाँ (भूमिका-खेल, खेल और संवादात्मक गतिविधियाँ)	2
		Creating platforms engaging young women in discussion, debate and critical thinking. (sexuality, reproductive health and rights etc.) चर्चा, बहस और आलोचनात्मक सोच में युवा महिलाओं को उलझाने वाले मंच	3

		बनाना। (कामुकता, प्रजनन स्वास्थ्य और अधिकार आदि)	
		Participate in day to day activities of AWC like pre-school education, growth monitoring, SNP and help AWW in other activities. पूर्व स्कूल शिक्षा, विकास निगरानी, एसएनपी जैसे AWC की दैनिक गतिविधियों में भाग लें और अन्य गतिविधियों में AWW की मदद करें।	4
		Other, please specify अन्य कोई	88
E10	Do any Health officials/ NGOs have come to impart training/ awareness at AWC? क्या आंगनवाड़ी केंद्र में प्रशिक्षण/ जानकारी देने के लिए कोई स्वास्थ्य अधिकारी/ एनजीओ आते हैं? (*Nutrition and Health Education, Life skill education, Guidance on Family Welfare, ARSH, Child Care Practices and Home Management)* *(पोषण व स्वास्थ्य शिक्षा, जीवन कौशल शिक्षा, परिवार कल्याण पर मार्गदर्शन, एआरएसएच, बच्चे की देखभाल के अभ्यास और घर का प्रबंधन)*	Yes हां	1
		No नहीं	2
E11	Did Anganwadi worker provide you with Adolescent health cards? क्या आंगनवाड़ी कार्यकर्ता आपको किशोर स्वास्थ्य कार्ड प्रदान करती है? ***CAPI : Skip to E13 if E11 = 2***	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99
E12	When was your Adolescent health card last updated? आपका किशोर स्वास्थ्य कार्ड अंतिम बार कब अपडेट किया गया था?	In last 0-3 months पिछले 0-3 महीनों में	1
		In last 3-6 months पिछले 3-6 महीनों में	2
		In last 6 month - 1 year पिछले 6 महीनों से 1 साल में	3
		At the time of issuing जारी करने के समय	4
		Never कभी नहीं	5
E13	Have you had you height/weight check at AWC? क्या आंगनवाड़ी केंद्र में आपका कद/ वजन माना गया था?	Yes हां	1
		No नहीं	2
E14	Do you have health checkups at AWC? क्या आप आंगनवाड़ी केंद्र पर स्वास्थ्य की जांच कराती है?	Yes हां	1
		No नहीं	2

E15	Do you receive Deworming tablets/ IFA supplements? क्या आपको पेट के कीड़े मारने की गोलियां/ आईएफए पूरक मिलते हैं?	Yes हां	1
		No नहीं	2
E16	Do you have Health check-up and referral services at AWC? क्या आप आंगनवाड़ी केंद्र में स्वास्थ्य की जांच करती है और रेफरल सेवाएं लेती हैं?	Yes हां	1
		No नहीं	2
E17	Is Information about the weight, height, Body Mass Index (BMI), IFA supplementation, deworming, referral services and immunization etc. recorded in your Adolescent card? क्या आपके किशोरी कार्ड में वजन, कद, बॉडी मास इंडेक्स (बीएमआई), आईएफए पूरकता, पेट के कीड़े मारने वाली दवा, रेफरल सेवाएं और टीकाकरण आदि के बारे में जानकारी दर्ज की गयी है?	Yes हां	1
		No नहीं	2
E18	Which of these products have you availed from AWC ? आपने AWC से कौन सा उत्पाद लिया है?	Tampon टैम्पोन	1
		Disposable Sanitary Pad डिस्पोजेबल सैनिटरी पैड	2
		Menstrual Cup मेंस्ट्रल कप (मासिक धर्म कप)	3
		Reusable Pad that you can wash and use again रियूजेबल पैड जिसे आप धो सकती है और दोबारा इस्तेमाल कर सकती हैं	4
		None of the above कोई भी नहीं	5
E19	What do you normally use during your period? आप अपनी मासिक धर्म के दौरान सामान्यतौर पर क्या इस्तेमाल करती हैं? CAPI: *if response comes any apart from 3&4 go to E19a or else skip to E20* यदि प्रतिक्रिया 3 और 4 से अलग आती है तो E19a पर जाएं अन्यथा E20 पर जाएं	Cloth/Towel कपड़ा/ तौलिया	1
		Tampon टैम्पोन	2
		Purchased sanitary pad सैनिटरी पैड खरीदा	3
		Menstrual Cup मेंस्ट्रल कप (मासिक धर्म कप)	4
		Toilet paper टॉयलेट पेपर	5
		Cotton रुई	6
		Natural materials (mud, cow dung or leaves) प्राकृतिक सामग्रियां (मिट्टी, गाय का गोबर या पत्तियां)	7
		Other, specify _____ अन्य कोई _____	88
E19a	Why do you use thing (name) during your period and not use sanitary pad/ Menstrual cup?	Don't know the use उपयोग की जानकारी नहीं है	1

	आप अपनी अवधि के दौरान चीज़ (नाम) का उपयोग क्यों करते हैं और सैनिटरी पैड / मासिक धर्म कप का उपयोग नहीं करते हैं?	Don't feel comfortable सहज महसूस नहीं करते	2
		No awareness about the usage उपयोग के बारे में कोई जागरूकता नहीं	3
E20	On a scale of 1 to 5, how satisfied are you with the scheme benefits? 1 से 5 के स्केल पर, आप योजना के लाभ से कितनी संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
E21	What are the key barriers or problems you faced while accessing services under the scheme (Multiple choice) इस स्कीम की सेवायों का इस्तेमाल करते समय आपको किन मुख्य बाधाओं या समस्याओं का सामना करना पड़ा? *(एक से अधिक विकल्प)*	Parental issues माता-पिता संबंधित समस्या	1
		Unfair treatment from service providers (Asha/Anganwadi/ANM) सेवा प्रदानकर्ताओं(आशा/ आंगनवाड़ी/ एएनएम) का अनुचित/पक्षपात पूर्ण व्यवहार	2
		Anganwadi was too far आंगनवाड़ी बहुत दूर थी	3
		Anganwadi was closed during the scheduled hours निर्धारित घंटों के दौरान आंगनबाड़ी बंद रही	4
		Absence of service providers and required services सेवा प्रदाताओं और आवश्यक सेवाओं की अनुपस्थिति	5
		No Problem कोई समस्या नहीं	6
		Any other reason _____ अन्य कारण _____	88
E23	Are you aware of grievance redressal mechanism for the scheme? क्या आप योजना से सम्बंधित कोई शिकायत दर्ज करने के प्रक्रिया के बारे में जानते हैं?	Yes हां	1
		No नहीं	2
E25	Are you shown videos on Nutrition and Health Education, Adolescent Reproductive Sexual Health, Childcare practices etc. through phone/tablet as a part of Adolescent Girls scheme? क्या आपको किशोरावस्था लड़कियों की योजना के तहत **फोन / टैबलेट** के माध्यम से पोषण और स्वास्थ्य शिक्षा, किशोर प्रजनन यौन	Yes हां	1
		No नहीं	2
		Yes हां	1
		No नहीं	2

	स्वास्थ्य, चाइल्डकैअर प्रथाओं आदि पर वीडियो दिखाए जाते हैं?	Yes हां	1
		No नहीं	2
Instruction: Ask the following questions to parent of adolescent girl निर्देश: किशोर लड़की के माता-पिता से निम्नलिखित प्रश्न पूछें			
E26	Enumerator: Did you find parent of adolescent girl? एन्यूमरेटर: क्या आपको किशोरी के माता/पिता मिले? CAPI: Skip to next section if F14 = 2	Yes हां	1
		No नहीं	2
E27	How satisfied are you with the services provided to your daughter? अपनी बेटी को प्रदान की गई सेवाओं से आप कितने संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
E28	Will you send her back to school? क्या आप उसे वापस स्कूल भेजेंगे?	Yes हां	1
		No नहीं	2
E29	Will you continue to send her to the AWC for THR? क्या आप उसे टेक होम राशन (पोषण आहार) के लिए AWC भेजना जारी रखेंगे?	Yes हां	1
		No नहीं	2
E30	Are you aware that the THR is meant only for your daughter? क्या आप जानते हैं कि टेक होम राशन (पोषण आहार) केवल आपकी बेटी के लिए है?	Yes हां	1
		No नहीं	2
E31	At what age will you marry-off your daughter? आप अपनी बेटी की शादी किस उम्र में करेंगे?	15-18 years 15-18 वर्ष	1
		19-21 years 19-21 वर्ष	2
		22-25 years 22-25 वर्ष	3
		25 plus 25 वर्ष	4

Section F: to be administered to working women with children (For National creche scheme) ***खंड F: नौकरी करने वाली माँ के लिए प्रशासित (राष्ट्रीय क्रेच योजना के लिए)*** ***CAPI: Ask if A11 = 1***			
F1	Are you aware of the National Creche Scheme**?** क्या आप राष्ट्रीय क्रेच योजना के बारे में जानती हैं?	Yes हां	1
		No नहीं	2

	CAPI: Skip to next section if F1 = 2		
F2	How did you get to know about **National Creche scheme?** आपको **राष्ट्रीय क्रेच योजना** के बारे में जानकारी कैसे मिली?	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए	5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	6
F3	Are you aware of the benefits received under **the scheme?** क्या आप **योजना** के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
F4	What do you think are the major benefits of the Creche Scheme? आपके विचार से क्रेच योजना के मुख्य फायदे क्या हैं?	It helps in improving the nutritional status of the child यह बच्चे के पोषण की स्थिति को बेहतर बनाने में मदद करता है	1
		Contributes to the holistic development of the child बच्चे के संपूर्ण विकास में योगदान देता है	2
		Provides a safe place to keep the children while women go to work महिलाओं के काम पर जाने के लिए बच्चों को रखने के लिए सुरक्षित जगह प्रदान करता है	3
		It helps in educating and empowering the parents for better childcare यह बच्चों की बेहतर देखभाल के लिए माता-पिता को शिक्षित और सशक्त बनाने में मदद करता है	4
		It helps on ease of working यह काम करने में आसानी पर मदद करता है	5
F5	On a scale of 1 to 3, how relevant do you think the scheme is to your needs? 1 से 3 के स्केल पर, आपके विचार से योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
F6	Are you able to access the creche facilities? क्या आप क्रेच सुविधाओं का उपयोग करने में सक्षम हैं? ***(CAPI: If F6 = 1, skip to F8)***	Yes हां	1
		No नहीं	2

F7	If no, what do you think are the major reasons for this यदि नहीं, तो आपको क्या लगता है इसके प्रमुख कारण हैं ***(CAPI: Skip to Next section)***	Lack of creches available in geographical proximity भौगोलिक निकटता में उपलब्ध क्रेच का अभाव	1
		The quality of the creches are not good क्रेच की गुणवत्ता अच्छी नहीं है	2
		The available creches are not safe for the kids उपलब्ध क्रेच बच्चों के लिए सुरक्षित नहीं हैं	3
		Creche facilities are not available near job locations नौकरी के स्थानों के पास क्रेच की सुविधा उपलब्ध नहीं है	4
		Not aware of Creche क्रेच के बारे में पता नहीं	5
		Other, specify _____ अन्य (निर्दिष्ट करे _____	88
F8	Did the scheme contribute in any way to your decision to join the labour market? क्या श्रम बाजार/ रोजगार में शामिल होने के आपके निर्णय में योजना ने किसी भी तरह से योगदान दिया?	Yes हां	1
		No नहीं	2
F11	Are you aware of grievance redressal mechanism for the scheme? क्या आप योजना से सम्बंधित कोई शिकायत दर्ज करने के प्रक्रिया के बारे में जानते हैं?	Yes हां	1
		No नहीं	2
F12	Does your child receive food at creche? क्या आपका बच्चा क्रेच में भोजन प्राप्त करता है?	Yes हां	1
		No नहीं	2
F13	Is there any specific food item you would like to add to the food menu of hot-cooked meal to meet the dietary needs of your child? क्या कोई विशिष्ट खाद्य पदार्थ है जिसे आप अपने बच्चे की आहार की जरूरतों को पूरा करने के लिए गर्म-पका भोजन के भोजन मेनू में जोड़ना चाहेंगी? (Multiple choice)	Milk दूध	1
		Eggs अंडा	2
		Meat and Fish मांस और मछली	3
		Green and Leafy vegetable हरी और पत्तेदार सब्जियां	4
		Fruits फल	5
		Cheese पनीर	6
		Starchy foods (Breads, potato, pasta etc.) स्टार्चयुक्त खाद्य पदार्थ (ब्रेड, आलू, पास्ता आदि।	7
		legume/nuts. फली/नट्स	8

		None कोई नहीं	99
		Other अन्य कोई	88
F14	Has there been any improvement in your child's health after availing of creche facilities? क्या क्रेच सुविधाओं का लाभ उठाने के बाद आपके बच्चे के स्वास्थ्य में कोई सुधार हुआ है?	Yes हां	1
		No नहीं	2
F15	Are audio – visual materials used for interactive learning in Creche centers? क्या क्रेचे में पढ़ने के ऑडियो विडिओ उपकरण का इस्तेमाल होता हैं?	Yes हां	1
		No नहीं	2
F16	On a scale of 1 to 5, how satisfied are you with the scheme benefits? 1 से 5 के स्केल पर, आप योजना के लाभों से कितनी संतुष्ट हैं?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
F17	Are the information related to child (height, weight, record daily attendance for children 3-6 years old, track activities and meals at the AWC etc updated using mobile or tablets (ICDS-CAS)? क्या बच्चे से संबंधित जानकारी (ऊंचाई, वजन, 3-6 साल के बच्चों के लिए दैनिक उपस्थिति, AWC पर ट्रैक गतिविधियों और भोजन आदि) मोबाइल या टैबलेट (ICDS-CAS) का उपयोग करके अपडेट की गई हैं?	Yes हां	1
		No नहीं	2
		Don't Know पता नहीं	99

Section J: Behavior change खंड **J:** व्यवहार में बदलाव				
	Did you receive the following communication from AWW? क्या आपको निम्नलिख चीज़ों के बारे में कभी भी आंगनवाड़ी ने बताया है?	Yes, through POSHAN abhiyaan events हाँ, पोशन अभियान के माध्यम से	Yes हाँ	No नहीं
J1	Take rest 8 hours at night and 2 hours during the day रात में 8 घंटे और दिन के दौरान 2 घंटे आराम करें			
J2	Avail regular supplementary foods (THR/hot cooked meals) from AWC आंगनवाड़ी सेन्टर से नियमित पूरक आहार (THR / गर्म पकाया हुआ भोजन) प्राप्त करें			

J3	Avail Antenatal Check-up/Immunization regularly नियमित रूप से प्रसव-पूर्व जांच / टीकाकरण का लाभ उठाएं			
J4	Make a birth-plan and savings for delivery along with AWW AWW के साथ प्रसव के लिए जन्म-योजना और बचत करें			
J5	Get check-up/ treatment done only in Health Facilities स्वास्थ्य सुविधाओं (हसपताल) में ही जाँच / उपचार करवाएँ			
J6	Breast-feed child within 1 hour of birth जन्म के 1 घंटे के भीतर बच्चे को स्तनपान कराना			
J7	Exclusively breastfeed child till 6 months बच्चा पैदा होने के बाद 6 महीने तक उसको केवल अपना दूध पिलाना और उसके अलावा कुछ और खाने और पीने की चीज़ नहीं देना			
J8	Feed semi-solid food to child only after 6 months 6 महीने होने के बाद बच्चे को मसला हुआ मुलायम खाना खिलाये			
J9	Use family planning techniques such as copper-T, IUD, Husband vasectomy after birth जन्म देने के बाद परिवार नियोजन तकनीक जैसे की कॉपर-टी, आईयूडी, पति पुरुष नसबंदी जैसी का उपयोग करने पर			
J10	Delivery should take place in a hospital- Government/Private प्रसव एक अस्पताल में होना चाहिए- सरकारी / निजी			
J11	Dietary Diversity – Pregnant women should eat more diverse food i.e various types of food like fruits, vegetables, pulses etc. आहार विविधता - गर्भवती महिलाओं को अधिक विविध भोजन खाना चाहिए अर्थात् विभिन्न प्रकार के भोजन जैसे फल, सब्जियाँ, दालें आदि।			

Section G: To be administered to all category of respondents **भाग जी: सभी श्रेणी के प्रतिभागियों से पूछा जाना है**			
Questions related to Mahila Shalkti Kendra scheme **महिला शक्ति केंद्र योजना से संबंधित प्रश्न**			
G1	Are you aware of the Mahila Shakti Kendra (MSK) scheme? क्या आप महिला शक्ति केंद्र (एमएसके) योजना के बारे में जानती हैं? ***CAPI: IF G1 = 2, skip to G5***	Yes हां	1
		No नहीं	2
G2	How did you get to know of MSK scheme ? *(Multiple Choice)* आपको एमएसके योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4

		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए			5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत			6
G3	Are you aware of the benefits received under MSK scheme? क्या आप एमएसके योजना के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां			1
		No नहीं			2
G3b	What are the services provided under MSK of the following? निम्नलिखित में से MSK के तहत कौन सी सेवाएं प्रदान की जाती हैं?	Yes हाँ	No नहीं	Don't Know पता नहीं	
1	Awareness and access to schemes related to women empowerment (BBBP, MPV, Swadhar Greh, Ujjawala etc) महिला सशक्तीकरण (बीबीबीपी, एमपीवी, स्वार ग्राए, उज्जवला आदि) से संबंधित योजनाओं के प्रति जागरूकता और पहुंच	1	2	99	
2	Prevent trafficking of women and children for commercial sex exploitation व्यावसायिक यौन शोषण के लिए महिलाओं और बच्चों की तस्करी को रोकें	1	2	99	
3	to facilitate reintegration of victims into family and society पीड़ितों के परिवार और समाज में सम्मिलित करने की सुविधा प्रदान करना	1	2	99	
4	Training and capacity building प्रशिक्षण और महिलाओं की क्षमता बढ़ाना	1	2	99	
G4	On a scale of 1 to 3, how relevant do you think MSK scheme is for your needs? 1 से 3 के स्केल पर, आपके विचार से एमएसके योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं			1
		Moderately Relevant काफी उपयुक्त			2
		Very Relevant बहुत उपयुक्त			3
Questions related to Ujjawala scheme for women and children **महिलाओं और बच्चों के लिए उज्जवला योजना से संबंधित प्रश्न**					
G5	Are you aware of the **Ujjawala scheme for women and children** ? क्या आप **महिलाओं और बच्चों के लिए उज्जवला योजना** के बारे में जानती हैं? ***CAPI: IF G5 = 2, skip to G9***	Yes हां			1
		No नहीं			2
G6	How did you get to know of the scheme ? *(Multiple Choice)* आपको योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से			1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो			2
		SMS			3

		एसएमएस		
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां		4
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए		5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत		6
G7	Are you aware of the benefits received under Ujjawala scheme? क्या आप उज्जवला योजना के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां		1
		No नहीं		2
G7a	What are the services provided under Ujjawala of the following? निम्नलिखित में से Ujjawala के तहत कौन सी सेवाएं प्रदान की जाती हैं?	Yes हाँ	No नहीं	Don't Know पता नहीं
1	Prevent trafficking of women and children for commercial sex exploitation व्यावसायिक यौन शोषण के लिए महिलाओं और बच्चों की तस्करी को रोकें	1	2	99
2	Provision of rehabilitation services पुनर्वास सेवाओं का प्रावधान	1	2	99
3	Facilitate reintegration of victims into family and society पीड़ितों के परिवार और समाज में सम्मिलित करने की की सुविधा	1	2	99
G8	On a scale of 1 to 3, how relevant do you think Ujjawala scheme is for your needs? 1 से 3 के स्केल पर, आपके विचार से उज्जवला योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं		1
		Moderately Relevant काफी उपयुक्त		2
		Very Relevant बहुत उपयुक्त		3
Questions related to One Stop Centre scheme वन स्टॉप सेंटर योजना से संबंधित प्रश्न				
G9	Are you aware of the One Stop Centre scheme? क्या आप वन स्टॉप सेंटर योजना के बारे में जानती है? ***CAPI: IF G9 = 2, skip to G13***	Yes हां		1
		No नहीं		2
G10	How did you get to know of One Stop Centre scheme? *(Multiple Choice)* आपको वन स्टॉप सेंटर योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से		1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो		2
		SMS एसएमएस		3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां		4

		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए			5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत			6
G11	Are you aware of the benefits received under One Stop Centre scheme? क्या आप वन स्टॉप सेंटर योजना के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां			1
		No नहीं			2
G11a	What are the services provided under One Stop Centre of the following? निम्नलिखित में से वन स्टॉप सेंटर के तहत कौन सी सेवाएं प्रदान की जाती हैं?	Yes हाँ	No नहीं	Don't Know पता नहीं	
1.	Medical Assistance चिकित्सा सहायता	1	2	99	
2.	Police Assistance पुलिस सहायता	1	2	99	
3.	Psychologist-Social Support/Counselling मनोवैज्ञानिक-सामाजिक सहायता / परामर्श	1	2	99	
4.	Legal Aid/Counselling कानूनी सहायता / परामर्श	1	2	99	
5.	Shelter आश्रय	1	2	99	
6.	Video Conferencing Facility वीडियो कॉन्फ्रेंसिंग की सुविधा	1	2	99	
G12	On a scale of 1 to 3, how relevant do you think One Stop Centre scheme is for your needs? 1 से 3 के स्केल पर, आपके विचार से वन स्टॉप सेंटर योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं			1
		Moderately Relevant काफी उपयुक्त			2
		Very Relevant बहुत उपयुक्त			3
Questions related to Woman Helpline Scheme महिला हेल्पलाइन योजना से संबंधित प्रश्न					
G13	Are you aware of the Woman Helpline Scheme scheme? Instruction: Ask by quoting the number. क्या आप महिला हेल्पलाइन योजना के बारे में जानती हैं? निर्देश: हेल्पलाइन नंबर का प्रयोग करें ? ***CAPI: IF G13 = 2, skip to G17***	Yes हां			1
		No नहीं			2
G14	How did you get to know of the Woman Helpline scheme ? *(Multiple Choice)* आपको महिला हेल्पलाइन योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से			1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो			2
		SMS एसएमएस			3
		Other Government promotion activities			4

		अन्य सरकारी प्रचार गतिविधियां	
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए	5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	6
G15	Are you aware of the benefits received under the Woman Helpline Scheme? क्या आप महिला हेल्पलाइन योजना के तहत मिलने वाले फायदों के बारे में जानती हैं? ***CAPI: Skip to G16 if G15 = 2***	Yes हां	1
		No नहीं	2
G15A	What is the purpose of Helpline number? हेल्पलाइन नंबर का उद्देश्य क्या है?	To provide 24 hr telecom service to women seeking violence seeking support and information सहायता और सूचना मांगने वाली महिलाओं को 24 घंटे की दूरसंचार सेवा प्रदान करना	1
		To facilitate crisis and non crisis intervention through referral to the appropriate agencies such as police/Hospitals/Ambulance services/District Legal Service Authority (DLSA)/Protection Officer (PO)/OSC पुलिस / अस्पतालों / एम्बुलेंस सेवाओं / जिला कानूनी सेवा प्राधिकरण (DLSA) / संरक्षण अधिकारी (PO) / OSC जैसी उपयुक्त एजेंसियों के लिए रेफरल के माध्यम से संकट और गैर संकट हस्तक्षेप की सुविधा के लिए	2
		To provide information about the appropriate support services, government schemes and programmes available to the woman affected by violence, in her particular situation within the local area in which she resides or is employed हिंसा से प्रभावित महिला को उपलब्ध उचित सहायता सेवाओं, सरकारी योजनाओं और कार्यक्रमों के बारे में जानकारी प्रदान करने के लिए, स्थानीय क्षेत्र के भीतर उसकी विशेष स्थिति में जिसमें वह रहती है या कार्यरत है	3
		Other, please specify अन्य कोई	88
G16	On a scale of 1 to 3, how relevant do you think the Woman Helpline Scheme is for your needs? 1 से 3 के स्केल पर, आपके विचार से महिला हेल्पलाइन योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3

G16A	Are you aware of the process of registering your grievance, if any with the scheme? क्या आप अपनी योजना से जुड़ी शिकायत दर्ज कराने की प्रक्रिया के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
G16B	Have you ever made a complaint regarding women helpline number services? क्या आपने कभी महिला हेल्पलाइन नंबर सेवाओं के बारे में शिकायत की है?	Yes हां	1
		No नहीं	2
G16C	Have your concerns been met satisfactorily? क्या आपकी शिकायत आपके संतुष्टि के हिसाब से पूरी की गयी थी ?	Very satisfied बहुत संतुष्ट	1
		Satisfied संतुष्ट	2
		Neither satisfied nor unsatisfied ना संतुष्ट और ना असंतुष्ट	3
		Unsatisfied असंतुष्ट	4
		Highly unsatisfied बहुत ज्यादा असंतुष्ट	5
Questions related to Mahila Police Volunteer scheme **महिला पुलिस वालंटियर योजना से संबंधित प्रश्न**			
G17	Are you aware of the **Mahila Police Volunteer** scheme? क्या आप **महिला पुलिस वालंटियर** योजना के बारे में जानती हैं? ***CAPI: IF G17 = 2, skip to G21***	Yes हां	1
		No नहीं	2
G18	How did you get to know of **Mahila Police Volunteer** scheme ? *(Multiple Choice)* आपको **महिला पुलिस वालंटियर** योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए	5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	6
G19	Are you aware of the benefits received under **Mahila Police Volunteer** scheme? क्या आप **महिला पुलिस वालंटियर** योजना के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
G20	On a scale of 1 to 3, how relevant do you think **Mahila Police Volunteer** scheme is for your needs? 1 से 3 के स्केल पर, आपके विचार से **महिला पुलिस वालंटियर** योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3

Questions related to Working women Hostel scheme **वुमैन वर्किंग (कामकाजी महिलाओं के लिए) होस्टल योजना से संबंधित प्रश्न**			
G21	Are you aware of **Working women Hostel** scheme? क्या आप **वुमैन वर्किंग होस्टल योजना** के बारे में जानती हैं? ***CAPI: IF G21 = 2, skip to G25***	Yes हां	1
		No नहीं	2
G22	How did you get to know of **Working women Hostel** scheme ? *(Multiple Choice)* आपको **वुमैन वर्किंग होस्टल** योजना के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए	5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत	6
G23	Are you aware of the benefits received under **Working women Hostel** scheme? क्या आप **वुमैन वर्किंग होस्टल** योजना के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां	1
		No नहीं	2
G24	On a scale of 1 to 3, how relevant do you think **Working women Hostel** scheme is for your needs? 1 से 3 के स्केल पर, आपके विचार से **वुमैन वर्किंग होस्टल** योजना आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं	1
		Moderately Relevant काफी उपयुक्त	2
		Very Relevant बहुत उपयुक्त	3
Questions related to Swadhar Greh scheme **स्वाधार गृह योजना से संबंधित प्रश्न**			
G25	Are you aware of **Swadhar Greh** scheme? क्या आप **स्वाधार गृह योजना** के बारे में जानती हैं? ***CAPI: IF G25 = 2, skip to G29***	Yes हां	1
		No नहीं	2
G26	How did you get to know of **Swadhar Greh** scheme? *(Multiple Choice)* आपको **स्वाधार गृह योजना** के बारे में जानकारी कैसे मिली? *(एक से अधिक विकल्प)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से	1
		TV/Newspaper/Radio टीवी/ अखबार/ रेडियो	2
		SMS एसएमएस	3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां	4

		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए			5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत			6
G27	Are you aware of the benefits received under **Swadhar Greh** scheme? क्या आप **स्वाधार गृह योजना** के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां			1
		No नहीं			2
G27a	What are the services provided under Swadhar Greh of the following? निम्नलिखित में से Swadhar greh के तहत कौन सी सेवाएं प्रदान की जाती हैं?	Yes हाँ	No नहीं	Don't Know पता नहीं	
1	Prevent trafficking of women and children for commercial sex exploitation व्यावसायिक यौन शोषण के लिए महिलाओं और बच्चों की तस्करी को रोकें	1	2	99	
2	Provision of rehabilitation services पुनर्वास सेवाओं का प्रावधान	1	2	99	
3	To facilitate reintegration of victims into family and society, women prisoners released from jail, HIV affected victims पीड़ितों के परिवार और समाज में पुनर्बलन की सुविधा के लिए, जेल से रिहा महिला कैदी, एचआईवी पीड़ित	1	2	99	
4	Period post rehabilitation-economic rehabilitation, acceptance in the society, managing different categories of victims/beneficiaries अवधि के बाद पुनर्वास-आर्थिक पुनर्वास, समाज में स्वीकृति, पीड़ितों / लाभार्थियों की विभिन्न श्रेणियों का प्रबंधन	1	2	99	
G28	On a scale of 1 to 3, how relevant do you think **Swadhar Greh** scheme is for your needs? 1 से 3 के स्केल पर, आपके विचार से **स्वाधार गृह योजना** आपकी जरूरतों के लिए कितनी उपयुक्त है?	Not Relevant उपयुक्त नहीं			1
		Moderately Relevant काफी उपयुक्त			2
		Very Relevant बहुत उपयुक्त			3
Questions related to Integrated Child Protection scheme (ICPS) **इंटीग्रेटेड चाइल्ड प्रोटेक्शन सर्विसेज स्कीम से सम्बंधित प्रश्न (ICPS)**					
G29	Are you aware of ICPS scheme? क्या आप ICPS योजना से अवगत हैं? ***CAPI: Skip to next section if G29 = 2***	Yes हां			1
		No नहीं			2
G30	How did you get to know of **ICPS** scheme? *(Multiple Choice)*	From Asha/Anganwadi Worker/ANM आशा/ आंगनवाड़ी कार्यकर्ता/ एएनएम से			1
		TV/Newspaper/Radio			2

		टीवी/ अखबार/ रेडियो		
		SMS एसएमएस		3
		Other Government promotion activities अन्य सरकारी प्रचार गतिविधियां		4
		Through Non-Government Organization (NGOs) गैर- सरकारी संस्था (एनजीओ) के जरिए		5
		Any other Non-Government source कोई अन्य गैर- सरकारी स्रोत		6
G31	Are you aware of the benefits received under **ICPS** scheme? क्या आप **ICPS** के तहत मिलने वाले फायदों के बारे में जानती हैं?	Yes हां		1
		No नहीं		2
G32	What are the services provided under ICPS of the following?	Yes हाँ	No नहीं	Don't Know पता नहीं
1	Prevent trafficking of women and children for commercial sex exploitation व्यावसायिक यौन शोषण के लिए महिलाओं और बच्चों की तस्करी को रोकें	1	2	99
2	Child tracking system/ Juvenile Justice Homes बाल ट्रैकिंग प्रणाली / किशोर न्याय होम्स	1	2	99
3	Provision of rehabilitation services पुनर्वास सेवाओं का प्रावधान	1	2	99
G33	On a scale of 1 to 3, how relevant do you think **ICPS** scheme is? 1 से 3 के पैमाने पर, आपको लगता है कि ICPS योजना कितनी प्रासंगिक है?	Not Relevant उपयुक्त नहीं	1	
		Moderately Relevant काफी उपयुक्त	2	
		Very Relevant बहुत उपयुक्त	3	

Section H: Household Characteristics **भाग एच: घर के बारे में जानकारी**			
H1	What type of latrine/ does the household use? घर के सदस्य किस प्रकार की लैट्रीन इस्तेमाल करते हैं?	Service latrine सर्विस लैट्रीन	1
		Pit latrine गड्ढे वाली लैट्रीन	2
		Septic tank/ flush system सेप्टिक टैंक/ फ्लश सिस्टम	3
		Others, please specify _____ अन्य, कृपया बतायें	88
		No Latrine कोई लैट्रीन नहीं	4
H2	What type of drainage does the household use? घर में किस प्रकार की जल निकासी है?	Open kutcha drainage खुली कच्ची जल निकासी/ नालियां	1
		Open pucca drainage खुली पक्की जल निकासी/ नालियां	2

		Covered pucca drainage ढ़की हुई पक्की जल निकासी/ नालियां	3
		Underground drainage भूमिगत जल निकासी/ नालियां	4
		No drainage कोई जल निकासी/ नालियां नहीं	5
H3	What source of drinking water does the household primarily use? घर मुख्य रूप से पीने के पानी का कौन सा स्रोत इस्तेमाल करता है?	Bottled water बोतल बंद वानी	1
		Tap नल	2
		Tube-well/hand pump ट्यूब-वेल/ हैंड पम्प	3
		Tankers टैंकर	4
		Pucca well पक्का कुंआ	5
		tank/pond reserved for drinking पीने के पानी के लिए आरक्षित टंकी/ तालाब	6
		river/canal नदी/ नहर	7
		Others, please specify _____ अन्य, कृपया बतायें	88
H4	What type of fuel did the household most use for cooking in the last 30 days? घर ने पिछले 30 दिनों में खाना पकाने के लिए किस प्रकार का ईंधन सबसे ज्यादा इस्तेमाल किया?	Firewood जलावन लकड़ी	1
		Cowdung cake/Crop Residue गाय के गोबर के कंडे/ उपले/ खेती के अवशेष	*2*
		Coal/Lignite/Charcoal कोयला/ लिग्नाइट/ चारकोल	*3*
		Kerosene करोसीन (मिट्टी का तेल)	*4*
		LPG/PNG एलपीजी/ पीएनजी	*5*
		Electricity बिजली	*6*
		Bio-gas बायो-गैस /गोबर गैस	*7*
		Solar सौर ऊर्जा	*8*
		Any other कोई नहीं	*88*
		No Cooking खाना नहीं पकाते हैं	*9*
H5	How many no. of hours do you usually go without electricity? (on an average during the last 3 months)	No cuts कोई कटोती नहीं	1
		Less than one hour एक घंटे से कम	2

	आमतौर पर आप कितने घंटे बिना बिजली के रहते हैं? (औसतन पिछले 3 महीने के दौरान)	1-4 hours 1-4 घंटे	3
		4-8 hours 4-8 घंटे	4
		8-12 hours 8-12 घंटे	5
		More than 12 hours 12 घंटे से ज्यादा	6
		No access बिजली नहीं है	7
H6	How many person-hours are spent daily in collecting water? रोजाना पानी भरने में कितने व्यक्ति- घंटे लगते हैं?	____ hours _____ minutes ____ घंटे _____ मिनट	
H7	Does your household have access to the internet? क्या आपके घर में इंटरनेट की सुविधा है?	Yes, by telephone or mobile device हां, टेलीफोन या मोबाइल फोन द्वारा	1
		Yes, broadband/WiFi at home हां, घर में ब्रॉडबैंड/ वाईफाई है	2
		Yes, at a location just outside my home हां, मेरे घर के ठीक बाहर है	3
		Yes, other connection at home हां, घर में अन्य कनेक्शन है	4
		No access to the internet इंटरनेट सुविधा नहीं है	5
H8	What type of financial services are being availed by the household? *(Multiple Choice)* घर किस प्रकार की आर्थिक सेवाओं का लाभ उठा रहा है? *(एक से अधिक विकल्प)*	Bank Account बैंक खाता	1
		Loans from Bank/FI बैंक/ एफआई से लोन	2
		Savings/Deposit बचत/ जमा	3
		Digital payments (Instructions to include Debit Card, Credit, UPI, Netbanking) डिजीटल पेमेंट्स (डेबिट कार्ड, क्रेडिट, यूपीआई, नेटबैंकिंग शामिल करने के निर्देश)	4
		Health Insurance स्वास्थ्य बीमा	5
		Life Insurance जीवन बीमा	6
		Agricultural Insurance फसल बीमा	7
		Others, please specify _____ अन्य, कृपया बतायें ..	88
		Not Applicable लागु नहीं होता	99
H9	Where was the last child in the household born?	At marital or maternal home alone/with family	1

	घर में आखरी बच्चे का जन्म कहां हुआ था?	ससुराल या मायके में अकेले / परिवार के साथ	
		At home with Skilled Birth Attendant स्किल्ड बर्थ अटैंडेट (प्रशिक्षित दाई) के साथ घर पर	2
		At the nearest PHC नजदीकी प्राथमिक स्वास्थ्य केन्द्र में	3
		At the CHC/District hospital सीएचसी/ जिला अस्पताल में	4
		At a private hospital निजी अस्पताल में	5
		Others, please specify _____ अन्य, कृपया बतायें	88
		Not Applicable लागु नहीं होता	99
H10	What was the approximate out of pocket expenditure on health services in last one year (in rupees)? पिछले एक साल में स्वास्थ्य सेवाओं पर पूरा परिवार लगभग कितना पैसा खर्च हुआ है (रूपये में)?		

Section I: Woman empowerment and safety **खंड I: महिला सशक्तिकरण और सुरक्षा**			
I1	Are you part of a self-help group? क्या आप स्व-सहायता समूह का हिस्सा हैं? ***(CAPI: If I1 = 2, skip to I3)***	Yes हाँ	1
		No नहीं	2
I2	How many times did you save in the SHG in the last 6 months? पिछले 6 महीनों में आपने SHG में कितनी बार बचत की?	_____ number of times _____ कितनी बार	
I3	How many Gram Sabha meetings have you attended last year? आपने पिछले साल कितनी ग्राम सभा में भाग लिए हैं? ***(CAPI: If I3 = 0, skip to I6)***	_____ number of times _____ कितनी बार	
I4	Have you ever raised any concern or given your opinion in any gram sabha meeting in these years? क्या आपने कभी इन वर्षों में किसी भी ग्राम सभा की बैठक में कोई चिंता व्यक्त की है या अपनी राय दी है? ***(CAPI: If I4 = 2, skip to I6)***	Yes हाँ	1
		No नहीं	2
I5	Has your concern or suggestion ever resulted in resolution being adopted at gram sabha? क्या आपकी चिंता या सुझाव का परिणाम कभी ग्राम सभा में अपनाया गया है?	Yes हाँ	1
		No नहीं	2
I6	Have you ever borrowed money or taken out a loan? क्या आपने कभी पैसा उधार लिया है या उधार लिया है?	Yes हाँ	1

	(CAPI: If I6 = 2, skip to I8)	No नहीं	2
I7	What are all the places that you have ever borrowed money or taken out a loan from? (Multiple Choice) वे सभी स्थान जो आपने कभी पैसे उधार लिए हैं या ऋण लिया है? (बहुविकल्पी)	Government bank सरकारी बैंक	1
		Private bank निजी बैंक	2
		Local MFI स्थानीय mfi	3
		NGO एनजीओ	4
		Money lender साहूकार	5
		Middleman/trader बिचौलिया / व्यापारी	6
		Agro-processors कृषि प्रोसेसर	7
		Parents माता-पिता	8
		Relatives रिश्तेदारों	9
		Neighbors पड़ोसियों	10
		Friends दोस्त	11
		Social welfare department समाज कल्याण विभाग	12
		Savings group/ROSCA बचत समूह / ROSCA	13
		Cooperatives (registered and unregistered) सहकारिता (पंजीकृत और अपंजीकृत)	14
		Self Help Group (SHG) स्वयं सहायता समूह	15
		Other अन्य	88
I8	Do you have a land on your name? क्या आपके नाम पर कोई जमीन है?	Yes हाँ	1
		No नहीं	2
I8a	How involved are you in the decision-making process at home? क्या आप घर पर निर्णय लेने की प्रक्रिया में शामिल हैं?	Highly Involved अत्यधिक सम्मिलित	1
		Moderately involved मामूली रूप से शामिल	2
		Sometimes Involved कभी-कभी शामिल किया गया	3
		No Involvement कोई इन्वॉल्वमेंट नहीं	4C

Enumerator: "Now I will ask some questions about your safety. By safety, I mean safe from being harassed, assaulted or attacked because you are a woman."			
I9	How safe do you feel at market-place in your village ? आप अपने गाँव में बाज़ार-स्थान पर कितना सुरक्षित महसूस करते हैं?	Very unsafe बहुत असुरक्षित	1
		Not Safe असुरक्षित	2
		Neither Safe nor unsafe न तो सुरक्षित और न ही असुरक्षित	3
		Safe सुरक्षित	4
		Very Safe बहुत सुरक्षित	5
I10	How safe do you feel at your workplace? आप अपने कार्य-स्थल पर कितना सुरक्षित महसूस करते हैं?	Very unsafe बहुत असुरक्षित	1
		Not Safe असुरक्षित	2
		Neither Safe nor unsafe न तो सुरक्षित और न ही असुरक्षित	3
		Safe सुरक्षित	4
		Very Safe बहुत सुरक्षित	5
		Not Applicable लागु नहीं है	6
I11	How safe do you feel while using public transport? सार्वजनिक परिवहन का उपयोग करते समय आप कितना सुरक्षित महसूस करते हैं?	Very unsafe बहुत असुरक्षित	1
		Not Safe असुरक्षित	2
		Neither Safe nor unsafe न तो सुरक्षित और न ही असुरक्षित	3
		Safe सुरक्षित	4
		Very Safe बहुत सुरक्षित	5
I12	How safe do you feel at your house? आप अपने घर में कितना सुरक्षित महसूस करते हैं?	Very unsafe बहुत असुरक्षित	1
		Not Safe असुरक्षित	2
		Neither Safe nor unsafe न तो सुरक्षित और न ही असुरक्षित	3
		Safe सुरक्षित	4
		Very Safe बहुत सुरक्षित	5
I13	What personal safety risks concern you the most at home? *(Multiple choice)* घर पे सबसे जादा सुरक्षा जोखीम आपको क्या लगता है? *(बहुविकल्पी)*	Robbery or having money or possessions stolen डकैती या धन या संपत्ति चोरी	1
		Emotional abuse at home घर में भावनात्मक शोषण	2

		Physical harassment from partner/in laws साथी / ससुराल वालों से शारीरिक प्रताड़ना	3
		Sexual assault at home घर में यौन उत्पीड़न	4
		Online/Internet/Phone based harassment ऑनलाइन / इंटरनेट / फोन आधारित उत्पीड़न	5
		Murder हत्या	6
		None, I have no concerns कोई नहीं, मुझे कोई चिंता नहीं है	7
		Other (specify) अन्य (निर्दिष्ट करे)	88
I13a	What personal safety risks concern you the most at workplace? (Multiple choice) कार्यस्थल पर आपको किस व्यक्तिगत सुरक्षा जोखिम की चिंता है? (बहुविकल्पी)	Robbery or having money or possessions stolen डकैती या धन या संपत्ति चोरी	1
		Physical harassment from co-workers सहकर्मियों से शारीरिक उत्पीड़न	2
		Sexual Harassment at workplace (Hassling, “eve teasing”, stalking, touching, staring) कार्यस्थल पर यौन उत्पीड़न (हंसना, "पूर्व संध्या", पीछा करना, छूना, घूरना)	3
		Sexual assault or rape at workspace कार्यक्षेत्र पर यौन हमला या बलात्कार	4
		Online/Internet/Phone based harassment ऑनलाइन / इंटरनेट / फोन आधारित उत्पीड़न	5
		Murder हत्या	6
		None, I have no concerns कोई नहीं, मुझे कोई चिंता नहीं है	7
		Not Applicable लागु नहीं होता	99
I13b	What personal safety risks concern you the most at public space? (Multiple choice) व्यक्तिगत सुरक्षा जोखिम आपको सार्वजनिक स्थान पर सबसे अधिक चिंतित करते हैं? (बहुविकल्पी)	Robbery or having money or possessions stolen डकैती या धन या संपत्ति चोरी	1
		Physical harassment from strangers अजनबियों से शारीरिक उत्पीड़न	2
		Sexual Harassment at public space (Hassling, “eve teasing”, stalking, touching, staring)	3

		सार्वजनिक स्थान पर यौन उत्पीड़न (हंसना, "पूर्व संध्या", पीछा करना, छूना, घूरना)	
		Sexual assault or rape at public space सार्वजनिक स्थान पर यौन हमला या बलात्कार	4
		Online/Internet/Phone based harassment ऑनलाइन / इंटरनेट / फोन आधारित उत्पीड़न	5
		Murder हत्या	7
		None, I have no concerns कोई नहीं, मुझे कोई चिंता नहीं है	8
I14	In public places, which factors contribute to your feeling unsafe? Tick the three most important. सार्वजनिक स्थानों पर, कौन से कारक आपके असुरक्षित महसूस करने में योगदान करते हैं? तीन सबसे महत्वपूर्ण टिक। ***CAPI: If I13b = 8, skip to I14***	Poor lighting बहुत कम रोशनी	1
		Lack of/poor signage or information खराब संकेत या जानकारी का अभाव	2
		Poor maintenance of open public spaces खुले सार्वजनिक स्थानों का खराब रखरखाव	3
		Crowded public transport/bus stops/stations भीड़भाड़ वाले सार्वजनिक परिवहन / बस स्टॉप / स्टेशन	4
		Lack of clean and safe public toilets स्वच्छ और सुरक्षित सार्वजनिक शौचालयों का अभाव	5
		Lack of vendors or stalls/people in the area क्षेत्र में विक्रेताओं या स्टालों / लोगों की कमी	6
		Lack of effective/visible police or civil guards प्रभावी / दृश्यमान पुलिस या सिविल गार्ड की कमी	7
		Men dealing with or taking alcohol/drugs शराब / ड्रग्स लेने या लेने वाले पुरुष	8
		Lack of respect for women from men	9

		पुरुषों से महिलाओं के प्रति सम्मान में कमी	
		Other (specify) अन्य (निर्दिष्ट करे)	88
I14	Do you know someone who has been harassed in the past year? क्या आप किसी ऐसे व्यक्ति को जानते हैं जिसे पिछले एक साल में परेशान किया गया है?	Yes हाँ	1
		No नहीं	2
		No comments कोई टिप्पणी नहीं	3
I15	Were you harassed/assaulted in the past year? क्या आपको पिछले वर्ष में परेशान किया गया / हमला किया गया ***CAPI: if i15=2 or i15 = 3 skip to i17***	Yes हाँ	1
		No नहीं	2
		No comments कोई टिप्पणी नहीं	3
I15a	What course of action would have you taken if you were harassed in past 1 year? अगर आपको परेशान किया गया तो आप कैसे कार्य करेंगे?	Confronted the perpetrator अपराधी से भिड़ गया	1
		Reported it to the police इसकी सूचना पुलिस को दी	2
		Reported to municipal guard or agency नगरपालिका के गार्ड या एजेंसी को सूचना दी	3
		Asked bystanders for help मदद के लिए दर्शकों से पूछा	4
		Reported it on a Women helpline/to another service महिला हेल्पलाइन / सेवा पर इसकी सूचना दी	5
		Told/asked for help from family बताया / परिवार से मदद मांगी	6
		Told/asked for help from a friend किसी मित्र से मदद मांगी / मांगी	7
		Reported to Mahila Police Volunteer महिला पुलिस वालंटियर को सूचना दी	8
		Nothing कुछ भी नहीं	9
		Other (specify) अन्य (निर्दिष्ट करे)	88
I17	On the occasions in the past year when you were harassed/assaulted, what did you do? *(Multiple Choice)*	Confronted the perpetrator अपराधी से भिड़ गया	1
		Reported it to the police इसकी सूचना पुलिस को दी	2

	पिछले वर्ष के अवसरों पर जब आपको परेशान किया गया / हमला किया गया, तो आपने क्या किया? *(बहुविकल्पी)*	Reported to municipal guard or agency नगरपालिका के गार्ड या एजेंसी को सूचना दी	3
		Asked bystanders for help मदद के लिए दर्शकों से पूछा	4
		Reported it on a Women helpline/to another service महिला हेल्पलाइन / सेवा पर इसकी सूचना दी	5
		Told/asked for help from family बताया / परिवार से मदद मांगी	6
		Told/asked for help from a friend किसी मित्र से मदद मांगी / मांगी	7
		Reported to Mahila Police Volunteer महिला पुलिस वालंटियर को सूचना दी	8
		Nothing कुछ भी नहीं	9
		Other (specify) अन्य (निर्दिष्ट करे)	88
I17a	Has a child in your vicinity been subjected to any of the following? क्या आपके आसपास के क्षेत्र में कोई बच्चा निम्नलिखित में से किसी के अधीन है?	Unfair treatment to girl child in sex selection लिंग चयन में बालिकाओं को अनुचित व्यवहार	1
		Trafficking तस्करी	2
		Emotional abuse (rejection/ verbal violence/ Isolation/ Bullying) भावनात्मक दुर्व्यवहार (अस्वीकृति / मौखिक हिंसा / अलगाव / धमकाने)	3
		Physical harassment शारीरिक उत्पीड़न	4
		Sexual assault/Rape यौन हमला / बलात्कार	5
		Other, specify _____ अन्य (निर्दिष्ट करे)	88

Annexure 5: Analysis Plan for Cross-Sectional Themes

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
1	**Accountability & Transparency**	Availability of Data Records and Reports in public domain	Is data for the scheme available in public domain?	Secondary		
			What data records for the scheme are available in public domain?	Both	Officials at Centre/State/ District/Block	KII
			What level of data is available in public domain - National/State/District-level/ Beneficiary level;	Both	Officials at Centre/State/ District/Block	KII
			Is beneficiary-level data available? At what level?	Both	Officials at Centre/State/ District/Block	KII
		Monitoring Mechanisms	What is the frequency of audits?	Secondary		KII
			Has a social audit been conducted? When?	Both	Officials at Centre/State	KII
			Does a robust monitoring mechanism exist and at what level?	Both	Officials at Centre/State/ District/Block	KII
			What design aspects have been implemented for reduced leakages?	Both	Officials at Centre/State	KII
		Evaluation Mechanisms	Process/Impact evaluation studies conducted in the last	Secondary		

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
			decade - Frequency, quality, coverage, Etc.			
		Citizen Accountability	Has a citizen charter been carefully drafted, adopted and publicized?	Secondary		
			Are there functional grievance redressal mechanisms that successfully incorporate beneficiaries' and non-beneficiaries' concerns?	Both	Beneficiaries; Officials at District/Block	FGDs/HH Survey
			Is the RTI mechanism functioning effectively?	Secondary		
		Financial Accountability	What funding mechanisms are being used?	Secondary		
			Is DBT being used?	Both	Officials at Centre/State/ District/Block	KII
		Any Best Practices		Both	Officials at Centre/State/ District/Block	KII
2	**Direct/Indirect Employment Generation**	Employment generation	What is the level of employment generation through schemes in the sector and overall sectoral contribution in National employment generation?	Secondary		

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
			What is the proportion of Informal jobs converted into formal	Secondary		
			What is the improvement in income levels?	Both	Beneficiaries; Officials at District/Block	FGDs/HH Survey
			What is the improvement in availability of employment opportunities	Both	Beneficiaries; Officials at Centre/State/ District/Block	FGDs/HH Survey
			What is the women participation (%) in the Sector/Programme	Both	Officials at State/District/ Block	KII
		Quantum of Self Employment, entrepreneurship generated	Is financial assistance provided through Mudra etc?	Secondary		
			Quantum and kind of self-employment opportunities generated	Both	Beneficiaries; Officials at State/District/ Block	FGDs/HH Survey
		Any Best Practices		Both	Officials at Centre/State/ District/Block	KII/FGDs
3	**Climate change & sustainability**	Climate resilience	Is there a well-developed understanding of how climate change will affect the sector?	Secondary		

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
			Are appropriate climate resilient policies, for mitigation and/or adaptation, included in the scheme objectives and design?	Secondary		
			Are the planned design factors being successfully implemented?	Both	Officials at State/District/ Block	KII
			Is there an appropriate disaster risk reduction plan in place?	Both	Officials at State/District/ Block	KII
		Sustainable practices	Are there possibilities for circular economy development in the sector?	Both	Officials at Centre/State	KII
			Is there an appropriate/sufficient focus on diversification (e.g. agrobiodiversity) to reduce risk?	Both	Officials at Centre/State	KII
			Is there an effective waste management/end-of-life system in place for resources used in the sector/schemes?	Secondary	Officials at Centre/State	KII
		Awareness and capacity building	Are there any training sessions held regularly for reducing pollution, adopting green practices, using local materials etc.?	Both	Officials at State/District/ Block	KII/FGDs

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
			Are the end beneficiaries aware of climate risks and possible individual mitigation/adaptation measures?	Primary	Beneficiaries; Officials at District/Block	FGDs/HH Survey
		Any Best Practices		Both	Officials at Centre/State/ District/Block	KII/FGDs
4	**Role of Tribal Sub-Plan (TSP) and Scheduled Caste Sub-Plan component in mainstreaming of Tribal and Scheduled Caste population**	Funds allocated under TSP/ SCSP and other provisions for vulnerable communities	What is the fund allocated under TSP & SCSP for each scheme?	Secondary		
			What is the fund allocated under TSP & SCSP for each scheme in different states?	Secondary		
			How much of the fund been utilized overall and by each state?	Secondary		
			For what outputs has the fund been utilized?	Both	Officials at Centre/State	KII
			What has been the effect of the TSP & SCSP funds on improving equity?	Both	Officials at Centre/State	KII
		Inclusion of vulnerable groups in scheme as well as sector	What are the interventions implemented for specific vulnerable groups?	Both	Officials at State/District/ Block	KII
			What are the major challenges for inclusion?	Both	Officials at State/District/ Block	KII/FGDs

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
			Are there any vulnerable groups not covered?	Both	Officials at Centre/State/ District/Block	KII/FGDs
		Any Best Practices		Both	Officials at Centre/State/ District/Block	KII/FGDs
5	**Use of IT/Technology in driving efficiency**	Deployment of IT enabled mechanisms for monitoring of the Schemes	In case of a scheme to create physical assets, is geotagging and use of geotagged photographs being done?	Primary	Officials at State/District/ Block	KII
			In case if the scheme intends to directly benefit an individual beneficiary or an enterprise or a collective, is JAM trinity and DBT being used?	Both	Officials at State/District/ Block	KII
			How is technology being used for on-ground data collection?	Both	Officials at State/District/ Block	KII/FGDs
			Is there an online scheme MIS to ensure regular update of progress and effective supervision?	Secondary	Officials at Centre/State	KII
			What is the granularity of data available in MIS?	Secondary	Officials at Centre/State/ District/Block	KII
			What is the frequency at which the information is being	Both	Officials at Centre/State	KII

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
			updated/reported on the MIS/Dashboard?			
			What are the benefits of, and challenges faced in implementation of MIS portals/ Apps?	Both	Officials at Centre/State/ District/Block	KII/FGDs
			Are the IT-enabled mechanisms user friendly?	Both	Officials at State/District/ Block	KII
		Use of latest technology to improve efficiency and effectiveness of scheme implementation	What are the technologies being used in project implementation, service delivery?	Secondary		
			Which states are using the latest technologies?	Both	Officials at Centre/State	KII
			Which schemes are using the latest technologies?	Both	Officials at Centre/State	KII
			How is technology adoption being encouraged?	Both	Officials at Centre/State	KII
		Any Best Practices		Both	Officials at Centre/State/ District/Block	KII/FGDs
6	**Stakeholder and Beneficiary**	Fund Allocation	What percent of total allocation is directed towards Awareness generation or sensitization? What is the utilization rate? and How much impact has it been able to	Secondary		

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
	behavioural change		generate in terms of behaviour change?			
		Mechanisms to promote and ensure behaviour change	What are the existing mechanisms at State/District/Block level to promote beneficiary awareness and sensitization?	Both	Officials at State/District/ Block	
			What activities are undertaken at District/Block level to promote adoption of good practices?	Both	Officials at State/District/ Block	
		Challenges faced	What are the major challenges? Are there any areas which needs more attention in terms of bringing behaviour change?	Both	Officials at Centre/State	KII
			What could be the possible measures/actions could be taken against challenges faced?	Both	Officials at Centre/State	KII
		Any Best Practices		Both	Officials at Centre/State/ District/Block	KII/FGDs
7	**Research & Development**	Fund Allocation	What percentage of total allocation (Sector as well as Scheme specific) is directed towards R&D? How much of that percent is being utilized?	Secondary		

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
		Institutes and departments dedicated for R&D	What is status of availability of any Institute or centre or department dedicated for R&D in the Sector?	Secondary		
		Private Sector participation in R & D	What is the percentage of private sector participation in R&D?	Both	Officials at Centre/State	KII
		Challenges in undertaking R&D efforts	What are the challenges?	Both	Officials at Centre/State	KII
			What are the gaps? Are there any under-researched areas?	Both	Officials at Centre/State	KII
		Any Best Practices	What are some innovations or practices under R&D carried out by State or District?	Both	Officials at Centre/State	KII
8	**Unlocking Synergies with other Government Programmes**	Convergence (Inter-Ministerial/Inter-Departmental/Financial/Human Resource/Administrative/Institutional/Schemes)	What are the existing mechanisms to ensure convergence across Schemes, Departments at different levels (i.e. National/State/ District/Block)?	Both	Officials at Centre/State/ District/Block	KII/FGDs
			What activities are undertaken to ensure convergence at community level? Are there any Action Plans prepared at State/District/Block level to ensure the same?	Both	Officials at State/District/ Block	KII/FGDs

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
			What are the challenges hindering effective convergence?	Both	Officials at State/District/ Block	KII/FGDs
		Any best practices of the same		Both	Officials at Centre/State/ District/Block	KII/FGDs
9	**Reforms, Regulations**	Adoption of models acts and reforms at governance, institutional and administrative level	What are the acts/rules/regulations adopted at different levels (National/State/District)?	Secondary		
			What are the challenges faced in effective implementation of the Model Acts and Regulations?	Both	Officials at Centre/State	KII
			What measures are being taken to ensure effective implementation and compliance of adopted acts/rule/regulations? (like in areas of safety, accountability, transparency etc.)	Both	Officials at Centre/State	KII
		Any best practice			Officials at Centre/State	KII
10	**Impact on and role of private sector, community/**	Private Sector Participation	What is the percentage of private investment in the clusters/programs run by the government?	Secondary		

S. No	Cross-Sectional Theme	Indicative Area of Enquiry	Key Questions	Primary/ Secondary Research	If primary, Respondent	KIIs/FGDs/HH Survey
	collectives/ cooperatives		What incentives are available to promote private investments in the Sector?	Both	Officials at Centre/State	KII
			How Private sector can help in improving value chain creation?	Both	Officials at Centre/State	KII
			What are the challenges faced in attracting private sector participation?	Both	Officials at Centre/State	KII
		Public-Private Partnership	What provisions/incentives are existing to promote PPP in the Sector?	Secondary	Officials at Centre/State	KII
			How well have PPP functions in the Sector? What are the challenges faced?	Both	Officials at Centre/State	KII
		FPOs/SHGs/Cooperative's Participation	How many private sector, community/collectives/ cooperatives and civil society have availed the benefits under any Scheme?	Both	Officials at State/District/ Block	KII
			What are the challenges?	Both	Officials at Centre/State	KII
		Any best practice		Both	Officials at Centre/State	KII

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DMEO
DEVELOPMENT MONITORING AND EVALUATION OFFICE

Evaluation of Centrally Sponsored Schemes in Women & Child Development Sector

Volume 2: WOMEN & CHILD DEVELOPMENT

Report 2020/UCSS02/02

October 2020

Evaluation of Centrally Sponsored Schemes in Women & Child Development Sector

Volume 2: WOMEN & CHILD DEVELOPMENT

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National Institution for Transforming India
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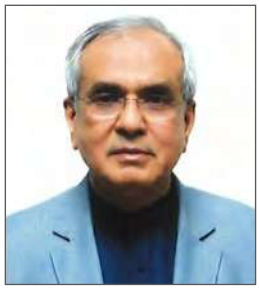
सत्यमेव जयते



MESSAGE

The Government of India has accorded highest priority to bettering the health and wellbeing of its women and children since independence. Empowerment, protection, and welfare of women and children have been the pillars of several policy initiatives taken over the years by the Government. National priorities for women and child development laid out in various policy documents such as National Development Agenda (2017-2032), National Policy for Women 2016, National Plan of Action for Children 2016 and Strategy for New India @75 address problems associated with nutrition, development and protection of children , women's health , safety, protection and empowerment and welfare of women and children etc. The concentrated efforts have contributed to a significant improvement of India's performance on various indicators related to women and child development, and we are steadily progressing towards achieving the Sustainable Development Goals. However, if we compare ourselves with BRICS countries, we still have a long way to go.

Many of the Indian states have adopted high impact and innovative practices in the areas of good governance, systems strengthening, SNP delivery, empowerment, technology (ICDS-CAS adoption) etc. resulting in positive changes for the women and children. The States and UTs have much larger role to play in ensuring an effective implementation and sustainability of the schemes. In the near future, role of private sector, including the non-government entities like SHGs, NGOs, CSOs etc., use of technology for efficient delivery and monitoring of services, community level participation, among other would be the key to success. Together all these, along with the efforts of the Government, will contribute to making the women and child development, a true Jan Andolan.

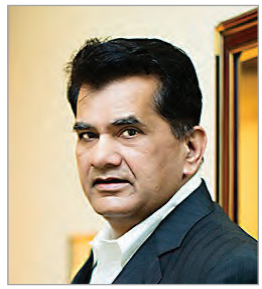
This evaluation report is a historic achievement in capturing the performance of 15 Centrally Sponsored Schemes of the Ministry of Women and Child Development under two umbrellas, and their contribution to the larger women and child development sector. The evaluation has also helped in documentation of the global and India-specific best practices and in conceptualisation of standards for Anganwadi for New India. With a clear reflection on the strengths and weaknesses of the programmes, along with streamlined suggestions for improvement, together we can strengthen and empower India's women and children and support their foray into the 21st century.

01 SEPTEMBER, 2020
NEW DELHI
INDIA

Dr. Rajiv Kumar

स्वच्छ भारत
एक कदम स्वच्छता की ओर

Amitabh Kant
Chief Executive Officer
National Institution for Transforming India
Government of India
New Delhi, India



MESSAGE

NITI Aayog's mandate is to facilitate transformation in India, and through the Development Monitoring and Evaluation Office (DMEO), we are working towards institutionalizing evidence-based policy-making, to create stronger systems of governance in the country. While evaluations have been carried out in India since the 1950s, this project has been historic in both its scope and its methods. For the first time, the National Development Agenda has been divided into ten sectors, with all Centrally Sponsored Schemes in a sector falling under a single evaluation study. Simultaneously conducting multiple such large-scale studies across sectors has allowed for rich cross learning, standardization and adoption of leading survey methodologies and data quality processes. This is evidence generation and implementation research at the cutting-edge.

However, evidence generation is not enough – uptake must be ensured too. The findings from this study must now be used to drive reform and future policy initiatives across the Ministries and Departments within its remit. The study provides data-backed recommendations to improve government service delivery, at the scheme, Umbrella scheme and sector level. The Ministry of Women and Child Development collects data on outcome indicators including health, nutritional, and behavioural status of mother and children; community engagement; empowerment of women; mainstreaming of the out of school adolescent girls; support and rehabilitation to women in distress or affected by violence; and on survival and protection of the girl child. Ministry officials have been closely involved throughout the study, via a thorough consultative process, to optimize the robustness of the study and its recommendations.

In the larger context of the XVth Finance Commission and devolution of funds from the Centre towards States, these evaluation studies also play an important role in advancing NITI Aayog's goal of cooperative federalism. The study examines heterogeneous implementation of CSS and identifies sub-national best practices amenable to national scaling up, facilitating learning among States and with the Centre.
Finally, to make hard evidence the basis of policy decision-making in the country, the Government of India must itself shift from measuring physical and financial progress, to measuring outcomes and impacts. This study is a step in that direction, and there remains a long, promising path ahead.

17 SEPTEMBER, 2020
NEW DELHI
INDIA

Amitabh Kant
Chief Executive Officer,
NITI Aayog

PREFACE

The Government of India (GoI) spends close to Rs. 10 lakh crore annually on development activities, through nearly 750 schemes implemented by Union Ministries. Of these 750, 128 are Centrally Sponsored Schemes (CSS), implying that they are funded jointly by the Centre and the States, and implemented by the States. Over the years, federalism and the expectations of Government service delivery in India have evolved, and this vast proliferation of schemes is in sore need of rationalization. Rationalisation of schemes is expected to improve Centre-State relations, the effectiveness and efficiency of public finance, and the quality of service delivery to citizens.

To this end, all schemes were mandated to undergo third party evaluations, to provide an evidentiary foundation to the 15th Finance Commission for scheme continuation from 2021-22 to 2025-26. The task of conducting these CSS evaluations was granted to NITI Aayog, specifically to Development Monitoring and Evaluation Office (DMEO). This volume is thus a part of a historic exercise undertaken between April 2019 and August 2020, to evaluate 128 CSS, under 28 Umbrella CSS, under 10 Packages or Sectors. The studies together cover close to 30% of the GoI's development expenditure, amounting to approximately Rs. 3 lakh crore (USD 43 billion) per annum.

In order to fulfill this mandate to the highest standard possible, to optimize both the robustness and the uptake of the evidence generated, DMEO adopted a nationally representative mixed methods evaluation methodology and a consultative review process for the reports. Altogether, the project incorporates the direct input of approximately 33,000 individuals, through 17,500 household interviews, 7,100 key informant interviews and 1,400 focus group discussions. The views of Central, State, district, block, ward and village administrations, as well as non-governmental experts and civil society organizations have been elicited. Through qualitative and quantitative analysis of secondary literature, validated by this primary data collection, analysis was done at three levels: the sector, the umbrella CSS and the scheme itself. The key parameters for analysis, including relevance, effectiveness, efficiency, sustainability, impact, and equity (REESIE), have been selected based on international best practices in evaluation. In addition, across 10 packages, certain cross cutting themes have been identified for analysis, including transparency, sustainability, gender, technology, private sector etc. The reports thus produced then underwent a consultative review process involving NITI Aayog subject matter divisions, concerned Ministries and Departments, and external experts. The entire project was implemented through 10 consultant firm teams selected from the private sector through an open tender process, managed by small but fiercely dedicated team at DMEO.

Over the course of this project, hundreds of people across the country have pushed themselves through festivals, monsoon rains, cyclones and a global pandemic, COVID-19, to present these volumes. DMEO owes a debt of gratitude to each and every one of these contributors, but especially to all the beneficiaries interviewed, for sharing their precious time and experiences with our teams. Ultimately, this exercise, as all others by the Government of India, is in service of the sovereign citizens of this country.

ACKNOWLEDGEMENTS

We would first of all like to express our deepest gratitude to the Ministry of Finance for recognizing the crucial need for evidence in the deliberations of the 15th Finance Commission and entrusting the conduction of these historic evaluations to NITI Aayog. Further, Dr. Rajiv Kumar, Vice-Chairman NITI Aayog, and Shri Amitabh Kant, Chief Executive Officer, have played a fundamental role, first in entrusting this weighty responsibility to the Development Monitoring and Evaluation Office (DMEO) and subsequently as mentors throughout the study, in providing all the necessary support and guidance for the completion of the project.

Our invaluable partners in this exercise have been the Ministry of Women and Child Development and all its officials, especially Shri. Ram Mohan Mishra, Secretary, Ms. Aastha Saxena Khatwani, Joint Secretary, Shri. Ashish Srivastava, Joint Secretary, Ms. Anuradha S. Chagti, Joint Secretary, Ms. Pallavi Agarwal, Joint Secretary, Ms. M. Imkongla Jamir, Joint Secretary and Ms. Santosh, Statistical Advisor without whose cooperation this evaluation would not have been possible. Shri. Ajay Tirkey, Ex-Secretary, Shri. Sajjan Singh Yadav, Ex-Joint Secretary, Ms. Shipra Roy, Ex-Deputy Secretary, Shri. P. Ashok Babu, Director - ICDS and POSHAN Abhiyaan, Shri. Navendra Singh, Director –Anganwadi Services, and Dr. Prabha Arora, Joint Director – BBBP also provided invaluable support. We are grateful to them for providing us access to available data, for patiently sharing their expertise through Key Informant Interviews (KIIs), and for providing their vital comments on the draft reports during various stages of the study. A detailed list of Key Informant Interviews can be found in the annexures to this report.

In the spirit of Centrally Sponsored Schemes in our federal structure, equally important partners in this endeavor have been the State Governments of Assam, Bihar, Chhattisgarh, Delhi UT, Jharkhand, Maharashtra, Mizoram, Rajasthan, Tamil Nadu, Telangana, Uttarakhand, and Uttar Pradesh, and their Chief Secretaries for providing both ground support and operational independence to our field partners for the primary study. State Women and Child Development Departments, District Collectors/Magistrates, State Resource Centers for Women, ICDS DPOs and CDPOs also provided invaluable support. Officials across the State governments have extended their gracious cooperation to the study, for which we are deeply thankful.

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

Coming to the implementation teams, it goes without saying that the selected consultant firm, M/s IPE Global Limited has done a remarkable job, particularly given the significant challenges of scale, time and resources presented by this project. Particular appreciation is due to Shri. Aditya Khurana, Associate Director, Dr. Kanchan Mathur, Team Leader, Ms. Shweta Sogani, Ms. Meera Priyadarshi, and the team, and field partner M/s Sambodhi Research & Communications Pvt. Ltd. led by Mr. Kuberan Selvaraj and his team. They conducted hundreds of interviews across 12 States and Union Territories of India, an extraordinary triumph of operational planning and logistics, through monsoons, festive seasons, a cyclone, and a pandemic.

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

DMEO team has been at the core of the evaluation studies - in this package specifically, Ms. Shivangi Saxena, Ms. Shruti Khanna, Shri. Kapil Saini and Shri. Subham Awasthi worked on every last detail of this herculean endeavor, under the guidance of Shri. Akhilesh Kumar, Deputy Secretary and Shri. Ashutosh Jain, DDG. Across packages, Deputy Directors General Shri. Jain and Ms. Harkiran Sanjeevi also oversaw coordination, standardization and monitoring of the study design, analysis and implementation processes. They were supported by the Evaluations Core Team: Dr. Shweta Sharma, Shri. Anand Trivedi, Ms. Sanjana Manaktala, Ms. Vatsala Aggarwal, Shri. O.P. Thakur and Shri. Jayanta Patel. The Primary Data Quality Review team comprising Shri. Venugopal Mothkoor, Shri. Paresh Dhokad, Shri. Krishn Kant Sharma and Shri. Asad Fatmi contributed across packages in data quality and analysis. The DMEO administration and accounts officers, including Shri. D. Bandopadhyay, Shri. Munish Singhal, Shri. D.S. Sajwan, Shri. Manoj Kumar and others provided vital support on documentation, approvals, payments etc.

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

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Learnings, Innovations and Best Practices

Acronyms & Abbreviations

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

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

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

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

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

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

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

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

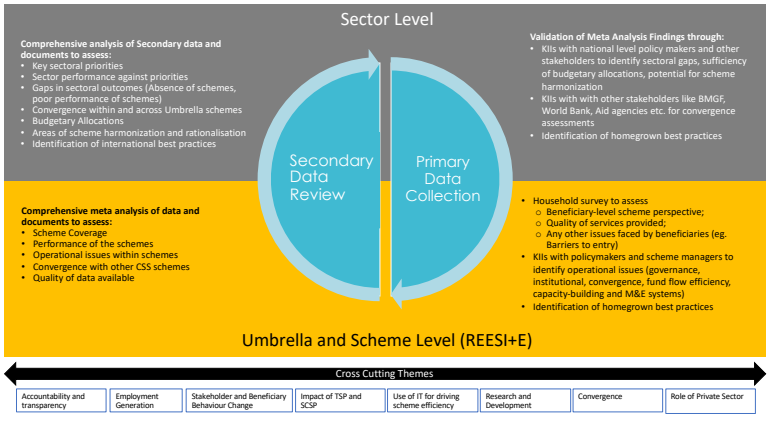
1. Overview

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

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

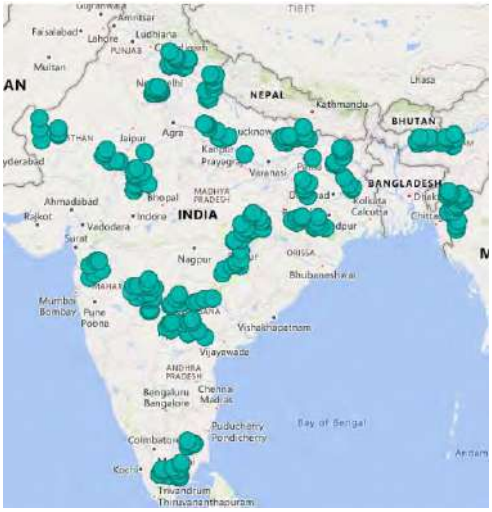
Evaluation Approach and Methodology

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



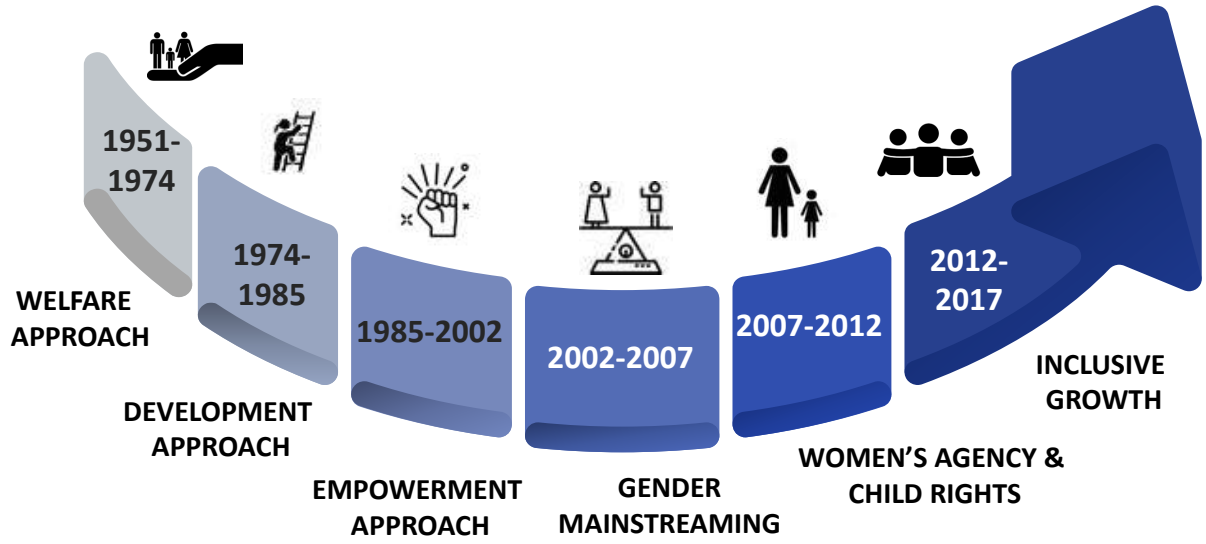
Household Survey: The Evaluation undertook a household survey of 3048 beneficiaries drawn from 11 States and 1 UT: Assam, Bihar, Chattisgarh, Delhi UT, Jharkhand, Maharashtra, Mizoram, Rajasthan, Tamilnadu, Telangana, Uttar Pradesh, Uttrakhand. Selection of the States and Districts was undertaken using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

Household Survey Locations



Qualitative Data: The Qualitative data collection in the form of KIIs, FGDs, and Institutional Surveys was also conducted across 11 States and 1 UT mentioned above. A total of 828 KIIs were undertaken with government officials, policymakers, development partners, scheme managers, implementing agents, and FLWs across National, State, District, Block and Village levels. Around 160 FGDs were conducted with beneficiaries of various WCD schemes in the villages as well as the institutions/homes for children and women. In addition, Institutional surveys were conducted across Anganwadi Centers, Ujjawala Homes, Swadhar Grehs, CCI Homes, One Stop Centres, and Working Women's Hostels.

Evolution of Women and Child Development Sector



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

WCD Sector Performance Overview

Between 1990 and 2018, **India's HDI value** increased from 0.431 to 0.647, an increase of 50.0 per cent attributable to an increase in India's life expectancy at birth by 11.6 years, mean years of schooling by 3.5 years and expected years of schooling by 4.7 years. India's Gross National Income per capita increased by about 262.9 per cent between 1990 and 2018[1].

Gender Development Index (GDI), is based on the sex disaggregated HDI and is defined as a ratio of the female to the male HDI. The GDI measures gender inequalities in achievement in three basic dimensions of human development: health, education and command over economic resources. Country groups are based on absolute deviation from gender parity in HDI. The female HDI value for India in 2018, was 0.574 in contrast with 0.692 for males, resulting in a Gender Development Index value of 0.829, placing it into Group 5[2]. In comparison, GDI values for Bangladesh and Pakistan are 0.895 and 0.747, respectively and 0.828 for South Asia.

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

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

India has slipped four places on the **World Economic Forum's Global Gender Gap Index 2019 (GGGI)** to 112, due to rising disparity in terms of women's health and participation in the economy. Moreover, India is ranked in the bottom-five in terms of women's health and survival and economic participation. India's latest position is 14 notches lower than its reading in 2006 when the WEF started measuring the gender gap. It also ranked lower than many of its international peers, and some of its neighbors like China (106th), Sri Lanka (102nd), Nepal (101st), Brazil (92nd), Indonesia (85th) and Bangladesh (50th). E**conomic opportunities** for women are extremely limited in India (35.4 per cent), followed by Pakistan (32.7 per cent), Yemen (27.3 per cent), Syria (24.9 per cent) and Iraq (22.7 per cent). India also ranked among countries with very low women representation on company boards (13.8 per cent), while it was even worse in China (9.7 per cent). The country also suffers from a **low sex ratio at birth** (91 girls for every 100 boys). On a positive note, India has closed two-thirds of its overall gender gap. Still, the condition of women in a large section of India's society is precarious, and the economic

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

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

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

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

India has a **social progress index (SPI)**[4] value of 59.1 that positions it at 102 of the 149 participating countries. The performance of India has improved from 53.97 in 2014 to 59.1 in 2018, an increase of 5.13 points[5].

Performance on Child Nutrition and Development

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

Life Cycle Approach to Child Nutrition and Development

First 1000 days

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

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

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

National Indicators	Previous Period	Current Period	Performance
(%) Women aged 15–49 years with live birth, for last birth, who received antenatal care, four times or more (NFHS)	37.0 (2005-06)	51.2 (2015-16)	↑
(%) Pregnant women age 15-49 years who are anaemic (NFHS)	57.9 (2005-06)	50.4 (2015-16)	↓
(%) Births attended by skilled health personnel (NFHS)	46.6 (2005-06)	81.4 (2015-16)	↑
(%) Institutional Births (NFHS)	38.7 (2005-06)	78.9 (2015-16)	↑
Maternal Mortality Ratio (SRS)	167 (2011-13)	122 (2016-18)	↓
(%) children aged 12-23 months fully immunised (BCG, Measles and three doses of Pentavalent vaccine) (NFHS)	43.5 (2005-06)	62 (2015-16)	↑
(%) Children age 6-59 months who are anaemic (NFHS and CNNS)	58.6 (2015-16)	41 (2016-18)	↓
Neonatal mortality rate (SRS)	24 (2016)	23 (2016-18)	↓
Infant Mortality Rate (SRS)	34 (2016)	33 (2016-18)	↓
(%) Children under age three years breastfed within one hour of birth (NFHS and CNNS)	41.6 (2015-16)	57 (2016-18)	↑
(%) Children under age six months exclusively breastfed (NFHS)	46.4 (2005-06)	54.9 (2015-16)	↑

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

Key: ↑ Favorable Increase ↓ Favorable Decline

3-6 years

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

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

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

Key: ↑ Favorable Increase ↓ Favorable Decline

6-11 years

Flagship programmes like Samagra Shiksha Abhiyaan, Mid-Day Meal scheme, as well as Swachh Bharat Mission, have been implemented to ensure greater access and retention in primary schools in a safe learning environment. However, even after provisions of free and compulsory

elementary education, mandated under the Right to Education Act[6], negative trends in primary school enrolment rates emerge highlighting that children especially girls continue to remain outside formal schooling in the given age group. Further, though enrolment figures are declining, learning outcomes are showing gradual improvements. Access to safe sanitation facilities within schools, particularly among girls, has also been significantly enhanced over a period, though it declined in the period 2016-17.

National Indicators	Previous Period	Current Period	Performance Trend
Net Enrolment Ratio (Primary) (U-DISE)	83.62 (2016-17)	82.53 (2017-18)	↓
Adjusted Net Enrolment Ratio (Primary) (U-DISE)	91.47 (2015-16)	88.05 (2016-17)	↓
Gender Parity indices (Primary) (U-DISE)	1.02 (2017-18)	1.03 (2018-19)	↑
The proportion of schools with access to: (U-DISE) Basic drinking water Girls' Toilet	 96.8 97.6 (2015-16)	 97.1 96.5 (2016-17)	 ↑ ↓
Std. III learning levels: (ASER) (%) Able to read Std. II level text (%) Able to at least do subtraction	25.1 26.6 (2016)	27.2 28.1 (2018)	↑
Std. V learning levels: (ASER) (%) Able to read a Std II level text (%) Able to do basic arithmetic operations	47.9 26 (2016)	50.3 27.8 (2018)	↑

Source: U-DISE

Key: ↑ Unfavourable Increase ↑ Favourable Increase

11-18 years

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

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

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

[6] https://mhrd.gov.in/rte

National Indicators	Previous Period	Current Period	Performance
Net Enrolment Ratio (Upper Primary) (U-DISE)	72.69 (2016-17)	72.62 (2017-18)	↓
Adjusted Net Enrolment Ratio: (U-DISE) Upper primary Secondary	 83.46 62.81 (2015-16)	 82 62.42 (2016-17)	↓
Gross Enrolment Ratio in higher secondary education (U-DISE)	51.37 (2016-17)	56.5 (2017-18)	↑
Average Annual drop-out rate at the secondary level (U-DISE)	17.69 (2015-16)	20.4 (2016-17)	↑
Gender Parity indices for: (U-DISE) Secondary Higher Secondary	 1.02 1.02 (2015-16)	 1.02 1.02 (2016-17)	No Change
(%) Women age 20-24 years married before age 18 years (NFHS)	47.4 (2005-06)	26.8 (2015-16)	↓
(%) Women age 15-19 years who were already mothers or pregnant at the time of the survey (NFHS)	16.0 (2005-06)	7.9 (2015-16)	↓
(%) Women age 15-24 years who use hygienic methods of protection during their menstrual period (NFHS)	NA (2005-06)	57.6 (2015-16)	No Change

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

Key: ↑ Unfavorable Increase ↑ Favorable Increase

Performance on Child Protection

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

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

Source: NCRB

Key: ↑ Unfavorable Increase

Performance on Women's Safety and Protection

An assessment of the critical areas in terms of the availability of laws, acts and government interventions (CSSs) that have been implemented in order to ensure women's safety and protection and to identify the gap areas, has been undertaken. The analysis underscores that various laws and Acts have been formulated for the prevention of crimes against women and their implementation by the women's safety division, MHA has been undertaken. Interventions have also been put in place for rescue, rehabilitation, redressal and reintegration of the survivors of crime. In order to create an enabling environment to ensure the birth of a girl child and her survival and development in a safe environment, efforts have been made to sensitise stakeholders,

including men/boys under the BBBP scheme. However, even though sex ratio at birth and the percentage of women experiencing physical and/or sexual violence by their current intimate partner show favourable trends, the overall rate of crimes against women highlights an increase. The rise in crime also points to the need for the creation of safe spaces for women in public places, workplaces as well as their own homes. The currently implemented safe cities project of the MHA covers only 8 metropolitan cities. Therefore, there is a growing need for undertaking measures to ensure the safety of women in other urban hubs and cities and upscaling the current intervention. Alongside putting in place interventions for women's safety and protection in rural areas is also essential.

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

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

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

Key: ↑ Unfavourable Increase ↑ Favourable Increase

Performance on Women's Empowerment

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

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

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

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

Key: ↑ Unfavourable Increase ↑ Favourable Increase

Performance comparison with South Asian countries

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

Performance of South Asian Countries on various SDG indicators

Indicators	IND	AFG	BNG	BH	MAL	NPL	PAK	SL
SDG 2								
Prevalence of undernourishment (% population)	15	30	15	NA	11	9.5	21	11
Prevalence of stunting (low height-for-age) in children under 5 years of age (%)	38	41	36	34	20	36	45	17
Prevalence of wasting in children under 5 years of age (%)	21	9.5	14	5.9	10	9.7	11	15
SDG 3								
Maternal mortality rate (per 100,000 live births)	174	396	176	148	68	258	178	30
Neonatal mortality rate (per 1,000 live births)	24	39	18	17	4.5	21	44	5.8
Mortality rate, under-5 (per 1,000 live births)	39	68	32	31	8	34	75	9
Adolescent fertility rate (births per 1,000 women ages 15–19)	24.5	69	84	22	6.5	62	38	15
Births attended by skilled health personnel (%)	86	51	50	89	96	58	52	99
Surviving infants who have received two WHO-recommended vaccines (%)	88	62	94	97	99	90	75	99
SDG 4								
Net primary enrolment rate (%)	92	NA	91	80	100	95	77	99
Lower secondary completion rate (%)	86	54	78	80	104	89	53	96.5
Literacy rate of 15–24-year old's, both sexes (%)	86	47	93	87	99	85	73	99
SDG 5								

Ratio of female to male mean years of schooling of the population age 25 and above	58.5	32	78	50	97	56	58.5	90
Ratio of female to male labour force participation rate	34	22.5	42	79	53	96	30	47
Seats held by women in national parliaments (%)	12	28	20	8.5	6	33	21	6
SDG 6								
Population using at least basic drinking water services (%)	88	63	97	98	98	88	89	92
Population using at least basic sanitation services (%)	44	39	47	63	96	46	58	94
SDG 8								
Unemployment rate (% total labour force)	3.5	9	4	2	5	3	4	4
SDG 10								
Gini coefficient adjusted for top income (1–100)	46	NA	36	39	38	33.5	42	50
SDG 16								
The proportion of the population who feel safe walking alone at night in the city or area where they live (%)	73	12.5	70	63	NA	57	69	63
Children 5–14 years old involved in child labour (%)	12	29	4	3	NA	37	NA	1

Low Average Good

Source: Sustainable Development Report 2020[7]

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

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

Performance comparison with BRICS countries

Indicators	India	Brazil	Russia	China	South Africa
SDG 2					
Prevalence of undernourishment (% population)	14.5	2.5	2.5	8.6	6.2
Prevalence of stunting (low height-for-age) in children under 5 years of age (%)	38.4	7.1	NA	8.1	27.4

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

Prevalence of wasting in children under 5 years of age (%)	21.0	1.6	NA	1.9	2.5
SDG 3					
Maternal mortality rate (per 100,000 live births)	145.0	60.0	17.0	29.0	119.0
Neonatal mortality rate (per 1,000 live births)	22.7	8.1	3.2	4.3	10.7
Mortality rate, under-5 (per 1,000 live births)	36.6	14.4	7.2	8.6	33.8
Adolescent fertility rate (births per 1,000 women aged 15-19)	13.2	59.1	20.7	7.6	67.9
Births attended by skilled health personnel (%)	81.4	99.2	99.7	99.9	96.7
Surviving infants who have received two WHO-recommended vaccines (%)	89.0	83.0	97.0	99.0	70.0
SDG 4					
Net primary enrolment rate (%)	92.3	96.3	95.1	NA	87.0
Lower secondary completion rate (%)	85.0	71.8	95.9	99.5	80.8
Literacy rate (% of population aged 15 to 24)	91.7	99.2	99.7	99.8	95.3
SDG 5					
Ratio of female-to-male mean years of education received	57.3	106.6	98.3	90.4	95.2
Ratio of female-to-male labor force participation rate (%)	29.8	72.6	77.8	80.4	77.9
Seats held by women in national parliament (%)	14.4	14.6	15.8	24.9	46.6
SDG 6					
Population using at least basic drinking water services (%)	92.7	98.2	97.1	92.8	92.7
Population using at least basic sanitation services (%)	59.5	88.3	90.5	84.8	75.7
SDG 8					
Unemployment rate (% total labour force)	5.4	12.1	4.6	4.3	28.2
SDG 10					
Gini coefficient adjusted for top income (1–100)	43.2	54.2	44.0	41.2	67.3
SDG 16					
Percentage of population who feel safe walking alone at night in the city or area where they live (%)	69.3	40.2	57.5	86.4	31.5
Children 5–14 years old involved in child labour (%)	11.8	6.6	NA	NA	NA

Low Average Good

Source: Sustainable Development Report 2020[8]

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

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

Summary of Cross-Sectional Theme Analysis

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

Cross-Sectional Themes	Performance at the sector level
Accountability and Transparency	
Direct/ indirect employment generation	
Role of Tribal Sub-Plan (TSP) & Scheduled Caste Sub-Plan	
Use of IT/ Technology in driving efficiency	
Stakeholder & beneficiary behavioral change	
Research and Development	
Unlocking synergies with other Government Programmes	
Reforms and Regulations	
Impact on and role of the private sector, community/ collectives/cooperatives and civil society	

Satisfactory | Average | Needs Improvement

Key Sector Level Issues, Challenges, and Recommendations

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

In a stringently patriarchal society, discriminatory values and norms continue to dominate the economic, political, religious, social and cultural institutions. A combination of family, caste, community and religion reinforce and legitimize these values. Stereotyping based on gender continues in public and private institutions. Practices, such as gender-biased sex selection, sexual harassment in public spaces, and/or workplaces, child/early marriages, dowry, honour killings and witch-hunting are indicative of the deep-rooted vulnerability and inequality of girls, women and other gender identities that are considered socially inferior. The low value attached to the

girl child has contributed to low child sex ratio (CSR) which was at an all-time low of 914, according to the 2011 census. Changes in CSR at the district level were more pronounced. Of the total 640 districts in the country, 429 districts experienced decline in CSR. The 2011 census points to the spread of this phenomenon from largely urban areas to rural, remote and tribal areas.

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

In recent years, there have been enactment of various legislations i.e. the Prohibition of Child Marriage Act, 2006, the Protection of Children from Sexual Offences Act, 2012, the Juvenile Justice (Care and Protection of Children) Act, 2015, the Criminal Law Amendment Act, 2013, Dowry Prohibition Act, 1961, the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 the Protection of Women From Domestic Violence Act, 2005 etc. which address the issue of violence against women and children and upholds their right to live with dignity as enshrined under Article 21 of the Indian Constitution. Despite these laws, gender-based violence and discrimination against women and girls continue. Since legislative changes take time in implementation due to social, cultural and religious mores, changes in social norms and mind-sets towards girls and women can be brought about through institutional initiatives. This would entail involvement of the family, the community and religious and educational institutions. The state, as the largest public institution can initiate, strengthen and ensure implementation of its economic and social policies for gender equality.

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

No.	Issues and Challenges	Recommendations
Financial and Funding Related Challenges		
1	Lack of flexibility in fund allocation and utilisation	• **In schemes such as AWS, POSHAN Abhiyaan and CPS, states should be afforded greater flexibility in utilisation of funds, in order to identify and focus on the key barriers to malnutrition in each state.** An example of this is the Samagra Shiksha Abhiyan, which allows states to prioritise interventions and sectors (elementary/secondary) as per their need. Preliminary evidence of the scheme budget shows that indeed states (guided by GoI) are making decisions in keeping with their specific needs and local contexts. • **MWCD may look into opportunities and mechanisms to maintain a pool of untied funds to enable strategic activities, plug interventions gaps and enable stronger convergence**. These untied funds could be in the shape of a pool of flexi funds (currently 10%) from all MWCD schemes, or a separate untied fund at the MWCD level.

2	Small value CSS unable to access State funds	• It has been noted that a majority of the WCD CSS schemes – particularly the MPEW schemes, are not able to access State shares due to their small size and differing State Government priorities. Given the importance of the schemes put in place by the MWCD for improving the safety and protection of women affected by violence, and the small size of most of these schemes, it is essential that the WCD schemes are not starved of funds. • Keeping the increased funds available to the States since the 14th finance commission, **it is recommended that the MWCD encourage State Governments to increase their budgetary allocation towards women and child development, protection and welfare schemes** to ensure improved fund availability and utilisation of schemes. • **Alternately, the MWCD can consider converting smaller schemes, specifically those related to women protection and women empowerment, to Central Sector Schemes,** and adequate provision of staff and IT-based MIS be made at the National level to improve the monitoring and management of these schemes.
MWCD's Capacity to manage and implement MWCD Schemes		
1	Unstructured scheme distribution hampers optimum management and inter-scheme convergence	• **In order to be able to achieve enhanced convergence and improved management of WCD schemes, it is recommended that the 15 schemes be restructured into four overarching Umbrella Schemes** – (i) Integrated Child Development Scheme incorporating AWS, POSHAN Abhiyaan, PMMVY, SAG and NCS; (ii) Integrated Child Protection Umbrella – incorporating CPS and BBBP; (iii) Women Protection Umbrella incorporating OSC, WHL, Swadhar Greh and Ujjawala Scheme; and (iv) Women Empowerment incorporating MSK, WWH, and Gender Budgeting, and also including other WCD activities such as RMK and Mahila e-haat.
2	Poor Capacity within MWCD to bring technical and thought leadership to the critical issues of Women and Child Nutrition, Empowerment and Protection	• The evaluation finds that the capacity within the MWCD to implement and monitor its CSS schemes is limited, with high vacancies, and inadequate use of external technical expertise on the issues of nutrition, women empowerment and protection, and child protection. These challenges lead to inefficient management and sub-optimal outcomes of the schemes. • The evaluation **recommends a strong focus on professionalising and de-bureaucratisation of the MWCD through hiring of senior, well paid technical experts and advisors to manage the schemes and to provide technical expertise to the ministry** on the issues of women and child development. • **A model similar to NITI Aayog, with a team of young, middle level and senior technical advisors for each of the four proposed Umbrellas – hired on a contractual basis may be adopted by the Ministry**. Alternately, a separate PMU for each scheme may be set-up, the size of the PMU to be in line with the size of the scheme and the priority of the Ministry. • **There is also a need identified to streamline and professionalise the autonomous bodies under the MWCD**. Currently, the Autonomous bodies under MWCD include NIPCCD and RMK. Both these bodies are registered as Societies under the

		societies act. In order to improve the governance of these autonomous bodies as well as to enhance transparency of these bodies, **it is recommended that NIPCCD and RMK be registered as Section 8 companies.**
3	Absence of Disaggregated Data	• A **Gender Budgeting Act** to mainstream gender-based budgeting across all ministries and States/UTs and **legally mandate all data collecting institution to analyse and publish gender-disaggregated statistics**. (learning from Israel, South Korea, Philippines) • A data hub and data portal may be created by MWCD where collated gender-disaggregated data is made available on a single unified portal. • NSSO should focus on gendered patterns of access and use of digital technologies, including the internet. • Follow the set of questions formulated by Washington Group of Disability Statistics while collecting data on women with disabilities
Multi-sectoral Action for the Welfare of Women and Children		
1	Limited Private Sector Engagement	• Currently, the MWCD sector's engagement is limited primarily to the Anganwadi Services Scheme. There is no policy guidance in the MWCD to improve private sector linkages among other MWCD schemes, even though these is significant scope for engagement for women empowerment and women protection schemes, as highlighted in the individual scheme analyses. In this regard, **it is recommended that the MWCD develop specific guidance notes for all its schemes on how States can engage private sector under each MWCD scheme – including for rehabilitation and reintegration of at-risk women and children.** • It is also recommended that **steps be undertaken to incentivise private sector to invest in services and infrastructure provision for WCD sector** – this may include competitive rents and long term agreements for homes/hostels under schemes such as Swadhar Greh, Ujjawala, WWH and OSCs; value chain engagement for Swadhar and Ujjawala Scheme beneficiaries; etc.

2	Need to develop new partnerships and focus on convergence	• **Greater emphasis to be given to the role of MWCD as a nodal agency for ensuring the well-being of women and children in the country** through adopting a convergent approach at the policy and programmatic level.
		• **Finalising the National Policy for Women after making the necessary amendments in the 2016 draft policy.**
		• Forging partnership and driving convergence to mobilize resources, capacities, innovations, knowledge, etc. This will include partnership and convergence efforts with:
		  ○ **Social enterprises and start-ups** to drive innovation in policy design and service delivery through challenge funds, innovation funds, hackathons, etc.
		  ○ **Public private partnerships** to leverage CSR and private sector investments in employment opportunities and infrastructure development to expand the support services coverage of WCD schemes.

		○ **Convergence at district level through enhanced role of district administration** – convergence of health, rural development schemes, etc. to improve nutrition delivery and to derive operational efficiencies by providing convergent services to households. ○ **Promoting active role of Panchayati Raj** in women's empowerment and women's protection, through setting up of safe spaces managed by PRI institutions in rural areas, institutionalising a "Women's Empowerment Month" on the lines of "POSHAN Maah" and "POSHAN Pakhwada", led and managed by the Panchayati Raj officials and functionaries – and focused on generating awareness of women's schemes, her rights and entitlements, and changing behaviours and social norms around women's participation in household decision-making, education, and labour force. ○ **Promotion of food and nutrition forestry and plantations** in convergence with Forest and Environment, Rural development, Panchayati Raj, Agriculture, Animal Husbandry, etc., in line with the Odisha Millets Mission. ○ **Partnership with national and international research institutes and think-tanks** for innovation research and knowledge economy.
Intra-sectoral Gaps		
1	Increasing Trends in rates of Crime against Women and Limited Reach of Interventions for Creation of Safe Spaces for Women.	• Addressing issues of VAW in India requires design, implementation and review of quality social service responses for women and girls subject to all forms of gender-based violence. • These could include **providing a coordinated multi-sectoral response to women and girls subject to violence comprising of health services, justice and policing services, coordination and governance mechanisms as well as social sector services.** • Along with this, **there is an urgent need to scale up existing interventions for creation of safe cities**, especially to cover emerging urban hubs. • **In Rural areas, specific buildings and spots (e.g. AWCs, PHC/SHC, PRI office) may be designated as safe spaces for women** and provide relevant infrastructure and institutional mechanisms to operationalise them. These **safe spaces could be linked with the MPVs or with women's helpline to provide immediate support and redressal** to rural women in need of care and protection.
2	Limited reach of interventions for adolescent well-being	• In order to ensure holistic development of the adolescent population, a comprehensive Rashtriya Kishor Swasthya Karyakram (RKSK) is being implemented, but it's reach is limited to a few districts. • **Looking at the broad canvas of issues covered by the scheme there is a need to scale up the RKSK intervention to a Pan-India level.** • **A holistic and unified model for adolescent empowerment needs to be developed**, that addresses adolescent physical and mental health, education, skilling, and SRHR. **This can be done by**

		ensuring convergence between the two existing adolescent programs i.e. SAG and RKSK.
3	Declining enrolment and increasing dropouts in education.	• There is a need to provide effective and adequate infrastructure to enable all students to access safe and engaging school education at all levels from pre-primary school through Grade 12. • This will include (i) upgrading and enlarging existing schools; (ii) building additional quality schools in areas where they do not exist; (iii) providing safe and practical conveyance and/or residential facilities; (iv) carefully tracking students and their learning levels; (v) providing suitable opportunities for remediation and re-entry to catch up in case they have fallen behind or dropped out. • Further, the 'free and compulsory' aspect of the Right to Education Act needs to be enforced and extended through Grade 12. • Curriculum change and innovation can also be initiated to make schooling more engaging, dynamic, and useful.
4	Rising rate of crimes against children.	• Drawing from the WHO's Inspire: Seven Strategies for Ending Violence Against Children, the current interventions addressing crimes against children i.e. CPS and NCLP need to be strengthened. • Some of the key approaches that can be included in the existing programmes are: (i) reducing violence by identifying "hotspots" to interrupt the spread of violence, (ii) delivering parent and caregiver support through home visits and comprehensive programmes in community settings, (iii) providing cash transfers, group saving, and loans combined with gender equity training, microfinance and gender norm training, (iv) increasing enrolment of survivors in pre-school, primary and secondary schools and establishing a safe and enabling school environment and (v) improving children's knowledge regarding sexual abuse and how to protect themselves against it through life skills education and social skills training.
5	Lack of indicators to assess performance of Child Protection Determinants.	• There is a need to address data gaps regarding children successfully rescued from sites of various forms of violence and abuse, rehabilitated to care institutions and families and reintegrated into society, under programmes implemented by various ministries. • This will require creation of a National level common child protection database to guide policies and legislations and strengthen existing systems. • Key parameters to be included in the database comprise of (i) mapping of all National and State level interventions for the protection of children across departments and ministries and (ii) information on children rescued, rehabilitated and reintegrated under each of the interventions working towards child protection along with pan-India figures.
6	Declining FLFP Rate and Female Worker Population Ratio	• It is recommended that along with policy, legislative and social measures, extensive research should be undertaken in order to identify the prime causes for the decline in labour force participation among women including assessing geographical, socio-economic as well as gender norms that might be indirectly impacting the emerging trends.
Critical Intervention Gaps		

1	No Scheme focusing on prevention of VAW and changing social and cultural norms around gender roles	• The best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes. • Awareness-raising and community mobilisation, including through media and social media, is another key component of an effective prevention strategy. • It is recommended that the MWCD initiate a flagship programme on social and cultural norms change to end violence against women in all forms.
2	Absence of interventions on nutritional support to OOS boys in the age group 11-18 years and OOS girls in the age group 14-18 years.	• The current interventions, i.e. Mid-day meal scheme and SAG, should be scaled up to include all adolescent boys and girls in the age group 11-18 years. • This would also mean moving from a cereal-based mid-day meal in schools to more nutrient-dense meals. • In addition, diets balanced with proteins and adequate calories are essential. As the consumption of fruits and vegetables among adolescents remains poor, providing nutrition counselling for young people to make the right food choices is another critical step that should be taken.
3	Absence of interventions to comprehensively address mental health issues of women.	• In order to comprehensively address the mental health issues of women, corresponding interventions will need to be put in place. Drawing from the WHO's Nation for Mental Health programme, a comprehensive plan to improve women's mental health needs to be developed. • This will require multi-pronged action including (i) policies and legislations to improve women's mental health; (ii) interventions through population-based settings, ensuring that community services and supports are adequate and accessible for women; (iii) grassroots activities to facilitate improvements in women's mental health, and (iv) media-based strategies to influence awareness on women's mental health issues among the community and to facilitate more desirable attitudes and behaviour with regard to women's mental health.
4	Lack of interventions that value unpaid care work.	• Policies that provide services, social protection and basic infrastructure and promote sharing of domestic and 'care work' between men and women, and create more paid jobs in the care economy, are urgently needed to accelerate progress on valuing unpaid care work and thereby achieving women's economic empowerment. • Some of the recommended solutions include (i) investing in time-saving technology and infrastructure; for instance, electrification and improved access to water has proven to ease the constraints on women's time; (ii) enhancing access to better public services, childcare and care for the elderly, this can also include longer school days or pre-school hours as an alternative; (iii) provisioning of equal amounts of maternity and paternity leave; (iv) creating family-friendly working conditions including a flexible work schedule or teleworking and (v) tackling entrenched social norms and gender stereotypes to 'de-feminize' caregiving and shape

		gender norms that prevent men from assuming equal care-giving responsibilities.
5	Lack of interventions to promote political participation among women.	• Interventions enhancing women's representation at all levels of governance need to be designed. • Some of the key components of such interventions can be (i) mentoring and training programs that prepare women for political responsibilities and enhance their political skills; (ii) building women's platforms, networks, and pool of potential candidates; (iii) consistent and methodical training with female candidates; (iv) working with political parties to identify potential women candidates; (v) establishing formal or informal women's caucuses to provide support inside the legislature; (vi) collating regular and reliable data on women's representation to track progress and identify challenges and successes and (vii) designing and conducting gender-sensitive civic and voter education programs for women.
6	Lack of interventions to promote social participation among women.	• Special forums/platforms/community-based groups should be instituted for women where they can collectively be informed about their rights, campaign for reforms of discriminatory laws and practices as well as support each other in critical decision making concerning them. • These platforms can also be used to give women 'voice' and help them claim resources through bottom-up pressure using participatory budgeting, expenditure tracking and community scorecards.

Summary of Scheme Level Findings, Issues and Recommendations

1. Anganwadi Services

Themes	Rating	Summary
Relevance	Satisfactory	+ The aims and objectives of the AWS scheme align well with the SDGs. - The overall continuum of services provided is quite comprehensive.
Effectiveness	Average	+ Expansion of coverage from only one-third of the villages having an AWC in 1992-93 to a near-universal coverage in 2019. + Through its network of almost 14 lakh AWCs, the scheme is providing a nutrition safety-net to nearly 10 Crore beneficiaries. - Poor infrastructure remains one of the biggest issues compromising the effectiveness of the scheme. - Low-cost norms for SNP procurement and delivery. - PSE is marred by lack of adequate space, lack of provisioning of play material, weak capacity of AWWs to deliver quality PSE.
Efficiency	Needs Improvement	+ The scheme has been able to achieve almost 100% utilisation over the last five years. - Given the number of SNP beneficiaries across states, there is a severe shortfall of funds currently allocated for SNP. - Annual cost overruns by 60% of the budget allocation in 13 states - Scheme monitoring is a key challenge as no systematic analysis of the data generated is undertaken to make data-driven decisions. - Not enough provision for capturing, monitoring, and utilising qualitative data on service quality is provided. - Vacancy rates for ICDS supervisory staff remain high - Excess work on the CDPOs, AWWs and AWHs - Low honorarium of AWWs affects motivation and service quality.
Sustainability	Average	+ Large footprint and reach of the scheme to more than 10 Crore beneficiaries through 14 lakh AWCs. + Strong governance mechanisms and ownership of the scheme's goals by all States/UTs which ensures financial and institutional sustainability. + Sustained positive impact and outcomes, which contribute positively to the national goals and strategies. - Declining beneficiary coverage – especially SNP and PSE, which have declined by 14.36% and 17.6% respectively since 2014-15. - Poor quality of infrastructure in AWCs to support AWS activities

		- Large vacancy rates for operational staff.
Impact	Satisfactory	+ Between 2005-06 and 2015-16, India has made substantial gains in improving its nutritional indicators. CNNS 2018 has shown that the gains on nutritional indicators have been further consolidated. + The scheme has been able to play a vital role in reducing malnutrition.
Equity	Average	+ The scheme has universal coverage and delivers services to more than 10 Crore people from all castes and economic groups. + The scheme has been able to allocate almost 60% of the budget towards gender budgeting between 2016-17 and 2018-19. - There is very low coverage of urban poor households.

Key Issues/ Challenges	Recommendations
ANGANWADI SERVICES	
Inadequate Anganwadi Infrastructure	• Ensuring adequate AWC infrastructure should be made a mandatory part of the Convergent Action Plans (CAP) and be monitored on a monthly basis. • Provision for electricity, water and other miscellaneous expenses to be increased from Rs. 2,000 to at least Rs. 10,000 per annum. • Solar panels/roofs may be installed in AWCs to ensure a sustainable, low-cost availability of electricity (Learning from UN WOMEN's project in Madhya Pradesh). • Where possible, co-location with schools should be encouraged for better integration and to leverage infrastructure, especially in urban areas. • Revision of MGNREGS cost norms for construction of AWCs (in convergence with AWS) from Rs. 1 Lakh to Rs. 2 Lakh. • Reviewing and revising the cost norms for construction of child-friendly toilets in AWCs. • In order to undertake large scale upgradation of the AWCs, the Ministry may look at constituting externally aided programmes in line with the World Bank funded ISSNIP, to drive modernisation of AWCs.
Inefficient SNP	• Revising cost norms for SNP in line with the current inflation rates. • Age specific formulas to be developed and labelled to ensure consumptions by targeted beneficiaries only (e.g. for consumption by pregnant women etc.) • New models for delivery of SNP: o Utilising learnings from PMMVY deliver cash directly to a beneficiary's Aadhar linked bank account. o Using PDS delivery channels and providing digital vouchers to all beneficiaries registered under ICDS-CAS. o Utilising PRI platform to deliver SNP, whereby the Gram Panchayat/Ward Samiti is responsible for procurement and delivery of SNP for AWCs under its catchment. • Strengthening mechanisms of Community Monitoring and Social Audits of THR, in line with the Jaanch Committees in Odisha. • FSSAI and ICMR-NIN to be engaged to build capacity of PRI and AWS functionaries on maintaining and monitoring quality and hygiene of SNP/THR.

Key Issues/ Challenges	Recommendations
	• HCM guidelines to be updated to provide minimum dietary diversity and ensure adequate nutrition intake for PLWs as well as improve attendance at the AWCs. (Learning from the Aarogya Lakshmi (Telangana), Indiramma Amrutha Hastham (Andhra Pradesh) and Mahtari Jatan Yojana (Chhattisgarh)) • Designing a telephone/app-based grievance redressal mechanism (managed by the MWCD) where beneficiaries, NGOs or independent monitors may record their grievances around SNP delivery in any part of the country.
Weak ECCE Delivery	• Enhancing the role of MHRD in Early childhood education delivery, particularly around standardising ECE curriculum, setting up learning standards for ECE, and provision of ECCE facilitators at a cluster level (similar to LS) • Mainstreaming IT enabled smart-classrooms in AWCs to deliver interactive, standardised learning and impart English language skills. • Framework of cost sharing between beneficiaries, government and private providers should be explored (Learnings from Balwadi Programme9).
Low Coverage in Urban Areas	• Up scaling AWS in urban areas (Learnings from PPP models such as Mobile Crèches in Delhi10, Sneha in Mumbai11). • Anganwadi Hubs can be developed by combining 3-4 AWCs in areas with high population density to enable effective pooling of resources, enhancing affordability in terms of rent and creating synergies by combining the efforts of multiple AWWs • Convert all urban AWCs to AWC cum Creche.
Monitoring and Supervision	• Training DPOs, CDPOs and LS on the use and assessment of monitoring data and generate performance trends. • Building mentoring capacities of the LS' through the ILA modules with greater focus on hand holding of AWWs • Developing mechanisms for automated data sharing between the RCH (MoHFW) and the ICDS CAS (Learnings from AAA application in Rajasthan, Antara Foundation).12 • Involving development Partners/NGOs/Donors in the state to facilitate and leverage funds for state-wide independent social audits of the scheme.
Excessive workload of the Staff	• Adding a 3rd worker to the AWC who maybe an additional AWH to support outreach activities and home visits; or she creche worker/ Helper leveraged through NCS under an AWC cum Creche Model; or provided by the MHRD to lead the delivery of the ECE/PSE component in the AWCs. • Productivity analysis, Job analysis and Workload analysis need to be undertaken to review and revise staffing norms.
AWW and AWH Honorarium	• Given the increased workload of the AWWs and AWH under the various schemes of the umbrella ICDS the AWWs need to be treated as skilled workers and Helpers need to be treated as semi-skilled workers. Their honorarium should be revised to meet the prescribed minimum daily wages. In addition, outcome linked incentives over and above the fixed honoraria may be offered.

[9] https://akshara.org.in/en/what-we-do/pre-school-programme/
[10] https://www.thebetterindia.com/2221/mobile-creches-caring-for-children-of-construction-workers/
[11] https://snehamumbai.org/wp-content/uploads/2018/12/SNEHA-Annual-Report-2017-18.pdf
[12] https://antarafoundation.org/integrated-aaa-app

2. POSHAN Abhiyaan

Themes	Rating	Summary
Relevance	Satisfactory	+ POSHAN Abhiyaan aligns well with the National Nutrition Strategy (NNS) and the programming gaps of the nutrition-specific and nutrition-sensitive interventions on the ground. + It recognizes the criticality of interdepartmental convergence for the multi-sectoral issues of malnutrition to be addressed. + Components of POSHAN Abhiyaan plug gaps of the AWS scheme.
Effectiveness	Average	+ Convergence action plan committees have been constituted at all levels across the states sampled, and convergence action plans were drawn up for all levels, including the village, block, district and State. + The focus of the Abhiyaan on making Nutrition a 'Jan Andolan' has led to a large scale, multi-sectoral and convergent behaviour change campaign that has resulted in greater awareness on the importance of, and the key behaviours to be practised in the first 1,000 days. - Only 52.4% of respondents in the HH survey were aware of the Abhiyaan. - The level of awareness among the respondents about the importance of first 1000 days was also observed to be significantly low, particularly in Bihar, Delhi, Uttar Pradesh and Uttarakhand. - Lack of universal roll-out of ICDS-CAS (rolled out in 28 states out of 36 states and in 341 districts out of 719 across the country) and network issues limit coverage.
Efficiency	Needs Improvement	- Low fund utilization in majority states due to incomplete procurement of smartphones and GM devices. - High numbers of LS vacancies limit the implementation of RTM and ILA as well as training, handholding and mentoring of FLWs regularly.
Sustainability	Satisfactory	+ The design of the POSHAN Abhiyaan in a time-bound mission mode interwoven with the AWS and the primary health systems networks is sustainable in the long run if all interventions of the mission get absorbed within the long-term implementation of the larger programmes. - CAPs are reduced to merely filling up templates with (numeric) targets, and specific village plans are not concrete, and Block plans are merely replicated. - Unless AWS service quality standards are universalised, the POSHAN Abhiyaan will be limited to mass advocacy.
Equity	Satisfactory	+ The scheme is designed to reach out to all 'last mile' HHs and potential beneficiaries through a multi-sectoral model.

Key Issues/ Challenges	Recommendations
POSHAN ABHIYAAN	
Delays in Procurement and effective implementation of ICDS-CAS	• To achieve economies of scale and help link the fast-tracked roll-out of ICDS-CAS with 'Make in India' campaign, centralised procurement of mobile phones and GM devices, based on a consolidated demand from States can be undertaken. • MWCD may identify suppliers and models at the national level, along with negotiated prices with the identified mobile phone suppliers. States may then place orders with identified suppliers at rates negotiated by MWCD. • Alternatively, AWWs may be encouraged to buy phones or use their own phones and a monthly allowance for rental/usage can be offered.
Limited Convergence	• Mechanisms need to be developed to ensure seamless data sharing between ICDS-CAS and RCH. • Empowered convergence committees need to be made effective. • Joint convergence trainings/activities with the field level staff need to be undertaken on real-time data and information sharing. • Clearer guidelines on the tangible outcome of convergence and stage-wise identification of services to be delivered to PLW and infant during the first 1,000 days.
Limited effectiveness of Jan Andolan	• Need to undertake sustained capacity building of the eligible households through interpersonal dialogue to build their knowledge levels along with information dissemination. • SHGs/NGOs can be involved in the 'Jan Andolan' for negotiating household behaviour change for positive nutrition outcomes. (Learnings from Bihar's Jeevika Project) • NGO/CSOs can be involved to create pool of Master Trainers/ Counsellors at the Block/Sector level in addition to the ICDS functionaries.

3. Pradhan Mantri Matru Vandana Yojana

Themes	Rating	Summary
Relevance	Average	+ The scheme operationalises the provision of the NFSA, 2016 + Targets pregnant women to improve nutrition and health uptake which is key for achieving the goal of 'Kuposhan Mukt Bharat' + PMMVY is in line with the goals of preventing under-nutrition across the lifecycle set out in the National Nutrition Strategy. + Scheme design in line with global evidence. Cash transfers proven to improve the health and nutrition outcomes among PW&LMs - Scheme benefits restricted to first live birth, leaving out almost 60% of births in the country. - Cash provision of Rs. 5,000 under the scheme is less than the provisions mandated by NFSA. Even with complementary JSY money, many women end up receiving less than mandated Rs. 6,000 - Scheme leaves out unwed mothers, widows, and rape survivors due to the scheme registration requirements.
Effectiveness	Average	+ The scheme has been able to reach more than 1.4 Crore beneficiaries in 3 years. + The scheme has achieved more than 90% of the target by Dec 2019. + An average of 18,700 new beneficiaries being registered every day - Scheme targets are set much lower than the eligible beneficiary numbers. Target set at 51.7 lakh while eligible beneficiaries could be as high as 1 Crore nationally. - IEC budget under the scheme is underutilised, leading to low awareness among beneficiaries regarding the scheme and its conditionalities. Only 56.68% of the eligible primary survey respondents were aware of the scheme.
Efficiency	Satisfactory	+ Significant in-built efficiency measures, i.e. payment directly into beneficiary account from PFMS, near real-time utilisation information, use of Aadhaar + Use of PMMVY CAS provides real-time monitoring and management + Budget allocation to the states based on set targets + 1st and 2nd instalments paid to beneficiaries in less than 30 days. + Several steps taken based on feedback from states and beneficiaries to improve scheme efficiency and beneficiary experience + Examples of innovative use of flexi-fund to support data entry through performance-linked payments to DEOs and AWWs. - Under-utilisation of Administrative budgets across states pointing to a lack of adequate staffing in State and District PMMVY cells. - Inadequate utilisation of Flexi Funds by the states with only 13% of flexi funds being utilised till 31 Jan 2020.
Sustainability	Satisfactory	+ The maternity benefits offered by the scheme are as mandated under the NFSA, thus ensuring the sustainability of scheme benefits + Structures to sustain effective delivery exist at state and district level.

		+ Strong delivery platform – PMMVY CAS enables effective monitoring + Behaviour change among first time pregnant women achieved through the scheme is sustained during her following pregnancies.
Impact	Satisfactory	+ Improvement in the number of early registration and ANC; immunisation rate; and institutional deliveries – all conditions mandated since the launch of PMMVY. + Availability of additional cash improves spending on food and medicines during pregnancy, potentially leading to better health and nutrition for mother and child.
Equity	Average	+ The scheme does not discriminate based on social or economic status. + The schemes benefits are being equally availed by beneficiaries belonging to SC, ST, OBC and the general category of beneficiaries. - Due to the requirement of the husband's details for registration for availing the 3rd instalment, the scheme inadvertently leaves out unwed mothers, rape survivors, and widows from the beneficiary net.

Key Issues/ Challenges	Recommendations
PRADHAN MANTRI MATRU VANDANA YOJANA	
Scheme coverage vis-à-vis NFSA provisions	• Need to increase the coverage of beneficiaries to at least the first two live births. This will ensure improvements in health outcomes for almost 70% of children born in the country each year. • Entitlements under the PMMVY Scheme need to be increased from Rs. 5,000 to Rs. 6,000 to align with the provisions of NFSA.
Low Scheme Targets	• Annual target of 51.7 lakh set by MWCD while potential beneficiaries are around 1 Cr. MWCD needs to annually revisit the national and state targets and scientifically identify them jointly with the state governments.
Challenges Related to Husband's details	• To include the most marginalised and vulnerable women, including destitute women, widows, unwed mothers and rape survivors, requirement for the husband's details and ID should be removed as a pre-requisite for receiving any instalment.
Lack of Data Entry Provision at the Block/Project Level	• Provisions need to be made in the scheme guidelines for data entry operators at the block level. Alternatively, states can be guided on use of Flexi-funds to fulfil to hire additional HR for the same. • The data entry operators can be offered performance-linked salaries. (Learnings from Rajasthan's model of payment to DEOs based on successful applications entered by them in PMMVY CAS).
Scope for enhanced use of IT	• Expanding SMS integration to inform applicants about their status of applications at each stage via SMS, including upon rejection. Information on healthy MIYCN behaviours can also be disseminated through SMS on a regular basis. • A beneficiary facing online-app/website can be developed where applicants can fill and submit their applications directly through mobiles/desktops/ laptops.

4. Scheme for Adolescent Girls

Themes	Rating	Summary
Relevance	Average	+ SAG is an important scheme of the MWCD addressing the continuum of the under-nutrition problem + Improves the nutritional intake during adolescence and provides adolescent girls with knowledge and tools to improve health and nutrition, and enable their self-development and empowerment - Reduced beneficiary net from OOS girls in the 11-18 year bracket to 11-14 years bracket. - Most girls drop-out of school after 8th grade, by which time, most girls cross 14 years. Hence, the scheme ends up reaching out to a very small number of out-of-school adolescent girls. In Delhi, there are almost 10-11 lakh OOS AGs, but only around 2,200 AGs out of these are in the age group of 11-14 years. - There is only about 1 AG on average being benefited per AWC which limits effective implementation of scheme components such as Sakhi-Saheli groups, Kishori Diwas, group trainings, etc. - 15-18-year-old girls have one of the highest unmet need for family planning education. This entire sub-group goes unattended. - Provision of Skill Development and Vocational Training is not useful for girls under 14 years as they cannot work.
Effectiveness	Needs Improvement	+ SNP component under the scheme has been effectively operationalized, mainly because the states already have systems set up under ICDS to support this activity. - Lack of scheme awareness amongst the target beneficiaries. - SNP component is the only component which has taken off. Coverage for other components remains only around 1-2%. - Eight states and one UT have not initiated the non-nutrition component due to lack of OOS AGs in the target age-group.
Efficiency	Needs Improvement	- Limited utilization of funds by the scheme due to many states either not implementing the scheme or implementing just the nutrition component under the scheme. - Limited Capacity of AWWs to deliver non-nutrition services - AWW's education and skills are found limited to address the different needs of AGs – like education, life-skills, home-based skills, reproductive health needs etc. - 82% AGs surveyed showed interest to re-join school, and 65% of their parents were also eager, but the number of girls mainstreamed back to formal schools was found to be less.
Sustainability	Needs Improvement	- The sustainability of SAG suffers due to the low scheme coverage. - Limited capacity of AWWs hamper delivery.
Impact	Needs Improvement	- Low coverage of the scheme – only 13.5 lakh girls covered through various components – limits the scheme impact considerably.

Equity	Satisfactory	+ SAG does not discriminate based on social or economic status. + Scheme benefits are available to all girls in the target group

Key Issues/ Challenges	Recommendations
SCHEME FOR ADOLESCENT GIRLS	
Limited Target Population and coverage of scheme activities	• Need to expand the intervention to include all OOS girls in the age group 11-18 years as under the erstwhile SABLA scheme. • The scheme can be rolled-out through two sub-groups, (i) 11-14 years with a focus on mainstreaming OOS girls to school and (ii) 15-19 years with a focus on ARSH, life-skills, vocational training and skill development.
Limited capacity of AWWs to implement scheme components	• AWWs role should be restricted to identification and enrolment of OOS AGs, provision of nutrition, monitoring and follow-up of services received by AGs. • ASHAs/ ANMs should be made responsible for IFA supplementation, Health check-up and referral services, Nutrition and Health Education. • Teachers/counsellors of the nearest senior secondary schools responsible for mainstreaming OOS AGs and connecting them to government's remedial/ alternative learning programmes. • OOS AGs to be included as target beneficiaries of National Programme for Youth and Adolescent Development (NPYAD) for life-skills training. • Programmes for job-oriented skills, orientation of AGs aged 15-19 years on available skill training courses, their prospects as well as information on existing support structures - staff of training centres run by MSDE and MoRD.
Limited awareness regarding the scheme	• Awareness generation about the scheme through (i) role-plays, nukkad nataks in the community by school-going children (ii) gram sabhas (iii) word of mouth messaging by SHG members and AGs already enrolled in the scheme. • Strengthening Kishori Diwas and Sakhi-Saheli Samoohs by increasing target population and coverage

5. National Creche Scheme

Themes	Rating	Summary
Relevance	Satisfactory	+ NCS aligns well with SDGs focused on ending hunger (2.1 and 2.2), children's access to ECD (4.2) and women's empowerment (5c). + Increasing women's labour force participation by 10 percentage points could add $770 billion to India's GDP by 2025. + With the advent of nuclear families and in the context of increasing job-related migration, provision of childcare facilities has gained significant impetus in providing women with support structures and to enable them to participate in the labour market.
Effectiveness	Needs Improvement	- Low coverage of the scheme with only 6701 operational Creches. - Significant decline (42%) in the number of Creches and beneficiaries since the restructuring of the scheme from CS to CSS in 2016-17. - Only 8% of the respondents in the primary survey were aware of the scheme or Creches in their vicinity. - Delayed payments from the state governments to NGOs since the restructuring of the scheme. - Limited monitoring at the state and central level due to staff engagement in the implementation of multiple schemes. - Lack of use of IT in scheme monitoring.
Efficiency	Needs Improvement	- Outdated cost norms for rent, SNP, and other components of the scheme. - High attrition and low motivation of Creche Workers and helpers due to low honorarium. - No budgetary provisions for training and capacity building of staff under the scheme.
Sustainability	Needs Improvement	- Duplication of most of the services offered under AWS scheme leading to lower prioritization and reluctance of state governments to invest in two schemes with similar target beneficiaries and components. - AWCs with greater coverage can be more efficient platforms to deliver Creche services in remote areas.
Equity	Needs Improvement	+ Primary data shows that the scheme is roughly equally accessed by people belonging to different caste groups. - Even though the scheme recommends flexible timing, in practice, the creches are usually open from 9 am to 5 pm. In urban areas, this ends up excluding the children of household helps who are required to leave for work early in the morning, or the children of commercial sex workers, who may require Creche and boarding facility for their children outside of normal work hours.

Key Issues/ Challenges	Recommendations
NATIONAL CRECHE SCHEME	
Low Coverage of creches **Infrastructural Gaps** **Low Community Participation and sensitivity to local contexts**	In order to increase the coverage of crèches, plug infrastructural gaps and enhance community participation along with addressing local needs, the following three types of models for running crèches are recommended. • **Model A: AWC-cum-crèches:** All AWCs to be run as AWC-cum-crèches, with increased timing and infrastructure. Infrastructure enhancement of the AWCs can be undertaken in a PPP mode with private sector contributing or undertaking complete revamp of the existing centres as their CSR initiative. (Learnings from Vedanta's in Rajasthan). • **Model B: Community led child-care centres:** Childcare cooperatives owned and run by community women interested in opening crèches. (Learning from community-led childcare centres i.e. SEWA's Sangini Child Care centres, Asmare Waste Pickers Cooperative, Brazil and Nutrition-Cum-Day Care Centres (NDCCs), Andhra Pradesh13,14) • **Model C: Urban Crèches:** In urban areas, on-site crèches at construction sites, factories etc. to be established. Builders/Private sector organizations operating the construction sites/factories, can be approached to contribute partially or fully towards setting up and running of these centres (Learnings drawn from Mobile Crèches)15. CSOs may be involved to provide cooked meals to the children. For health-related components, possibilities of on-ground convergence with medical practitioners of the nearby dispensaries/U-CHCs/U-PHCs may be explored.
Limited Scheme Monitoring	• Develop an MIS to capture the number of functional crèches and beneficiaries, employment status of mothers, centre-wise output indicators related to children offered SNP, ECCE, growth monitoring and health check-ups and outcome related indicators including weight, height and learning outcomes of children. Data on these indicators needs to be collected and updated annually on the MIS and trends emerging thereof need to be analysed.
Limited Capacity of creche workers	• A training course can be included under the skill development programmes of MSDE and MoRD including PMKVY and DDU-GKY, among others for creche workers and helpers. Men/women who successfully complete the trainings can be directly placed at the creche centres functioning under the scheme. Alternatively, training modules in line with the ILA model under POSHAN Abhiyaan can be developed, and induction trainings for Creche workers and helpers can be undertaken at the cluster level. Refresher trainings can be conducted every two years at the district level to update the knowledge levels of the workers and helpers regarding innovations and improvements in learning and play-materials.
Out-dated Cost Norms	• There is a need to revise the honorariums of creche workers and helpers in line with their qualifications and required skill sets. • Provisions for rent and utilities need to be included for crèches run in rented premise.

[13] https://apolitical.co/en/solution_article/this-indian-womens-union-invented-a-flexible-childcare-model
[14] https://www.worldbank.org/en/news/feature/2012/03/27/community-run-centers-improve-nutrition-for-women-and-children
[15] https://www.mobilecreches.org/

6. Child Protection Scheme

Themes	Rating	Summary
Relevance	Satisfactory	+ The Juvenile Justice (Care and Protection) Act is the core guiding Act for the Integrated Child Protection Scheme, and the ICPS scheme guidelines fit the JJ framework well. + In India, child rights, protection from abuse and exploitation are intimately linked to poor socioeconomic conditions which affect a large number of children, and relevance of the Scheme arises from this need for protection of these children.
Effectiveness	Needs Improvement	+ 723 DCPUs have been constituted across the country and all the States and UTs except for Ladakh, have constituted their own SCPS and State Adoption Resource Agency (SARA). + The ChildLine helpline services are available in 579 districts (over 75% of the country is covered); Calls to ChildLine for assistance have increased exponentially to over 90 lakh calls. - 25% CCIs across the country not registered under the JJ Act. - Poor infrastructure of CCIs- About 50% of the country's CCIs do not have sick rooms, 64% do not have visitors' rooms, 35% (one-third) of the CCIs/homes do not have their kitchen and about 10% do not have separate toilet facilities for children. - Focus is more on institutional care and not on other forms of alternative care such as sponsorship, kinship care or foster care - Only about one-third of the CNCP beneficiaries have been supported through sponsorships as against the MWCD target. - Per child cost norms for Sponsorship are low and only for 3 years - Inadequacy of linkages between TrackChild Portal and statutory bodies such as JJBs and CWCs - State Adoption Agencies need scaling-up as per state requirements - Limited resources under ChildLine to identify, monitor and build capacities of partners. - Greater focus on rehabilitation than on preventive measures. - Low awareness levels regarding child protection services amongst the beneficiaries and community members.
Efficiency	Needs Improvement	- Low salary structures, contractual nature of hiring of employees under various departments of ICPS- leads to low motivation. - Need for a qualified human resource at both the State and the CCI level - There is a lack of budget provisions related to per-child cost-norms for components such as child-care institutions and Childline.
Sustainability	Needs Improvement	- Delivery of services under the scheme suffer due to the unconcerned and apathetic attitudes of child protection officials

		- Primary data reveals a lack of training for CCI staff across India. - Lack of periodic monitoring of CCIs limits the quality and sustainability of services offered in the institutions
Equity	Average	+ The Scheme focuses on children from the most vulnerable and marginalised sections of society. - There is a need for extending protection services to neglected groups of vulnerable children, such as children with disabilities and victims of substance abuse - Lack of systematic vulnerability mapping of children across states, limiting the scheme's coverage to all sections of the CNCP.

Key Issues/ Challenges	Recommendations
CHILD PROTECTION SCHEME	
Status of Child Care Homes	• Ensuring infrastructure and staffing in all homes meet the specific protection needs of differently abled vulnerable and marginalized children including provision of special educators, construction of ramps, etc. in all homes.
Focus on institutional care instead of non-institutional care	• Awareness on alternate models of care among State/UT officials, CCI Staff, and CWCs need to be developed. • Revision of budgets allocated under sponsorship to make it a sustainable and feasible option for alternative care of children. • Statutory bodies like CWCs, JJBs, SAAs with appropriate infrastructural and staffing mechanisms, to be setup wherever not present.
Challenges in efficient functioning of ChildLine	• Increased budget allocation for ChildLine to identify new partners, monitor existing partners, and build capacities of existing staff and partner organisations. • A strategic plan of action to be prepared by MWCD for increasing awareness about ChildLine amongst both allied CPS systems and target beneficiaries and/or stakeholders.
Unavailability of CPS to all groups of vulnerable child population	• Mobilization of community at the grassroots level to raise awareness and empower them to take collective action against child labour, child marriage and other issues with respect to child rights violations. • Exclusion of vulnerable children (OOS children and children without parental care) from service provisioning to be addressed. • Data on various child rights violation issues, functioning of statutory bodies and performance of staff under ICPS must be made available in the public domain for better knowledge management and subsequent action.
Issues with human resource efficiency	• Regular training and capacity building of DCPOs, DMs, Police officials, staff of CCIs to be undertaken to enhance sensitivity and awareness towards child protection issues. Toward this, e-learning modules can also be developed in line with the ILA under AWS scheme. • In partnership with leading universities and research institutes, new education programmes must be started in aspects of child protection, child psychology etc. to create a pool of qualified and trained professionals with skills to handle complexities concerning the protection of children. Tie-ups with major social science institutes in India such as TISS, NIMHANS, etc. can be explored.
Monitoring Mechanisms	• A real time IT based MIS to be developed and staff to be employed at the national level for monitoring CCIs and ensuring that all CCIs are registered under the JJ Act, are equipped with adequate infrastructural facilities, etc.

Key Issues/ Challenges	Recommendations
	• Create a database and grading system of all CCIs in India and grade their performance as per the ICPS guidelines and JJ norms. Accordingly ensure focused efforts, monitoring, inspections and concurrent social audits for the homes ranking lower in the grading scale. • A more rigorous end-to-end child tracking mechanisms must be established with multi-level checks and balances to track children right from the time they become victims of crime/abuse/exploitation till they are linked to a child protection system.

7. Beti Bachao Beti Padhao

Themes	Rating	Summary
Relevance	Satisfactory	+ The scheme aligns with national priorities of ending gender-based discrimination and violence and addressing the declining CSR. + Social mobilisation and communication campaigns along with monitoring of the PCPNDT Act, designed to improve SRB across the country are aligned with WHO recommendations.
Effectiveness	Satisfactory	+ The scheme has been able to generate significant mass-mobilisation to eliminate gender discrimination and valuing the girl child. + More than 60% respondents in the HH survey were aware of the scheme. + Around 96% DTFs have been formed; convergence meetings are taking place along with training, awareness campaigns and orientation sessions. + The media and advocacy campaign has received an overwhelming coverage and tremendous support from other media organisations of the MoIB, other GoI Ministries and State Departments. - BBBP is largely dependent on the District Collector's initiatives and priorities. Inputs to other partner departments are minimal.
Efficiency	Average	+ A number of innovative initiatives under the scheme. + Many private sector companies have aligned their strategy for Corporate Social Responsibility with the scheme's objectives by supporting girls for education and creating awareness. + Evidence of effective convergence with other ministries and departments to conduct joint initiatives. - BBBP scheme monitoring is weak at both state and national level. - Under-utilisation of funds allocated under the scheme - Lack of dedicated staff at the district level to implement and monitor the scheme. DLCWs under MSK, responsible for managing the BBBP Scheme only available in 191 out of 640 Districts.
Sustainability	Average	+ The scheme has received unprecedented coverage and prominence with the Prime Minister himself endorsing it. + The scheme aspires to change traditional mindsets to identify the deep-rooted problems and address them specifically, thereby ensuring sustainability of impacts. - More than half of the allocated budget has been spent on mass media activities. However, mass media alone cannot address inherent beliefs and traditions. - Mere awareness generation without providing the necessary support structures limit the sustainability of the scheme.
Impact	Satisfactory	+ A favourable trend in Sex Ratio of Birth (SRB) with concerted efforts at National, State and District levels.

		+ Gross Enrolment Ratio (GER) for girls in secondary education has shown improvements. + Gender differentials in the under-5 mortality rate have reduced. - Improvement in the number of girls' toilet in schools.
Equity	Satisfactory	+ The scheme focuses on generating mass awareness and uses platforms and mechanisms which reach out to all the sections of the society. Since funds have been released to government agencies for publicity, it can be concluded that a large population of the country has received BBBP messages.

Key Issues/ Challenges	Recommendations
BETI BACHAO BETI PADHAO	
Scheme scope limited to media and advocacy activities	• An assessment of the impact of the mass-media activities should be undertaken. • BBBP should expand focus to address issues that impede girls from staying in schools – such as constructing/repairing girls' toilets in schools; providing vending machines for sanitary napkins etc. • Engaging NGOs for (a) engaging with parents and young couples (b) planning awareness activities with MSK volunteers and assisting in monitoring; (c) sensitizing PRI members for increased participation; (d) coordinating with FLWs for leveraging forums such as Kishori Diwas, VHNDs, and CBEs for SBCC. • Strengthening synergy between BBBP and MSK by preparing State action plans to address key social deterrents to gender equality and empowerment in the state. Further, engaging SRCW and DLCW for community mobilization, BCC, monitoring, and documentation.
Scheme focuses on awareness generation rather than behaviour change	• Conducting a nationwide KAP study analysing social determinants affecting the status of girls to analyse key social, economic and political factors that impact the social determinants influencing CSR. • Designing a comprehensive women's rights-based BCC Strategy that addresses Knowledge, Attitude and Practice (KAP) of the intended audience. • Clearly defining outcomes, and stakeholders, and audience segmentation for targeted messaging; • Joint activity planning with out-of-school (OOS) girls' programmes will be useful.
Lack of State's role in Planning and Monitoring	• Monitoring and review mechanisms between State, districts and other line departments needs to be strengthened for regular sharing and use of information. Towards this, greater engagement of SRCWs can be sought information/data collated from the line departments can be streamlined quarterly at district level and bi-annually at state level.

8. Swadhar Greh Scheme

Themes	Rating	Summary
Relevance	Satisfactory	+ Swadhar Greh Scheme is the only scheme that looks to support the needs of women who are in distress and require a place to live. + The scheme is relevant given the rise in crimes against women in India and the volume of women affected by domestic violence + The Scheme aligns with the national and international priorities for women's safety and protection like CEDAW, UN Declaration on Elimination of Violence Against Women, the Beijing Declaration, and the Platform for Action in 1995, and the SDGs.
Effectiveness	Needs Improvement	- Low number of Swadhar Greh – the numbers have fallen from 550 to 419 between 2017-20. Led to overcrowding in many states. - Delays in fund release directly impact the quality of infrastructure - Even where infrastructure was available, the quality was found to be low with most Swadhar Greh buildings being old and dilapidated, with congested and unclean rooms. - Lack of disabled-friendly infrastructure facilities - Inadequate focus on economic rehabilitation. Lack of linkages with GoI schemes on Skill Development.
Efficiency	Needs Improvement	- Swadhar Grehs are struggling financially, with low budgetary provisions under the scheme guidelines, and severely delayed fund disbursements. - Since 2015-16, the budget allocation for the scheme has been Rs. 445 crores, but fund utilisation has only been Rs. 238 Crores. - Delays in receiving funds from the government have negatively impacted the quality of services as well as infrastructure. - Budgetary provisions for Swadhar Grehs, both for staff costs and for expenditure on residents are low, leading to the hiring of unqualified staff and dissatisfied beneficiaries. - In many Swadhar Grehs, the staff are not aware of some of the legal remedies and provisions available to the residents. - Monitoring effectiveness suffers due to lack of trained human resources at the national level, overworked officials, and a defensive stance of the implementation agencies on reporting.
Sustainability	Needs Improvement	- Even though the scheme provides for State government entities to set-up and manage Swadhar Grehs, 95% Swadhar Grehs being run by NGOs. - No safeguards for the residents in case the Swadhar Grehs are closed due to mismanagement or lack of/delayed funding.

		- Low salary provision leads to the hiring of low-quality staff who is unable to meet the requirements of residents, particularly their psycho-social and legal counselling needs. - Low-cost provision for services such as food, vocational education, medical expenditure adversely affects the quality of services. - Due to a lack of staff provision at the national level, and delays by the state governments in providing updated, the MWCD is not able to exercise adequate monitoring and supervision of the scheme.
Equity	Average	+ The Scheme provides equitable services to all women who approach the homes for shelter. + Scheme is available for women from all religions and social strata. - Most of the Swadhar Grehs have not been constructed or modified to meet the needs of differently-abled women as there were no ramps or lift in majority Swadhar Grehs visited.

Key Issues/ Challenges	Recommendations
SWADHAR GREH	
Low Coverage of Swadhar Grehs	• Mandate conducting a needs assessment exercise in all districts within the next 6 months and prioritise the creation of more Swadhar Grehs in districts where the need is found high. • Encourage State women's cooperatives, PRIs, Municipal Bodies, and cooperatives to set up and manage Swadhar Grehs in districts where no NGO proposal comes.
Severe Delays in remittance of funds to implementation agencies	• To improve the fund flow efficiency and to ensure that the funds are received and utilised by NGOs on time, the scheme should be converted from CSS to Central Sector Scheme. • In case the scheme continues as a CSS, Swadhar Greh Scheme should mandate at least a 10% contribution from the implementing agency, in line with the Ujjawala Scheme. This contribution should be available as flexible pot of funds for running the Swadhar Grehs. • Swadhar Grehs should be encouraged to link up with industry associations or cottage industries to participate in the value chain. Linkages with organisations which provide raw material and training and purchase finished products – should be developed. • Swadhar Grehs may develop linkages with social enterprises, providing training and long-term economic opportunities to residents, even after they have left the Swadhar Greh.
Low Quality of Infrastructure	• Instead of construction grants, the focus should be on partnering with Private Sector where they construct the Swadhar Greh infrastructure and implementing agencies enter into a rental agreement for minimum 10 years with annual increase of 10%. This will help stagger the capital cost of Swadhar Grehs over a longer period and will ensure that Swadhar Greh infrastructure is properly maintained by the lessor. • Rental provision needs to be revised upward, to incentivise the private sector to invest in Swadhar Greh Infrastructure. • Existing Swadhar Grehs should be mandated to construct ramps for differently abled women. A one-time up-gradation grant of up to Rs. 1 Lakh per Swadhar Greh may be provided.

Key Issues/ Challenges	Recommendations
Low Quality of Services	• Salary caps for Swadhar Greh staff should be revised in line with the current market rates. • Systematic periodic training and sensitisation of Swadhar Greh Staff on aspects of counselling, human rights, gender rights, and legal aid should be mandated. • The MWCD may put in place e-ILA based training material which can be accessed by Swadhar Greh Staff. • Develop clear guidelines, service benchmarks and standard operating procedures for each service provided under the scheme.
Inadequate focus on economic empowerment and rehabilitation	• Private Sector should be leveraged to enhance the skill development, apprenticeship, and economic rehabilitation of women residents. National and international fast-food chains and hotel chains could be roped-in to train and hire women from Swadhar Grehs. • The post of rehabilitation officer may be reinstated in the Scheme Guidelines.
Limited Scheme Monitoring	• To improve the quality of scheme monitoring, the Ministry should develop an online monitoring system, linked directly with Swadhar Grehs and Ujjawala Homes, and where the implementing agencies directly update information of beneficiaries, services provided, infrastructure, and fund utilisation. • Installation of video cameras, bio-metric attendance of residents twice a day, and geo-tagging of Swadhar Grehs to enable remote monitoring. • Facilitating linkage of residents with Aadhar and Banks to enable direct transfer of pocket money.
Low Scheme Awareness among women	• Revise cost provisions to provide budgetary allocations for IEC at State and implementation agency level to increase awareness of the scheme among the population. • Undertake prevention-focused campaigns targeting men to educate them on norms around masculinity and gender, and the impact that violence can have on women around them and their future generations. • Awareness generation at National Level could be focused on Mass Media, and the State government's IEC could be regional mass media, community meetings, etc. Nirbhaya fund may be utilised for conducting these mass-media campaigns by MWCD or states.

9. Ujjawala Scheme

Themes	Rating	Summary
Relevance	Satisfactory	+ The scheme aligns well with international standards such as the Palermo Protocol Children (Palermo), 2000 and UNCRC. + The Scheme aligns well with the national priorities as it aims to address all aspects leading to commercial sex trafficking of women and children starting from Prevention to complete rehabilitation. - Formation of structures at the community level and ensuring preventive measures at the local level is key to ensuring the prevention of crime. The numbers of these Community Vigilance groups is low in a majority of States and their functioning on the ground is found limited.
Effectiveness	Average	+ Primary data underscored overall satisfaction with the quality of food and sanitation in the premises amongst the beneficiaries. + Basic amenities and infrastructural facilities such as rooms, kitchen, electricity, telephone were present in the homes visited. + Medical aid was being offered in 97% homes, trauma counselling in 95% homes and professional counselling in 97% homes visited. - Skewed coverage of homes. There are no Ujjawala homes in 19 states whereas in some states the homes are over-crowded. - Installation of CCTVs was pending in many homes. In a few homes, other facilities such as a television or a telephone were not available. This created problems in connectivity, especially in the homes situated in hilly regions or remote locales. - The scheme's work on formation and coordination with community vigilance groups has remained a secondary activity, and the number of vigilance groups has remained low in some of the higher priority states such as Gujarat and Punjab. - Legal, counselling and vocational training services were provided mostly on a part-time basis due to paucity of funds and understaffing of trained professionals. - Although some homes were in contact with previous residents, formal follow-up mechanisms are not in place. - Challenges exist around rescue owing to non-cooperation from the local police, victims themselves and the community members. - The scheme's awareness among the community is quite low.
Efficiency	Needs Improvement	- Poor fund utilisation; only 13% budget utilised in 2018-19. - Severe delays in release of State funds for the scheme leading to poor infrastructure and living conditions.

		- Lack of adequate funding for running the centres as well as carrying out day-to-day activities such as travel, counselling, deployment of security personnel. - Lack of financial resources restricts the employment of additional trained and efficient human resource. - Staff remunerations are not commensurate with their experience and eligibility requirements.
Sustainability	Average	+ The primary data collated during the evaluation highlights that regular scheme monitoring was taking place. - Lack of regular training and capacity building of staff reduces the scheme's overall efficiency and sustainability.
Equity	Needs Improvement	- Absence of a systematic mapping of victims of commercial sexual exploitation limits the reach of the scheme to all women in need.

Key Issues/ Challenges	Recommendations
UJJAWALA SCHEME	
Low coverage of the Scheme	• Detailed vulnerability mapping and needs assessment once in every two years to be mandated across states to assess the areas in which women and children are more susceptible to trafficking. • New Ujjawala homes to be set up in partnership with the private sector with a long-term rental agreement with the implementing agency for a minimum 10 years with a yearly increase of 10%. • Rental provisions may be revised upward to incentivise the private sector to invest in Ujjawala Infrastructure.
Inadequate focus on Prevention of Trafficking	• The scheme's design could be changed for a greater focus on prevention of trafficking. • Closer integration with Swadhar Grehs should be made to provide rehabilitation and reintegration since Swadhar Greh's major focus is on rehabilitation and reintegration of women in distress. • Women who cannot be repatriated or whose families cannot be traced may be transferred to the Swadhar Grehs for long term rehabilitation.
Limited Vocational Training for re-integration and rehabilitation of beneficiaries	In case the Scheme designed cannot be altered in a way that the rehabilitation component is handled by Swadhar Greh, the Ujjawala Scheme will need to strengthen the rehabilitation component through partnerships with the Private Sector by: • Signing MOUs with Private Sector organizations (industrial units, market associations) to provide apprenticeship and training to the victims. • Engagement with organizations that can provide training and raw materials to the residents and procure the finished products (Learnings from Fab India model). • Possibilities of convergence with government skill-development programmes such as DDU-GKY, PMKVY, etc. can be explored.
Delayed payments leading to overburdened NGOs and closed homes	• Given the small size of the scheme and the fact that the scheme was being managed extremely successfully by the MWCD till recently, the scheme may be made a Central Sector Scheme. • The 10% financial contribution of the implementing agency should not be tied with different heads and be utilized as flexible funds in provision of services/enhancing cost norms as deemed necessary.
Low Salary norms under the scheme	• Revision of the Salary norms under the scheme to ensure hiring of more qualified and trained staff for better scheme efficiency.

Key Issues/ Challenges	Recommendations
Lower Use of Technology	• An online monitoring system needs to be developed where the implementing agencies directly update information of beneficiaries, services provided, infrastructure, and financial utilization. • Installation of video cameras, bio-metric attendance of residents twice a day, and geo-tagging of Ujjawala homes to enable remote monitoring. • To ensure decentralised and cost-effective training of staff, e-learning modules in line with the Incremental Learning Modules (ILA) under AWS scheme need to be developed.

10. Working Women's Hostel

Themes	Rating	Summary
Relevance	Satisfactory	+ The female LFPR has declined from 30% in 2011-12 to 27.4% in 2015-16. While other schemes promote skill development and employment generation among women, none of them provides women with support services like safe accommodation with food and medical assistance. The WWH scheme fills this critical gap. + The scheme aligns well with SDG 5 that mandates adopting and strengthening sound programs for the promotion of gender equality and the empowerment of women and girls at all levels. + The scheme also addresses women's right to work and to free choice of profession and employment as mandated under CEDAW.
Effectiveness	Average	+ Basic infrastructure, including WASH facilities, first aid kits, CCTVs, attendance registers, on-duty security guards, hostel warden, and cook was present in 6 out of 8 hostels visited. + All hostels were easily accessible and located in prime areas. + WWHs are preferred over private hostels due to greater affordability, safety and accessibility. + Central and state officials undertake physical visits, and data regarding the hostels is relayed physically to the HQ. - Limited scheme awareness at the village level. - Lack of modern amenities in hostels and the average quality of infrastructure and services offered. - Only 2 out of 8 hostels had day-care centres within the premises. - Only 50% of hostels had Hostel Management Committees. - Absence of MIS and the use of IT for monitoring. - No formal grievance redressal mechanisms under the scheme.
Efficiency	Average	+ Improvement in fund utilisation in expenditure incurred between FY 2015-16 and FY 2018-19. - Percentage of fund utilisation significantly declined from 83% in 2017-18 to 51% in 2018-19.
Sustainability	Average	+ Increased demand for WWHs due to changing mindsets leading to more women entering non-traditional employment sectors and migrating to employment hubs. - Limited proposals received by NGOs due to the requirement of 25% financial contribution from them in the construction of hostels. - Lack of availability of land and cumbersome procedures to obtain sanction for construction of hostels limit coverage of WWHs.
Impact	Average	+ 963 hostels sanctioned to date and 73,387 beneficiaries covered. + Majority women perceive their stay in hostels as enriching as it provides them physical security, fulfils their basic physical needs, and improves their health status.

		- Difficult to assess the overall impact of the scheme on employment generation among women due to the absence of data on the number of employed women residing in the hostels.
Equity	Satisfactory	+ The benefits of the scheme are offered to all beneficiaries irrespective of their socio-cultural backgrounds.

Key Issues/ Challenges	Recommendations
WORKING WOMEN'S HOSTEL	
Non-availability of land for expansion	• Private Sector may be leveraged for providing WWH land and infrastructure with long term rental agreements and higher rentals to make it lucrative for the private sector to invest in WWH infrastructure. • New hostels can be constructed in non-prime locations of the city where land is available. Transport facilities in association with the private/government companies employing women residents will need to be provided.
Low Scheme Awareness	• IEC activities to be undertaken. Information about WWHs can be disseminated in the Gram Sabhas, e-mitra, women-ITIs, RSETI and DDU-GKY, and Rojgar Melas under PMKVY. • Publicly accessible information about each functional WWH should be uploaded on the MWCD portal along with the application procedures.
Quality of Infrastructure	• New hostels with disabled-friendly infrastructure and day-care facilities can be developed based on the Tamil Nadu model. SPVs can be established for setting up and maintaining hostels. A feasibility study can also be undertaken on demand for hostels in each district to arrive at the number of beds needed and infrastructure required. • The rent of the hostels can be calculated based on the principle of cross-subsidy to ensure the quality of services to all. • An IT Based MIS to capture real-time data on hostels sanctioned, hostels functional, number of beneficiaries in each hostel, the employment profile of women residing and the number of children availing benefits of day-care centres (if any). • Geo-tagging all existing and proposed hostels to be undertaken.
Lack of uniformity and lack of formal grievance redressal mechanisms under the scheme	• As mandated, HMCs to be formed across all hostel. Participation of State officials, members of the management and beneficiaries to be ensured. • Grievance redressal mechanisms can be developed as part of the MIS portal where all stakeholders, beneficiaries as well as third parties can raise concerns related to functioning of hostels, quality of services offered, and other concerns.

11. Mahila Shakti Kendra

Themes	Rating	Summary
Relevance	Satisfactory	+ MSK aligns well with the targets of SDG 5 as well as the rights of women stated in CEDAW. + It can also be a significant contributor in improving India's position on gender-related global indices + The scheme addresses the concerns of gender equality as enshrined in the Constitution of India. + MSK aims to train and build capacities of women at the grassroots level and to get a gender perspective across policy and practices at the national, state and district level. This is in line with the "Draft National Policy for Women, 2016" and the "National Policy for Empowerment of Women, 2001".
Effectiveness	Needs Improvement	+ SRCWs have been set up and are functional in 27 out of the 36 States/UTs. + In 13 States/UTs with aspirational districts, BLCs have been formed, with student volunteers engaged in block-level activities - In majority states, the component for provision of a foothold to BBBP has not yet been fully functional. - Only 7 out of the 36 States/UTs have a DLCW in each district with the absence of DLCWs in 18 States/UTs. - In the remaining 12 States/UTs with aspirational districts, block-level activities have not yet been initiated. - The scheme MIS is still in a developmental stage.
Efficiency	Average	+ Allocated funds are adequate for undertaking the activities under the scheme. + 135 SRCW staff and 711 DLCW staff have been appointed across 27 States. - Declining trends in funds allocation and utilisation emerge under the scheme. - Only 20,303 out of the targeted 3,16,000 student volunteers have been engaged in MSK block-level activities.
Sustainability	Needs Improvement	- Limited period of scheme implementation with frequent amendments in the design of the scheme. - Across majority states, since the launch of the scheme in 2017, institutional structures are being set up with only a few states undertaking scheme activities. - Limited technical understanding of women's empowerment as well as administrative know-how among stakeholders at various levels.
Equity	Satisfactory	+ The scheme aims to reach out to all rural women irrespective of class, caste and income levels and to empower them by providing opportunities for skill development, employment, digital literacy, health and nutrition.

Key Issues/ Challenges	Recommendations
MAHILA SHAKTI KENDRA SCHEME	
Sustainability of the scheme **Limited foothold to BBBP**	• The approved implementation period for the scheme should be at least 5 years to ensure setting up of required institutional structures as well as effective implementation of various scheme components. • There is a need to ensure setting up of DLCWs across all 640 districts. Development partners can be involved to place their consultants to eliminate delays in staff hiring, gaps in availability of skilled personnel and streamlining the activities under the scheme. • BLCs need to be formed across all 405 BBBP multi-sectoral districts. Along with student volunteers, out of college/dropout youth, OOS AGs enrolled in SAG and beneficiaries of the NPYAD can also be engaged in scheme implementation at the grassroots level.
Scheme Monitoring	• Indicators on number of inter-sectoral convergence meetings, number of women reached, and awareness generation activities should be tracked through the MSK-MIS. • Online data repositories need to be developed as part of the MIS portal at the district level. This will include, records of women reached out through student volunteers, schemes/programmes of various ministries they are eligible to enrol in, whether required support was offered, and number of women successfully enrolled. • An online application can be developed that can be used by student volunteers to fill in the details of each woman reached out to and lined with various schemes. • The application can also offer personal targets to each student volunteer in terms of number of women to be successfully linked to interventions and top performing volunteers can be felicitated and offered rewards like books, stationery etc.

12. Gender Budgeting and Research, Publication and Monitoring

Themes	Rating	Summary
Relevance	Satisfactory	+ The Scheme is aligned well with global and national commitments towards enhancing gender equality through gender mainstreaming. + The objectives of the Scheme are in tandem with the mandates of the National Policy for Women, 2016 and the strategy for new India @ 75, NITI Aayog.
Effectiveness	Average	+ In the last three FYs, a total of 150 trainings have been conducted, and 8,000 participants have been trained. + During FY 2019-20, a total of 33 training programmes were organised against a target of 37. + Various inter-ministerial consultations and one-to-one discussions with senior officials of line ministries have been undertaken. + 21 States have designated State Nodal Centres, and 7 have appointed Nodal Officers for sustained capacity building efforts under Gender Budgeting. + 22 research projects are ongoing in FY 2019-20, and 353 young students have been offered internships since 2017-18. - Training on GBCs reported to be conducted only once a year on average. This is not adequate, given the complexity of the subject.
Efficiency	Satisfactory	+ In 2017-18, 2018-19 and 2019-20, 50, 70 and 40 GB trainings were conducted thereby meeting the targets for each year. + Though allocation of funds declined in the FY 2019-20, it increased in the current FY 2020-21. + Fund utilization increased by 1.2% points between FY 2016-17 and 2018-19. - Only 69% of the GB funds utilized in FY 2018-19
Sustainability	Average	+ Constitution and meetings of the Broad-Based Committee for Gender Analysis and Budgeting at MWCD level + 20 States have institutionalised Gender Budgeting through trainings, Gender Budget Cells and Gender Budget Statement + A growing number of research proposals and internship applications received. - Inadequate HR at the National level limit monitoring and sustainability of the GB efforts. - Frequent transfers of GBC officials. - The Collection of Statistics Act, 2008 misses out on the collection of gender-disaggregated data.
Impact	Average	+ 38 Ministries/Departments are reporting on Statement 13 of the expenditure budget. + 23 States have adopted Gender Budgeting. + Recommendations of the research studies conducted help in significantly improving the schemes of MWCD. - At present, GB forms only 4.9% of the total expenditure budget and 0.63% of the GDP of the country.

Key Issues/ Challenges	Recommendations
GENDER BUDGETING AND RESEARCH, PUBLICATION AND MONITORING	
Lack of sustainability of scheme and gender budgeting in the country	• Drawing from experiences of Korea and the Philippines, regular conduct of Gender Response Budgeting across ministries, States/UTs may be made legally mandatory. Towards this, a Gender Budgeting Act may be passed. Further, on the lines of Statistics Law in Israel, every data collecting institution should be mandated to publish gender disaggregated statistics. • A Gender Resource Centre at MWCD can be established in convergence with MoF. The institutional structure may include (i) Broad-Based Committee with representatives of MWCD, MoF and sectoral ministries, (ii) Executive members including women representatives from NGOs/CSOs, academicians, economists, researchers, policy experts, trade unionists and activists working in the area of gender budgeting16, (iii) Consultants trained in capacity building for gender budgeting. • Gender Resource Portal may be created as a one-stop repository of (i) the ministries and States/UTs reporting on statement 13; (ii) details of the activities undertaken by GBCs; (iii) sex-disaggregated data on indicators related to health, education, skills, employment, etc.
Limited impact of the scheme	• Impact assessment of gender budgeting need to be strengthened by undertaking the following measures: o Sectoral initiatives on gender budgeting to be given emphasis. o The gender differential impacts of direct and indirect taxes to be analysed. o Policies to integrate the unpaid care sector in GRB to be prioritized. o The institutional mechanisms for GRB to be strengthened. • A new header title in the budget on 'gender development', to be introduced.

[16] https://wbg.org.uk/

13. One-Stop Centre

Themes	Rating	Summary
Relevance	Satisfactory	+ Provides institutional mechanism to support the survivors of VAW + Provides full range of services including police and judicial response, legal and health care services, psycho-social counselling. + Offers strong convergence for essential services needed by the survivors.
Effectiveness	Satisfactory	+ 684 OSCs have been set up supporting more than 2.8 lakh women. + A remarkable increase in coverage in the last 15 months, with 400 OSCs operationalised since Dec 2018. + Equipped with adequate infrastructure facilities. - Awareness of Scheme among primary respondents was just around 4%. This is despite there being a budget head in scheme guidelines for IEC and scheme popularisation. - Lack of data on the quality of services and beneficiary feedback. - No grievance redressal mechanism for beneficiaries to record complaints or feedback.
Efficiency	Needs Improvement	+ OSCs demonstrate effective convergence, both upstream – with Women's Helpline – and downstream – with Police, DLSA, DoHFW. + Examples of States working to streamline training capacity building, M&E, and supporting OSCs by providing rescue vehicles. - Only 20% of the funds released under the Scheme have been utilised. - OSCs are inadequately staffed. If each OSC was fully staffed since operationalisation, expenditure on account of salaries could have been Rs. 245 Crores instead of Rs. 61.34 Crores. - In the absence of standardised salary norms for positions, there is a difference in the quality of staff hired across OSCs. This makes it difficult to ensure that similar quality of services is provided. - Salary limit of Rs. 2,00,000 for 13 staff members is low for the expertise needed and leads to difficulty in finding trained staff. - No mechanism to track training of OSC staff members since there is no provision of systematic training of OSC functionaries. - Minimal IEC activities conducted to popularise the Scheme. The provision for training, IEC, and advocacy – Rs. 50,000/year is low.
Sustainability	Satisfactory	+ The OSCs have been operationalised in 640 districts + Supreme Court has mandated an OSC in each district

		+ OSCs have been able to generate significant convergence by providing all services to survivors of violence at one place. - Relatively low salary for OSC staff leads to significant attrition, which hampers the institutional memory, and hence sustainability.
Equity	Average	+ The Scheme is universal and services can be used by any women in distress regardless of their caste, religion or economic status. - In absence of access to disaggregate data on the beneficiaries reaching out to OSCs, the evaluation is unable to assess the frequency of use of OSC by women from different economic strata.

Key Issues/ Challenges	Recommendations
ONE STOP CENTRE	
Inadequate Infrastructure	• Mandate completion of OSC construction within six months of approval. A penalty of 5% per month may be proposed for districts exceeding the 6-month timeline. • Revision of Construction Cost Norms, with differential rates for Metropolitans, State Capitals and other cities. • Additional financial assistance may be sought through the District Mining Fund Trust (where available), MPLAD and MLALAD for construction of the OSCs. The districts may also make proposals under Nirbhaya Fund to cover additional funding requirements for the OSCs.
Concentration of OSCs in district centers and urban areas	• Expand the network of the OSCs to the rural areas as well, with full or mini-OSCs at block or Tehsil level to provide safe spaces for women survivors of violence in rural areas as well. These rural OSCs could be linked with local Police Stations and the main district OSCs for legal aid and psycho-social counselling.
Lower rate of conviction against perpetrators of VAW	• Since the OSCs are already expected to have a Sub-Inspector level officer deployed at the OSC, arrangements may be made to enable the registration of FIRs at the OSCs themselves. • To ensure quick police action against perpetrators of VAW, better coordination between the investigating officer (Police) and the prosecution officer (DPO) from the very beginning can be ensured.
Ministry's Capacity to manage and monitor the scheme	• The WW Division may look at the possibility of setting up an expanded PMU to enable day-to-day management and rigorous monitoring of the OSC scheme as well as the Women's Helpline Scheme. The funds under the OAE budget heads for both the schemes may be used to fund the PMU operations.
Issues with Scheme Monitoring and transparency	• A module within the Sakhi Dashboard can be introduced to record feedback of all beneficiaries on services provided to them. This can act as a way to assess the quality of services offered. • State Governments to conduct Social Audits of the OSCs on an annual basis.
Human Resource Challenges	• Prescribe training for all new OSC staff to be undertaken quarterly. This training can be conducted at the state level so all OSC staff joining in any

Key Issues/ Challenges	Recommendations
	quarter can be trained together. The CSWB in collaboration with SSWB can organise these one-day or two-day training. • Revise staff salaries in line with the prevailing market rates. Details on the number of staff to be hired for positions requiring 24-hour support, and cost norms for each post need to be outlined.
Low Scheme Awareness among Beneficiaries	• Nirbhaya Funds can be utilized to conduct mass-media campaigns and inform women about their rights, existing schemes addressing women's protection and social norms around violence against women. • Budgetary provision for training, IEC and Advocacy at the OSC level needs to be revised to Rs. 30,000 per month for the first two years of the establishment of OSCs.

14. Mahila Police Volunteer

Themes	Rating	Summary
Relevance	Satisfactory	+ MPVs aim to link rural women with police and provide redressal ability to cope with the challenges faced by them. + Provides a support system to respond to the needs of the survivors of VAW and prevent them from dropping out from the justice process.
Effectiveness	Needs Improvement	+ Awareness of other women-centric schemes has shown a small increase over the districts where the Scheme is not operational. - In over three years, the Scheme is still only operational in ten districts. - Suffers due to a complicated institutional structure. WCD departments are accountable for the Scheme's implementation, but the home department is responsible for delivery. - District Police selects the MPVs, and is responsible for training and monitoring the MPVs. This leaves WCD departments with little control over how quickly the Scheme gets rolled out or how it is scaled up. - Even though MPVs are expected to work closely with the ANMs, ASHA and AWWs, this was not happening on the ground. - MPV activities around awareness generation and conducting one to one and community meetings to build confidence among women, families and peer groups have taken a backseat.
Efficiency	Needs Improvement	- The Scheme's fund utilisation has remained extremely low, with only Rs. 3.59 Crore utilised over almost 4 years since Scheme's launch. - The scheme size is too small for a centrally sponsored scheme, and accessing state funds has been challenging. - The Scheme has faced challenges in hiring MPVs, due to there being no fixed honorarium for the position. She is paid only Rs. 1,000 per month as reimbursement for expenses. - Even though the MPVs and the state/district administration are expected to undertake awareness generation activities, the Scheme does not have any monetary provisions for the same. - Even though Sakhi Dashboard is used to monitor the Scheme, it is dependent on the States' home department providing information, which is delayed in most cases. In the absence of a real-time monitoring mechanism, the MWCD is not able to exercise more control over the Scheme's implementation
Sustainability	Needs Improvement	- The Scheme, due to its design and funding structure, has not been able to find its feet in most of the states and is only operational in 10 districts of the country.

		- The key challenges faced by the Scheme which hamper its sustainability include an inefficient institutional mechanism, inefficient fund transfer process, a lack of scheme monitoring and inadequate compensation to the MPVs.
Equity	Average	+ The MPV scheme is universal and seeks to support all women in rural areas regardless of religion, caste, etc. + The Scheme is focused on the rural women, who especially suffer due to a lack of safe spaces in rural areas. - The Scheme has no linkage for the urban women, who suffer as much from VAW as rural women do.

Key Issues/ Challenges	Recommendations
MAHILA POLICE VOLUNTEERS	
Complicated Institutional Mechanism	• The scheme needs to be transferred entirely to the MHA, with the SP responsible and accountable for the scheme's delivery at the District Level. MWCD can support in achieving ground level linkages through the ICDS structure.
Inadequate Scheme information in Public Domain	• Scheme information and data from the Sakhi Dashboard be made available public domain, with the district-wise number of cases reported by the MPVs and the number of cases leading to action against the perpetrators available through Ministry dashboards.
Funding Structure	• The scheme needs to be implemented as a central sector scheme given the significance of the scheme and the fact that this is currently the only scheme at the village level providing support to women affected by violence.
Lack of Honoraria for the MPVs	• Honoraria for all MPVs to be introduced in addition to the reimbursable amount of Rs. 1,000 currently available to them. • The honoraria may be a combination of a monthly fixed amount and a performance-based variable pay linked to the number of cases reported by them.

15. Universalisation of Women's Helpline Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ WHL is a critical component of GOI's efforts to curb the menace of violence against women. + Enhanced use of WHL during Covid-19 lockdown shows its importance.
Effectiveness	Average	+ Operationalised in 33 States and UTs and supported more than 47.9 lakh calls to date. + Especially effective in States/UTs where the incidents of VAW has been high, such as Delhi, Uttar Pradesh, Bihar, Punjab and Gujarat. + States use multiple platforms to popularise WHL including FLWs, large scale awareness camps, mass media, community meetings, use of NGOs etc. - 3 States/UTs have not universalised the WHL yet. - Household survey found the awareness of WHL to be low at around 23.5%. - Even though States are expected to undertake large scale campaigns to popularise the Scheme, budget for IEC is only available at the National level.
Efficiency	Satisfactory	+ Adequate budget available for WHL operation and maintenance. + Evidence of strong convergence within MWCD – with OSCs and Swadhar Grehs – and with other departments – police, health and SLSA. + 32 states have already integrated the WHL with the OSCs and are regularly referring women to the OSCs. + Has played an important role during COVID 19 lockdown, which saw a spike in the cases of domestic violence. + Sakhi Dashboard has improved the Scheme's monitoring significantly - Scheme's fund utilisation is low, with only around 56% of the allocations between 2016-17 and 2019-20 being released to the States. - Even though the services provided are the same in all states, salaries for staff in States with more than 5 crore population and those with less than 5 crore population are different. - Monitoring of indicators on the quality of service remains missing
Sustainability	Satisfactory	+ Due to being fully funded by MWCD through Nirbhaya Fund, the Scheme does not have to rely on the States to provide their share. + States like Uttar Pradesh and Telangana have enhanced the capacities of the WHL through their resources + WHL works closely with OSCs and Police, providing critical convergence needed to provide a comprehensive intervention to women in distress. + Monitoring of WHL at State-level is conducted jointly by Police, DWCD DoHFW, DoT, SLSA and Civil Society members.

		+ Competitive salaries offered to the staff ensures low attrition.
Equity	Average	+ The Scheme is universal, and services can be used by any women in distress regardless of their caste, religion or economic status. - However, in the absence of access to beneficiary level data, evaluation is unable to assess the frequency of use of the WHL by women from different economic strata and geographies.

Key Issues/ Challenges	Recommendations
WOMEN'S HELPLINE	
Insufficient awareness of WHL among women	• A systematic mass media strategy and action plan should be developed to create awareness on Women's Helpline through the IEC funds available under the scheme at the National Level. • State Governments to spread awareness about the helpline in rural areas by advertising in public spaces, schools, AWCs, PRI buildings etc. in convergence with other MWCD Schemes and other line departments.
Lack of mechanisms to monitor quality of service provided	• Institute a mechanism whereby the WHL Manager is assigned a target of monitoring at least 20% of the calls received in a month – for adherence to the SOPs, and to assess the quality of information and support provided to the callers. • A monthly report on the quality assessment may be submitted by the Helpline Manager to the MWCD.
Differential Salary of Staff across States	• Streamline the Salaries across States since the qualifications required, and the work to be done is the same. The differential may be in terms of the maximum number of staff that can be hired in Smaller and Larger States, but Salary Provisions should be standardised.
OOMF Indicators	• Use indicators such as the number of cases closed, number of cases leading to the police or legal action, and number of women referred by WHL to Swadhar Grehs supported for rehabilitation and reintegration. Another key metric of assessing the effectiveness of the WHL scheme can be the qualitative or quantifiable feedback received from the women reaching out to the WHL.

Summary of Scheme Rationalisation

In assessing the need for scheme rationalisation, the evaluation has considered various aspects of the schemes, such as their performance in the last few years, the scheme's impact, their efficiency, effectiveness and their relevance. As part of the evaluation each scheme was analysed on the parameters of Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity. The detailed table with Ratings of schemes against the REESI+E parameters is as below:

Scheme	Relevance	Effectiveness	Efficiency	Sustainability	Impact	Equity	REESI+E
Umbrella ICDS							
Anganwadi Services							
POSHAN Abhiyan							
Pradhan Mantri Matru Vandana Yojana (PMMVY)							
Scheme for Adolescent Girls (SAG)							
National Creche Scheme							
Child Protection Scheme (CPS)							
Mission for Protection and Empowerment of Women							
Beti Bachao Beti Padhao (BBBP)							
Swadhar Greh							
Ujjawala Scheme							
Working Women's Hostel (WWH)							
Mahila Shakti Kendra							
Gender Budgeting, Research, Publication and Monitoring							
One-Stop Centre							
Mahila Police Volunteer							
Women's Helpline							

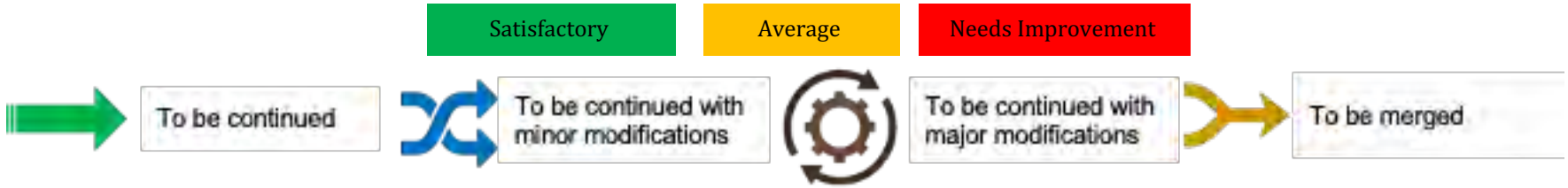
*GBRPM is not a beneficiary-oriented scheme, therefore equity is not an applicable field for the scheme.

Satisfactory | Average | Needs Improvement | Not Available/Not Applicable

Rationalization of schemes in terms of continuation/discontinuation of existing schemes as well as merging interventions to ensure efficient use of resources has been summarized below in the table.

Scheme Name	*Scheme Performance*	*Scheme Relevance*	*Recommendation for Rationalisation*	*Discussion on Way Forward*
Umbrella ICDS				
Anganwadi Services				Scheme to be continued with greater flexibility in scheme design to address regional challenges; innovative models for delivery of SNP (Cash Transfer, PDS, Private Sector); enhanced role of MoE and technology in PSE; greater focus on engaging private sector in AWC infrastructure improvement. 3rd AWC Staff may be added in the form of a Creche Worker, an additional AWH or leveraged from MoE to lead PSE component.
POSHAN Abhiyan				Scheme to be continued with fast tracking the roll-out of ICDS CAS and Growth Monitoring Devices, quickening the pace of setting up SPMUs, greater clarity on 'convergence' indicators at the service delivery (AWC) level. Additionally, Jan Andolan's focus to be expanded to ensure continuity of efforts across the year rather than concentrating on POSHAN Pakhwada and POSHAN Maah.
Pradhan Mantri Matru Vandana Yojana (PMMVY)				Scheme to be continued with provision of Rs. 6000 as maternity benefit in line with the NFSA and the benefits expanded to at least the first two live births.
Scheme for Adolescent Girls				Scheme to be continued with an expanded coverage of all OOS AGs in the age group 11-18 years.
National Creche Scheme (NCS)				Scheme to be merged with Anganwadi Services and creches to be run as AWC-cum-crèches. Existing resources of the NCS may be used to hire additional worker in AWCs to enable focus on all aspects of AWC services including Creche facility. Expansion of AWS infrastructure where possible to incorporate Creches.
Child Protection Services (CPS)				Scheme to be continued with greater focus on non-institutional care of CNCP, strengthening CCIs with effective monitoring and tracking of CCIs. Revision in cost norms across all scheme components recommended.
The Mission for Protection and Empowerment of Women				
Beti Bachao Beti Padhao (BBBP)				Scheme to be continued with wider scope and a comprehensive BCC campaign with monitorable outputs and outcomes.
Swadhar Greh Scheme				Scheme to be continued as a central sector scheme; and to partly financed by implementing agencies in case continued as a CSS. Greater focus on private sector participation in provision of infrastructure and economic rehabilitation of residents is

				needed. Models such as setting up social enterprises, participating in the value chain of cottage industries and service sector need to be encouraged.
Ujjawala Scheme				Scheme to be continued as a central sector scheme with a need-based scaling up of the intervention. The scheme's design could be changed to focus only on prevention, rescue, and repatriation. Ujjawala Homes could start to function as temporary shelter for rescued victims of trafficking – with a maximum stay length of 6 months. Closer integration with Swadhar Grehs needed to provide long term stay, rehabilitation and reintegration services.
Working Women's Hostel				Scheme to be continued as a central sector scheme with inclusion of data collection mechanisms to capture the overall impact of the scheme on promotion of employment among women. Private Sector to be leveraged for providing WWH infrastructure with long term rental agreements and higher rentals to make it lucrative for the private sector to invest in WWH infrastructure.
Mahila Shakti Kendra (MSK)				Scheme to be continued with improved design to enhance sustainability and monitoring of the activities of the scheme.
GBRPM				Scheme to be continued with creation of National Gender Resource Center and a gender portal. Focus also needs to be made on assessing the Impact of gender budgeting.
One-Stop Centre (OSC)				Scheme to be continued with enhanced coverage across all districts, regular training of service providers, provision of FIRs in OSCs and revision of cost norms for recurring expenditure.
Mahila Police Volunteer (MPV)				Scheme to be transferred entirely to the MHA. MWCD may support in achieving ground level linkages through the Umbrella ICDS structures.
Women's Helpline (WHL)				Scheme to be continued with formulation of mechanisms to monitor the quality of services provided under the scheme.

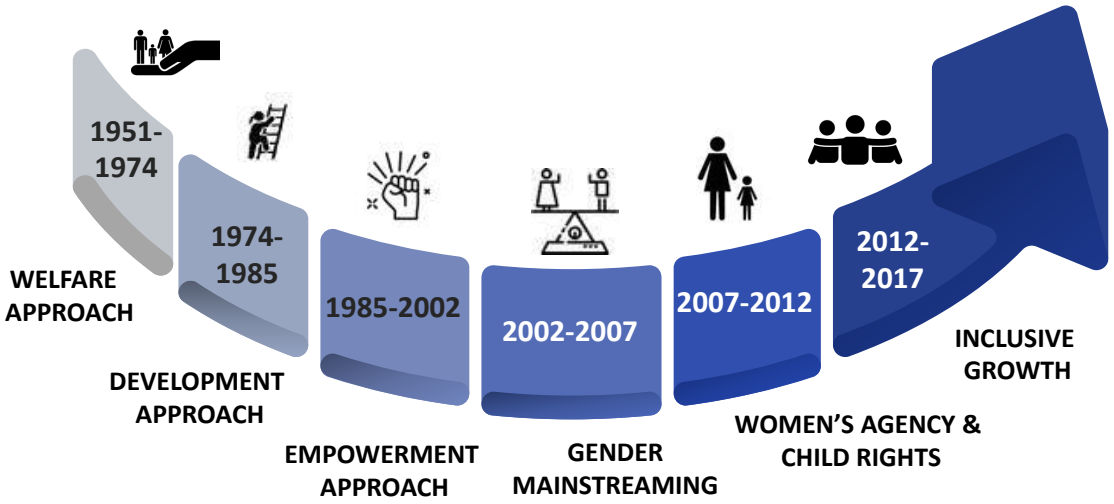


2. Women and Child Development Sector Analysis

2.1. Background of the Sector

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

Figure 1: Evolution of Women and Child Development sector



Welfare Approach

The first Five-year (1951-56)[17] Plan acknowledged that the social health of any community would depend a great deal upon the status, functions and responsibilities of women in the family and the community. Emphasis was laid on problems relating to health, maternity and child welfare, education, employment, and conditions of work. On the other hand, it was also recognised that considering the numbers involved, the needs of children should receive much more significant consideration than is commonly given to them. There was a growing demand for child health services and educational facilities.

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

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

A shift from Welfare to Development

A shift in the approach for women's development from 'welfare' to 'development' was witnessed in the Fifth Five-Year Plan period (1974-79)[18]. The Plan also proved to be the landmark in the field of child development through the adoption of a National Policy for Children (1974) and the launching of the Integrated Child Development Services (1975).

A landmark in the history of women's development was observed in the Sixth Five-Year Plan (1980-85)[19] which included a separate chapter on women and development and adopted a multi-disciplinary approach with the three-pronged thrust on health, education and employment. The Plan reviewed the status of women and concluded that despite legal and constitutional guarantees; women had lagged behind men in all sectors. During the Sixth Plan, a multi-sectoral approach was adopted for women's development. Subsequently, in the year 1985, Women and Child Development was set up as a separate department under the Ministry of Human Resource Development to give a separate identity and to provide a nodal point on matters relating to women's and children's development.

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

Development to Empowerment Approach

The concern for equity and empowerment articulated by the International Decade for Women was operationalised during the Seventh Five-Year Plan (1985-90)[20]. Efforts were made to provide welfare measures to all sections of society, especially the underprivileged section, i.e. the women. A significant step in this direction was to promote 'beneficiary oriented programmes' for women in different developmental sectors and offer direct benefits to them. The National Perspective Plan for Women (1988-2000) provided directions for all-round development of women. The National Commission on Self-Employed Women and Women in the informal sector submitted a comprehensive report titled 'Shramshakti' that analysed the problems affecting a large number of women in the informal sector. Women Mahila Mandals were also established. Support to Training-cum Employment for Women (STEP) was launched in 1987 for promoting employment opportunities for women. The Khadi and Village Industries sector took up measures to improve the employment and earnings of women. More importantly, the pivotal role of voluntary organisations in women's development was recognised.

On children's front, ICDS continued to be the single nation-wide programme for early childhood survival and development during the Seventh Plan. Several Acts were enacted, including the Juvenile Justice Act (JJA) in 1986, the Child Labour Prohibition and Regulation Act, 1986 and in

[18] Planning Commission, Government of India (1974), Fifth Five Year Plan.
http://planningcommission.nic.in/plans/planrel/fiveyr/5th/5planch5.html
[19] Planning Commission, Government of India (1980), Sixth Five Year Plan.
http://planningcommission.nic.in/plans/planrel/fiveyr/6th/6planch27.html
[20] Planning Commission, Government of India (1985), Seventh Five Year Plan.
http://planningcommission.gov.in/plans/planrel/fiveyr/7th/vol2/7v2ch14.html

1987, the National Policy on Child Labour was formulated. Projects were sanctioned to voluntary organisations for the welfare of working children to provide non-formal education, supplementary nutrition, health care and skill training. The period also saw the formulation of Annual Plans, 1990-92 and a significant expansion of programmes and services for the welfare of the disabled took place.

In 1992, a marked shift in approach from development to empowerment of women was underscored by the Eighth Five-Year Plan (1992-97)[21]. The strategy of the Plan was set to ensure that the benefits of development from different sectors do not bypass women. At the same time, women should be enabled to function as equal partners and participants in the development process and not merely as beneficiaries of various schemes. Extending the reach of services to women, both qualitatively and qualitatively, were an essential objective of this plan. The National Commission for Women was set up by an Act of Parliament in 1990 to safeguard the rights and legal entitlements of women. The 73rd and 74th Amendments (1993) to the Constitution provided for reservation of seats in the local bodies of Panchayats and Municipalities for women, laying a strong foundation for their participation in decision making at the local levels.[22]

India also ratified various international conventions and human rights instruments committing to secure equal rights of women. Key among them was the ratification of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1993. The Mexico Plan of Action (1975), the Nairobi Forward-Looking Strategies (1985), the Beijing Declaration as well as the Platform for Action (1995) and the Outcome Document adopted by the UNGA Session on Gender Equality and Development and Peace for the 21st century, titled "Further actions and initiatives to implement the Beijing Declaration and the Platform for Action" was unreservedly endorsed by India for appropriate follow up.[23]

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

The approach paper of the Ninth Five-year Plan (1997-2002)[24], focused on the empowerment of women and people's participation in planning and implementation of strategies. It highlighted the need for women to exercise choices and opportunities to avail them. It underscored that a supportive environment should be provided to women at all places including home, school, religious sites, government and workplace. Further, to enable women to participate outside the home, childcare services, hostels, and affordable housing emerged as essential inputs. The Ninth Five-Year Plan, hence, attempted to bring women's issues within the policymaking sphere.

[21] Planning Commission, Government of India (1992), Eighth Five-year Plan.
http://planningcommission.nic.in/plans/planrel/fiveyr/8th/vol2/8v2ch15.htm
[22] National Policy for Empowerment of Women (2001)
https://wcd.nic.in/sites/default/files/National%20Policy%20for%20Empowerment%20of%20Women%202001.pdf
[23] Ibid.
[24] Planning Commission, Government of India (1992), Ninth Five-year Plan.
http://planningcommission.nic.in/plans/planrel/fiveyr/9th/vol2/v2c3-8.htm

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

Gender mainstreaming

The Tenth Plan (2002-2007)[25] which came into effect from April 2002, included essential objectives for women. It envisaged gender mainstreaming and also had structured a Women Component Plan (WCP), which ensured that not less than 30 per cent of funds were earmarked for women under the various schemes of the women-related ministries/departments. The Plan primarily focused on economic empowerment of women and put in place several programmatic interventions such as the Swayamsidha programme, a recast version of the Indira Mahila Yojana, which organised women into Self-Help Groups (SHGs) for income generation activities. It also facilitated access to services such as literacy, health, non-formal education, water-supply, among others. On 30th January 2006, the Ministry of Women and Child Development was set-up for formulation and administration of regulations and laws related to women and child development.

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

Gender Responsive and Child Budgeting

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

The Government acknowledged the need for provisioning suitable resources for children, and committed to secure and protect their interest while defining the schemes and programmes for the future growth of India[26]. The National Plan of Action for Children, 2016 recommends a collaborative commitment of all the Ministries to help achieve the goal of investing 5 per cent of the total union budget towards child welfare.

[25] Planning Commission, Government of India (1992), Tenth five-year plan. http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/10th_vol2.pdf
[26] https://wcd.nic.in/sites/default/files/WCD%20ENGLISH%202018-19.pdf

Women's Agency & Child Rights

For the first time in the history of post-independence planning, an independent chapter was dedicated to Women's agency and Child Rights in the Eleventh Five-year Plan. The Approach Paper to the Eleventh Plan (2007-2012)[27] states, "An important divide which compels immediate attention relates to gender. Special, focused efforts need to be made to purge society of this malaise by creating an enabling environment for women to become economically, politically and socially empowered". The strategy for women in the Plan is confined to three areas- violence against women, economic empowerment and women's health. A major challenge before the Eleventh Plan was to enable the creation of an environment for women that is safe and free from violence. It stressed the need for organising regular campaigns on issues such as female foeticide, physical abuse, trafficking, gender discrimination and domestic violence. In a unique move, the government constituted a committee of "feminist" economists to ensure gender-sensitive allocation of public resources in the Eleventh Five Year Plan.

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

Inclusive Growth

The Twelfth Five Year Plan[28] entitled as 'Faster, Sustainable and More Inclusive Growth' recognises the primacy of India's Women and Children, who constitute over 70 per cent of India's people. The Plan's strategy of inclusion envisages the engendering of development planning and making it more child-centric. It iterates that structural transformation is called for—not only in the women and child-related direct policy and programme interventions but also generally in the policies and programmes. It is especially applicable to the many sectors that impact women and children, especially those from the weaker sections or whose individual circumstances make them the most vulnerable.

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

The plan seeks to provide utmost priority to the issues of childcare and protection, focusing primarily on the basic needs of the children belonging to all strata of society. It recognises the 'rights' of children to survival, protection, participation and development as the cornerstone of

[27] Planning Commission, Government of India (1992), Eleventh five-year plan. http://planningcommission.nic.in/plans/planrel/fiveyr/11th/11_v2/11th_vol2.pdf
[28] Planning Commission, Government of India (1992), Twelfth five-year plan. http://planningcommission.gov.in/plans/planrel/12thplan/pdf/12fyp_vol3.pdf

human development. It emphasises the strengthening of institutional mechanisms and arrangements for proper monitoring and implementation of child-specific legislation, policies and programmes. It requires the compulsory setting up of the State Commission for Protection of Child Rights (SCPCR) under the supervision of the National Commission for Protection of Child Rights (NCPCR). It also recommends the state to establish separate WCD departments and segregate the matters relating to women and children so that both the groups are on the high priority agenda of their concerned departments and that of the government.

National Development Agenda (2017-2032)

With the increasingly open and liberalised economy, a need for rethinking tools and approaches to conceptualising the development process was felt essential. Therefore, a departure from the five-year plan process was made and a vision, strategy and action agenda framework, was developed as part of the National Development Agenda to align better the development strategy with the changed reality of India[29]. The components of the National Development Agenda include:

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

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

Institutionalisation of Ministry of Women and Child Development

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

i. Umbrella ICDS

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

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

MWCD has taken several initiatives under MPEW. It recognises the need to empower women by (i) enabling them to claim their rights (ii) ensuring equal opportunities in economic, cultural, social and political spheres of life to realise their full potential and (iii) freedom in decision making both within and outside their home with the ability to influence the direction of social change. The detailed list of schemes covered under the two umbrellas is presented in Table 1 below.

[29] Three-year action agenda 2017-18 to 2019-20

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

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

2.2. Performance of the Sector

2.2.1. WCD Sector's Performance against the SDGs

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

Figure 2: SDGs related to Women and Children

This section highlights whether the national priorities of the women and child sector outlined in the Draft National Policy for Women 2016, National Plan of Action for Children 2016 and Strategy for New India@75, align with the global benchmarks. It also undertakes a mapping exercise to identify the centrally sponsored schemes implemented by various ministries that address the SDGs for women and children and highlights gaps in fulfilment of SDG targets due to non-availability of interventions. In line with NITI Aayog's SDG India Index 2019-20[30], the performance of relevant indicators has also been assessed in terms of achievement of assigned national target values.

Goal 1: No Poverty

Goal 1 No Poverty	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
CSS addressing the Goal	**Ministry/Department**
Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) Deen Dayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM) Pradhan Mantri Awaas Yojana – Gramin (PMAY-G) Pradhan Mantri Gram Sadak Yojana (PMGSY) National Social Assistance Programme (NSAP)	Rural Development
Pradhan Mantri Jan Dhan Yojana Pradhan Mantri Jeevan Jyoti Bima Yojana Pradhan Mantri Suraksha Bima Yojana (PMSBY) Atal Pension Yojana (APY) Pradhan Mantri Vaya Vandana Yojana (PMVVY)	Finance

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

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

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

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

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

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

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

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

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

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

underserved areas. The scheme has led to rapid financial inclusion of women as 53.31 per cent of the total Jan Dhan accounts under the scheme are opened by women.[31]

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) is available to people in the age group of 18 to 50 years having a bank / Post office account who give their consent to join/enable auto-debit. The life cover of Rs. 2 lakhs is available for one year with risk coverage of Rs. 2 Lakhs in case of death of the insured, due to any reason.[32]

Pradhan Mantri Suraksha Bima Yojana (PMSBY) is available to people in the age group of 18 to 70 years with a bank/post office account who give their consent to join/enable auto-debit on or before 31st May for the coverage period 1st June to 31st May on an annual renewal basis. The risk coverage under the scheme is Rs. 2 lakhs for accidental death and full disability and Rs.1 lakh for partial disability.[33]

Atal Pension Yojana (APY) is being implemented to provide monthly pension to eligible subscribers not covered under any organised pension scheme. APY is open to all bank and post office account holders in the age group of 18 to 40 years. [34]

Pradhan Mantri Vaya Vandana Yojana (PMVVY) was launched by the Government to protect elderly persons aged 60 years and above against a future fall in their interest income due to the uncertain market conditions, as also to provide social security during old age. [35]

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

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

Key: ↗ Target not Achieved ↘ Target Achieved

Goal 2: Zero Hunger

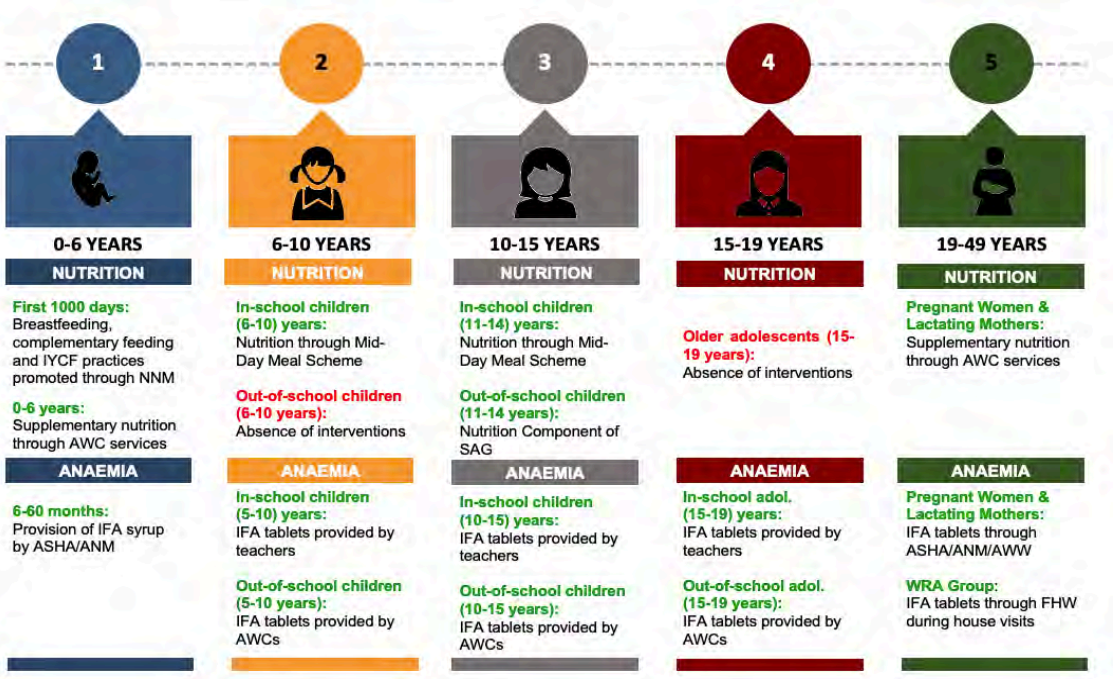
Goal 2 Zero Hunger	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round. 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older person
CSS addressing the Goal	**Ministry/Department**
Anganwadi Services (AWS)	Women and Child Development

[31] Department of Economic Affairs, Annual Report 2019-20 (https://dea.gov.in/sites/default/files/Annual%20Report%202019-2020%20%2528English%2529.pdf)
[32] Ibid.
[33] Ibid.
[34] Department of Economic Affairs, Annual Report 2019-20 (https://dea.gov.in/sites/default/files/Annual%20Report%202019-2020%20%2528English%2529.pdf)
[35] Ibid.

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

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

Figure 3: Mapping of Nutritional Interventions for Women and Children



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

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

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

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

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

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	Ratio of rural households covered under public distribution system (PDS) to rural households where monthly income of highest earning member is less than Rs.5,000	1.01	1.29	↗↙
2.2 - By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	(%) Children under age 5 years who are stunted	34.7	2.5	↗↙
	Percentage of pregnant women aged 15-49 years who are anaemic	50.3	25.15	↗↙
	Percentage of children aged 6-59 months who are anaemic	40.5	14	↗↙
	Percentage children aged 0–4 years who are underweight	33.4	0.9	↗↙

Key: ↗↙ Target not Achieved ↙↗ Target Achieved

Goal 3: Good Health and Well-Being

Goal 3 Good Health and Well - Being	3.1: By 2030, reduce global maternal mortality ratio to less than 70 per 100,000 live births 3.2: By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases 3.4: By 2030, reduce by one-third premature mortality from non- communicable diseases through prevention and treatment and promote mental health and well- being 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
CSS addressing the Goal	**Ministry/Department**
National Health Mission	Health and Family Welfare
National AYUSH Mission	AYUSH
Anganwadi Services National Nutrition Mission (POSHAN Abhiyaan) Pradhan Mantri Matru Vandana Yojana	Women and Child Development

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

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

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

Maternal and New-Born Health

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

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

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

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

Child Health

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

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

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

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

Adolescent Health

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

Provision of WASH infrastructure and services

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

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

Communicable and Non-communicable diseases

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

Substance Abuse

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

Mental Health

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

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

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	Maternal Mortality Ratio	122	70	↗↙
	Proportion of Institutional deliveries	54.7	100	↗↙
3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Under 5 mortality rate per 1000 live births	50	25	↗↙
	Percentage of fully immunised children in the age group 0-5 years	59.2	100	↗↙

Key: ↗↙ Target not Achieved ↙↗ Target Achieved

Goal 4: Quality Education

Goal 4 Quality Education	4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. 4.3: By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university. 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations. 4.6: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.
CSS addressing the Goal	**Ministry/Department**
Samagra Shiksha Abhiyan Mid-Day Meal Scheme Rashtriya Uchchatar Shiksha Abhiyan (RUSA)	Human Resource Development

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

National Priorities

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

Early Childhood Care and Education (ECCE)

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

Ensuring Enrolment, Retention and Completion of School Education

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

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

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

Increasing Access to Education

Financial incentives are offered to SC/ST girls enrolled in class IX under the **national scheme of incentive to girls for secondary education**[36] to promote enrolment and reduce drop-out among them.

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

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

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

The **National Child Labour Project (NCLP)** Scheme was launched to rehabilitate working children in the child labour endemic districts of the country and to mainstream them into formal education. Under the NCLP Scheme, children in the age group of 9-14 years, withdrawn from work are put into Special Training Centers, where they are provided with bridge education, vocational training, mid-day meal, stipend and health-care facilities. Children in the age group of 5-8 years are directly linked to formal education.[37]

Technical, Vocational and Tertiary Education

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

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

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

Providing a Safe and Inclusive Learning Environment

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

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

[36] The NSIGSE Scheme is being re-designed to make it implementable in more effective way.
[37] https://labour.gov.in/sites/default/files/Final_AR_English_21-7-19.pdf

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

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

Key:  Target not Achieved  Target Achieved

Goal 5: Gender Equality

Goal 5 Gender Equality	5.1: End all forms of discrimination against all women and girls everywhere 5.2: Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation 5.4: Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate 5.5: Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life 5.a: Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property,

financial services, inheritance and natural resources, in accordance with national laws	
CSS addressing the Goal	**Ministry/Department**
Working Women's Hostels Women Helpline Ujjawala Swadhar Greh Beti Bachao Beti Padhao Mahila Police Volunteers One-Stop Centre Mahila Shakti Kendra	Women and Child Development
Pradhan Mantri Awaas Yojana – Gramin Pradhan Mantri Gram Sadak Yojana (PMGSY) Pradhan Mantri Awaas Yojana – Urban Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) Deen Dayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM) Mahila Kisan Sashaktikaran Pariyojana (MKSP)	Rural Development
Deen Dayal Antyodaya Yojana (DAY)-National Urban Livelihood Mission (NULM)	Housing and Urban Affairs
Prime Minister's Employment Generation Programme (PMEGP) Entrepreneurship and Skill Development Programme	Micro, Small and Medium Enterprises
Pradhan Mantri Rojgar Protsahan Yojana Child Care Centres/Crèches National Career Services	Labour and Employment
Pradhan Mantri MUDRA Yojana Stand Up India Scheme Pradhan Mantri Jan Dhan Yojana	Finance
Pradhan Mantri Ujjwala Yojana	Petroleum and Natural Gas
Nai Roshni	Minority Affairs
Mahila Samriddhi Yojana	Social Justice and Empowerment

National Priorities

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

Addressing Violence and Discrimination

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

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

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

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

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

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

Valuing Domestic Work

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

Ensuring Equal Participation and Leadership in All Spheres of Life

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

safe, affordable and community monitored rural transport services operated by SHGs under the Ajeevika Grameen Express Yojana (AGEY)[38].

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

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

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

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

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

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

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

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

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

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

[38] https://pib.gov.in/newsite/printrelease.aspx?relid=169804

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
5.1 End all forms of discrimination against all women and girls everywhere	Sex ratio at birth (female per 1000 male)	896	954	↗
	Female to male ratio of average wage/ salary earnings received during the preceding calendar month among regular wage salaried employees (rural + urban)	0.78	1	↗
	Rate of Crimes Against Women Per 100,000 Female Population	57.9	0	↗
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	(%) Ever married women aged 15-49 years who have ever experienced spousal violence	33.3	0	↗
	Proportion of sexual crime against girl children to total crime against children during the calendar year	59.97	0	↗
5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life	(%) Seats won by women in the general elections to state legislative assembly	8.32	50	↗
	Female labour force participation rate (LFPR)[39]	18.6	100	↗
5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws	Operational land holdings - gender wise	13.96	50	↗

Key: ↗ Target not Achieved ↗ Target Achieved

Goal 6: Clean Water and Sanitation

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

National Priorities

[39] https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1629366

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

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

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

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

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

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

Key: ↗↙ Target not Achieved ↙↗ Target Achieved

Goal 8: Decent Work and Economic Growth

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

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

National Priorities

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

Skill Training and Promotion of Entrepreneurship

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

Pradhan Mantri Kaushal Vikas Yojana was launched with the objective to enable Indian youths to take up industry-relevant skill training to help them in securing a better livelihood. The scheme targets covering 1 crore beneficiaries between 2016-2020, of which 95 lakh beneficiaries have been covered till date. Overall, women's participation in the programme has been 48 per cent[40]. Special provisions have been made under the scheme to enable eligible women to undertake training. These provisions include (i) conveyance allowance, (ii) post-placement support (financial), (iii) boarding and lodging support at model Pradhan Mantri Kaushal Kendras.

The Skills Career Counselling Scheme (**Skill Saathi Scheme**[41]) aims to counsel 1 crore candidates to pan India starting August 2018 between the age group of 15– 35 years. The scheme focuses on School and College dropouts, young adults from the community, college students, polytechnic, ITI and Diploma holder students, Graduates, Post-Graduates, NEET category (Not in Employment Education or Training), etc.

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

[40] As per the data shared by National Level officials, MSDE in KII.
[41] https://www.msde.gov.in/assets/images/pmkvy/Skill%20Saathi%20Guidelines.pdf

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

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

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

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

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

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

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

ICPS[42] has been launched by MWCD with the primary objective of institutionalising essential services and strengthening structures for emergency outreach, institutional care, family and community-based care, counselling and support services at the national, regional, state and district levels for CNCP as defined under the JJ Act (including children forced to work in contravention of labour laws) and CCL.

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

[42] http://cara.nic.in/PDF/revised%20ICPS%20scheme.pdf

Children rescued from organised and forced begging rings or other forms of forced child labour, are offered rehabilitation assistance worth Rs. 2 lakhs. In cases of extreme deprivation or marginalisation such as women or children rescued from ostensible sexual exploitation or trafficking, rehabilitation assistance of Rs. 3 lakhs are offered under the **Rehabilitation of Bonded Labourers scheme** run by the MoLE[43].

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

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

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

Key: ↕ Target not Achieved ↙↗ Target Achieved

Goal 10: Reduced Inequalities

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

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

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

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

[43] https://labour.gov.in/sites/default/files/Final_AR_English_21-7-19.pdf

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

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

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

Key: ↗ Target not Achieved ↙ Target Achieved

Goal 16: Peace, Justice and Strong Institutions

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

In correspondence with the global goals, the National Plan of Action for Children 2016 underscores protection of children as one of its priority areas and aims to protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation, exploitation including economic exploitation and sexual exploitation, abandonment, separation, abduction, sale or trafficking.[44]

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

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

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

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

[44] https://wcd.nic.in/sites/default/files/National%20Plan%20of%20Action%202016.pdf

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

Key: ↗ Target not Achieved ↙ Target Achieved

2.2.2. WCD Sector Performance on Key Determinants

For this evaluation, the sector has been bifurcated into four sub-sectors, i.e. child nutrition and development, child protection, women's safety and protection and women's empowerment, to present an in-depth analysis (As shown in Figure 4). These sub-sectors have been identified in line with the priority areas underscored in the mission statement[45] of the MWCD.

Figure 4: Evaluation of Women and Child Development Sector

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

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

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

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

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

2.2.2.1. Child Nutrition and Development

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

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

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

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

Figure 5: Life Cycle Approach to Child Nutrition and Development

First 1000 days

The first 1000 days of a child's life - between a woman's pregnancy and her child's second birthday - is a unique period of opportunity when the foundations for optimum health and development across the lifespan are established. The right nutrition and care during the 1000-day window influence not only the child's survival but also his or her ability to grow, learn and rise out of poverty. As such, it contributes to society's long-term health, stability and prosperity[46].

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

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

[46] https://www.unicef.org/southafrica/SAF_brief_1000days.pdf

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

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

Key: ↑ Unfavourable Increase ↑ Favourable Increase

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

3-6 years

The National Education Policy 2020[47] asserts that the learning process for a child commences immediately at birth. Evidence from neuroscience shows that over 85% of a child's cumulative brain development occurs before the age of 6, indicating the critical importance of developmentally appropriate care and stimulation of the brain in a child's early years to promote sustained and healthy brain development and growth. Excellent care, nurture, nutrition, physical activity, psycho-social environment, and cognitive and emotional stimulation during a child's first six years are thus considered extremely critical for ensuring proper brain development and, consequently, desired learning curves over a person's lifetime.[48]

SDGs Addressed	   	
Determinants	**UCSS/CSS**	**Ministry**
Quality ECCE	Anganwadi Services National Creche Scheme	MoWCD
Nutritional support	Anganwadi Services National Creche Scheme	MoWCD
Basic healthcare facilities including disability screening	Rashtriya Bal Swasthya Karyakram National Iron Plus Initiative (NIPI) National Deworming Day (NDD)	MoHFW
Safe Drinking Water, Sanitation and Hygiene	Swachh Bharat Mission	MoDWS

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

[47] www.mhrd.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf
[48] Ibid.

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

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

Key: ↑ Unfavourable Increase ↑ Favourable Increase

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

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

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

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

6-11 years

In this stage, the child undergoes transition as he/she enters primary school– moving towards more logical and analytical thinking and reasoning. The growth spurt requires higher nutritional inputs as they influence the child's learning capacity. It is an important stage to help children learn and master basic skills of reading, writing and arithmetic[49].

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

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

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

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

Source: U-DISE, ASER 2016

Key: ↑ Unfavourable Increase ↑ Favourable Increase

Flagship programmes like Samagra Shiksha Abhiyaan, Mid-Day Meal scheme, as well as Swachh Bharat Mission, have been implemented to ensure greater access and retention in primary schools in a safe learning environment. However, even after provisions of free and compulsory elementary education, mandated under the RTE[50], negative trends in primary school enrolment rates emerge highlighting that children especially girls continue to remain outside formal schooling in the given age group. Further, though enrolment figures are declining, learning outcomes are showing gradual improvements. Access to safe sanitation facilities within schools, particularly among girls, has also been significantly enhanced over a period, though it declined in the period 2016-17.

11-18 years

Adolescence (11-18 years) is a period of transition from childhood to adulthood marked by a significant growth spurt (the second highest after the first year of life), accompanied by hormonal changes and sexual maturation. The onset of adolescence brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the arenas of sexuality, marriage and childbearing. Adolescence is also a period of psychosocial, cognitive and behavioural maturation. These are years of experimentation and risk-taking, of giving in to negative peer pressure related to substance use and sexual risk-taking. Adolescents also face barriers to reproductive health information and care. Besides, those able to find accurate information about their health and rights may be unable to access the services needed to protect their health and ensure well-being. Whether or not adolescents can achieve their development potential is determined to a large extent by their social environment and economic factors. Further, these young adults make up the world's largest potential workforce. Investments in their education, skills, empowerment and economic opportunities can make them significant game-changers in the country's future socio-economic development and growth story[51].

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

[50] https://mhrd.gov.in/rte

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

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

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

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

Key: ↑ Unfavourable Increase ↑ Favourable Increase

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

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

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

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

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

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

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

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

Source: UNICEF, State Office, Rajasthan

2.2.2.2. Child Protection

"Child Protection encompasses protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood. It is about reducing their vulnerability to any kind of harm and protecting them in harmful situations. It is about ensuring that no child falls out of the social security and safety net and, those who do, receive necessary care, protection and support to bring them back. Child protection is integrally linked to almost every right of the child. Therefore, failure to ensure children's right to protection adversely affects all other rights of the child".[52]

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

[52] https://wcd.nic.in/sites/default/files/Final%20Manual%2024%20April%202017_5.pdf

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

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

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

Source: NCRB 2017, NCRB 2018

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

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

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

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

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

Success stories of Yuva

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

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

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

2.2.2.3. Women's Safety and Protection

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

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

The dowry system is another institution that reinforces the inferior status of women in the country and put them at risk of violence in their marital households[53]. Incidences of dowry payment are still high[54], and often lead to dowry-related violence[55] against women.

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

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

[53] https://unu.edu/publications/articles/achieving-gender-equality-in-india-what-works-and-what-doesnt.html
[54] https://sanukriti.wordpress.com/2016/07/21/dowry-in-rural-india/
[55] https://www.telegraph.co.uk/news/worldnews/asia/india/10280802/Woman-killed-over-dowry-every-hour-in-India.html

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

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

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

Key: ↑ Unfavourable Increase ↑ Favourable Increase

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

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

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

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

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

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

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

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

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

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

Impact:

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

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

2.2.2.4. Women's Empowerment

Women's empowerment is seen as the process, and the outcome of the process, by which women gain greater control over material and intellectual resources and challenge the ideology of patriarchy and gender-based discrimination of women in all the institutions and structures of society (Batliwala, 2013: 46)[56]. It leads women to claim their rights to have access to equal opportunities in economic, political, cultural and social spheres of life and realise their full potential[57].

While women are as capable of achieving **economic success** as men, they are hampered circumstances, norms and laws that limit their full economic participation, and thereby their economic successes. Global literature on women's economic participation finds that women are more likely to work in unsafe, insecure jobs for low pay and less likely to have access to capital, markets, education, training and the right to own or transfer property.[58] Women disproportionately fulfil family, child and home care responsibilities, and lack reliable access to family planning services and the health and economic benefits that come with being able to plan one's family.[59] Women's economic empowerment has direct implications on the improvement in economic indicators of the community and the country, so the lack of equity in access to economic participation creates significant opportunity costs for the world.

[56] Batliwala, S. (2015). *Engaging with empowerment: An intellectual and experiential journey*. Women Unlimited.
[57] https://wcd.nic.in/sites/default/files/WCD_AR_English_2019-20.pdf
[58] http://www.womeneconroadmap.org/sites/default/files/WEE_Roadmap_Report_Final.pdf
[59] Ibid.

Alongside, women's **political participation** is a fundamental prerequisite for gender equality and genuine democracy. It facilitates women's direct engagement in public decision-making and is a means of ensuring better accountability to women. Studies further show that higher numbers of women in parliament generally contribute to stronger attention to women's issues. Political accountability to women begins with increasing the number of women in decision-making positions, but it cannot stop there. What is required are gender-sensitive governance reforms that will make all elected officials more effective at promoting gender equality in public policy and ensuring their implementation[60].

Studies also highlight that women's **social participation** can affect their quality of life in different aspects and that women's voices and participation in all aspects of society are more important than ever. Across the developing world, studies show that women's participation can have long-lasting benefits for them and children[61,62]. Women who are empowered to act, whether through programmes led by governments, non-governmental organisations or those driven by the community, often have a positive influence on the lives of other women[63].

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

[60] https://asiapacific.unwomen.org/en/focus-areas/governance/political-participation-of-women
[61] http://jhpm.ir/article-1-190-en.pdf
[62] https://news.un.org/en/story/2012/03/405852-womens-participation-all-aspects-society-more-vital-ever-un-officials
[63] https://www.unicef.org/sowc07/docs/sowc07_panel_5_5.pdf

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

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

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

Key: ↑ Unfavourable Increase ↑ Favourable Increase

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

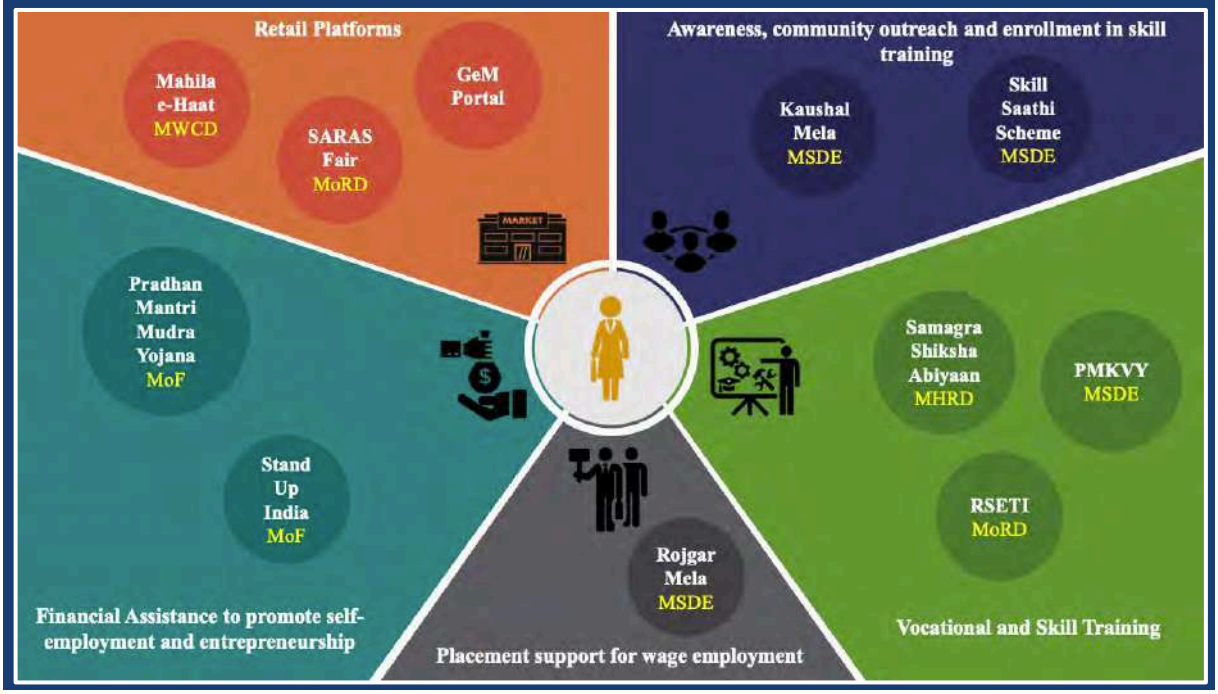
demanded. However, the declining female LFPR and female worker population ratio raise critical challenges for women's economic empowerment. Valuing unpaid care work is another determinant that has not been addressed by a corresponding intervention.

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

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

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

Figure 6: Emerging Employment Eco-System for Women



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

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

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

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

Women of around 20,000 SHGs across 27 Indian States are producing facemasks, running community kitchens, delivering essential food supplies, sensitising people about health and hygiene and combating misinformation[64].

Some of their key achievements and initiatives include:

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

Use of innovative communication and behaviour change tools:

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

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

[64] https://www.worldbank.org/en/news/feature/2020/04/11/women-self-help-groups-combat-covid19-coronavirus-pandemic-india

2.2.3. Sector Performance on Global Benchmarks

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

2.2.3.1. Performance with Respect to Global Indices

India's **Human Development Index (HDI)** value for 2018 is 0.647, and therefore the country falls in the medium human development category. India is positioned at 129 out of 189 countries and territories. Between 1990 and 2018, India's HDI value increased from 0.431 to 0.647, an increase of 50.0 per cent. Table 2 reviews India's progress in each of the HDI indicators. Between 1990 and 2018, India's life expectancy at birth increased by 11.6 years, mean years of schooling increased by 3.5 years and expected years of schooling increased by 4.7 years. India's Gross National Income per capita increased by about 262.9 per cent between 1990 and 2018[65].

Table 2: India's HDI Trends

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

Source: Human Development Report 2019[66]

Gender Development Index (GDI), is based on the sex disaggregated HDI and is defined as a ratio of the female to the male HDI. The GDI measures gender inequalities in achievement in three basic dimensions of human development: health (measured by female and male life expectancy at birth), education (measured by female and male expected years of schooling for children and mean years for adults aged 25 years and older) and command over economic resources (measured by female and male estimated GNI per capita). The GDI is calculated for 166 countries. Country groups are based on absolute deviation from gender parity in HDI and therefore the groups take into consideration inequality in favour of men or women equally. For India in 2018, female HDI value was 0.574 in contrast with 0.692 for males, resulting in a Gender Development Index value of 0.829, placing it into Group 5[67]. In comparison, GDI value for South Asia is 0.828 for South Asia, as shown in Table 3.

[65] http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IND.pdf
[66] Ibid.
[67] Group 1 countries have high equality in HDI achievements between women and men: absolute deviation less than 2.5 percent; group 2 has medium-high equality in HDI achievements between women and men: absolute deviation between 2.5 percent and 5 percent; group 3 has medium equality in HDI achievements between women and men: absolute deviation between 5 percent and 7.5 percent; group 4 has medium-low equality in HDI achievements between women and men: absolute deviation between 7.5 percent and 10 percent; and group 5 countries has low equality in HDI achievements between women and men: absolute deviation from gender parity greater than 10 percent.

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

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

Source: UNDP Human Development Report 2019[68]

India has a **Gender Inequality Index (GII)**[69] value of 0.501, ranking it 122 out of 162 countries in the 2018 index. In India, 11.7 per cent of parliamentary seats are held by women, and 39.0 per cent of adult women have reached at least a secondary level of education compared to 63.5 per cent of their male counterparts. For every 100,000 live births, 174.0 women die from pregnancy-related causes; and the adolescent birth rate is 13.2 births per 1,000 women of ages 15-19. Female participation in the labour market is 23.6 per cent compared to 78.6 for men. In comparison, Bangladesh and Pakistan are ranked at 129 and 136 respectively on this index.

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

	GII value	GII Rank	Maternal mortality ratio	Adolescent birth rate	Female seats in parliament (%)	Population with at least some secondary education (%)		Labour force participation rate (%)	
						Female	Male	Female	Male
India	0.501	122	174.0	13.2	11.7	39.0	63.5	23.6	78.6
Bangladesh	0.536	129	176.0	83.0	20.3	45.3	49.2	36.0	81.3
Pakistan	0.547	136	178.0	38.8	20.0	26.7	47.3	23.9	81.5
South Asia	0.510	—	176.0	26.1	17.1	39.9	60.8	25.9	78.8
Medium HDI	0.501	—	198.0	34.3	20.8	39.5	58.7	32.3	78.9

Source: Human Development Report, 2019[70]

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

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

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

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

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

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

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

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

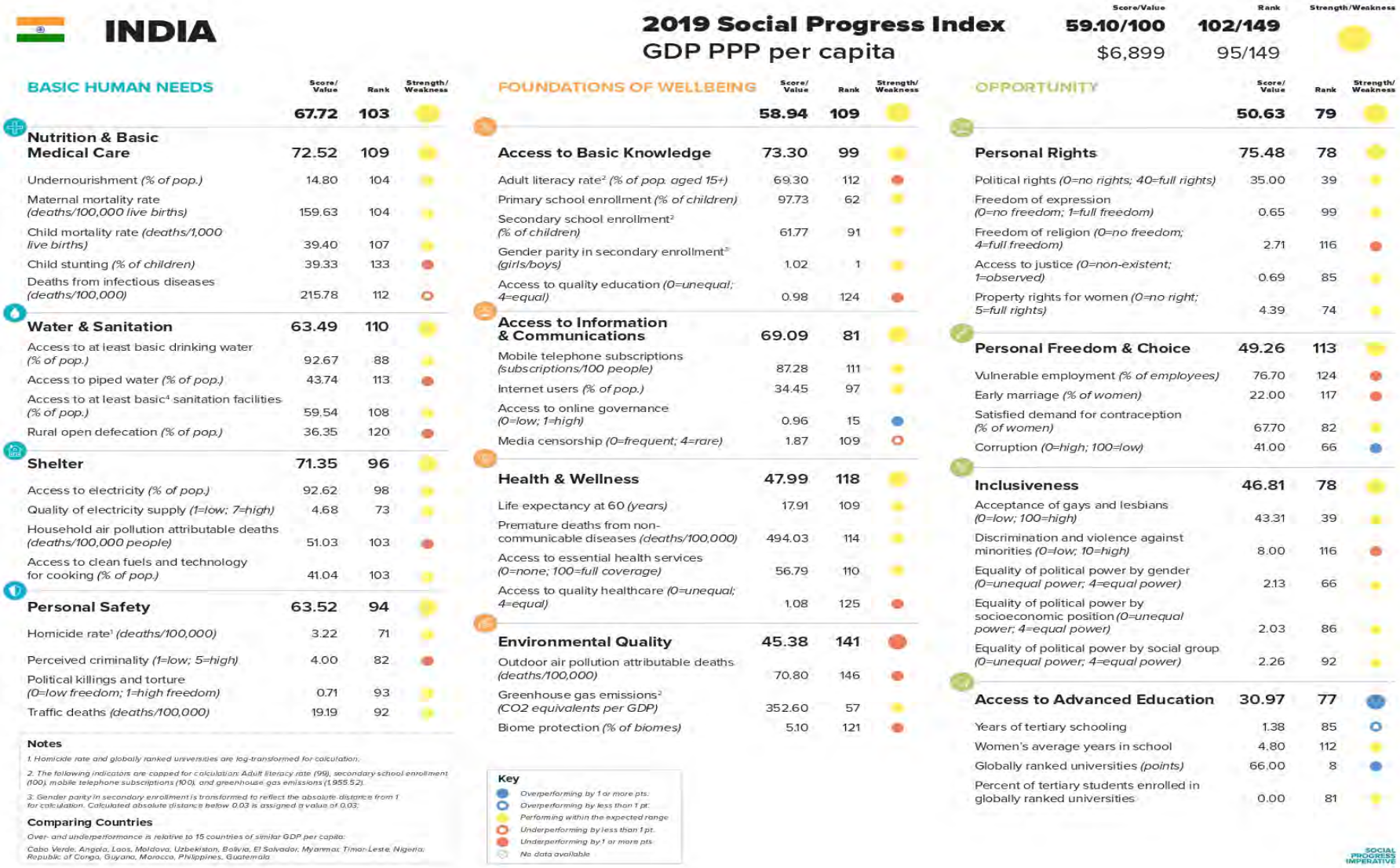
Gender Inequality Index (GII): The Ministry undertook discussions with the Human Development Report Office (HDRO) of UNDP regarding inconsistency in data used for publication of the HDR 2019. For example for MMR, the data used in HDR 2019 was 174. However, as per the Sample Registration Survey (SRS)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

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

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

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

Figure 7: India's SPI for 2019



Source: Social Progress Index 2019

India has a **social progress index (SPI)**[71] value of 59.1 that positions it at 102 of the 149 participating countries (Detailed performance of India on the 12 indicators is presented in Figure 7). The performance of India has improved from 53.97 in 2014 to 59.1 in 2018, an increase of 5.13 points[72].

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

At the state level, Kerala outperforms other states. The success of the state is attributed to the systematic state investments in social sectors like education and health over a long period. The trends at the state level depict that all the states have improved since 2005. It is promising that the group of states that have registered the highest improvement are the ones that were categorised as Very Low the Social Progress States in 2005[73].

2.2.3.2. Performance comparison with South Asian countries

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

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

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

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

[72] https://www.socialprogress.org/assets/downloads/resources/2019/2019-Social-Progress-Index-executive-summary-v2.0.pdf

[73] https://socialprogress.in/2018/09/india-improves-by-2-29-points-on-the-social-progress-index-in-the-last-five-years/

Surviving infants who have received two WHO-recommended vaccines (%)	88	62	94	97	99	90	75	99
SDG 4								
Net primary enrolment rate (%)	92	NA	91	80	100	95	77	99
Lower secondary completion rate (%)	86	54	78	80	104	89	53	96.5
Literacy rate of 15–24-year old's, both sexes (%)	86	47	93	87	99	85	73	99
SDG 5								
Ratio of female to male mean years of schooling of the population age 25 and above	58.5	32	78	50	97	56	58.5	90
Ratio of female to male labour force participation rate	34	22.5	42	79	53	96	30	47
Seats held by women in national parliaments (%)	12	28	20	8.5	6	33	21	6
SDG 6								
Population using at least basic drinking water services (%)	88	63	97	98	98	88	89	92
Population using at least basic sanitation services (%)	44	39	47	63	96	46	58	94
SDG 8								
Unemployment rate (% total labour force)	3.5	9	4	2	5	3	4	4
SDG 10								
Gini coefficient adjusted for top income (1–100)	46	NA	36	39	38	33.5	42	50
SDG 16								
The proportion of the population who feel safe walking alone at night in the city or area where they live (%)	73	12.5	70	63	NA	57	69	63
Children 5–14 years old involved in child labour (%)	12	29	4	3	NA	37	NA	1

Low Average Good

Source: Sustainable Development Report 2020[74]

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

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

[74] https://s3.amazonaws.com/sustainabledevelopment.report/2020/2020_sustainable_development_report.pdf

2.2.3.3. Performance comparison with BRICS countries

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

Table 6: Performance of BRICS Countries on various SDG indicators

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

Low Average Good

Source: Sustainable Development Report 2020[75]

[75] https://s3.amazonaws.com/sustainabledevelopment.report/2020/2020_sustainable_development_report.pdf

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

2.3. Analysis of Cross-Cutting Themes

2.3.1. Accountability & Transparency

With growing recognition of good governance as a precondition of sustainable development in the last two decades, the concept and practice of accountability have attracted the attention of academicians, policymakers, and practitioners. Accountability has emerged as a critical element of good governance along with participation, transparency, the rule of law, responsiveness and inclusiveness. It has become central in governance reforms advocated and supported by international aid agencies (Rodan and Hughes, 2012)[76]. While Oxford dictionary defines accountability as 'fact or condition of being accountable; responsible' hey The Cambridge dictionary defines it as the fact of being responsible for what you do and able to give a satisfactory reason for it, are the degree to which this happens. Earlier accountability was limited two choosing or dislodging Government by the periodic exercise of voting; it is now being enforced regularly beyond elections. The traditional approach to accountability involved three mechanisms – power to vote, administrative accountability and legal accountability (Robinson 2013)[77]. With enhanced transparency after passing of Right to Information or Freedom to Information in several countries and proliferation of private and social media, people are more aware of actions and lack of actions on the part of public authorities and its consequences on their lives. Search accountability has come to be known as social accountability according to the World Bank (2004), accountability involves the right to know, question and participate, to better services, to stop corruption, to end poverty, and to demand that commitments our respected.

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

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

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

[76] Rodan, G., & Hughes, C. (2012). Ideological coalitions and the international promotion of social accountability: The Philippines and Cambodia compared. *International Studies Quarterly*, *56*(2), 367-380.
[77] Robinson, N. (2013). Complaining to the State: Grievance Redress and India's Social Welfare Programs. *Philadelphia: Centre for the Advanced Study of India*.

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

Accountability and Transparency Mechanisms Being Utilised by MWCD

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

1. Enhancing Transparency and Citizen Accountability

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

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

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

2. *Regular Monitoring of Performance and Evaluation of Schemes*

- **Monitoring Unit:** The Ministry has the overall responsibility for monitoring the implementation of the Anganwadi Services Scheme. A separate Monitoring Unit within the Child Development Bureau in the Ministry is responsible for compilation and analysis of the periodic monitoring reports received from the States/UTs in the prescribed formats. States/UTs are required to send the monthly consolidated reports by 17th day of the following month. Information received from States/UTs is compiled, processed and analysed at the Central level quarterly. The progress and shortfalls indicated in the reports are reviewed with the States/UTs through regular review meetings, and necessary feedbacks are sent.

- **Monitoring Mechanisms:** Under the existing MIS, a standardised data collection procedure is employed across all States/UTs and for the most of this process; it relies on manual entries and compilations. All primary data relating to service delivery are recorded by the AWWs using the prescribed registers. Once in a month, AWWs compile this information into a standardised Monthly Progress Report (MPR) that contains various input, process and impact indicators. MPRs are then sent to the Supervisors (each of whom supervises 25 AWCs) who consolidate the reports and forward them to the Child Development Project Officers (CDPOs), who in turn assemble the reports at the project/block level and then it is remitted to the State HQs. At the Central level, some of the key indicators are analysed, and Quarterly Progress Reports (QPRs) are prepared, and detailed feedbacks are sent to the State Government. These key indicators include information on Anganwadi Services personnel, operationalisation of projects and AWCs, beneficiaries of supplemental nutrition and pre-school education, number of births and deaths, and nutritional status, etc.

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

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

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

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

- **Management Information Systems (MIS):** A critical intervention towards transparency has been enhanced use of IT for real-time monitoring of schemes. MWCD has developed ICDS-CAS to get real-time information on nutritional indicators for improving the nutritional status of women and children at the grass-root level. In this system, AWWs have been equipped with smartphones and Lady Supervisors with tablets pre-installed with a Common Application Software to capture and analyse the beneficiary-wise information about the nutrition services and nutrition status. Similarly, PMMVY-CAS has been developed by the MWCD to facilitate DBT under PMMVY scheme as well as to aid real-time monitoring of the scheme. PMMVY provides a good example of a DBT scheme that effectively uses technology for targeted benefit delivery. PMMVY-CAS has several inbuilt mechanisms that seek to improve and enhance the efficiency of various processes such as monitoring, DBT efficiency, fund transfer, etc. The MWCD has also developed the Sakhi Dashboard for enabling better monitoring of the schemes under the Sakhi Vertical – OSC, MPV and Women's Helpline. Similar MIS' has been developed for the Scheme for Adolescent Girls (SAG).
- **Output-Outcome Monitoring Framework (OOMF):** Another major structural reform was undertaken in 2017-18 to bring the public schemes and projects under a monitorable Output-Outcome framework. Since then, in addition to the financial outlays of schemes of the Ministries being indicated in the budget document, the expected outputs and outcomes of the schemes are also being presented in a consolidated outcome budget document, along with the budget. These outlay, outputs and outcomes are being presented to the parliament in measurable terms, bringing-in greater accountability for the agencies involved in the execution of government schemes and projects through this exercise. The government aims to nurture an open, accountable, pro-active and purposeful style of governance by transitioning from mere outlays to result-oriented outputs and outcomes. The OOMF enables MWCD to keep track of the scheme objectives and work towards the development goals set by them[78].
- **Engagement of NITI Aayog to monitor and Evaluate POSHAN Abhiyaan and PMMVY:** NITI Aayog has been engaged by the PMO to undertake monitoring and evaluation of the PMMVY and POSHAN Abhiyaan Schemes. The NITI Aayog conducts regular monitoring and periodic evaluation of the schemes' progress and publishes quarterly monitoring reports on the two flagship schemes.

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

3. Audit Mechanisms

- **Internal Audit:** The MWCD has an internal accounts department which undertakes *timely field verification of the financial system* from time to time and *provides insights into the quality of financial management* so that corrective action can be taken on time.
- **Social Audit:** At present, MWCD has provision for social audits in many of its major schemes. There have been multiple social audits of the Anganwadi Services Scheme (erstwhile ICDS) across the country. The MWCD also issued formats for social audits of other schemes such as the Child Protection Scheme (CCIs) and other shelter schemes. In pursuance of the directions of Hon'ble Supreme Court of India, the NCPCR conducted social audit of all the childcare institutions across the country as per section 2 (21) of the JJ Act, 2015. During 2019, social audit reports of7,164 childcare institutions across the country were submitted to the Ministry. Based on the findings of the social audits, NCPCR has written to concerned District Collector/ Magistrates and the Secretaries of States to take appropriate action against the violations identified in the reports to ensure transparency and accountability in the management and functioning of childcare institutions across the country. The Commission received a significant number of 'action taken' reports from various districts.
- **Occasional Performance and Financial Audits by CAG:** The CAG Office also undertakes periodic performance and financial audit of various MWCD schemes.

Besides these mechanisms mentioned above, the MWCD has also initiated the use of DBT to bring another level of transparency to its functioning. In pursuance of directions of the Government for implementation of DBT in its schemes, the Ministry is implementing 16 schemes/scheme components in DBT mode for transfer of benefits and services directly to the beneficiary using Aadhaar as the primary identifier. Scheme specific Web-based Common Application Software (CAS)/MIS have been developed for 16 schemes and rolled out pan-India for capturing beneficiary data, Aadhaar number, bank details and mobile number (where necessary), Aadhaar validation and fund transfer for cash schemes by States/UTs/Implementing Agencies[79]. The web-based CAS/MIS is also used for real-time monitoring of the number of beneficiaries getting the benefits and services, the quantum of fund transferred, grievance redressal, etc. at Ministry level. The Web-based CAS/MIS have been integrated with DBT Portal of DBT Mission, Cabinet Secretariat for automatic monthly reporting of progress of DBT schemes through web services.

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

Table 7: List of Schemes with DBT under MWCD

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

[79] Retrieved February 10, 2020 https://dbtbharat.gov.in/page/frontcontentview/?id=MTc=

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

Source: Bharat DBT Portal

Issues in Implementing Accountability Mechanisms

Ineffective Citizens Charter

DARPG guidelines on Citizen's Charter highlight that "The basic objective of the Citizens Charter is to empower the citizen in relation to public service delivery." The Charters are expected to incorporate the following elements: (i) Vision and Mission Statement; (ii) Details of business transacted by the organisation; (iii) Details of clients; (iv) Details of services provided to each client group; (v) Details of grievance redress mechanism and how to access it; and (vi) Expectations from the clients.[80]

However, the MWCD's Citizen's Charter[81] includes no obligations or service standards of the Ministry or its schemes to the Citizens of India. The Charter focuses on the services MWCD provides to the State Governments, namely release of funds. In the absence of information around the services provided by various schemes of the Ministry to the citizens, and the identified standards for each of the service, citizens cannot hold the MWCD, State WCD departments, or its implementation partners accountable for the delivery of the services. Given this, while the Ministry does have a charter in place, it does not adhere to the guidelines set out for the development of the Citizen's Charter and therefore does not create any accountability towards the Citizens of the country for the services provided by the Ministry.

Inadequate Access to the Public of Scheme Information

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

Lack of a Systematic Evaluation Mechanism

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

[80] https://darpg.gov.in/sites/default/files/Framework_of_Citizens_Charter_-IIPA.pdf
[81] Accessed: 15 May 2020; https://wcd.nic.in/sites/default/files/Final%20draft%20CCC%202018-19%20-%20Copy2_0.pdf

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

Irregular Updates to MWCD Website

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

Lack of geo-tagging of infrastructure

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

Conclusion

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

Box 9: Learning from States – Odisha SNP systems strengthening

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

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

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

Background to the intervention

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

Details of the intervention

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

Impact

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

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

2.3.2. Direct/Indirect Employment Generation

Direct Employment Generation under MWCD

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

A cross-scheme analysis underscores that even though significant provisions for staff hiring has been made under the schemes of the Ministry, vacant positions continue to pose challenges across MWCD schemes. As on 24th January 2020, 28 per cent of sanctioned positions for CDPOs and 32 per cent of sanctioned positions for LSs were vacant across the country[82]. Vacancies for AWWs and AWHs were at 5 per cent and 8 per cent respectively. At the district level, the non-availability of concerned staff compromises the ability of the District Project Officer (DPO) to lead and comprehensively manage the schemes. It has been asserted by State and National level officials that if all the vacant positions are adequately filled up the schemes of the Ministry can significantly contribute to employment generation among both men and women.

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

Indirect employment generation

[82] MWCD OOMF Framework

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

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

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

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

Adding to the unorganised job sector (Formalisation of jobs)

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

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

Studies have pointed out that the *honorarium received by AWWs and AWHs is inadequate and not commensurate to their excessive workload*. In a study of 38 AWCs in Chhattisgarh, 75 per cent of the workers complained of inadequate honorarium.[83] This is corroborated by a study in Karnataka[84] which revealed that one of the most significant challenges faced by AWWs is that they are not paid the minimum wages, but continue to face excessive workload with little help from the community. This highlights two significant barriers to the potential formalisation of these positions – *wages that are not at par with the minimum wage standards*, and *lack of payment for overtime work*.

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

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

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

Improvements in income

The honorarium of Anganwadi Workers (AWWs) at main-Anganwadi Centres (AWCs) has been recently increased from Rs. 3000 to Rs. 4,500 per month and that of AWWs at mini-AWCs from Rs. 2,250/- to Rs. 3,500/- per month.[85] However, there has been an ongoing debate on the status of AWWs and AWHs, along with the honorarium provided to the AWWs. On average, AWWs work

[83] Joshi, K. (2018). *Knowledge of Anganwadi workers and their problems in Rural ICDS block*. IP Journal of Paediatrics and Nursing Science.
[84] Rajanna, K. (2019). *Problems and Prospects of Anganwadi Workers- A Study*. International Journal of Management, IT & Engineering.
[85] https://pib.gov.in/PressReleasePage.aspx?PRID=1578557

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

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

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

Trends in Women's Labour Force Participation

Since economic liberalisation in the early 1990s, India has experienced high economic growth and made considerable progress in gender equality in areas such as primary education. However, it fared poorly on gender-parity in labour force participation (LFP). During the period between 1993-94 and 2011-12, female labour force participation rate (LFPR) remained consistently low compared to male participation. The Economic Survey of India highlights that the gender gap in the Indian labour force participation of 2018 is more than 50 percentage points. In 2018-19, as per the Periodic Labour Force Survey (PLFS), the Worker Population Ratio (WPR) at the national level was 54.9 per cent for rural males, 19.7 per cent for rural females, 52.7 per cent for urban males and 14.5 per cent for urban females. Overall, the WPR stood at 35.3% (MoSPI 2019)[86]. The Indian government has actively pursued labour market policies to increase Female Labour-force Participation (FLWP) rate in India for several decades. The approach to policy has evolved from educational scholarships and reservations/quotas to self-employment through self-help groups, to capacity building through skill training policies. However, challenges in effective implementation coupled with the inability to address deep-rooted social norms have constrained the impact of these policies on FLWP, which continues to dip to dangerous levels.

Although economic growth added jobs for both men and women in India till 2005, Indian women lost jobs in the next seven years, while men continued to gain, thereby widening the gender gap. The actual figures in 2012 suggest that approximately 35 to 40 million women are 'missing' from the labour force, had female LFP grown at the same rate as it had between 1999 and 2005.[87] This data represents a troubling trend considering the potential of these women to contribute to the

[86] https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1629366

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

country's productivity[88]. According to NSO-EUS and PLFS estimates, female labour force participation rate (LFPR) for productive age-group (15- 59 years) declined by 7.8 percentage points from 33.1 per cent in 2011-12 to 25.3 per cent in 2017-18 with the decline again being greater in rural areas compared to urban areas[89].

As per a World Bank study, the key drivers for the low female labour force participation rate includes, (i) A segmented labour market, low mobility and low paying unsecured jobs. Low mobility restricted women to being grouped in specific industries and occupations, viz. basic agriculture, human resource management or client interactions, rather than to the technical, managerial or strategy-related jobs. Labour market segmentation is also influenced by gender biases, socio-cultural practices and geographies. Even in its most dynamic and 'new' aspects, the Indian labour market upholds the prevailing socio-cultural beliefs and behaviours that 'homemaking' is women's primary role; (ii) A direct relationship was observed between stable earnings by men and low women labour force participation. Men with regular wage or salary had the highest proportion of spouses who were not in the labour force. Based on 2004-05 and 2011-12 NSS data, the pattern showed that higher the increases in male wages, greater the decline in the female LFPR. The study also finds that Labour force participation among both women and men is highest among poor households with the lowest consumption expenditure levels and declines with higher expenditure; (iii) Spatial variation in male-female wage gap across states appears to be significant; (iv) Strict social norms dictate gender roles and low female LFP, including women's seclusion and low investment in girls' education and skills. Women did not benefit from the jobs generated by economic growth because of the lack of fit between the jobs and women's endowments, due to low education of girls in the past[90].

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

The Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act, 2013 was enacted to ensure safe working spaces for women and to build an enabling environment that respects women's right of equality of status and opportunity. The Act covers all women, irrespective of their age or employment status and protects them against sexual harassment at all workplaces, whether organised or unorganised. To ensure the effective implementation of the Act, the Ministry has developed an online complaint management system titled Sexual Harassment electronic–Box (She-Box), which provides an online platform to every woman, irrespective of her work status, whether working in the organised or unorganised, private or public sector for registration of complaints related to sexual harassment at workplace.[91] Further, the Working Women's Hostel scheme being run by the MWCD provides safe and conveniently

[88] "World Bank. 2014. India: Women, Work and Employment. Washington, DC. © World Bank. https://openknowledge.worldbank.org/handle/10986/18737 License: CC BY 3.0 IGO."
[89] https://www.indiabudget.gov.in/economicsurvey/doc/vol2chapter/echap10_vol2.pdf
[90] "World Bank. 2014. India: Women, Work and Employment. Washington, DC. © World Bank. https://openknowledge.worldbank.org/handle/10986/18737 License: CC BY 3.0 IGO."
[91] https://wcd.nic.in/sites/default/files/WCD_AR_English_2019-20.pdf

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

Valuing unpaid domestic and care work

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

As per the National Sample Survey Office (NSSO), a total of 35 per cent of rural women were working in 1999-2000. In 2011-12, only 25 per cent of rural women were working. Economist Jayati Ghosh states that the situation in urban areas is even worse. This is corroborated by the latest data from the Organization for Economic Cooperation and Development's (OECD), which says that an average Indian woman spends 5.8 hours every day on unpaid work. At the same time, a man barely gives 51.8 minutes on similar tasks. The OECD study found that most of this time is spent on unpaid activities, such as household work and caregiving for the elderly or children, leaving little time for paid labour or social and leisure activities[92].

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

While the global value of unpaid domestic labour by women hovers around 13 per cent, in India, the number is almost 40 per cent of its current GDP. In recognising this labour as genuine work, the benefit to India in terms of its GDP figures is almost self-evident, more importantly, however, is its potential at the level of families for women's empowerment around the country[93].

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

After 20 years of this survey, India conducted its first "Time Use Survey" as a pilot project undertaken by the Central Statistical Organisation in six selected states—Haryana, Madhya Pradesh, Gujarat, Odisha, Tamil Nadu, and Meghalaya. It showed that out of 168 hours in a week; women spent 34.63 hours on unpaid work while men spent 3.65 hours[94].

[92] https://www.downtoearth.org.in/news/economy/the-brunt-of-unpaid-work-59354
[93] https://www.downtoearth.org.in/blog/economy/unpaid-work-women-and-the-burden-of-unpaid-labour-63035
[94] https://www.downtoearth.org.in/news/economy/the-brunt-of-unpaid-work-59354

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

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

Box 10: Valuing unpaid care work in Mexico

Unpaid care work is both an important aspect of economic activity and an indispensable factor contributing to the well-being of individuals, their families and societies.[95] Every day individuals spend time cooking, cleaning and caring for children, the ill and the elderly. However, due to the perceived difficulty in measuring the value of care work, it is commonly left out of policy agendas. This, in turn, leads to incorrect inferences about levels and changes in individuals' well-being and the value of time. This often limits policy effectiveness across a range of socio-economic areas, notably gender inequalities in employment and other empowerment areas.[96] Society's treatment of issues concerning care has important implications for the achievement of gender equality: they can either expand the capabilities and choices of women and men or confine women to traditional roles associated with femininity and motherhood.[97]

Mexico, since 2011, has developed the *Household Satellite Account* to provide information on the economic value and importance of own-use production work of services of women and men. The household satellite account provides additional information for public policy and decision-making, in particular on issues related to gender equality, consumption and household expenditure, total workload, care of children and the elderly, care of chronic and temporary sick, and home-schooling.[98]

Background

Household Satellite Account defines unpaid work of households, as time spent on housework and care, provided by household members to produce services for consumption within the household, without obtaining payment or remuneration, hence outside of GDP measurement.[99] The Satellite account includes services for own final use made with unpaid work (Household's activities defined as productive, if it can be delegated to somebody else or provides a product or service that can be exchanged in the market), i.e. Cleaning and upkeep of dwelling and surroundings; Cooking, making drinks, setting and serving tables; Care of durable goods of household members; Physical care of children: washing, dressing, feeding, teaching, training and instruction of own children; Physical care of the sick, disabled, elderly household

[95] Stiglitz, J., A. Sen and J.-P. Fitoussi (2007), *Report on the Commission on the Measurement of Economic Performance and Social Progress*, Paris: Commission on the Measurement of Economic Performance and Social Progress, Paris.
[96] Ferrant G., Pesando L., Nowacka K. (2014), *Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes,* OECD Development Centre
[97] Razavi, S. (2007), *"The Political and Social Economy of Care in a Development Context", Conceptual Issues, Research Questions and Policy Options*, Gender and Development Programme Paper N. 3, UNSRID, Geneva.
[98] UNECE (2018) *Guide on Valuing Unpaid Household Service Work*
[99]INEGI (2014), *Unpaid care and domestic work: valuation, and policy making use,* Fifth Global Forum on Gender Statistics Aguascalientes, Mexico

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

Methodology

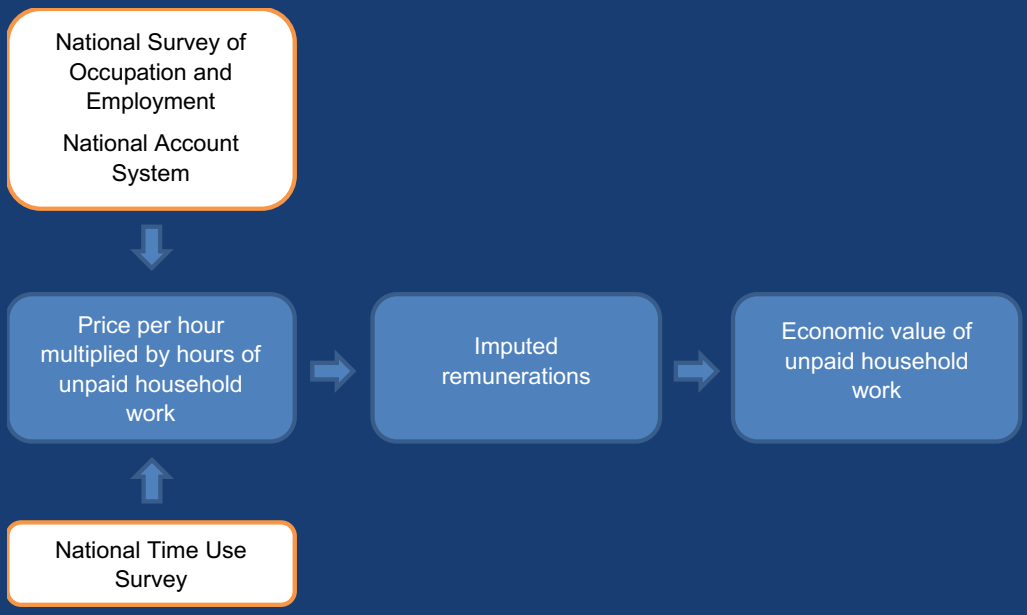
Two inputs are required for assessing unpaid household work:

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

Further, two valuation methods are used:

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

The methodological framework is given below[100]:



Impact

The results from the Household Satellite Account have been used for shaping key indicators for the development of the country, such as "estimate of women's contribution to GDP by the economic value of unpaid household work" inscribed in the National Program for Equal Opportunity and Non- Discrimination against Women 2013-2018.[101] For the compilation of high-quality satellite accounts, meeting two important conditions should have the highest priority[102]:

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

[100] *Ibid.*
[101] UNECE (2018) *Guide on Valuing Unpaid Household Service Work*
[102] Van de Van P., Zwijnenburg J. (2016) *A Satellite Account for Unpaid Activities: A First Step Towards Integration in the System of National Accounts,* IARIW Dresden

Women's Access to Credit

Access to credit can augment economic opportunities and bank accounts can open up gateways to additional financial services. However, globally and in India – women continue to *face greater challenges than men in accessing financial services*. Globally, such trends are measured by the Global Findex[103] – a comprehensive database measuring how people save, borrow, and manage risk in 148 countries. The Global Findex reveals that women are *less likely than men to have formal bank accounts*. In developing economies, women are 20 per cent less likely than men to have an account at a formal financial institution and 17 per cent less likely to have borrowed formally in the past year. In India, there continue to be *persistent gaps in the financial inclusion* of women. According to a 2015 study by Mastercard, 58 per cent of women in India reported difficulties in accessing credit, savings, or jobs because of their gender. The reported difficulty faced by women in India was higher than that of the paper's other surveyed countries: Indonesia, Egypt, and Mexico.[104]

Financial Inclusion

As the first step to credit access, technical interventions and policy directives have been implemented with the vision of ensuring greater financial inclusion of women in India. In 2014, the *Pradhan Mantri Jan Dhan Yojana* was launched as a national mission to ensure financial inclusion and fulfil the mandate of each household having at least one bank account.[105] New banking structures have been introduced to drive access to the unbanked. In addition, the Aadhar biometric ID facilitating DBT has helped women receive government benefits efficiently and in a transparent manner. The 2017 Global Findex shows that the gender gap in account ownership has reduced from 20 per cent in 2014 to 6 per cent in 2017 – resulting in 77 per cent of women with bank accounts. However, almost half of these accounts (48 per cent) owned by women are inactive, resulting in 278 million women unbanked or with inactive accounts.[106]

Access to Micro-Finance

It is argued that women's access to credit and financial inclusion is *mostly recognised through Self-Help Group mechanisms* which are based on disciplinary norms and behavioural compliance of group members for promoting savings and ensuring repayment of loans.[107] Among the real and potential clients of micro-finance, women are seen as the most reliable in terms of repayment and utilisation of loans. The gender dimension of micro-finance is based on the argument that the entire household benefits when the loans are given to women.[108] In FY 2019-20, 67.9 lakh women have been mobilized into 6.55 lakh SHGs under the Deen Dayal Upadhyaya National Rural Livelihoods Mission (DAY-NRLM). Further, since 2013-14, more than 2.59 lakh crore of bank credit has been accessed by the SHGs.[109]

Credit access at the individual level

[103] World Bank. (2014). *Expanding Women's Access to Financial Services*.
[104] Centre for Financial Inclusion. (2015). *Fifty-Eight Percent of Women in India Report Difficulty Accessing Credit, Savings, or Jobs Because of their Gender*.
[105] Ministry of Finance. (2014). *Pradhan Mantri Jan Dhan Yojana*. Government of India. Retrieved from https://www.pmjdy.gov.in/scheme. Accessed on 1st July 2020.
[106] Women's World Banking. (2019). *Financial Inclusion in India*.
[107] Tankha, R. (2014). *Engendering Rural Livelihoods: Supporting Gender Responsive Implementation of the National Rural Livelihoods Mission*. United Nations Development Programme.
[108] Deshmukh-Ranadive, J. (2002). *Database Issues: Women's Access to Credit and Rural Micro-finance in India*. Human Resource Development Centre.
[109] Ministry of Rural Development. (2019). *Year Ender Review of the Ministry of Rural Development*. Government of India.

Mechanisms to ensure women's access to financial services as citizens continue to remain *missing*. This results in women in rural areas, often *depending on guarantors* owing to their lack of credit-worthiness or inability to provide collateral, such as proof of land title deeds or assets in their name. *Addressing the complex nature of women's financial needs* - such as the demand for multiple doses of repeat finance at affordable prices, diverse financial products at different stages of the women's lifecycle, access to insurance, counselling on financial services, proximity to bank branches and absence of tedious form-filling while completing bank procedures - has not always been a priority of banks and financial service providers, whose focus remains on scaling operations, increasing their client base, ensuring cost recovery and meeting performance indicators.[110]

Women entrepreneurs

Women entrepreneurs make significant contributions to the Indian economy – there are lose to three million micro, small and medium enterprises with full or partial female ownership. In 2012, the total finance requirement of women-owned MSMEs was INR 8.68 trillion while the total formal finance supplied was INR 2.31 trillion.[111] This indicates that *73 per cent of the demand was not met*, highlighting the *barriers to credit access* including *demand-side factors* (limited financial understanding and awareness of financial products/services, lack of adequate collateral, need for support from male family members, lack of confidence to approach financial institutions) and *supply-side factors* (perception of higher risk profile in the absence of collateral security and guarantee/support by a male family member, no real attempt to tailor products/services to suit the needs of the woman entrepreneurs, high transaction costs given the small size of women-owned MSMEs etc.)

Enhancing access of female entrepreneurs to credit is also noted to augment GDP gains and lower unemployment rates. A 2018 IMF Working Paper[112] revealed that closing gender gaps in credit access boost greater female entrepreneurial activity in the formal sector and greater job creation, which boosts female labour force participation and employment. Further, if formal markets are more flexible, then such a move could lead to an increase in the size of the formal economy.

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

[110] Tankha, R. (2014). *Engendering Rural Livelihoods: Supporting Gender Responsive Implementation of the National Rural Livelihoods Mission*. United Nations Development Programme.
[111] International Finance Corporation. (2013). *Improving Access to Finance for Women-Owned Businesses in India*.
[112] Khera, P. (2018). *Closing Gender Gaps in India: Does Increasing Women's' Access to Finance Help?* - IMF Working Paper. International Monetary Fund.

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

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

STs constitute 8.6 per cent of India's population according to Census 2011 with 47 per cent living below the poverty line in rural areas and 30 per cent in urban areas. The tribal population often lives in remote locations, making it a challenge to deliver essential services to them and enduring that they benefit from economic growth. According to a World Bank report[113], STs are nearly 20 years behind the average Indian population as a result of their increasing isolation, especially from traditional livelihood sources such as land and forests. Similar to SCs, several legislations have been enacted by the Government of India for boosting the socio-economic development of STs and protecting their rights.

While a larger share of resources has been allocated for the benefit of these communities over the years, the actual utilisation of funds has been weak. Additionally, monitoring mechanisms have been limited, making it difficult to ensure and evaluate outcomes on the ground. Similarly, legislation that has been enacted for protecting the rights of these communities have been implemented unevenly.[114]

Background of SCSP and TSP

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

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

[113] World Bank. (2011). Poverty and social exclusion in India. World Bank.
Source: https://openknowledge.worldbank.org/bitstream/handle/10986/26335/114157-BRI-India-PSE-Adivasis-Brief-PUBLIC.pdf?sequence=1
[114] NITI Aayog (2017). Government of India. Three Year Action Agenda: 2017-18 to 2019-20.

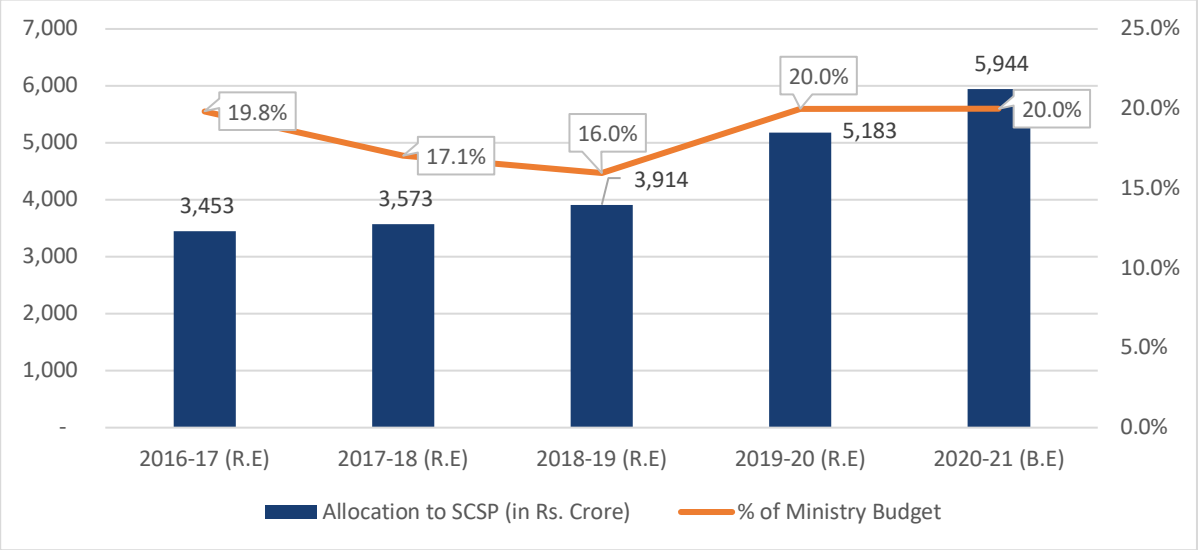
Central Ministries/ departments in terms of their obligation to earmark allocation in proportion to the population of STs, and revised guidelines for SCSP and TSP were released in 2014. In 2018, the NITI Aayog undertook another assessment of the SCSP and TSP to identify alternative arrangements for earmarking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

MWCD's Contribution to TSP and SCSP

Trends in Allocation and Utilisation

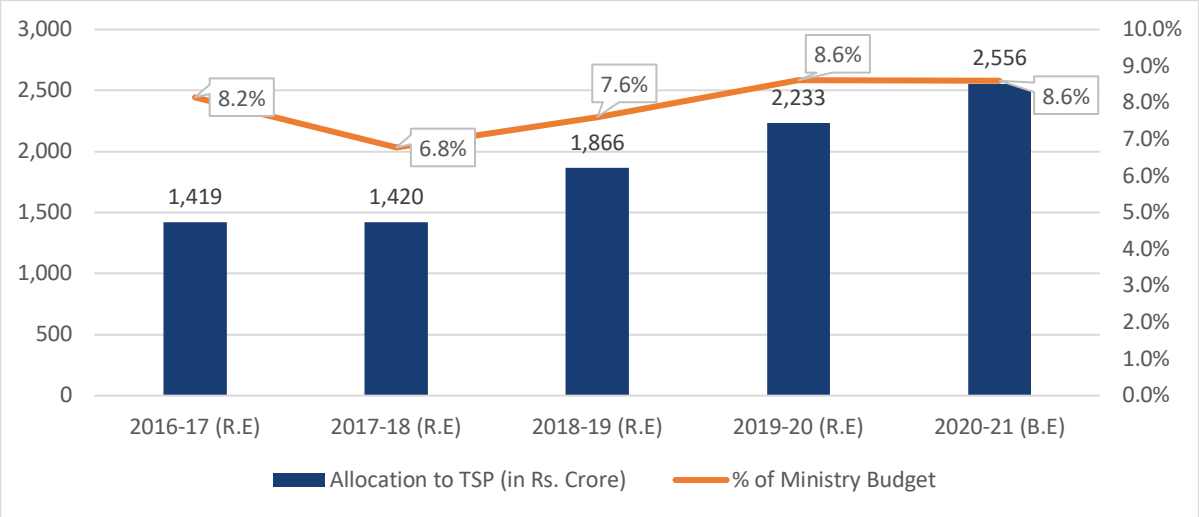
The Ministry has been regularly earmarking budget allocation separately for Scheduled Castes Sub-Plan and Tribal Sub-Plan within its major schemes. Currently, five schemes of the MWCD – the Anganwadi Services Scheme, POSHAN Abhiyaan, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent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

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



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

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



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

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

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

The Utilisation of SCSP and TSP Fund Allocations

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

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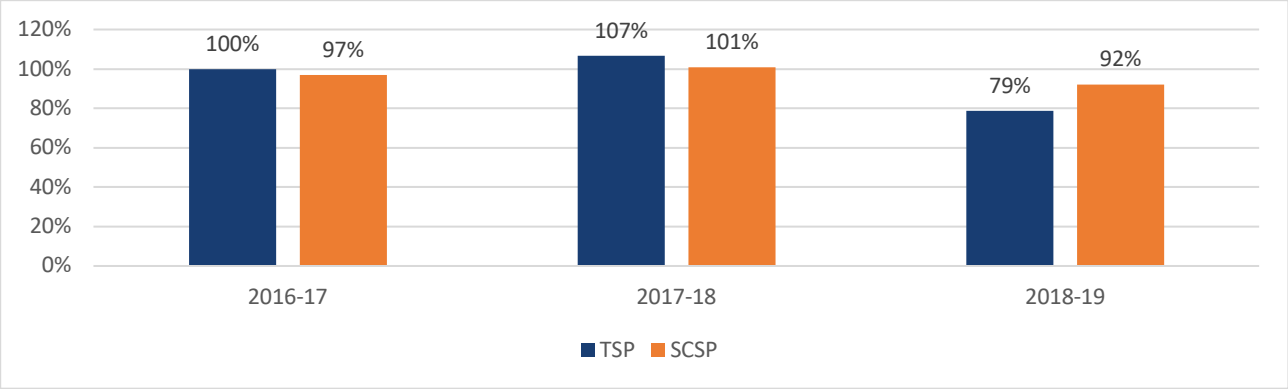
Figure 10: Utilisation of TSP and SCSP allocations of MWCD



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

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

Impact of SCSP and TSP Allocations

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

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

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

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

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

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

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

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

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

Impact on Equity

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

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

2.3.4. Use of IT/Technology in Driving Efficiency

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SAG-RRS (https://sag-rrs.nic.in)

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

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

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

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

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

Technology use to Improve in Service Delivery

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

ICDS CAS

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

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

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

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

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

There's also a concern around the use of the ICDS-CAS data for analysis and decision making. NITI Aayog's Progress Report on POSHAN Abhiyaan noted that "while a dashboard is available at the State Headquarters, we have not so far seen it being used for Monitoring and Evaluation purposes as well as a Decision Support Tool at the Block, District and State levels. In the absence of rigorous analytics, there is every likelihood of attrition in the quality of data collected through the ICDS-CAS. MoWCD and MoHFW currently use different applications for tracking the same beneficiaries leading to unnecessary duplication of efforts in data entry, besides lack of coordination in due-lists leading to a siloed approach to service delivery"[115].

Electronic Incremental Learning Approach (e-ILA)

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

Tools under Child Protection Services

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

Use of Technology for DBT

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

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

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

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

PMMVY CAS

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

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

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

Use of Technology for Improved Monitoring of Schemes

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

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

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

Conclusion

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

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

Innovation through new ideas, products and practices increasingly is seen as a force for social change. At the same time, there is growing consensus that empowering the millions of women who live in poverty is essential both for their intrinsic human rights and broad benefits for global development and economic growth.[116] Phills, Deiglmeier and Miller (2008) define social innovation as "a novel solution to a social problem that is more effective, efficient and sustainable, and for which the value accrues primarily to society as a whole rather than private individuals".[117] A cycle of change can be triggered by women's use of

[116] Malhotra A, Schulte J, Patel P, Petesch P, Innovation for Women's Empowerment and Gender Equality, ICRW, 2009
[117] Phills JA, Deiglmeier K, Miller DT, Rediscovering Social Innovation, 2008

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

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

Intervention

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

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

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

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

Results

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

Learnings

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

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

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

2.3.5. Stakeholder and Beneficiary Behaviour Change

Introduction

The Mission[118] of the Women and Child Development Ministry is twofold:

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

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

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

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

Fund allocation and utilisation by the Ministry for Behaviour Change Communication

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

[118] https://wcd.nic.in/about-us/vision-and-mission

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

Existing Mechanisms to promote and ensure Behaviour Change

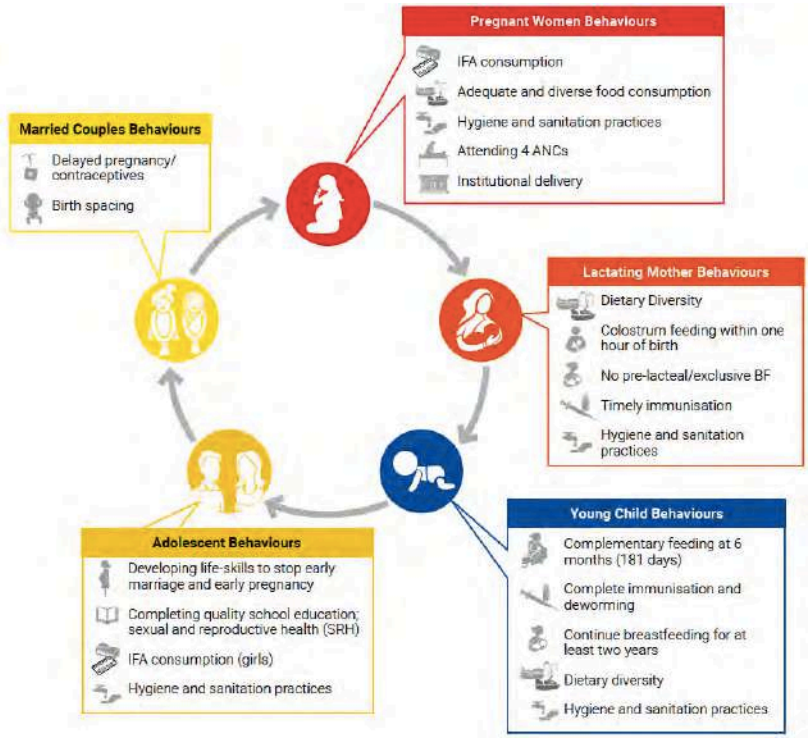
1. Nutrition Related Behaviour Change Communication

Approach/Mechanisms for behaviour change

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

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

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



Source: Evaluation Analysis

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

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

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

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

Activities are undertaken to address Behaviour Change

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

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

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

Table 9: Engagement under Jan Andolan Activities

No.		Activities	Adult Males	Adult Females	Child Male	Child Female	Total*
1	Poshan Jan Andolan (1 Oct 2019 - 28 Feb 2020)	27,36,101	2,80,71,984	4,77,62,358	2,93,29,238	3,25,10,280	14,39,56,633
2	Poshan MAAH (1 Sept 2019 - 30 Sept 2019)	3,66,55,618	51,69,02,008	77,87,07,002	43,81,06,107	47,10,28,494	2,51,40,26,417
3	Poshan Jan Andolan (23 March 2019 - 31 Aug 2019)	30,36,703	2,99,18,856	5,10,20,338	3,53,58,762	3,20,09,941	15,49,15,199
4	Poshan Pakhwada (8 March 2019 - 22 March 2019)	83,41,147	8,89,13,077	14,92,16,142	9,15,71,807	10,14,11,955	45,24,99,397
5	Poshan Jan Andolan (1 oct 2018 - 7 mar 2019)	93,93,905	6,75,58,075	11,87,67,917	9,15,89,866	1,90,90,26,991	39,31,10,647
6	Poshan Maah (1 sept 2018 - 30 sept 2018)	23,34,420	3,89,58,418	9,31,78,581	4,46,44,025	4,90,41,165	26,42,86,004
		6,24,97,894	**77,03,22,418**	**1,23,86,52,338**	**73,05,99,805**	**2,59,50,28,826**	**3,92,27,94,297**

Source: Jan Andolan Dashboard

Community-Based Events (CBEs) are being conducted for awareness generation on issues like care during pregnancy, infant and young child feeding practices, maternal nutrition etc. During the third Meeting of National Council on India's Nutrition Challenges in November 2018, it was decided to conduct two CBEs each month. In this light, all States/UTs are organising CBEs regularly, especially Godbharaai and Annaprasan. Approximately, 2.26 crore CBEs have been conducted as on October 2019 since the launch of POSHAN Abhiyaan[119].

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

Table 10: Activities Conducted During POSHAN Maah 2019

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

Source: MWCD Annual Report 2019-20

[119] MWCD Annual Report 2019-20

family dietary diversity among pregnant and lactating mothers during the given period. Madhya Pradesh organised various IEC/BCC/mass media campaigns on the promotion of breastfeeding practices, tiranga thali for diet diversity, Ratri Chaupal, and radio messages etc. Uttar Pradesh reported taking Suposhan Shapath (pledge on nutrition by children, adolescents and women), disseminated messages on 'Sahi Poshan Desh Roshan', conducted rangoli designs specimens on nutrition and sanitation for SHGs and short films.[120]

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

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

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

Other Activities

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

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

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

functionaries to the principles of SBCC and setting of communication objectives for Anganwadi Services Scheme; acquaint them with the process of SBCC; orient them on-demand generating message designing and selection of media and channels for effective communication; apprise them of monitoring and evaluation of IEC activities.[121] Apart from this, several Refresher Courses for CDPOs/ACDPOs are organised by NIPCCD with the main objectives to review the implementation of restructured and strengthened Umbrella ICDS programme in the States concerning various aspects; provide a forum for sharing of experiences in implementing the Umbrella ICDS programme; apprise CDPOs/ACDPOs about the recent developments and trends in Umbrella ICDS programme; update their knowledge in the areas of early childhood care and development including nutrition and health care; and sharpen their communication, counselling and managerial skills.

2. Behaviour Change for Child Protection

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

Approach/Mechanisms for behaviour change

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

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

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

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

3. Behaviour Change for Women's Empowerment

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

One of the key strategies of the BBBP is implementing a sustained advocacy outreach campaign with a 360° media approach *to create equal value for the girl child and promote her education*. The campaign *aims to create behaviour change* to ensure that girls are born, nurtured and educated without discrimination to become empowered citizens of this country with equal rights. The multi-sectoral initiatives in the Districts have been targeted towards various objectives – engaging communities for change of mind-set, improvement in Sex Ratio at Birth, promoting institutional deliveries, maintaining village level record of birth and their exhibition in public places through Guddi-Gudda Boards, birth registration, encouraging the celebration of girl children, challenging son-centric rituals and reversing the social norms, re-enrolment drives for getting girls back to schools and preventing child marriage.[122] This nation-wide media campaign includes radio spots/jingles in Hindi and regional languages, video spots, SMS campaigns, community engagement through song and drama, e-mailers, hand-outs, and brochures. The use

[122] Ministry of Women and Child Development. (2020). Annual Report 2019-2020.

of social media is also reported.[123] This nation-wide media campaign covers all 640 Districts within the country.

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

The MWCD Annual Report 2019-2020[124] notes that the BBBP scheme has stirred up collective consciousness towards changing the mind-set of the Nation towards valuing the girl child. It has resulted in *increased awareness, sensitisation and conscious building around the issue of declining CSR across the country*. As a result, a *favourable trend* with concerted efforts at National, State and District levels has been seen in Sex Ratio of Birth (SRB) at State/UT level. An improving trend of 2 points is observed in Sex Ratio at Birth (SRB) at National level from 929 (2017-18) to 931 (2018- 19).[125] Thus, BBBP has a robust behaviour change strategy spanning multiple sectors and agendas- one that has been *effective in nudging behaviours towards positive life and education outcomes for girl children*.

4. Behaviour Change for Women's Protection and Safety

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

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

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

[123] Press Information Bureau, Government of India. (2019). *Use of Funds under the BBBP Scheme*.
[124] Ministry of Women and Child Development. (2020). Annual Report 2019-2020.
[125] *Ibid*.

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

Dhar et al. (2019)[126], through a survey of more than 5500 adolescents in Haryana, find that "when a parent holds a more discriminatory attitude, his or her child is about 11 percentage points more likely to hold the view. We find that parents hold greater sway over students' gender attitudes than their peers do and that mothers influence children's gender attitudes more than fathers." Unless the government can address the attitudes of people toward gender equality and violence against women, this problem will never go away, and we will continue to invest in more schemes focusing on care and rehabilitation.

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

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

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

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

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

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

Box 13: Kanya Ratna Utsav in Ahmednagar, Maharashtra

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

Intervention

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

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

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

Impact

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

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

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

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

Intervention

In Bangladesh and Vietnam, large-scale SBCC interventions were implemented in various districts or provinces throughout the country from 2010 to 2014. In Ethiopia, SBCC interventions were implemented in the northwest zones of Amhara region from 2015 to 2017. A core component of all the programs was IPC (individual or group counselling or provision of key program messages). Additional interventions included MM and CM in all countries and agriculture activities in Ethiopia[127].

- In Bangladesh's intervention areas, BRAC[128] health workers and community volunteers conducted multiple, age-targeted, IYCF-focused counselling visits to households with PW and mothers of children ≤2 years of age (12–27 contacts, depending on frontline worker type). IYCF promotors were also recruited and trained to support them. CM included sensitization of community leaders about IYCF, and community theatre shows focused on IYCF. The MM component consisted of the national broadcast of 7 television spots with messages on various aspects of IYCF—2 spots focused on breastfeeding, 4 spots on complementary feeding, and 1 spot on hygiene.

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

[128] A large nongovernmental organization

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

Results

- Over a 4-year period (2010–2014), program interventions led to significant impacts on IYCF practices in both Bangladesh and Vietnam; in Ethiopia, positive impacts on complementary feeding practices and stunting were observed after a 2-year period (2015–2017).
- Across the three countries, changes in behaviour and adoption of recommended practices did not occur uniformly. A major determinant of change was the reach of the intervention, which in turn was affected by choice of the delivery platform. Reach was highest in Bangladesh, where nutrition workers delivered home-based counselling. In Vietnam, where interventions were delivered at health facilities, reach was lower because of demand-side constraints; in Ethiopia, the use of multipurpose government health workers also led to lower reach.[129]

Lessons for India

- The design of BCC must be flexible and responsive to shifts in societies and contexts. This may need regular local-level assessment of constraints faced by women and children in securing appropriate nutrition. Performance of adequate IYCF also requires investments to generate community demand through social mobilization, relevant media and existing support systems.[130]
- Diffusion of IYCF information through social networks, reinforced by positive social norms for messages promoted over time, will contribute to positive changes in IYCF practices that may be achieved and sustained through large-scale social and behaviour change interventions.[131] It will also be worthwhile to have different delivery platforms in different areas based on the geographical spread, literacy levels and prevalence of communication mediums such as smartphones, TVs etc.

[129] Menon P, Ruel MT, Nguyen PH, Kim SS, Lapping K, Frongillo EA, Alayon S, Lessons from using cluster-randomized evaluations to build evidence on large-scale nutrition behaviour change interventions, 2020
[130] Osendarp S., Roche M., Behavioural Change Strategies for Improving Complementary Feeding and Breastfeeding, 2019
[131] Nguyen PH, Frongillo EA, Kim SS, Zongrone A, Jilani A, Tran L, Sanghvi T, Menon P, Information Diffusion and Social Norms are Associated with Infant and Young Child Feeding Practices in Bangladesh

2.3.6. Research & Development

MWCD considers Research and Development a key component in increasing the effectiveness of various WCD scheme's performance. Research projects under Grant-in-Aid for Research and Publication[132] are in the fields of welfare and development of women and children, including Food and Nutrition aspects. The priority within these broad areas is given to research projects of an applied nature keeping in consideration plan policies and programmes, and social problems requiring urgent public intervention. The key components and designated agencies for carrying out research activities across the WCD sector are:

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

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

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

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

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

[132] Retrieved from https://wcd.nic.in/sites/default/files/amendedresearchscheme_02082013.pdf

Table 11: Overview of Research in the WCD Sector

Area	Themes[133]	Research conducted between 2015-2017[134]	Grants-in-Aid between 2018- 2019[135]	Agencies*
Maternal and Child Nutrition	• Best Practices for Nutrition education and training • Quality under supplementary nutrition programme • Effective Infant and Young Child Feeding Practices • Role of Behaviour Change Communication	• Nutrition Management and Infant and Young Child Feeding Practices among Tribal Women in Kerala *by The Research Institute, Rajagiri College of Social Sciences, Kochi, Kerala*	• Dietary Diversity: An Action Research Project in Assam *by The Coalition for Food and Nutrition Security* • Contribution of Supplementary Nutrition provided in Anganwadi in the physical growth of 0-6 years of children *by Mukti Social Service Organization, Odisha* • A comprehensive study of Nutritional and Health Status of Adolescent Girls belonging to BPL and Non-BPL Families *by Society for Economic Development and Environmental Management (SEDEM), New Delhi*	**NGOs and Philanthropies** • BMGF • CIFF • APPI • Tata Trust • Nutrition International • Reliance Foundation • The India Nutrition Initiative (TINI) • Food Fortification Initiative Network • PATH • World Vision • CARE India • Alive and Thrive • OXFAM • GAIN **Research and Academia** • IFPRI • IRRI
Child Welfare	• The social and emotional wellbeing of children in Crèches • Treatment of Children in Conflict with Law • Role of Anganwadi in the physical, social and psychological development of children	• Child Trafficking in the Indo-Myanmar Region: A Case Study in Manipur *by Manipur Commission for Protection of Child Rights (MCPCR)*	• Community-Based Treatment and Rehabilitation of Juveniles Running Away/Thrown Away from Home and Coming in Conflict with Law *by Haryali Centre for Rural Development* • Study project on "Child deprivation in Bundelkhand region of Madhya Pradesh and Uttar Pradesh *by Sri Shyam Sundar 'SHYAM' Institute of Public Cooperation and Community Development*	
Women's Empowerment	• Skilling of adolescent girls • Participation of women in governance	• Economic Empowerment of Women: Promoting Skills Development in Slum Areas *by TISS Mumbai* • A Situational Analysis of Muslim Widows in Delhi, Bhopal, Lucknow, Hyderabad and Mewat *by Mewat Development Society*	• Women's contribution to Farm based economies and their access to land rights in the North Eastern States of India *by R. G. Foundation, New Delhi* • Assess the Status of Women's Political Participation in India *by Santek Consultant Pvt Ltd, New Delhi*	

[133] Ministry of Women and Child Development, Grant-in-Aid for Research, Publications and Monitoring Scheme Indicative areas of Research 2019-20
[134] Ministry of Women and Child Development, Compendium of Research Studies 2015-2017
[135] Ministry of Women and Child Development, Annual Report 2018 -19
*Not Exhaustive

	• Women's participation in the economy • Women's contribution to domestic workplaces/ unpaid work at home • Wage differentials of males and females • Need for reservation for women and girls • Role of women in Family Planning • Gender Sensitivity in organizations • Ownership and control of women on economic resources • Access of women to digital technologies, gadgets, ICT	• An Evaluation of Working Women's Hostels that Received Grant-In Aid under the scheme to Provide Safe and Affordable Accommodation to Working Women *by Haryali Center for Rural Development* • Working Condition and Privileges for Women in Unorganized Sector in India *by R.G. Foundation, New Delhi* • An Oral History Project on Stories behind a Hot Cup of Assam Tea: Listening to Voices of Women Laborers in the tea gardens" *by Dibrugarh University, Assam* • Assessing Gender Sensitivity in Media Organization and Content: Evaluation of Selected Print Media Houses in Four Metro Cities *by Administrative Staff College of India, Hyderabad* • Problems Faced by Women Workers in Unorganized Sector *by Himalayan Region Study and Research Institute, Delhi*	• Study on "Implementation of Forest Right Act, 2006 in the context of Rights, Empowerment and Impact on Socio-economic status of Women in the State of Odisha and Maharashtra *by Amity University, Noida* • Study project on "Bamboo: A Potential Tool for Empowerment of Tribal Women *by Amity University, Noida* • An Analysis of Women's Wage Discrimination in Uttar Pradesh *by Gramin Jan Kalyan Sansthan, UP* • Situational analysis of the psychosocial wellbeing of the middle-age (45 – 65 year of age) women in Delhi NCR *by Jamia Milia Islamia University, New Delhi* • Gender-based wage inequalities in the formal and informal sector *by R.G. Foundation, New Delhi* • Opportunities and Challenges in Digital Literacy: Accessing the impact of digital training for empowering urban poor women *by Institute of Home Economics, New Delhi* • Study project on 'An evaluation of Beti Bachao Beti Padhao scheme' by *National Council of Applied Economic Research, (NCAER)* • Study project on "Understanding women's access to the inherited property in North India" *by Jamia Milia Islamia University, New Delhi* • 6th Report of the convention on the elimination of all forms of discrimination against women (CEDAW) *by National Law University, New Delhi* • Factors responsible for the unequal burden of Family Planning methods on Women: An	• AIIMS M. S. Swaminathan Research Foundation (MSSRF), • Results for Development Institute (R4D), • Centre for Health Research & Development, • Institute of Home Economics, • Institute of Economic Growth, Delhi, • JIPMER, Puducherry • Indian Institute of Health Management Research, Jaipur • Health Research Management (IIHMR) Delhi **<u>Bilateral and Multilateral organisations</u>** • UNICEF • WHO • WORLD BANK • USAID • WFP

			evaluation study in selected states of India *by Bharathiar University, Tamil Nadu* • Women Contribution to Farm based Economies and their Access to Land Rights – A study in Tamil Nadu *by GRABS Educational Charitable Trust, Tamil Nadu* • Study project on "Study nature of incidence and impact of Sexual Harassment of Women at Organized and Unorganized Sector Workplace in the State of Rajasthan *by Shrushti Seva Samiti*	
Safety and Protection	• Protection of Women from Domestic Violence • Cybercrimes against women and children • Incidence of violence faced by women in public transport • Susceptibilities and needs of women and girls/ children in disaster-prone areas/ during disasters and calamities • Crime against women and children • Sexual violence against women	• Violence against Girls in Secondary Schools of Mizoram *by Mizoram University* • Women Safety from Sexual Assault at Public Spaces in the National Capital Region *by Indian Institute for Integrated Women & Child Development, Noida* • Trafficking in Women and Girl Children for Commercial Sexual Exploitation: Interstate Study in Jharkhand, Odisha and West Bengal by *Social Awareness Institution (SAI), Odisha* • Violence against Women – (Post "Nirbhaya" Case- A Comparative Study of Impact of New Laws, Crime Rate and Reporting Rate, Change in Awareness Level) by *Bharatiya Stree Shakti (BSS), New Delhi and TISS, Mumbai*	• Violence Against Girls in Degree Colleges of Mizoram and Its effects on Higher Education of Girls *by Mizoram University* • Study on 'Behavioural and environmental attributes in sexual atrocities towards women and children in Kerala *by Centre for Advanced Research in Health and Human Behaviour, Trivandrum* • Incidence and impact of domestic violence against women in Uttarakhand *by Sawuthan, New Delhi* • An Assessment of Domestic Violence and Impact of Domestic Violence Act. 2005 among Women in Manipur by *Manipur Educational Development and Research Association*	

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

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

Challenges in undertaking R&D efforts

One main challenge, which is faced in scaling up R&D efforts is limited financial resources and competing priorities. The Indian Journal of Medical Research in its 2017 Paper on Research priorities in Maternal, new-born, & Child Health & Nutrition for India provided a guiding plan for prioritization of research options. The study noted that an inclusive and transparent method should be adopted to decide the national research agenda, which should also identify areas for innovation and strategies to improve deliverability, efficiency, scalability and sustainability of existing interventions.[136] Some key criteria on which the method should be based include purpose/objective; geography, target population, major areas of research focus, time-frame, methodology and stakeholder constituencies, and replicability. MWCD should also develop a methodology to prioritise research studies objectively.

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

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

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

local governments and other Ministries. Nodal government agencies should have oversight of all research activities being undertaken to ensure proper access of resources to researchers.

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

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

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

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

Intervention

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

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

interaction and collaboration between industry, academia, society and government, and the creation of entrepreneurs. "Shoot for the stars" involves developing world-class centres of excellence (COE)

Results

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

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

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

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

Learning for India

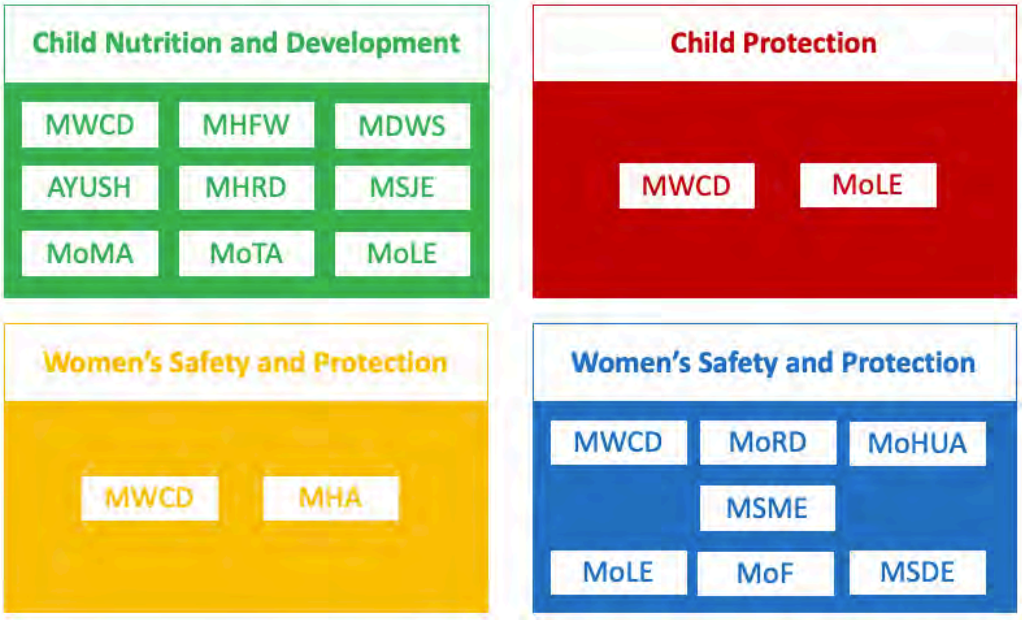
- A stronger focus on innovation in service delivery is required.
- Competitive grant schemes can increase transparency and accountability.
- Research needs to be aligned with national priorities.
- Active collaboration between research institutes, government bodies and incentivising research for the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

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

2.3.7. Unlocking Synergies with Other Government Programmes

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

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



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

Table 12: Scheme-wise Convergence

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

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

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

Convergence in Child Development and Nutrition

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

- Fixed Monthly Village Health, Sanitation, and Nutrition Days to constitute the effective platform for the convergence of services to the mother and child and a forum for growth promotion and behavioural change counselling.
- Joint Community Monitoring of nutrition status of children under three years at panchayat, village /AWC and health sub-centres and in urban models and the IT-enabled monitoring proposed by NNM.
- Joint Community Communication and Village Contact Drive-by mapping and weighing of children, in front of the community- making undernutrition visible.
- Linking the concept of "Kuposhan Mukt panchayats" to the convergent gram panchayat plans prepared through an intensive participatory planning exercise (IPPE) initiated by MRD in 2532 backward blocks (of which 967 are intensive blocks) for rural development. Trained

panchayat members (especially women) and Women's SHGs mobilised under NRLM play a vital role in this.

- Strengthening of the Village Health Sanitation and Nutrition Committees (6.4 lakhs as per RHS 2014), recognised as sub-committees of panchayats.
- Local gap filling and tapping of other resources in the district to strengthen ICDS, Health and Swachh Bharat infrastructure and services- as proposed in NNM.
- Joint planning for training and capacity development.

POSHAN Abhiyaan laid out a comprehensive convergence mechanism for the nutrition sector, covering the Anganwadi Services Scheme and the Scheme for Adolescent Girls. As part of the mechanism, convergence committees are set up at the National, State and District level. At the National Level, Convergence is addressed through the National Council under the Chairmanship of Vice-Chairman, NITI Aayog and Executive Committee under the Chairmanship of Secretary, MWCD. Both Committees have representation from all aligned Line Ministries, Partners, selected States and Districts.[137]

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

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

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

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

[137] MWCD (2017). Operational Guidelines for Convergent Action Plan. New Delhi.

Together with various departments implementing programmes, the CAP committees are expected to: (i) develop CAPs; (ii) conduct periodic reviews; (iii) monitor and track the progress of the actions in the plan; and (iv) facilitate efforts to achieve the targets. Although the overarching intent of convergence is clear, the operational guidance does not make explicit how stakeholders could ensure that multiple programmes reach the same mother-child dyad in the first 1,000-day period[138].

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

Convergence can be seen at two levels: (a) Governance level which creates an institutional mechanism to ensure a coherent response from multiple departments; and (b) Impact level where "effective convergence" implies successful reach of programs from relevant sectors that address the critical determinants of undernutrition for the same household, same woman and same child[139]. Menon et al. (2019) assessed the effectiveness of convergent actions on the ground as envisages in the POSHAN Abhiyaan, with the 'effective convergence' defined as "successful reach of programmes from relevant sectors that address the key determinants of undernutrition for the same household, same woman, and same child in the first 1,000 days". The study looked at a data of 1,417 households from Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, and West Bengal. The study created indicators of coverage of a total of 19 nutrition-specific and nutrition-sensitive interventions relevant to women and children in the first 1,000 days, to be delivered through various government agencies identified under the POSHAN Abhiyaan guidelines as highlighted below:

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

Nutrition Specific Interventions		Nutrition-Sensitive Interventions	
Mother	Child	Households	Individuals
Enrolment in Janani Suraksha Yojana	Weight measurement by Anganwadi worker	Provision of ration card	Awareness of Swachh Bharat Abhiyan
Provision of Mother and Child Protection Card	THR provision since child turned six months old	Possess MGNREGA job card	SHG membership
Four or more antenatal care check-ups	Provision of vitamin A supplements	Access to an improved toilet facility	
Iron supplementation during pregnancy	Provision of iron supplements	Access to a clean drinking water source	
THR provision during pregnancy	Provision of deworming medicine		
THR provision during breastfeeding			
Institutional delivery			

[138] Menon, P.; Avula, R.; Pandey, S.; Scott, S, and Kumar, A. (2019). Rethinking effective nutrition convergence: An analysis of intervention co-coverage data. Economic and Political Weekly 54 (24): 18-21. https://www.epw.in/journal/2019/24/commentary/rethinking-effective-nutrition-convergence.html

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

Health worker visit within two days of delivery			

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

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

Convergence for Child Protection

Child Protection Services

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

While the ICPS scheme Guidelines[140] highlight the importance of convergence with other departments, agencies, organisations and all stakeholders for enabling a protective environment for children, the scheme does not provide for a convergence framework or specifies the mechanisms to achieve convergence. In most of the states, while informal interactions between CWCs, DCPUs, Police, JJB and others are common, there is a lack of formal recorded meetings where specific convergence agendas or concerns are discussed. Government stakeholders such as Dept of Labour, Dept of Police, sometimes do not cooperate or comply with the orders of CWCs,

[140] Ministry of Women and Child Development, Government of India, Child Protection Services Scheme Guidelines.

which is a direct result of limited networking efforts. Majority of the CWCs are often noted to focus more on networking with the local NGOs for provision of services such as education, skill development, internships/apprenticeships, etc. possibly due to easier access and supports from them.

Beti Bachao Beti Padhao (BBBP)

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

The BBBP guidelines[141] provide a detailed description of the *linkages for convergent action* with concerned Ministries for policy and programmatic interventions, training, capacity building and communication. The responsibilities of stakeholders across Departments, at the National, State and District levels are clearly defined, thereby *removing the scope for an overlay of duties, and any ambiguities in convergence efforts*. Also, the guidelines[142] recommend strengthening linkages with partner Ministries and line Departments such as Panchayati Raj, Urban Local Bodies, Youth Affairs and Sports, Skill Development Mission, Registrar General of India (RGI). The BBBP scheme sets out the creation of State, District and Block Level task forces and committees responsible for implementing the convergent activities:

- At the State level, a State Task Force (STF) is formed with the representation of concerned Departments including State Level Services Authority and Department of Disability Affairs for Beti Bachao, Beti Padhao to coordinate the multi-sectoral implementation of the scheme. The Chief Secretary in States heads the Task Force. Principal Secretary, WCD/Social Welfare is the responsibility of coordinating all the activities related to the implementation of the scheme in the State/UTs through the Directorate of ICDS/ MSK (Mahila Shakti Kendra). State Resource Centre for Women (SRCWs), institutions under the MSK scheme function as PMU to provide technical and coordination support for implementation and monitoring of the State action plan. The STF meets at least twice in a year to review and assess the progress on intermediary targets achieved by the districts.
- At the District level, a District Task Force (DTF) led by the District Collector/Deputy Commissioner with the representation of Departments like Health, Education, and other concerned departments such as District Legal Services Authority and Police. The DTF is responsible for effective implementation, monitoring and supervision of the District Action Plan (DAP). Technical support and guidance for the formulation and implementation of Action Plan in the district are provided by District Programme Officer (DPO) in the District ICDS Office using the Block level Action Plans. They also undertake a monthly review of the progress on the activities listed in the Department Plans of action at the district level. MSK/District Level

[141] Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.
[142] *Ibid.*

Centres for Women (DLCW), wherever functional, act as PMU to provide technical and coordination support to DC/DM on implementation of BBBP.

- At the Block level, a Block level Committee is set up under the chairpersonship of the Sub Divisional Magistrate/Sub Divisional Officer/Block Development Officer to provide support ineffective implementation, monitoring and supervision of the Block Action Plan. The College Student Volunteers under MSK (in 115 selected backward districts) work with BBBP to sensitise and create awareness in the community on BBBP.
- At the Gram Panchayat/Ward level, the respective Panchayat Samiti/Ward Samiti having jurisdiction over the concerned Gram Panchayat/Ward are responsible for the overall coordination and supervision for effectively carrying out activities under the Plan with technical support of DLCW-Coordinator.

Thus, convergence forms a core strategy for BBBP implementation with a tri-Ministerial effort being ensured at all levels from the National through to the village level. The scheme has been able to show strong convergence on the ground, with the Ministry reporting[143] that during the FY. 2018-2019, 1803 convergence meetings were held with the line departments and various stakeholders, 2212 Media/ Awareness campaigns were conducted for spreading awareness; 1308 training programmes at District level with various stakeholders were organised, and 1,42,638 participants were oriented and sensitised; 23,622 training programmes for front line workers viz. ASHA, Anganwadi workers were also organised to build the capacities of 3,81,336 workers; 2,76,037 awareness activities organised through various mode such as Nukkad Nataks, puppet shows, magic shows, street plays, community meetings etc.

As a result, the scheme has stirred up collective consciousness towards changing the mindset of the public to acknowledge the rights of the girl child. The scheme has resulted in increased awareness and sensitisation of the masses. It has raised concerns around the issue of declining CSR in India. The collective consciousness of the people supporting the campaign BBBP has found its place in public discourse.

Convergence for Women Empowerment

Mahila Shakti Kendra scheme was designed to facilitate coordination and convergence of various women-specific schemes and programmes across central ministries and state departments. The scheme aims to facilitate through convergent action the processes that contribute to economic empowerment of women, eliminate violence against women, social empowerment of women with an emphasis on health and education, gender mainstreaming of policies, programmes and institutional arrangements and awareness generation and advocacy for bridging information and service gaps for holistic empowerment of women.

The MSK scheme has multiple components at various levels to support the convergence of women-centric schemes at all levels. The scheme provides for:

- National level structure to support MWCD towards achieving inter-sectoral convergence and facilitate implementation/monitoring of women-centric schemes of the Ministry.
- State Resource Centre for Women (SRCW) to support the respective State Govt./UT Adm. towards implementing programmes, laws, and schemes meant for women through effective coordination at the State/UT level. Further, funds are allocated to strengthen BBBP activities as SRCWs also function as PMU BBBP at the State/UT level.

[143] MWCD Annual Report 2018-19

- District Level Centre for Women (DLCW) to serve as a link between the village, block and state level in facilitating women centric schemes and also give a foothold for BBBP scheme at the district level.

While the mandate of the MSK scheme to enhance convergence between the MWCD schemes is clear, the mechanism it uses to strengthen this convergence is unclear. There is no specified framework available for achieving convergence among women-centric schemes through MSK. Discussions with the MWCD consultants engaged in the delivery of MSK highlighted that a number of the SRCW staff members facilitate the implementation of other schemes where there was a shortage of staff and that the State government representatives decide how to utilise the SRCW staff best to improve implementation of the Women empowerment schemes. This points to a severe lack of clarity in the purpose of the scheme and the role of the SRCW. It also points to the use of the MSK staff as more of a stop-gap arrangement and to plug in the staffing hole in other schemes rather than a systematic and strategic use of the resource centre to improve convergence across government schemes to empower women. The SRCW staff also supports the State WCD departments in strengthening BBBP activities, as they also act as the BBBP PMU at the state level. While the evaluation was able to confirm that the MSK staff provide implementation support across schemes, the type of support being provided was more operational rather than strategic. The study finds that while the scheme plays a role in supporting the State's capacity to manage MPEW schemes, the convergent aspect of the SRCWs services is not clear. A similar lack of clarity on convergence emerges at the district level for MSK, where the three-member DLCW being funded by the scheme. The DLCW staff, similar to SRCW staff, provide operational support to various programmes as needed, but their role in enhancing convergence between the schemes is unclear.

Convergence for Women's Safety and Protection

Three of the MPEW schemes – One Stop Centre scheme, the Women's Helpline, and Mahila Police Volunteers schemes are designed in a manner so that the three schemes converge and provide services to the women in distress and need of care and protection. One-Stop Centre provides the institutional platform for the convergence of all the services needed by a woman in distress, including police facilitation, legal services, medical services, and psycho-social counselling. Women's helpline provides a platform for information dissemination to women on all schemes and services available to the women – either under the empowerment vertical or safety and protection vertical. The helpline services also converge with the police and one-stop centres to rescue and protect women in distress and difficult circumstances. At the same time, the evaluation finds that these two schemes – OSC and Women's Help Line facilitate convergent delivery of services to women affected by violence. In need for protection, the other schemes of the MPEW umbrella leave a lot to be desired to achieve the intended levels of convergence.

Mahila Police Volunteers are expected to work closely with the field level workers of the ICDS and other WCD schemes and undertake activities such as creating awareness of services available for women and children such as One-Stop Centres (OSC), Short Stay Homes, Shelters, Police Helpline 100, Women's Helpline 181, Childline 1098, Mobile Application for Emergency. They are expected to visit AWCs weekly and be in constant touch with the stakeholders on women's and children's issues such as ANMs, ASHA workers, women, home guards, NSS, NCC, Mahila Mandal workers, women's collectives, SHGs, Mahila Samkhya (wherever available), etc. She is also expected to participate in meetings on Village Health Nutrition Day (VHND), Village Health Sanitation Nutrition Committee (VHSNC), Gram Sabhas, Special Gram Sabha, Mahila Gram Sabha

regularly for better convergence and coordination on issues affecting women in these forums. However, the evaluation did not find any evidence of field level convergence being undertaken in the districts where MPVs were in place. The evaluation found that even though the MPVs are expected to work closely with the ANMs, ASHA and AWWs, this was not happening on the ground. The AWWs interviewed as part of the evaluation were not even aware of the Mahila Police Volunteers in their areas and had not been reached out to by the MPVs for coordination. Given the focus on reporting and intelligence gathering, the MPVs activities around awareness generation and conducting community meetings to build confidence among women, families and peer groups have taken a backseat. One other key component of the MPV scheme, which was the mobilisation of Mahila aur Shishu Rakshak Dal (MASRD) has remained dormant since the scheme was launched almost 4 years back. To date, no MASRD has been mobilised through the MPVs, which further puts a question mark on the effectiveness of MPVs in engaging with the public to facilitate community-based protection and safety measures for women, as well as in their ability to create awareness among women of their rights and safeguards available to them.

Ujjawala and Swadhar Greh schemes show effective convergence with the police, health department, and the DLSA, mainly due to a strong legal mandate ensuring the convergence happens. However, even under these schemes, as discussed in the previous sections, the convergence needed to enable the residents to rehabilitate and become self-reliant through skill development effectively, and vocational trainings remain weak. The schemes themselves have minimal budgetary provision for skill training of the residents, and the residents suffer due to this. The evaluation did not find any evidence of Swadhar Grehs or Ujjawala homes having tie-ups with other government agencies or were utilising the provisions of any other government scheme for providing skill development and vocational training to the residents. It is important for the state governments as well as implementing organisations to establish necessary linkages with other programmes relating to non-formal education, skill development and other programmes of the State as well as of the GoI. Ways should be devised to connect these homes and the training with existing schemes of the government, such as the Skill India programme, Pradhan Mantri Kaushal Vikas Yojna (PMKVY), training conducted under the National Skill Development Corporation.

These shelter homes are intended to be interim solutions, among a network of other simultaneous responses that together help rebuild a woman's life. Ideally, it is supposed to provide for and/or link itself with the residents' entitlements such as food, education, healthcare, housing, social security such as a pension, legal aid, childcare, admission to government schools and public hospitals. It is the responsibility of the shelter to actively connect women and girls with educational opportunities or provide assistance to those who can enter mainstream schooling. Women with children need enrolment in nearest ICDS (Integrated Child Development Scheme) centres as well as childcare services. However, shelter homes often fall short of these objectives and therefore linkages with local NGOs and women's organisations are not created effectively.

Box 16: Learning from the States: Gujarat – Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children - CHETNA's Experience

Banaskantha district, Gujarat is one among the backward districts in terms of its performance on health and nutrition indicators and vital rates. Malnutrition level is high; about 70 per cent of young children below six years of age, particularly girls are undernourished. The community health workers cannot reach the community residing in the interior and on the farms is not receiving the health facilities. CHETNA undertook an action-research project to improve access to nutrition and health services through community awareness and prevent malnutrition among pregnant women, nursing mothers and children

(0-3 years) through a partnership between Government, Non-Government Organisations. Interventions included:

- **Community awareness:** To strengthen the ICDS and health service delivery, linkages were facilitated with the Dairy Cooperatives to encourage to donate milk for children. Matru mandals (MM) (mothers' group) and Sakhi Mandals (SM) (women friends' group) were enabled to provide support in organising awareness activities at the Anganwadi, during Mamta Divas (Window approach for dissemination of nutrition and health services for Pregnant and Nursing mothers and children below 6 years). CDPOs, Supervisors were trained and mentored to provide support in joint planning and organising activities as well as monitoring.
- **Linkages at the district, block and village level:** To forge linkages among ICDS and Health and to generate evidence for the corrective measure, MIS and formats/charts were developed jointly by ICDS, Health and CHETNA. Further, a list of undernourished children, non-enrolled children/pregnant women at AWC's, challenges and observation of the area were shared with CDPOs, Supervisors, BHO and MO functionaries. Joint training, planning and review of activities were also facilitated. Quarterly meetings and interaction with District collector and District Development Officer were useful in organising joint activities.

Results

- **Enrolment of Children and pregnant women:** Through village visits, 85 children and nine pregnant women were identified who were not enrolled in any Anganwadi centre. It was observed that eligible children and pregnant and nursing women were deprived of the ICDS services because there is not enough AWCs to cater to the entire population.
- **Undernourished children:** 132 undernourished children of Grade 3 and Grade 4 from 42 villages were identified, and the intervention led to improvements in the current situation of these 132 children.
- **Coordination:** ICDS and Health coordination meetings are now regularly organised

Learnings

- There is a need to form linkages with community-based organizations-VHSNC, MM, SM for effective monitoring of the Anganwadi services.
- There is a need for convergence between ICDS and Health Departments for effective coordination of activities at the village level
- Case studies of undernourished children and good practices, field visit reports, challenges and learning's should be regularly developed and disseminated.

Source: Shukla M, Capoor I, *Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children -CHETNA's Experience*, 2014

2.3.8. Reforms and Regulations

The National Statutes, Acts, rules, regulations enacted at the State and National level for women and child protection and safety provide for national legal guiding mechanisms for operationalisation of various women protection/empowerment schemes and child protection/ development schemes. The list of Acts/Rules/Regulations governing the Women and Children of India are provided in table 15 below:

Table 15: Acts/Rules/Regulations related to Women and Children in India

S.No	Constitutional Provisions for Women and Children	Type (Economic/ Social)	Supported by Legislation or Act of Parliament or any other
	Article 15 – The State shall not discriminate against any citizen …. Nothing in this article prevents the State from making any special provision for women and children. Article 15(1) – Prohibits discrimination against any citizen on the grounds of religion, race, caste, sex etc. Article 15(3) – Special provision enabling the State to make affirmative discriminations in favour of women.	Social	The Protection of Women from Domestic Violence Act, 2005 The Prohibition of Child Marriage Act, 2006 The Criminal Law (Amendment) Act, 2013 The Commission of Sati (Prevention) Act, 1987 Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act, 2013 The Pre-Conception and Pre- Natal Diagnostic Techniques (Prohibition of sex selection) Act, 1994
	Article 16 – Guarantees equality of opportunity in matters of public employment and that no citizen shall be discriminated against in matters of public employment on the grounds only of sex, religion, race, caste, sex, descent, place of birth, place of residence or any of them.	Economic	Legal Practitioners (Women) Act, 1923
	Article 21A – The State shall provide free and compulsory education to all children of the age 6-14 years in such manner as the State may, by law, determine.	Social	The Right of Children to Free and Compulsory Education (RTE) Act, 2009
	Article 24 – No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.	Social	The Factories Act, 1948 (Amended in 1986) The Immoral Traffic (Prevention) Act, 1956 The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986
	Article 39(a) – The State shall direct its policy towards securing all citizens men and women, equally, the right to means of livelihood. Article 39(d) – Equal pay for equal work for both men and women. Article 39(e) – Enjoins the State to ensure that the health and strength of workers, men and women and the tender age of children are not abused and that the citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.	Economic	The Equal Remuneration Act, 1976 The Factories Act, 1948 (Amended in 1986) The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986 The Commissions For Protection of Child Rights Act, 2005

	Article 39(f) Enjoins the State to ensure that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that the childhood and youth are protected against exploitation and against moral and material abandonment.		The Protection of Children from Sexual Offences (POCSO) Act, 2012 The Juvenile Justice (Care and Protection of Children) Act, 2015
	Article 42 – The State to make provision for ensuring just and humane conditions of work and maternity relief.	Social	The Factories Act, 1948 (Amended in 1986) The Maternity Benefit Act, 1961
	Article 45 – The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.	Social	The Right of Children to Free and Compulsory Education (RTE) Act, 2009
	Article 47 – Directs the State to raise the level of nutrition and the standard of living of its people	Social	The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and its amendment Act in 2003. The Maternity Benefit Act, 1961
	Article 51 (A) (e) – To renounce the practices derogatory to the dignity of women.	Social	The Indecent Representation of Women (Prohibition) Act, 1986 The Dowry Prohibition Act, 1961
	Article 243 G – Read with Schedule 11- provides for the institutionalisation of child care by seeking to entrust programmes of women and child development to Panchayat (item 25 of Schedule 11), apart from education (item 17), family welfare (item 25), health and sanitation (item 23) and other items with a bearing on the welfare of children.	Social	The Constitution (Seventy-Third Amendment) Act, 1992
	Article 243 (D) (3) & (T) (3) – Guarantees reservation of not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat/Municipality for women and such seats to be allotted by rotation to different constituencies in a Panchayat/Municipality.		
	Article 243 (D) (4) – Guarantees reservation of not less than one-third of the total number of offices of Chairpersons in the Panchayats at each level for women.		
	Article 243 (T) (4) – Guarantees reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and women in such manner as the legislature of a State may by law provide.		

A review of all such laws and legislations on women and child protection is undertaken in the subsequent sections.

Acts/rules/regulations Adopted for Women Protection and Empowerment in India

It is a known phenomenon that women continue to face systemic oppression, subordination, discrimination and violence across the globe. This is also true for the case of India where there is a history of increasing violence against women, their rights being discriminated against and a dire need to suppress their voices stemming from hetero-normative patriarchy. Violence against women is partly a result of gender relations that assumes men to be superior to women. Saravanan (2000) asserts that given the subordinate status of women, much of gender violence is considered normal and enjoys social sanction. Saravanan quotes Adriana (1996) in her paper which states that violence against women is manifested in various form and includes physical aggression, sexual abuse and rape, psychological violence through insults, humiliation, coercion, blackmail, economic or emotional threats, and control over speech and actions. In extreme cases, it may also lead to the woman's death (Saravanan, 2000[144]). It is therefore required that additional safeguards of women's rights are protected under the Indian legal framework.

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The Constitution not only grants equality to women but also empowers the State to adopt measures of positive discrimination in favour of women. Empowerment would be achieved only when advancement in the conditions of women is accompanied by their ability to influence the direction of social change gained through equal opportunities in economic, social and political spheres of life. Notwithstanding the Constitutional mandate, the discourse on women's empowerment has been gradually evolving over the last few decades, wherein paradigm shifts have occurred – from seeing women as mere recipients of welfare benefits to mainstreaming gender concerns and engaging them in the development of the country[145].

MWCD has prepared the Draft National Policy for Women after considering suggestions/ comments received from stakeholders. The Draft envisions a society in which, women attain their full potential and can participate as equal partners in all spheres of life and influence the process of social change. The Draft was prepared by MWCD in consultation with various key stakeholders back in 2016, however, is yet to be formalised as a national policy. If operationalised, it can provide for a guiding framework for all women laws, schemes and policies focusing on women's protection and empowerment.

The Constitution of India conveys a robust mandate for equality and rights of women in its Preamble, Fundamental Rights, and Duties and also provides for specific provisions for affirmative actions. India is also a signatory to several UN Conventions, primarily Convention on Elimination of all Forms of Discrimination against Women (CEDAW), Beijing Platform for Action and Convention on Rights of the Child where the commitment of the nation to protect and empower its women and girls is quite pronounced[146].

There are various women-specific laws and rights enshrined by the Constitution of India which intend to empower women along with ensuring safe spaces and a life of dignity and equality. *Article 21,* which deals with the right to life, has been expanded to include the Right to Life with Dignity. This provision has been invoked to safeguard the rights of women such as the right to divorce, to live a life free from violence and the right to safe abortions. *Article 51A* of the Constitution lays down the fundamental duties of all citizens. It stipulates that all citizens have an obligation to promote harmony and to renounce practices which are derogatory to the dignity of

[144] Saravanan, S. (2010). *Violence against women in India: A literature review*.
[145] MWCD (2016) Draft National Policy foe Women 2016
[146] MWCD (2016) Draft National Policy foe Women 2016

women. *Article 14* guarantees equality before the law and equal protection of law to all its citizens. *Articles 15 (1)* and *16 (2)* expand this principle further and prohibit discrimination based on religion, race, caste, sex or place of birth.

Most important of all within the scheme of equality are *Articles 15(3) (4)* and *16 (3) (4)* which help to further strengthen the concept of equality by permitting the State to make special provisions for securing the rights of the marginalised sections (women, children, scheduled castes and scheduled tribes) to help them to overcome the discrimination they have suffered for many centuries and to aid them in uplifting their selves.[147] This concept is known as positive discrimination. This has helped the State to enact special laws for women and children such as the provisions for maintenance of women and children, protection against domestic and sexual violence, the Maternity Benefits Act, special protection for women under all labour laws, a special law to prevent sexual harassment at workplace, or reservations for women, scheduled castes or scheduled tribes for jobs and in elected bodies. These provisions mandated by the Constitution do not intend to violate the provision of equality as it is meant to give additional protection to certain backward sections. These are all beneficial legislation intended to improve the status of marginalised sections like that of women. A few critical acts for women protection, safety and empowerment are briefly discussed in this section. It must also be noted that many of the rules, regulations and reforms enacted for women protection also intersect and are valid in the case of child protection and vice-versa.

The Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act, 2013 was enacted to ensure safe working spaces for women and to build an enabling environment that respects women's right of equality of status and opportunity. The Act covers all women, irrespective of their age or employment status and protects them against sexual harassment at all workplaces, whether organised or unorganised. Students, apprentices, labourers, domestic workers and even women visiting an office, or a workplace are included in the Act.

With regard to violence occurring within the private space of the home, the principal legislation is the Protection of Women from Domestic Violence Act (PWDVA), 2005.[148] The objective of the law is to prevent violence and provide immediate and emergency relief in case of such situations irrespective of the status of a woman's relationship with the respondent. The Act recognises women's right to live free from violence within the private space of their home.

Recognising the need to address the social evil of dowry, the Dowry Prohibition Act[149] was enacted in 1961. By encouraging the implementation of this Act, the Ministry is working hard to bring an end to the practice of dowry. The Act defines dowry and penalises the giving, taking or abetting the giving and taking of dowry. It also lays down a built-in implementation mechanism in the form of Dowry Prohibition Officers to ensure effective enforcement of the law. Multi-sectoral advocacy has been carried out to positively influence the mindsets of people and discourage them from giving and taking dowry. A radio, print, television and social media campaign Annual Report 2019 in this regard was also rolled out during the year 2018.

The Indecent Representation of Women Act, 1986[150] was enacted with the specific objective of prohibiting the indecent representation of women through advertisements, publications, writings, paintings, figures or in any other manner. It also prohibits selling, distribution,

[147] Majlis Legal Centre/Indian Institute of Technology Kanpur (2018). A Comprehensive Guide to Women's Legal Rights
[148] Retrieved from http://chdslsa.gov.in/right_menu/act/pdf/domviolence.pdf
[149] Retrieved from https://indiacode.nic.in/bitstream/123456789/5556/1/dowry_prohibition.pdf
[150] Retrieved from http://legislative.gov.in/sites/default/files/A1986-60_0.pdf

circulation of any books, pamphlets, and such other material containing indecent representation of women.

In addition to the laws mentioned above and legislations, there are provisions for the protection of women and minor girls from situations of trafficking. The Immoral Traffic (Prevention) Act, (ITPA)[151] 1956, earlier known as the Suppression of Immoral Traffic in Women and Girls Act (SITA), was enacted in consonance of Article 23 of the Indian Constitution which prohibits trafficking human beings and beggars and other similar forms of forced labour. ITPA deals exclusively with the area of trafficking, the primary objective being, the abolition of trafficking of women and young girls for sexual exploitation or prostitution. Offences specified under this Act includes procuring, including or taking persons for prostitution, detaining a person in premises where prostitution is carried on, prostitution carried out or is visible in public places, seducing or soliciting for prostitution, living on the earnings of prostitution, the seduction of a person in custody, and keeping or maintaining of a brothel or allowing premises to be used as a brothel.

Apart from these nation-wide applicable laws, there are also state-specific laws that deal with the crime of trafficking especially with respect to the commercial sexual exploitation of women and children, such as the Karnataka Devadasi (Prohibition of Dedication) Act, 1982, Andhra Pradesh Devadasi (Prohibiting Dedication) Act, 1989 and Goa Children's Act, 2003.

Acts/Rules/Regulations Adopted for Child Protection and Development in India

Children constitute over 40 percent of India's population. The Government of India recognises all children as young citizens with are defining role in India's growth and development. It is committed to the protection of the rights, wellbeing and empowerment of all children can fully realise their full potential. The Government of India reiterates its commitment to safeguard, inform, include, support and empower all children within its territory and jurisdiction, both in their individual situation and as a national asset. It is committed towards the realisation of the fundamental rights enshrined in the Constitution of India for all children, in pursuit of protecting the rights, safety and wellbeing. The State is committed to taking affirmative measures – legislative, policy, institutional or otherwise – to promote and safeguard the right of all children to live and grow with equity, dignity, security and freedom, especially those marginalised or disadvantaged; to ensure that all children have equal opportunities; and that no custom, tradition, cultural or religious practice is allowed to violate or restrict or prevent children from enjoying their rights. The State, in return, upholds its absolute responsibility to extend and ensure access to these rights to all children (Draft National Plan of Action, 2016).

The Child Protection Services and Policies should, therefore, create the guiding framework for all governments, institutions, and individuals towards the protection of all children. It must inform all laws, policies, rules and regulations of the Government of India, in such a manner that all such laws, policies, and programmes recognise, promote and prioritise the protection of children. In this respect, various laws have been enacted for the protection and development of children from the welfare-driven approach. For instance, the National Plan of Action for Children, 2005[152], focuses on protecting the rights of children (those under 18 years). It explicitly acknowledges the need to protect children, both girls and boys, from all forms of sexual abuse and exploitation. The Government also adopted a new National Policy for Children, 2013[153]. The Policy provides for

[151] Retrieved from http://ncw.nic.in/sites/default/files/THEIMMORALTRAFFIC%28PREVENTION%29ACT1956_2.pdf
[152] https://wcd.nic.in/sites/default/files/National%20Plan%20of%20Action%202016.pdf
[153] https://wcd.nic.in/sites/default/files/npcenglish08072013_0.pdf

guiding framework for all the child protection rules/regulations/litigations and recognises every person below the age of eighteen years as a child and covers all children within the territory and jurisdiction of the country.

The Constitutional Guarantees that are explicitly meant for children include:

Article 21A that mandates that the State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine.

Article 24 provides that no child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment. *Article 39(e)* provides that the State shall, in particular, direct its policy towards securing that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength. *Article 39(f)* provides that the State shall direct its policy towards securing that children are given opportunities and facilities to develop in a healthy manner and conditions of freedom and dignity and that childhood and youth are protected against exploitation and moral and material abandonment. *Article 45* provides that the State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.

The Criminal Law (Amendment) Act, 2013's introduction of several new sexual offences under the Indian Penal Act, such as Section 376(2)(i), IPC, which punishes rape of a female under 16 years is considered an aggravated form of rape punishable with a fine and a minimum term of rigorous imprisonment for ten years, which can be extended to life imprisonment.

As per the constitutional mandate and obligations of the legislative framework created for protecting child-rights, include Acts like the Child Labour (Prohibition and Regulation) Act (1986/2016), Juvenile Justice Act (Care and Protection of Children) (2015), Protection of Children from Sexual Offences (POCSO) Act, 2012 and the Prohibition of Child Marriage Act (2006). The ICPS is an integrated approach of all the legal instruments for the protection and rehabilitation of children.

The child protection mechanisms adopted by the Indian State are geared towards protecting children who are identified as vulnerable, with the idea of protection defined as the state machinery providing for basic safety and care for children. Two such critical child protection laws are the Juvenile Justice (Care and Protection) Act, 2015 (JJ Act) and the Protection of Children from Sexual Offences (POCSO) Act, 2012. The Juvenile Justice (Care and Protection) Act is the core guiding Act for the Integrated Child Protection Scheme. It covers two categories of children- Children in Conflict with Law (CCL) and Children in Need of Care and Protection (CNCP). The definition of CNCP includes a wide range of children, including "orphans, abandoned children, destitute children, working and street children or the girl child" (Vesvikar and Sharma, 2016, p.189). Within the juvenile justice system, the State undertakes the care, protection, development and rehabilitation of both CICL and CNCP through the institutionalisation of these children, which, Kumari (2004) notes, serves to fulfil a 'protective' function.

To deal with child sexual abuse cases, the Government has brought in the Protection of Children from Sexual Offences (POCSO) Act, 2012. The Act came into force with effect from 14th November 2012 along with the Rules framed thereunder. The POCSO Act, 2012 is a comprehensive law to provide for the protection of children from the offences of sexual assault, sexual harassment and pornography while safeguarding the interests of the child at every stage of the judicial process by

incorporating child-friendly mechanisms for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts[154].

The legislative framework created for protecting child rights also includes Acts like the Child Labour (Prohibition and Regulation) Act (2016), Immoral Trafficking Prevention Act, 1956 and the Prohibition of Child Marriage Act (2006). The Child Labour (Prohibition and Regulation) Act, 1986 defines a 'child' who is under 14 years of age. It prohibits the employment of children in certain specified occupations and also lays down conditions of work, including safety measures and other requirements when children are employed. The Bonded Labour (Abolition) Act, 1976 prohibits anyone from making any advance or compelling any person to render bonded labour. The Prohibition of Child Marriage Act, 2006, has been enacted to punish those who promote, perform and abet child marriages. The States/UTs from time to time are regularly requested to oversee the effective implementation of the Prohibition of Child Marriage Act, 2006. The prevention of child marriage and protection of the girl child is a prominent subject of the National Plan of Action for Children, 2016.

Legislations have also been undertaken to address the crime of trafficking of children for various purpose, including for commercial sexual exploitation. The Indian Penal Code, 1860 has 25 provisions relevant to trafficking. The ones particularly relevant to child trafficking are Section 366A, 366B and 374. *Section 366A* deals with the procurement or transfer of minor girls from one part of the country to another for illegal purposes and is a punishable offence. *Section 366B* deals with importation of girls below 21 years of age. Section 374 punishes a person for compelling any person to perform labour against his/her own will. As mentioned in the above section, the ITPA act is also used in addressing the crime of child trafficking, especially that of child trafficking for commercial sexual exploitation. The Information Technology Act, 2000 penalises publication or transmission of any electronic form of material which is lascivious or appeals to a prurient interest or if its effect is such as to tend to deprive and corrupt persons to read, see or hear the matter contained or embodied therein. The law has relevance to addressing the problem of trafficking for child pornography or commercial sexual exploitation of children.

Many other initiatives are undertaken by the Indian Government to improve the protection of children and to prevent child trafficking. For example, ChildLine is a 24-hour phone service which can be accessed by any child who is in distress or also an adult on behalf of the child by dialling the number 1098. It provides emergency assistance to a child and is based upon the child's needs. Furthermore, *Track Child* is a National Tracking system initiated by MWCD to track missing and vulnerable children (MWCD, n.d.). It keeps track of children in every childcare institute (observation homes, short-stay homes, shelter homes, etc.) in the country. It collates information about children declared as missing. It also provides information relevant to missing children, such as emergency helpline numbers, lists of childcare institutes, government-run homes and observation homes, and information on laws and policies.

International Laws and Conventions

International laws lay down standards that are agreed upon by all or most countries. By ratifying an international law or Convention or a covenant, a country agrees to implement the same. An overview of some of the key international conventions concerning women and child protection, development and empowerment are presented below.

[154] https://wcd.nic.in/sites/default/files/POCSO-ModelGuidelines.pdf

Table 16: Key International Conventions related to Women and Children

Name of the Convention/Protocol	About the Convention	Relevance to India's Context
UN Convention on the Rights of the Child, 1989	• Provides rights to protect children from neglect, exploitation and abuse • The UNCRC consists of 54 articles that set out children's rights and how governments should work together to make them available to all children. • Under the terms of the Convention, governments are required to meet children's basic needs and help them reach their full potential. Central to this is the acknowledgement that every child has basic fundamental rights. These include the right to: ○ Life, survival and development ○ Protection from violence, abuse or neglect ○ An education that enables children to fulfil their potential ○ Be raised by, or have a relationship with, their parents ○ Express their opinions and be listened to. • In 2000, two optional protocols were added to the UNCRC. One asks governments to ensure children under the age of 18 are not forcibly recruited into their armed forces. The second calls on states to prohibit child prostitution, child pornography and the sale of children into slavery. More than 120 countries have now ratified these. A third optional protocol was added in 2011. This enables children whose rights have been violated to complain directly to the UN Committee on the Rights of the Child.	India, a country with about one-fifth of the world's children, ratified the UNCRC, in 1992. UNCRC is a holistic guiding framework for all Indian child policies, laws and legislation which borrow from the core principles of UNCRC.
Convention on Elimination of all Forms of Discrimination against Women (CEDAW), 1979	The various rights of women mentioned under CEDAW include: • taking all appropriate measures to eliminate discrimination against women by any person, organisation or enterprise (Art. 2). • taking in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, to guarantee them the exercise and enjoyment of human rights and fundamental freedoms based on equality with men; • taking all appropriate measures to eliminate discrimination against women in rural areas to ensure, based on equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right: to participate in the elaboration and implementation of development planning at all levels; to benefit directly from social security programmes and to participate in all community activities.	CEDAW has become the guiding framework for many women empowerment schemes such as OSC, MSK, Swadhar Greh, Ujjawala, MPV, etc. and other Indian laws for women empowerment and safety such as ITPA, PWDVA, and the like.
SDGs targets	• SDGs targets which include ending all forms of discrimination against all women and girls everywhere (SDG 5.1), • Eliminate all forms of violence against all women and girls in public and private spheres, including	The UN defines Sustainable Development Goals as the blueprint to achieve a better and more sustainable

	trafficking and sexual and other types of exploitation (SDG 5.2), • Eliminate all harmful practices, such as child, early and forced marriage (SDG 5.3), • Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life (SDG 5.5) • Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels (SDG 5.c).	future for women and children in India. The global target year for reaching the goals is 2030.
UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo), 2000	• To prevent and combat trafficking in persons, paying particular attention to women and children. • To protect and assist the victims of such trafficking, with full respect for their human rights. • To promote cooperation among States Parties to meet those objectives. • Implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons, including, in appropriate cases, in cooperation with non-governmental organisations, other relevant organisations and other elements of civil society.	The Schemes and laws on combatting trafficking in India heavily borrow from the PALERMO Protocol such as ITPA, Ujjawala Scheme and the like. The Ujjawala Scheme operates with the same premise, and the components of the Scheme comprise of preventive and rehabilitative measures.
Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, 2000	Criminalises specific acts relating to the sale of children, child prostitution and pornography, including the attempt of complicity.	Provides for a guiding framework for Indian laws and schemes which deals with prevention of crimes such as child prostitution and attempts to rehabilitate the victims such as Ujjawala, ITPA, POCSO act and the like.
The South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, 2002	Aims to bring an end to the illegal smuggling of women and children for commercial sexual exploitation by promoting cooperation among member states to deal with various aspects of prevention, interdiction and suppression of trafficking in women and children.	Laws and schemes aiming at prevention of commercial sexual exploitation and trafficking of women and children refer to the SAARC Convention.

Gaps and Challenges in Women and Child Laws and Regulations

Lack of a comprehensive legal definition of a child and determination of a child's age: One of the primary gaps in the child protection laws is the lack of a comprehensive definition of what constitutes a "child". The term 'Child' is not defined in the Indian Constitution. According to Article

1 of the United Nations Convention on the Rights of the Child 1989, 'a child means every human being below the age of eighteen years unless, under the law applicable to the child, the majority is attained earlier.

The legal definition of the child in India is quite ambiguous with different laws defining the child's age differently. There are a number of legislations in India which defines the term 'Child' depending upon the purpose. Under the Indian Majority Act,1875 the age of majority is eighteen years & in case of a minor for whose person & property a guardian is appointed or whose property is under the supervision of the Court of Wards the age of majority twenty-one years. Under the Child Labour (Prohibition and Regulations) Act, 1986, a child means a person who has not completed his fourteenth year of age. Under the Child Marriage Restraint Act, 1926, a child means a person who, if a male, has not completed twenty-one years of age and, if a female, has not completed eighteen years of age. Under the Juvenile Justice (Care and Protection) Act, 2000, 'Juvenile' or 'Child' means a person who has not completed the eighteenth year of age. The ambiguity concerning the child's age has led to the inefficient implementation of child protection laws and schemes in the country.

Deconstructing the Idea of "Protection" and "Agency" in Child Protection Laws: One area of concern which particularly needs to be highlighted is how the State defines terms like "agency", "best interest of the child" etc. when it comes to active participation by the child in decision making, especially when deciding about consensual relationships. While the Indian legal system punishes all consensual expressions of sexuality, it nevertheless privileges marriage as the acceptable site for such expression. What is critical to note here is also that the increased age of consent in POCSO is in direct conflict with the Prohibition of Child Marriage Act (PCMA), 2006 and the exception to the rape provision in the Indian Penal Code pertaining to minor wives. (Gupta, 2015). The only legal recourse for children below the age of 18 who enter into consensual sexual relations, to evade a minimum term of 10 years' rigorous imprisonment under the POCSO, is to marry (Raha and Giliyal 2012). The use of power indiscriminately to allow sexual activity within the conjugal bond and not allow it between unmarried adolescents exploring their sexuality, manifests itself in the larger patriarchal interest of the State to curb agency. Therefore, these synergies need to be built between that of different existing child protection laws and policy mechanisms to delve into the concept of agency and adequate role of children in decision making. In a national level KII, a leading child rights academic, Chairperson, Centre of Equity and Justice for Children and Families, Tata Institute of Social Sciences (TISS), Mumbai stated that—

> "Agency will get defined if we first understand what gender is. Children are a product of their socialisation; they come into the homes with certain conditioning. Unless and until we bring in gender into mainstream language that how those in very simple terms, patriarchy operate both in the lives of a boy child, girl child and child of any gender in different ways…in our children's home, the staff for managing those homes many a time because they have not had opportunities the way we have had, you know, of exposure to different thoughts, of exposure of looking at reality differently. Probably they have a young child at home or girl who's of marriageable age; they will always tend to protect children. And in the process to protect children sometimes even suppress the desires of these children in this desire to nurturing..."

In addition to the instrument of POCSO punishing consensual relationships, the functioning of the Juvenile Justice system also punishes girls for an assertion of their mobility, even in the absence of sexual relations. Therefore, the Indian legal framework for the protection of children, including that of minor adolescent girls must revisit these sensitive areas of gender intersectionality, child

participation and their agency. The concept of agency must be incorporated in the legal framework to keep up with the global best practices with regards to the protection of children.

Gaps in the POCSO Act, 2012: Child sexual abuse is a multi-dimensional problem having legal, social, medical and psychological implications. Though the POCSO Act, 2012 is an all-encompassing piece of legislation, and it recognises almost every known form of sexual abuse against children as a punishable offence, a few challenges remain to be answered. A multi-dimensional, multi-agency team and multi-tier approach including access to psychosocial support are to be made available to deliver holistic, comprehensive care under one roof for victims of child sexual abuse (S Moirangthem et al., 2015). There are certain drawbacks in the POCSO Act, 2012, which intends to protect children from the situation of sexual abuse and violence. These have been collated based on several research studies on the challenges and gaps pertaining to the POCSO Act (S Moirangthem et. Al, 2015[155]; Math et. Al, 2015[156]; Radhika .et Al, 2018[157])

Firstly, there is a gap pertaining to "*consent*" *under the* Act. If the child/adolescent refuses to undergo a medical examination, but the family member or investigating officer is insisting for the medical examination, the POCSO Act is silent and does not give clear direction. There is an urgent need to clarify the issue of consent in such cases. However, emergency treatment needs to be initiated without getting into this consent issues or legality to protect the life of the child.

Secondly, The POCSO Act, Section 27(2) mandates that in case of a female child/adolescent victim, the medical examination should be done by a female doctor. However, the law mandates the available medical officer to provide emergency medical care. On the other hand, the Criminal Law Amendment Act, Section 166A of Indian Penal Code mandates the Government medical officer on duty to examine the rape victim without fail. This conflicting legal position arises when a female doctor is not available.

*Thirdly, t*he law has cast a legal obligation on the medical fraternity and establishment to provide free medical care to the survivors. However, if there are no proper facilities or costly procedure is required, the State should take responsibility of reimbursing the cost; otherwise, a hospital may provide substandard treatment or deprive the survivor of comprehensive treatment.

*Lastly, s*exual contact between two adolescents or between an adolescent and an adult is considered illegal under the POCSO Act 2012, because no exception has been granted in the Act under which an act of sexual encounter with a person under 18 is an offence irrespective of consent or the gender or marriage or age of the victim/the accused. However, it is proposed that any consensual sexual act that may constitute penetrative sexual assault should not be an offence when it is between two consenting adolescents; otherwise, both the adolescents are charged under the POCSO Act, 2012. On the other hand, the latest amendment of the Indian Penal Code concerning rape laws in 2013 reports that the age of consent for sex has been fixed to 18 years. Hence, anyone who has consensual sex with a child below 18 years can be charged with rape, which may increase the number of rape cases.[158]

Gaps in the Juvenile Justice (Care and Protection of Children) Act, 2000: The Juvenile Justice (Care and Protection of Children) Act, 2000 enacted in consonance with the Convention on the

[155] Moirangthem, S., Kumar, N. C., & Math, S. B. (2015). Child sexual abuse: Issues & concerns. *The Indian journal of medical research*, *142*(1), 1.
[156] Math, S. B., Kumar, N. C., & Moirangthem, S. (2015). *Child Sexual Abuse: Issues & Concerns* (No. id: 7420).
[157] Radhika, K., Manjula, M., & Jaisoorya, T. S. (2018). Ethical gaps in conducting research among adult survivors of child sexual abuse: a review. *Indian J Med Ethics*, *8*, 1-7.
[158] https://www.newindianexpress.com/cities/bengaluru/2015/sep/01/A-Child-is-Abused-Every-Second-Says-Study-808004.html

Rights of the Child (CRC); consolidates and amends the laws relating to juveniles in conflict with the law and the children who are in need of care and protection. The law gives special attention to children who are in extremely vulnerable situations and are therefore likely to be inducted into trafficking. The JJ Act is a crucial step by the Government to establish a framework for both children in need of care and protection and children in contact with the law. However, further harmonisation is needed with other existing laws, such as the Prohibition of Child Marriage Act 2006, the Child Labour Prohibition and Regulation Act 1986 or the Right to Education Act 2009 (TM Oration, 2013). Although the JJ Act and its corresponding rules are comprehensive, the field assessment and results from KIIs show that on-ground effective implementation of the Act is lacking. Aspects of rigorous monitoring, training, capacity-building, vulnerability mapping and the like, do not factor-in effectively in the implementation process.

Challenges w.r.t Legal Mechanisms Addressing the Crime of Trafficking of Women and Children in the Country: Immoral Traffic Prevention Act, 1956 (ITPA) is the only law in India which specifically addresses sex-trafficking as an issue. It penalises the trafficking of women and children for commercial sexual exploitation and provides for the rehabilitation of the victims.

Despite some of the advantages, the law has various shortcomings. There's no uniform definition of child or minors throughout different statutes, both criminal and civil laws. Cooperation mechanisms relating to cross-border trafficking are almost non-existent, especially the one concerns legal assistance; information provided; transfer of a sentenced person and investigations. There's no relevant distinction between the trafficker and the victims.

Some sections of the Act, like section 4 and 8, are used against the victim herself. *Section 4* of the Act states that *"any person over 18 years who knowingly lives [wholly / partly] on the earnings of prostitution of another can lead to imprisonment for a term up to 2 years and fine up to Rs.1,000/- but where such prostitution relates to a child/minor, the imprisonment will be for a term between 7- 10 years."* Likewise, *Section 8* of the ITPA Act States that *"Seducing or soliciting for the purpose of prostitution punishes the person in prostitution –who (a) endeavours to attract the attention of any person; or (b) causes obstruction/annoyance to persons or the public; for the purpose of prostitution."* These sections can be used against the sex workers themselves and lead to further victimisation of the already vulnerable and the marginalised population of women and children. The adult women sex-workers may be harassed by the police and jailed for soliciting or earning by involving in sex-work, and the minors may be placed in the juvenile justice system and put in a JJ home. Therefore, such challenges make the current legal mechanism to address the crime of CSE such as ITPA, archaic.

The current response mechanisms while focusing on the prosecution of some forms of trafficking, does not provide for a comprehensive framework of law that not only protects victims by prohibiting all forms of trafficking but also provides for an institutional framework for prevention, protection and rehabilitation. The Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill was introduced in the Lok Sabha in 2018 and aimed to target the organised nature of human trafficking by creating an equally organised and holistic response to prevent trafficking, protection of victim and witnesses, rehabilitation and repatriation of victims. However, the Bill had lapsed, as the 17th Lok Sabha was formed in 2019 and bill was presented in earlier Lok Sabha.

Inadequacy of Legal Mechanisms to Address the Indecent Portrayal Of Women on Web Portals: Cyber victimisation through false, derogatory, and indecent portrayal of women; in web platforms like Facebook, Instagram, etc.; has become a malicious trend worldwide to which India

is no exception. There are no focused laws to address the issue. Even though the Information Technology Act of 2000, (amended in 2008), aids somewhat through provisions meant for punishment for publishing obscene and sexually explicit materials and sending offensive information through communication devices, these are not gender-specific laws. Therefore, one needs to rely upon Section 509 IPC, (which prescribes punishment for word, gesture, or act harming the modesty of women); or Section 292 IPC, (which defines obscenity). But neither of these can address the issue adequately. The recent Union Cabinet decision to extend the scope of the Indecent Representation of Women (Prohibition) Act of 1986 (IRWA) to cover the indecent portrayal of women through audio-visual digital media including SMSs, MMSs, etc., is a step in the right direction, as it is a law-focused towards preventing indecent portrayal of women in particular. Further, the present study suggests that a gender-specific provision/law is needed to deal with the victimisation of women through indecent portrayal on web portals. The paper by Halder suggests that the broadened scope of the IRWA alone cannot bring justice to the victims and focused efforts need to be undertaken to address the issues of the cyber victimisation of women in India (Halder, 2013[159]).

Conclusion

MWCD has enacted several key reforms and regulations with the vision of empowered women living with dignity and contributing as equal partners in development in an environment free from violence and discrimination, and well-nurtured children with opportunities for growth and development in a safe and protective environment. Although significant efforts have been undertaken in the past few decades for mainstreaming the most marginalised and vulnerable categories of women and children and initiatives taken for their protection and empowerment, gaps in these rules and regulations remain.

Some of the critical challenges and gaps in child and women laws and policies include (i) lack of a comprehensive legal definition of a child and determination of a child's age, (ii) the absence of the child's agency and role in the decision making process in child protection laws, (iii) gaps in the POCSO Act and JJ Act, (iv) lacunae in the legal mechanisms addressing the crime of trafficking of women and children in the country, (v) the inadequacy of legal mechanisms to address the indecent portrayal of women on web portals. Addressing these vital systemic issues and concerns can lead to the attainment of the vision of the Ministry in the facilitation of a safe environment for the country's women and children which is conducive to their growth and development. Keeping this in mind, a few means through which the current gaps in the legal mechanisms can be addressed are:

- Universalisation of the comprehensive definition of what constitutes a "child" and the child age to be fixed at that of "until the attainment of 18 years of age" across all child protection laws and schemes in India.
- The Indian legal framework for the protection of children, including that of minor adolescent girls must revisit the sensitive areas of gender intersectionality, child participation and their agency. "Consensual" relationships amongst young adults under the various child protection laws must not be viewed as an offence.

[159] Halder, Debarati (2013) Examining the Scope of Indecent Representation of Women (Prevention) Act, 1986 in the Light of Cyber Victimisation of Women in India

- Clarify the issue of consent from child victim/parent in cases of child sexual abuse to undergo a medical examination under the POCSO Act, 2012. Also, clarify the need for a female medical officer to undertake the medical examination for a child victim of sexual abuse.
- The State should take responsibility for reimbursing the medical cost for emergency treatment of victims of CSA; otherwise, the hospital may provide substandard medical treatment procedure or may deprive the survivor of comprehensive treatment.
- Strengthening of the implementation of the provisions guaranteed under the Juvenile Justice Act, 2000.
- Reintroduce and pass the Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill.
- Focused efforts to be undertaken to address the issues of cyber victimisation and indecent portrayal of women in cyber-spaces in India.

2.3.9. Impact and role of the Private Sector, Collectives, Cooperatives and NGOs

The private sector is often referred to as the *"silver bullet"* to work towards the SDG Agendas 2030 (Global Health Advocates Report, 2018). However, the private sector is a very heterogeneous category of actors that ranges from multinational companies to individual farmers, therefore, the role, contribution and impact of different private players in the community, greatly varies. *"The OECD defines the private sector in development cooperation as organisations that engage in profit-seeking activities and have a majority of private ownership. This definition includes financial intermediaries, multinational companies, micro, small and medium enterprises (MSMEs), cooperatives, individual entrepreneurs and farmers who operate in the formal and informal sectors"* states the Global Health Advocates Report (2018).

The Public-Private Partnerships (PPP) involve at least one private for-profit organisation with at least one not-for-profit organisation, who provide a mutual sharing of efforts and benefits and are committed to the creation of social value, especially for disadvantaged populations (Sun Private sector engagement toolkit, 2018). In this section, a cross-sectional analysis of the role and impact of the private sector, collectives and cooperatives and NGOs in the Women and Child Development (WCD) sector is attempted. The analysis ranges across four thematic areas - Women Empowerment, Women Protection and Safety, Child Protection, and Child Development and Nutrition. This is undertaken to identify sustainable ways and practices in which local and international business community can be better engaged to scale-up efforts across all the critical components of the WCD sector in the country.

Percentage of private investment in the clusters/programs run by MWCD

Even though many schemes run by the MWCD have engagements from the Private Sector, NGOs, and women's collectives, the MWCD schemes have not systematically captured the exact amount of private sector investments and contributions in the running of the schemes – schemes such as Anganwadi Services, Child Protection Scheme, and BBBP benefit from private sector contributions under the Corporate Social Responsibility (CSR), support from private foundations, NGOs, civil society organisations, etc. In schemes such as the Swadhar Greh, Ujjawala and Working Women's Hostels, and OSCs and Women's Helpline, NGOs are extensively involved in running and managing the infrastructure and services, wherein they may contribute funds over and above the grant-in-aid received by them. However, these contributions are not systematically mapped and captured at either the district level, the State Level, or the National Level. Given this, the evaluation is not able to assess the percentage of private investments in MWCD schemes.

Mechanisms to incentivise private sector investments in MWCD Schemes

As of June 2020, there is no clearly articulated policy of the MWCD to incentivise private sector investments in WCD sector. Even though there are private investments in WCD sector, these have been made as part of the CSR – directly or contribution to NGOs, and through private philanthropies – such as Bill and Melinda Gates Foundation, Tata Trusts, Children's Investment Fund Foundation, Piramal Foundation, etc. – their contributions to the sector are more in the nature of philanthropy rather than a part of government's push to attract more private sector financing in the WCD Sector.

Involvement of private sector/community/collectives/cooperatives in WCD Sector

Child Development and Nutrition

The acknowledgement of complex and multi-causal problems of malnutrition requires all players to collaborate and to invest in the same objective. It has led to increased private sector engagement as exemplified through the Scaling Up Nutrition Business Network and mechanisms for blended financing and matched funding, such as the Global Nutrition for Growth Compact. (Liere et al. 2017)[160]. In India also, the private sector has long been engaged in initiatives aimed at treating malnutrition, producing products to treat severely malnourished children and manufacturing nutrient-rich and fortified food. The role of the private sector in tackling the causes of malnutrition has been through various techniques and strategies such as incorporating in their model food fortification, biofortification, Ready-to-use therapeutic foods, promotion of exclusive breastfeeding and the like. In addition to the private sector, philanthropies, development partners, women's collectives and communities play a significant role in the delivery and management of nutrition interventions. Some examples of engagements by the private sector, development partners, collectives, and NGOs in child development and nutrition are highlighted below:

Key Engagements with the Private Sector, Community/ Collectives/ Cooperatives:

- Vedanta has signed a Memorandum of Understanding (MoU) with the Ministry of Women and Child Development, Government of India to construct 4,000 new age Anganwadis called Nand Ghars primarily in the States of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Telangana and Uttar Pradesh. The Company is contributing to this landmark initiative by funding to Vedanta Foundation for setting up Nand Ghars. This model reimagines existing Anganwadis into Nand Ghars equipped with state-of-the-art infrastructure including access to nutritious food, e-learning, clean water, skill development, sanitation and perennial solar power supply. M/s. Vedanta has already started construction of AWC buildings in Rajasthan, Uttar Pradesh, Madhya Pradesh, Odisha and Jharkhand. As per monthly progress report submitted by Vedanta, construction of 1184 AWC buildings (7 AWC buildings in Chhattisgarh, 5 AWC buildings in Madhya Pradesh; 909 AWC buildings in Rajasthan; 126 AWC buildings in Uttar Pradesh; 89 AWC Building in Odisha and 48 AWC building in Jharkhand) has been completed by 31st December 2019. Vedanta has already constructed 900 AWCs in Rajasthan[161].
- To increase the community participation in Anganwadi Services under Umbrella ICDS scheme, Government of Rajasthan has initiated Nanda Ghar Yojana to bring innovation and create model AWCs. The provisions of Nand Ghar Yojana include Participation – It is the adoption of an AWC by the Donors, Social workers, NGOs, Corporate sector etc. It is encouraged to adopt one or more AWCs for five years. They would provide additional funding for the effective functioning of AWC. Lupin Human Welfare & Research Foundation adopted 100 Anganwadi Centres situated in five districts across Rajasthan and develop them to achieve the objectives of providing nutritious food to children and reducing maternal and child mortality ratio. The Foundation had installed growth monitoring machines at the centres operating under the Child Development Project to measure the growth rate of children, which are connected online and provide instant information. It is understood that the public-private partnership and better management of Anganwadi Centres would help to achieve significantly better results

[160] van Liere, M. J., Tarlton, D., Menon, R., Yellamanda, M., & Reerink, I. (2017). Harnessing private sector expertise to improve complementary feeding within a regulatory framework: Where is the evidence? *Maternal & child nutrition*, *13*, e12429.
[161] Ministry of Women and Child Development (2020). MWCD Annual Report 2019-20. New Delhi

for resolving the problem of malnutrition of children and women. The Nandghar Yojana has been launched in the State precisely with this objective, and the Nandghar Yojana has started getting positive support of industrial houses, non-government organisations, voluntary bodies and other groups.

- **Global Alliance for Improved Nutrition (GAIN)** worked with ICDS Andhra Pradesh Foods – a government-owned company which produces fortified supplementary food for children 6–36 months and pregnant and lactating women in the ICDS. Between 2010 and 2014, AP Foods worked with GAIN to improve the nutritional quality of their supplementary food. The partnership acted as a catalyst for substantial financial investment by the state government in a new production facility, enabling AP Foods to increase reach from 60% to 100% of the community centres, reaching 3 million people with nutritious food take-home rations. Though government-owned, the business-centred approach of AP foods has led to improved quality of product and packaging, increased efficiencies, and increased reach (Global Alliance for Improved Nutrition, 2014).
- **Pratham** has developed training modules for AWWs in ECCE in Delhi.
- In Uttarakhand, **TATA, Mahindra and Ambuja Cement Foundations** have significantly helped in the construction of AWCs; Hans Foundation has constructed 250 AWCs; TERI and THDC Ltd. have adopted AWCs and provided chairs, tables and other amenities.
- 63 AWCs in the Alirajpur and Burhanpur districts of Madhya Pradesh have been transformed into Smart AWCs through Solar Installation by **UN Women** in collaboration with Urja Vikas Nigam Limited, Madhya Pradesh.

Key Formal Engagements with Development Partners:

- **Memorandum of Co-operation (MoC) with the Bill & Melinda Gates Foundation (BMGF):** MWCD signed an MoC with BMGF to provide technical support at the National and State level for strengthening the delivery of nutritional goals. The MoC has been extended till May 2021.
- **MoU with TATA Trusts**: A MoU has been signed with Tata Trusts to deploy Swasth Bharat Preraks (SBP) across all districts, as well as provide technical support for roll-out and implementation. The MoU is in place till December 2022.
- **MoU with NASSCOM Foundation**: MoU for technical as well as administrative support for implementation and roll-out at State/UT level has been signed with NASSCOM Foundation (MWCD, Annual Report 2018-19).
- **United Nations Children's Fund (UNICEF)**: Government of India and UNICEF have jointly signed the Country Programme 2018-2022 in January 2018. The Country Programme's target is to contribute to national flagship programmes and thrust areas and strategies taking into account India's VISION 2030, GOI's priorities and global priorities (SDGs). The budget provision for CPAP 2018-2022 is US$ 651 million.

Key Engagements with NGOs:

MWCD recognises the role of NGOs in enhancing the coverage of the various interventions of the MinistCCIry to the most marginalised and vulnerable as well as help in effective implementation at the grassroots level. In line with the same, "Conference of Partner NGOs: Implementation of Policies, Schemes, Programmes for Women and Children: Challenges and Way Forward"[162] was organised by MWCD in October 2017 (MWCD, 2017). Around 250 partner NGOs from across the country were invited to participate in this day-long conference. The Ministry has also developed

[162] https://wcd.nic.in/sites/default/files/Conference%20of%20partner%20NGOs_WCD%20Book.pdf

the NGO eSamvad[163] portal to provide a platform to interact with NGOs, civil society and concerned citizens. This is a way for the Ministry to receive input on its schemes and programmes.

To promote the involvement of NGOs/voluntary organisations in the planning, implementation, monitoring and supervision of ICDS, the Ministry of WCD has made provisions for handing over the implementation of ICDS Projects/AWCs to them. Various state-specific assessments/studies on the NGO run AWCs/ICDS Projects have found the overall performance of NGO managed AWCs to be better in terms of service delivery and outreach, ECE activities, supplementary feeding activities, governance in terms of AWCs maintenance, child attendance, community involvement, record maintenance, continued capacity development, monitoring etc. Despite the provision for the engagement of NGOs/voluntary organisations in the implementation of the ICDS by the Ministry of WCD, the total number of ICDS projects run by NGOs have remained at 67 between 1992 and 2010. Reasons behind this could be either NGOs are not coming forward in large numbers in taking up the programme, or there has been a lack of initiative from the State Governments to involve NGOs in implementation of ICDS (MWCD, ND).

Box 17: Role of Community/NGO/CSO/Private Sector in Construction of AWCs

Mizoram: 2215 out of 2244 AWCs in Mizoram have their own building. Recently, significant AWCs have been constructed through MGNREGS fund. Prior to MGNREGS, the community came forward in big numbers to construct AWCs, particularly in southern and western Mizoram.

Uttarakhand: TATA, Mahindra and Ambuja Cement Foundations have helped in construction of AWCs. Hans Foundation constructed 250 AWCs in the state.

TERI and THDC Ltd. have adopted AWCs and provide chairs, tables and other amenities.

Rajasthan: Vedanta constructed 900 AWCs.

[163] https://www.esamvad.nic.in/

Box 18: Khushi Anganwadi Initiative – Pursuing Happiness and Wellbeing

'KHUSHI' is a partnership between Government of Rajasthan and Hindustan Zinc, aimed at improving the functioning and outcome of Anganwadis in Rajasthan. The program began in the year 2016 and covered 3117 Anganwadi Centres (AWCs) across 5 Districts of Rajasthan [Udaipur – 1345 AWCs, Rajsamand – 504 AWCs, Chittorgarh – 574 AWCs, Bhilwara – 504 AWCs & Ajmer – 190 AWCs]. The program directly impacted lives of more than 1,00,000 children in the foundational developmental age of 0-6 years. Hindustan Zinc's Implementing Partners for KHUSHI were – Gramin Avam Samajik Vikas Sanstha (Ajmer District), CARE India (Bhilwara & Chittorgarh Districts), Jatan Sansthan (Rajsamand District) and Seva Mandir (Udaipur District).

The 5 major components of 'KHUSHI' intervention were – Supplementary nutrition, Preschool education, Health & hygiene, Community engagement and Infrastructure improvement. Khushi Program has relied heavily on rapid learning, innovation, collaboration and agility of response as the design principles behind the implementation model.

Key Interventions:

	FOCUS AREA	BEST PRACTICE
1	Health	• Intensive and regular screening of SAM children • Organising CMAM camps (community management of acute malnourishment)
2	Nutrition	• Organised more than 14,000 recipe trials with mothers using THR as the main ingredient, to teach mothers how THR could be converted into a delicious meal while taking care of protein and fat deficiency in their diets. These recipes gained popularity and saw steady rise in the consumption of THR across households and improvement in the health status of women and children • Training of AW helpers and workers in preparation of nutritious meals
3	Learning	• Over 5000 AW staff trained every year • 'kabad se jugaad' initiatives to help AWWs prepare their own learning material. Use of Constructivism as a technique. • Introduction of preschool assessment mechanisms at AWCs • Recognition of AWWs in the monthly newsletters
4	Community involvement	• Project was very successful in generating community participation due to regular meetings, nukkad nataks, etc. • Simple and attractive 4-page magazine distributed to every AWC every month – with regular columns on education, health, nutrition and featuring one Anganwadi-of-the-month at the District level.

Impact of 'Khushi Programme' over 5 years:

	PROGRAM COMPONENT	IMPACT
1	Children's attendance	Attendance at AWCs increased from 43% in 2016 to 65% in 2020
2	Health	Out of 2000 severely malnourished children identified in 2019, over 78% had moved out of SAM within last one year.
3	Nutrition	More than 1800 kitchen gardens developed and sustained through which local seasonal vegetables were grown and used to add nutritive value of hot meals at AWCs & food at home
4	Children's learning levels	Improved learning outcomes in 57% of assessed children in physical, social, language, creative and cognitive skills.
5	Community involvement	Over Rs 2.5 crores (in cash & kind) of funds raised at AWCs through community contributions; nearly 97,000 community meetings held in 5 years.
6	Infrastructure improvement	314 AWCs converted into Nand Ghars, state-of-the-art infrastructure. The Nand Ghars provide a child safe and friendly learning environment with amenities like safe drinking water, uninterrupted supply of solar power, digital learning facilities, etc.
7	Policy impact	Inclusion of SAM as a medical condition for which free ambulance service could be availed for treatment purpose; Regular engagement with district & state ICDS for updates, deliberation & dissemination of best practices which can be scaled up at other Anganwadis.

Source: https://csrrajasthangov.in/project/khushi+anganwadi+program.html

Box 19: Nand Ghar – MoU with Vedanta

Nand Ghars are a transformative leap dedicated to benefiting rural children and women in India. A measure undertaken by Vedanta together with MWCD, the project aims to ensure rural India is not left behind in India's march towards progress. The case for state-of-the-art Anganwadis in the form of Nand Ghars all over India has not merely arrived - it is now imperative.

Equipping Nand Ghars with televisions for e-learning, solar panels for reliable power, safe drinking water and clean toilets. Nand Ghars have shown a marked improvement in attendance, learning abilities and school readiness by deploying e-learning modules and playful learning for education, in collaboration with world-class partners. To make the model integrated, Nand Ghars are ensuring that women undergo entrepreneurship training, including skill enhancement to start their micro-enterprise with extensive skill training and credit linkages, thereby increasing their contribution towards the Indian economy. The state-of-art technology and infrastructure make Nand Ghar a model resource centre for the community.

- Constructed using the latest Schnell technology, which is earthquake resistant and fireproof.
- Solar Panels: 24 x 7 electricity for essential facilities
- Toilets: For healthy sanitation and inculcating behavioural changes
- Smart TV: E-Learning through 40 weeks of scientific curriculum for children
- Water Purifiers: Access to safe drinking water

The infrastructure is being utilized in the morning for children's education and nutrition and in the afternoon for skill development of women. The Nand Ghar centre daily provides Pre-school education to children (3-6 years) through e-learning, BaLA designs and smart kits; Nutritious hot cooked meals to children, pregnant and lactating women; Healthcare through Mobile Health Van and conducting health camps; and women empowerment through skill training, credit linkage and entrepreneurship.

Impact

Today more than 1250 Nand Ghars are running across Rajasthan, Uttar Pradesh, Madhya Pradesh, Karnataka, Chhattisgarh, Jharkhand and Odisha. The Impact is paving the way for the model Anganwadi movement across the country.

- Aiming to provide around 50,000 children with pre-school learning through advanced teaching-learning methodologies, including television.
- Aiming to provide hot cooked wholesome nutritional meals to about 50,000 children.
- Around 20,000 OPDs are being conducted per month for the community by Nand Ghar Health Vans
- More than 37,500 women trained to achieve financial and social empowerment through employment

The Nand Ghar Project aims to touch lives of around 4 Million community members while directly impacting around 2,00,000 children and around 1,80,000 women on an annual basis.

Impact Indicators	Estimated Number
Total Nand Ghars	4,000
Children - 0-3 years	80,000
Children - 3-6 years	120,000
Maternal Health	60,000
Community Health	4,000,000
Women Empowerment	120,000
Sanitation (total toilets)	8,000
Safe drinking water(total water purifiers)	4,000
Environment (Renewable energy (kW) through solar power)	3,000

Source: https://www.vedantaresources.com/Pages/NandGhar.aspx

Private sector engagement has been vital for programmatic interventions under umbrella ICDS in terms of adoption of AWCs, technological and process delivery and the like. Examples include Project Nand Ghar with Vedanta Foundation and Kitchen gardens at AWC in partnership with the Reliance Foundation. However, most of these partnerships and the role of the private sector has been State-specific, leading to significant differences across the States regarding modalities of delivery, convergence, community and NGO participation, in-service hours, available infrastructure and facilities, incentives to honorary workers, selection processes etc. Private organisations and non-profits have also stepped in supplying goods, resources and training. In States such as Tamil Nadu, Public-Private Partnership (PPP) models are used for the production of the premix. The PPP model is of two kinds – a tripartite partnership with state-promoted cooperatives of women from low-income households and a private sector manufacturer; and partnership only with a private sector manufacturer.[164]

While many states have tested different models for SNP delivery and trying to eliminate the high percentage of leakages and inefficiencies in delivering the food to the beneficiaries through improved governance, public accountability and community-based monitoring, while increasing the participation of local communities, women's SHGs and mothers' committees in the delivery of SNP. However, none of the models has yet been able to demonstrate a return on investment regarding maternal and nutritional outcomes, especially stunting, wasting, and low-birthweight. The government needs to test different models of SNP delivery including decentralisation of SNP procurement and distribution, constituting community monitoring of SNP, or testing DBT/Cash Transfers for delivering SNP provisions.

Studies have found that supply of SNP is sometimes interrupted due to shortage of supply of SN material/food from the authority followed by unavailability of a separate kitchen, inadequate storage space, inadequate supply, and fuel supply (Chudasama et al., 2013, Chudasama et al., 2016, Kular, 2014). One of the most important and a persistent challenge facing Umbrella ICDS is the inefficiencies in procurement and delivery of SNP including leakages and pilferage. Given that the SNP forms almost 50% of the AWS budget, the government needs to test different models of SNP delivery, including decentralisation of SNP procurement and distribution, and increased participation of private sector players.

Private sector and community engagement have also been a key pillar in the operationalisation of **POSHAN Abhiyan**. POSHAN Abhiyaan has witnessed partnerships with institutions, the private sector, women collectives and youth collectives. These includes:

- Partnerships with Institutions such as National Institute of Nutrition (NIN), Hyderabad for developing an online course on nutrition; with National Centre of Excellence and Advanced Research on Anaemia (NCEAR-A) to organise Anaemia Test, Treat, Talk and Track camps, popularly known as T4 camps; with National Centre of Excellence and Advanced Research on Diet (NCEARD) to organise a recipe competition for college students and displayed healthy food items at the Anaemia Mukt Bharat National Dissemination workshop and in all anaemia T4 camps have been undertaken.
- Partnerships with Private Sector, for instance, MoU with National Association of Software and Service Companies Foundation is being signed to initiate technology partnerships with the private sector. Telecom operators have been engaged with, to spread the POSHAN Abhiyaan ringtones and caller tunes across the country.

[164] Bhavani R.V., Parasar R., Food Distribution Value Chains under the Integrated Child Development Services, 2018

- Engagement of Women Collectives: Anganwadi Workers, ASHA, ANM and Self-Help Groups (SHGs) contributed significantly to the POSHAN Maah with the women groups spearheading many innovative activities throughout the month. To build knowledge related to nutrition, a particular focus was laid on communicating messages around dietary diversification, micronutrients, anaemia, water, sanitation and hygiene, breastfeeding and complementary feeding. These messages were explained and discussed during the SHG meetings and Village Organisations' meetings. The SHG members played a critical role in mobilising women and families in participating in community events such as God bharai, Anna-Prashan, Rangoli art, Poshan rallies and VHSNDs.
- **Engagement of Youth Collectives:** POSHAN Maah recognised the potential of young minds in comprehending and practising nutrition behaviours. Hence, through many school-based activities, cycle rallies, haat bazaar activities, Nukkad Nataks, Melas, Prabhat Pheris, youth were engaged and sensitised on good nutrition practices.

Women Empowerment

Schemes wherein specific engagement of the private sector/community/collectives/ cooperatives has been observed in working towards the empowerment of women are Beti Bachao Beti Padhao (BBBP), Working Women Hostel (WWH) and Mahila Shakti Kendra Scheme.

BBBP's scheme design offers many pathways for the involvement of communities and community organisations. The scheme focuses on ensuring gender equality through local governance and community engagement. One of the core strategies of the scheme is developing the capacity of PRI/ULB – In particular, enhancing the capacity of women Panchayat/ULB. At another level, BBBP forges community networks – between front line workers, volunteers and existing women's groups – to create an empowering environment for the girl child. The scheme's guidelines[165] mandate that front-line workers be mobilised and empowered, in partnership with local community/women's/youth groups, as catalysts for social change, known as Ahimsa messengers.

The need to involve the community in scheme activities is recognised in the scheme guidelines[166] since BBBP focusses on transforming community behaviours. Community participation is reinforced through various interventions such as display of birth statistics on digital boards, local champions spreading awareness at the community level and school enrolment drives.

The private sector has been involved in many ways in the scheme: by providing ground-level implementation support, and by enhancing the branding of the scheme. NGOs and CSOs have been noted to provide support for grassroots implementation and improve community-led advocacy.[167] Furthermore, many private companies have aligned their Corporate Social Responsibility (CSR) strategy with the scheme's objectives- by setting up schools for girls, providing financial assistance to underprivileged girls, and prioritising female nutrition in their activities.[168] Besides, linkages have been strengthened with private hospitals and private health practitioners to publicise BBBP and its components. Various private hospitals have publicised the BBBP logo through displays on hospital bulletin boards, calendars and pamphlets.[169]

[165] Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.
[166] *Ibid*.
[167] Ministry of Women and Child Development. (2019). Innovations under Beti Bachao Beti Padhao.
[168] Company CSR. (2018). *150 Children to get Free Education under Beti Bachao Beti Padhao Scheme*. Retrieved from https://www.companycsr.com/150-girl-children-to-get-free-education-under-beti-bachao-beti-padaho/. Accessed on 12 May 2020.
[169] W Pratiksha Hospital. (2020). Calendar Launch- Beti Bachao Beti Padhao. Retrieved from http://w-hospital.in/calendar-launch-beti-bachao-beti-padhao/. Accessed on 12 May 2020.

Women Protection and Safety

CSOs and NGOs play a major role in the Ujjawala scheme, and many cases are the implementing agencies for running of the scheme/centre. The Ujjawala scheme guidelines state that the implementing agencies can be Women's Development Corporations, Women's Development Centres, Urban Local Bodies, reputed Public/Private Trust or Voluntary Organisations. The organisation to be eligible must have adequate experience in the field of trafficking, social defence, dealing with women and children in need of care and protection, children in conflict with the law, etc. The protection of trafficked women and children is primarily the State's responsibility. In instances where an NGO is undertaking the protective/ rehabilitative aspect under the scheme, the State government is mandated to continuously monitor and oversee the implementation of the scheme by the registered NGO. Therefore, it is not possible to handover the ownership or agency in terms of implementation of the scheme in its entirety to a private sector cooperative.

Similarly, The Civil Society Organisation and NGOs are major implementing agencies of Swadhar Greh. The scheme guidelines state that the Public Trusts or Civil Society Organisations such as NGOs having proven track record of working in the fields of women's welfare/social welfare/women's education subject to the condition that such organisation is registered under the Indian Societies Registration Act, 1860 or any relevant State Act can be the implementation agency under the scheme. There are certain criteria which they need to fulfil to get registered as an implementing agency such as recognition by State/UT administration, the experience of working in the field for three years, and the like.

Thus, their role is quite crucial in scheme implementation. Apart from this National Commission for Women undertake periodic evaluation of Swadhar-Greh by forming expert committees. The members of such expert committees are usually people from renowned institutions and people who are expert on the subject matter of women rights and child rights. The engagement of Civil Society Organisations and NGOs at both implementation and evaluation level ensures their fair role within the scheme. However, there have been doubts regarding the implementing agencies and their process of selection. The secondary literature has provided evidence on incorrect address and contact details of NGOs, thus raising concerns around the credibility of these NGOs in the implementation of the scheme. The guidelines of the scheme perhaps need a fairer mechanism for establishing an implementing agency as this will contribute to improvement in scheme's implementation. The KIIs at the national and state level have also confirmed that the Swadhar Greh and Ujjawala homes run by NGOs are not able to perform to their best of ability due to delay in the release of funds and operational support from the government.

However, the private sector can play a major role in increasing both the Ujjawala and Swadhar Greh scheme's performance and value-chain creation in various ways. This may include ensuring financial aid, running the Ujjawala homes and Swadhar Grehs, providing material requisites to centres/homes, providing them with various subsidies, providing minor girls residing in these homes with educational advancement and with employment opportunities or once they turn 18, providing women beneficiaries vocational training and skill-building classes and absorbing them in the job market after their stay, for their long term rehabilitation and mainstreaming into the society, and the like. A part of the CSR funding can also be reserved for the effective long-term rehabilitation of women victims. However, the percentage of private investment in the Scheme and the challenges faced in attracting private sector participation could not be assessed.

The One Stop-Centre scheme is another scheme working towards women safety and protection wherein the private sector and civil society play an imperative role. As per the Criminal Amendment Act, 2013, it is mandatory for every hospital whether public or private to provide free of cost first aid or medical treatment to any women affected by the acid attack or against whom an offence of rape has been committed. For providing medical treatment to women afflicted with violence other than acid attack or rape, the Monitoring Committee under the scheme has the authority to empanel any private hospital/ medical practitioner willing to provide emergency response or psychosocial counselling services to the OSC. In this respect, private hospitals may play a major role in providing the women victims of violence with immediate medical treatment and psychological care and attention.

The scheme also calls upon CSOs with relevant experience in dealing with issues related to gender issues, women survivors of violence, sexual assault and violence against women to undertake Social Audits. The scheme also envisages engagement with stakeholders such as CBOs, civil society groups, women's organisation working on gender-based violence, Gender Cells, Special Cells of reputed institutions such as TISS for providing training, capacity building and technical support. It is envisaged that OSC will provide a platform for leveraging these support systems to enhance the effectiveness of the services provided by it.

The private sector can increase the scheme's performance and value-chain creation in various ways such as providing psychosocial counselling services to the OSC beneficiaries, aiding in the rehabilitation of victims, providing monetary support and the like. Private hospitals and medical practitioners can herein play a major role in improving the scheme's performance. However, the percentage of private investment in the scheme and the challenges faced in attracting private sector participation could not be assessed.

Child Protection

The involvement of the private sector in the child protection sector is manifested in the operationalisation of the Integrated Child Protection Scheme (ICPS). The ICPS guidelines state the following concerning the role of the private sector, civil society organisations and individuals:

- Voluntary sector: to provide vibrant, responsive and child-friendly services for detection, counselling, care and rehabilitation for all children in need; to awareness-raising, capacity development, innovations and monitoring. The State shall financially support these.
- Research and training institutions: To research the situation of children in India and capacity building of existing human resource as well as support creation of a team of professionals.
- Media and advocacy groups: To promote the rights of the child and child protection issues with sensitivity and sustain a media discourse on protection issues.
- Corporate sector: To partner with government and civil society initiatives under the Scheme; financially support child protection initiatives; and contribute to Government efforts to improve the situation of children of India by adhering to the laws on child protection.
- Community groups and local leaders, volunteers, youth groups, families and children: To provide a protective and conducive environment for children, to act as a watchdog and monitor child protection services by inter-alia participating in the village and block-level child protection committees.

'ChildLine' is one example of innovative solutions of the private, public partnership model in the child protection sector, which is the emergency outreach service through a 'Mother NGO'. This is a 24/7 emergency phone outreach service for children in crisis which links them to emergency

and long-term care and rehabilitation services. The service can be accessed by any child in crisis or an adult on their behalf by dialling a four-digit toll-free number (1098). Established by the Government of India in 1999, this service has been extended in 280 cities across the country. To create a protective environment for children in all parts of the country, ICPS envisages the expansion of this service to all districts/cities. Besides, facilitating such expansion, the 'Mother NGO' is also responsible for undertaking process documentation, research, awareness campaigns and advocacy on issues related to strengthening Childline service in the country. At present Childline India Foundation (CIF) is the 'MOTHER NGO' managing this service as Childline. The Ministry may also select any other NGO of repute as 'Mother NGO' for various regions of the country to facilitate implementation.

ChildLine follows a unique Public-Private Partnership (PPP) model between the Government of India, Department of Telecommunications, Voluntary agencies, Academic institutes, the corporate sector, children and the community. An initiative of the Ministry for Women and Child Development supported under the Child Protection Services scheme (CPS) and also a Social Franchising model wherein over 900 local NGO units to reach a child in need within 60 minutes. A net grant of 8.7 Crores is fixed for the operationalisation of Childline service- a private, public partnership model under ICPS. However, the percentage of private investment in the clusters/programs under the scheme could not be assessed.

The major challenges w.r.t efficient functioning of this PPP model as stated by the ChildLine officials owe to the difficulties in expansion and programme management due to inadequate resources, inadequate support & awareness among allied systems regarding Childline, the ineffectiveness of the ChildLine model across all geographies, growing demand for professionally trained human resources and lack of funding for HR along with inadequate salaries and the like.

The protection of children is primarily the State's responsibility as each child, and his/her well-being is the responsibility of the State. Given the sensitive nature of the scheme, key activities cannot be outsourced to private models for undertaking the key task of ensuring the protection of children. However, in the private sector can increase the scheme's performance as well as in the child protection sector as a whole in various ways such as ensuring financial aid, providing material requisites to child care homes, providing them with various subsidies, providing children residing in these homes with employment opportunities or educational advancement once they turn 18, and the like.

A specific recommendation was made during various national level KIIs that CSRs should now start pitching in money for various child protection issue in India and there should be a separate head for that under every CSR budget. That may ensure greater efficiency. One of the ChildLine officials stated that—

> *"The ICPS budget must be increased significantly, and the ChildLine salaries need to be more competent otherwise how will you get quality staff to work for you? The CSRs should start putting money on issues related to that of the protection of children."*

This may result in greater engagement in the child protection sector by Corporates and NGOs alike and will lead to an increased role of the Private sector in improving the value chain creation.

Challenges in Private Sector Engagement in the WCD Sector

The importance of the role played by the private sector is unquestionable. However, a few challenges remain concerning the involvement of the private sector, community/ collectives/ cooperatives in the women and child development sector. The challenges are as follows:

- National Policy for Women (2001) states that "efforts will be made to channelise private sector investments, to support programmes and projects for the advancement of women". Different WCD schemes including the National Policy for Women envisages the engagement of private sector. However, their role and degree of engagement remain unclear. The engagement of private players is mostly on a case-to-case basis with no systematic guidelines. Additionally, there are no provisions for incentives for encouraging increased efforts by the private sector. All these factors contribute to lesser impact than otherwise possible if provisions and systematic guidelines are in place.
- Gaps pertain to the involvement of the private sector in the rehabilitation of women beneficiaries of Swadhar Greh, Ujjawala, and Child Protection Schemes. The schemes have a significant responsibility to provide economic rehabilitation to the scheme beneficiaries, and partnerships with the private sector can help in improving the skilling opportunities under the Scheme and providing avenues for long term economic engagement for the beneficiaries of these schemes.
- Gaps are witnessed in the role and impact of the private sector in the child protection sector. The major challenges for the efficient functioning of this PPP model as stated by the ChildLine officials owe to the difficulties in expansion and programme management due to inadequate resources, inadequate support & awareness among allied systems regarding Childline, the ineffectiveness of the ChildLine model across all geographies, growing demand for professionally trained human resources and lack of funding for HR along with inadequate salaries and the like.
- Despite the key role played by the private sector in the sector of child nutrition and development, major gaps and challenges remain. The steps made over the past 5 to 10 years have, however, not taken away or reduced the hesitation and scepticism of the public sector actors towards commercial or even social businesses. Evidence of impact or even a positive contribution of a private-sector approach to inter-mediate nutrition outcomes is still lacking. (Liere et al. 2017)[170]
- Extremely low-cost norms under the MWCD schemes for construction and rental of infrastructure and provision for services act as a barrier for purely private – non-philanthropy driven investments in the WCD sector. The evaluation has made recommendations across schemes on ways to engage and incentivise the private sector – but one of the key steps in making investments in the WCD sector attractive for the private sector will be to improve the cost norms of schemes that MWCD prioritises for private sector engagement.

Way Forward

The importance of the role played by the private sector, and their impact is indisputable in scaling up of efforts across the WCD sector. However, the gaps and challenges on the involvement of the private sector, community/ collectives/ cooperatives in the WCD sector across child protection and development and women protection and empowerment have been discussed in detail. These are owing to a multitude of gaps such as lack of clarity on their role, absence of systematic guidelines, incentives, adequate funding and the like. There is a need to identify sustainable ways

[170] van Liere, M. J., Tarlton, D., Menon, R., Yellamanda, M., & Reerink, I. (2017). Harnessing private sector expertise to improve complementary feeding within a regulatory framework: Where is the evidence? *Maternal & child nutrition*, *13*, e12429.

and practices in which local and international business community can be better engaged in the effort to scale up women and child development efforts in the country. The evaluation suggests ways in which some of these gaps can be addressed, and the role and impact of the private sector can be maximised:

- MWCD should formulate clear guidelines and provision for the engagement of the private sector across all the WCD schemes. Support in terms of regular and adequate funding or incentivisation for increased private sector participation must be stated clearly in the guidelines.
- Greater engagement with the private sector should be undertaken for supporting rehabilitation efforts of women in distress, children from CCIs, and trafficked girls. The private sector can play a significant role in skilling these beneficiaries as well as potentially providing them with long-term economic rehabilitation opportunities.
- Maximise community/private sector engagement and ownership under ICDS testing different models of SNP delivery including decentralisation of SNP procurement and delivery, constituting community monitoring of SNP, or testing DBT/Cash Transfers for delivering SNP provisions.
- Under the NCS, lessons can be drawn from private sector agencies running efficient facilities such as the Mobile Crèches based in Gurugram, Haryana. Such models can be replicated nationwide for smooth implementation of National Creche Scheme and providing support to working mothers.

2.4. Issues and Challenges

2.4.1. Financial and Funding Related Challenges

1. Lack of flexibility in funding

A number of senior state officials, as well as officials in MWCD, suggested provision of increased flexibility for states to utilise the budgets in areas that they feel need prioritising. There are cases where certain provisions of any CSS may not be relevant for the needs of any particular state – for example, under CPS, Delhi government representatives suggested that the CPS budget for Open Shelters has remained unutilised as the state has not felt the need to run these shelters owing to very low demand. In the past, it was found that a number of these shelters have only had an operational presence, with few beneficiaries availing its benefits in Delhi. Key informant interviews with senior officials revealed that it would have been useful, if they would have been able to utilise the funds for open shelters to improve the other aspects of the scheme, such as the quality of CCI service, better provisions for technical and vocational training to residents, or to attract and retain better staff to manage such an important scheme, particularly psycho-social counselling. A number of states also mentioned that across schemes, the staff remuneration is low, which made it difficult for them to find and retain good quality staff for service provisioning. According to them, if there was in-built flexibility within the design of the schemes, the states would be able to utilise the scheme funds in a much better way keeping in mind the local contexts and would be able to improve the effectiveness of the schemes, through directing scheme funds to the areas that require them the most. This is also in line with the recommendations of the Report of the Sub-Group of Chief Ministers on Rationalisation of Centrally Sponsored Schemes, which noted that:

> "States need to be given flexibility in implementing the Schemes; the 'One-Size-Fits All' approach of CSS was adversely affecting outcomes. There was near unanimous consensus that CSS should be designed with in-built flexibility, so that implementation in the State is customized to State-specific requirements."
>
> "there is an overwhelming emphasis on a process-centric approach and lack of flexibility in designing and implementing the CSS that has diffused the focus on their outcomes."
>
> Report of the Sub-Group of Chief Ministers on Rationalisation of Centrally Sponsored Schemes

Among other issues, the states also highlighted that the cost norms identified in the CSS' need to be state-driven and not decided nationally. In order to enable states to achieve the scheme outcomes, either cost norms should be inflation-indexed and take into account the different prevailing costs in different States or flexibility be given to a State to adjust cost norms within a Scheme across its various components, subject to an overall allocation and mutually agreed on outcomes. In many cases, such as the construction of assets or hiring of scheme personnel, there are vast differences in costs and wages in urban and rural areas, as well as across states.

In addition to this, the MWCD also faces challenge of fund crunch to address key gap areas due to the budgetary allocations tied to the schemes. Even though the Flexi Fund component of a majority of the schemes remains unutilised, the MWCD is unable to use these funds to address underfunded or under resources areas such as women protection and women empowerment. Given the current COVID-19 pandemic and its small to medium term affects, the funding allocation for the ministry is bound to see a drop in the coming years. It is thus, critical to bring

flexibility in the way the funds are allocated, utilised, and raised – so that the Taxpayer funds can be used optimally, in a way that provides maximum value for money to the tax-payer, government, and the beneficiaries.

Recommendation

- **In schemes such as AWS, POSHAN Abhiyaan and CPS, states should be afforded greater flexibility in utilisation of funds**, in order to identify and focus on the key barriers to malnutrition in each state. An example of this is the Samagra Shiksha Abhiyan, which allows states to prioritise interventions and sectors as per their need.
- **MWCD may look into opportunities and mechanisms to maintain a pool of untied funds to enable strategic activities, plug interventions gaps and enable stronger convergence.** These untied funds could be in the shape of a pool of flexi funds (currently 10%) from all MWCD schemes, or a separate untied fund at the MWCD level.

2. Too many small value CSS unable to access State funds

The MPEW Umbrella constitutes of multiple small schemes and a mixture of Central Sector and Centrally Sponsored Schemes. The evaluation notes that in the small value schemes where states are involved, getting state funds for these smaller schemes becomes a challenge. In recent years, a number of schemes have been changed from Central Sector to Centrally Sponsored – such as Swadhar Greh, Ujjawala and Working Women's Hostel Scheme, and all of these schemes' performance and quality of services has deteriorated in the absence of regular funding caused due to delays by State governments in contributing their share.

Almost all MPEW Schemes have consistently shown under-utilisation, with average scheme utilisation under the MPEW schemes only being around 48% over the three FYs 2016-17, 2017-18 and 2018-19. Nirbhaya fund continues to struggle with fund utilisation. Over the three years, Nirbhaya Fund could only utilise 27% of the funds allocated to it, with 2018-19 being the lowest utilisation of just 0.5%. The low utilisation of funds under the schemes contributes directly to the underperformance of many schemes, and the MWCD needs to identify ways to improve fund utilisation and fund efficiency. These state share challenges also offer a perverse incentive for the governments of some of the poorer States to not expand the schemes in their states, as an expanded scheme would mean more resource requirement from the State. This has been visible from the fact that even though under Swadhar and Ujjawala Schemes, annual needs assessments are to be undertaken to assess the need for more Ujjawala and Swadhar homes, but there have been no such assessments happening. Under the WWH scheme also, there have only been around 20 new hostels constructed in the last decade, even with the push for increasing the female labour force participation in at least the last half a decade. Similar challenges have been reported under the MSK scheme, where some state government are delaying the hiring of staff under the scheme, due to resource crunch being faced by the state.

Recommendation

- Keeping the increased funds available to the States since the 14th finance commission, **it is recommended that the MWCD encourage State Governments to increase their budgetary allocation towards women and child development, protection and welfare schemes** to ensure improved fund availability and utilisation of schemes.
- **Alternately, the MWCD can consider converting smaller schemes, specifically those related to women protection and women empowerment, to Central Sector Schemes,** and adequate provision of staff and IT-based MIS be made at the National level to improve the monitoring and management of these schemes.

2.4.2. MWCD Capacity to manage and implement WCD schemes

1. Unstructured scheme distribution

The 15 MWCD CSS Schemes have been bunched into two broad categories – Umbrella ICDS, incorporating all child focused schemes and MPEW, incorporating all Women centric schemes. However, the two umbrellas, and the schemes under these umbrellas are not all convergent or leveraging each other's resources. For example, the Child Protection Scheme has been made a part of the ICDS Umbrella, even though the mandate, the delivery structures and institutional mechanism for the CPS is completely different from the ICDS Structures. Similarly, under MPEW, the Women Protection and Women Empowerment schemes have been clubbed together, even though the mandate and delivery mechanisms for these two sets of schemes is completely different.

Due to this inefficient structuring and division of the schemes, the important schemes and interventions, get lost, end up being under funded, or suffer from weak monitoring due to the focus and priority on some of the larger schemes.

A key example of this is the Child Protection Scheme. Though the Child Protection scheme has also been made a part of the Umbrella ICDS, it receives a mere 5.4% of the budget allocations of the ICDS Umbrella, with nutrition and early childhood development related schemes such as AWS, POSHAN Abhiyaan, PMMVY and SAG taking up almost 95% of the umbrella budget.

In India, there are over 12 million orphaned and abandoned children and around 90 million child labourers (age group 5-14) (NSSO). The number of juvenile delinquents has increased from 17,203 to over 30,000, and more than one-third of the country's population (440 million) is below 18 years. A huge number of children in the country need care and protection for uncontrolled families, extreme poverty and illiteracy result during the early formative years. There are child labourers, employed in menial work, and these children are specifically subject to all forms of abuse, including substance abuse & exploited as child labourers. Children are also vulnerable to crimes such as commercial and sexual trafficking and natural calamities.

The number of children needing care and protection in India is huge and increasing. This makes the Child Protection Scheme one of the most important schemes run by the MWCD to provide support and care to these children in need. However, given that the ICDS Umbrella has mostly focused on nutrition agenda, the focus on ICPS has not been as much as needed. The ICPS has a strong legal mandate of child protection and rehabilitation, but with most of the focus under the Umbrella ICDS going towards the issue of malnutrition, ICPS' monitoring, resourcing, funding, have all been compromised. It is also noted that the CPS does not compliment any other scheme implemented under the Umbrella ICDS and does not use any of the AWS institutional platform and the delivery mechanisms.

Similarly, under the MPEW, the schemes suffer from poor reach and awareness, inefficient delivery, lack of coordination between schemes with similar focus and target groups, and generally poor performance. Both the areas of women's empowerment and women's protection have been key challenges facing our country for a long time, but the Ministry has not been able to adequately and comprehensively respond to the challenges in both areas due to the fragmented nature of the interventions, lack of coordination and convergence at the top level, and siloed decision-making. Even though the Nirbhaya fund is available with the GoI, it has remained underutilised every year since it was set up, even though the rates of crimes against women have

continued to grow. One of the reasons for this has been an absence of a convergent approach to women's protection at the top, and even though interventions have been designed and proposed to utilise the Nirbhaya fund, they continue to follow an isolated, interventionist approach, rather than a holistic, concerted effort to improve safety of women.

Given the importance of these issues, the limited staff, and the need to enhance efficiency-gains of the schemes through convergence and leveraging of similar schemes', there is a strong need to rationalise the scheme distribution and structure. It is important that the ministry streamline the way the CSS schemes are distributed among the umbrellas and to ensure that the distribution enables convergence and resource sharing among schemes with similar broad target areas. It is also the need of the hour to look at Women's Empowerment, Women's Safety and Protection, and Child Protection services from a holistic lens covering all aspects, rather than a collection of interventions designed to address specific areas.

Recommendation

- **In order to be able to achieve enhanced convergence and improved management of WCD schemes, it is recommended that the 15 schemes be restructured into four overarching Umbrella Schemes** – (i) Integrated Child Development Scheme incorporating AWS, POSHAN Abhiyaan, PMMVY, SAG and NCS; (ii) Integrated Child Protection Umbrella – incorporating CPS and BBBP; (iii) Women Protection Umbrella incorporating OSC, WHL, Swadhar Greh and Ujjawala Scheme; and (iv) Women Empowerment incorporating MSK, WWH, and Gender Budgeting, and also including other WCD activities such as RMK and Mahila e-haat.

2. Need for De-bureaucratisation, professionalisation and corporatisation of the MWCD

In order to improve the capacities of the MWCD to be at the cutting edge of technical expertise and to be a hub for technical knowhow and research, a comprehensive reform is required in the way MWCD is staffed, structured, and supported.

While the high levels of vacancies at the operational and ground levels have been well documented in literature, the MWCD suffers from a relatively high rate of vacancy at the national level as well, with many of the managerial positions vacant. This acute shortage of leaders and senior managers in the ministry leads to an agenda overload for its leaders. Given that most of the MWCD staff is administrative, burdened with agenda overload, and responsibility of multiple schemes, the ability of the National staff to effectively monitor the schemes to innovate, and to look at the sector issues as a continuum get affected.

Additionally, the MWCD, at the national level, has limited technical depth to address the challenges effectively and to design new, effective interventions to consistently plug the intervention and policy gaps due to limited staff and inadequate use of external, contractual sector experts. This, coupled with sporadic evaluations and sub-optimal research partnerships, leads to slow, incremental reforms instead of the transformative changes and ideas needed by the county to tackle the issues of under-nutrition, women empowerment, safety and child protection. Given the varied human resource and capacity challenges facing the MWCD, it is important for the ministry to look for ways to ensure availability of high quality, experienced professionals in the areas of its operation, which will provide it the ability to undertake transformative decisions and bring innovative ideas to the table, to ensure that the efforts of the GoI to improve the lives of women and children yield accelerated results. One of the ways to achieve this is to adopt a model similar to the NITI Aayog, whereby a team of high-quality professionals and researchers is hired by the Ministry on a contractual basis to enhance its capacity to effectively manage its

schemes, ensure efficient use of resources, and bring innovation and global knowledge into its fold. The Ministry has tried to adopt similar models through PMUs for POSHAN Abhiyaan and PMMVY, but these have yet to be scaled-up for other schemes and umbrellas, and the full value of this model has not been realised by the MWCD.

In addition to the professionalisation of the MWCD, it is also important to ensure that highest levels of professional and governance mechanisms are being put in place and adopted by the three autonomous bodies under the MWCD – the Central Social Welfare Board (CSWB), the Rashtriya Mahila Kosh (RMK) and the National Institute for Public Cooperation and Child Development (NIPCCD). NIPCCD, in particular, is key to the MWCD's research and innovation agenda, having been set-up as a premier organisation devoted to promotion of voluntary action research, training and documentation in the overall domain of women and child development, as well as a resource agency for building capacities of functionaries on issues of child development and protection. It is recommended that in order to bring about much needed transparency and enhanced accountability, the NIPCCD and RMK also be registered under Section 8 of the Companies act, which will enhance the transparency in the functioning of these organisation. In addition, having a corporate structure will also allow these organisations – particularly the NIPCCD to further develop its research capabilities, by hiring experienced researchers and managers to implement research activities, provide for improved management and professionalisation. There are many examples of GoI's autonomous bodies being registered as Section 8 companies – most famous of them being the National Highway Authority of India (NHAI) and the National Skill Development Corporation (NSDC), both of which has strong, professional corporate governance structure in place, with a high level of accountability and transparency in its functioning and finances. Similar steps can be taken by the MWCD to improve transparency, accountability and professionalisation of its own autonomous bodies.

Recommendation

- A strong focus on professionalising and de-bureaucratisation of the MWCD through hiring of senior, well paid technical experts and advisors to manage the schemes and to provide technical and though leadership to the ministry on the issues of women and child development.
- A model similar to NITI Aayog, with a team of young, middle level and senior technical advisors for each of the four proposed Umbrellas – hired on a contractual basis may be adopted by the Ministry.
- In order to improve the governance of MWCD's autonomous bodies and to enhance transparency of these bodies, it is recommended that NIPCCD and RMK be registered as Section 8 companies.

3. Absence of Disaggergated Data

Even though India has a data system in place, it remains largely gender-neutral and scattered. As multiple evaluations and consultations have highlighted, "There is an absence of disaggregated data across gender, age, disability, caste, class, tribe, marital status, occupation and location. There are also concerns related to which agency collects the data, at what levels it is collected, how it is tabled, and how it is further used. Key agencies such as NCRB do not record certain kinds of violence such as that against transgender persons, sex workers and other marginalised women. The data on sexual harassment also is not segregated based on rural or urban indicators, or the kind of workers who complain about it (NCRB, 2017-18). The data on the number of people with disabilities in India in the Census is limited as it does not recognise categories beyond physical disability. Certain categories of women are completely ignored by the data collection

processes."[171] Given our national priorities on gender equality as well as the SDGs, the data system needs to be gender-disaggregated for better planning and policy formulation[172] at the National and State level.

Recommendation

- A **Gender Budgeting Act** to mainstream gender-based budgeting across all ministries and States/UTs and **legally mandate all data collecting institution to analyse and publish gender-disaggregated statistics**. (learning from Israel, South Korea, Philippines)
- Generating gender-disaggregated data around women's earnings from self-employment, ownership of business and management, women's migration, ownership of assets, utilisation of basic amenities, among others and create a portal for all type of data related to women and children.
- A data hub and data portal can be created by MWCD where collated gender-disaggregated data is made available on a single unified portal.
- NSSO should focus on gendered patterns of access and use of digital technologies, including the internet.
- Follow the set of questions formulated by Washington Group of Disability Statistics while collecting data on women with disabilities

2.4.3. Greater Scope for MWCD in Achieving Multi-sectoral Action for the Welfare of Women and Children

1. Limited Private Sector Engagement

The private sector is often referred to as the *"silver bullet"* to work towards the SDG Agendas 2030 (Global Health Advocates Report, 2018). The Government of India as well, in a number of forums, has touted the role of the private sector and their potential contribution to the country's development and in improving people's lives.

The women and child development schemes provide a significant opportunity for the MWCD to leverage private sector funding and engage with the private sector to improve the lives of vulnerable women and children, improve women's labour force participation, and to empower women with varied opportunities and better pay. Different WCD schemes including the National Policy for Women envisages the engagement of private sector. However, their role and degree of engagement remain unclear. Due to this, the engagement of the private sector in WCD sector has remained low and confined to some of the larger, high-visibility programmes such as the AWS (erstwhile ICDS). There are examples of private sector engagement in improving ICDS infrastructure, with the Nand Ghar initiative of Vedanta being one of the key (and possibly the largest) private sector engagements for improved effectiveness and efficiency of WCD scheme.

In addition, while private sector has been engaged under other schemes the CPS, BBBP, POSHAN Abhiyaan, etc., the engagement has been sporadic and uneven across the States. There is an absence of a clearly articulated policy of the MWCD to incentivise private sector investments in WCD sector. Even though there are private investments in WCD sector, these have been made as part of the CSR – directly or contribution to NGOs, and through private philanthropies – such as Bill and Melinda Gates Foundation, Tata Trusts, Children's Investment Fund Foundation, Piramal Foundation, etc. – their contributions to the sector are more in the nature of philanthropy rather than a part of government's push to attract more private sector financing in the WCD Sector.

[171] United Nations India and NITI Aayog. (2020). National Consultation Gender & SDGs. New Delhi
[172] https://wcd.nic.in/sites/default/files/draft%20national%20policy%20for%20women%202016_0.pdf

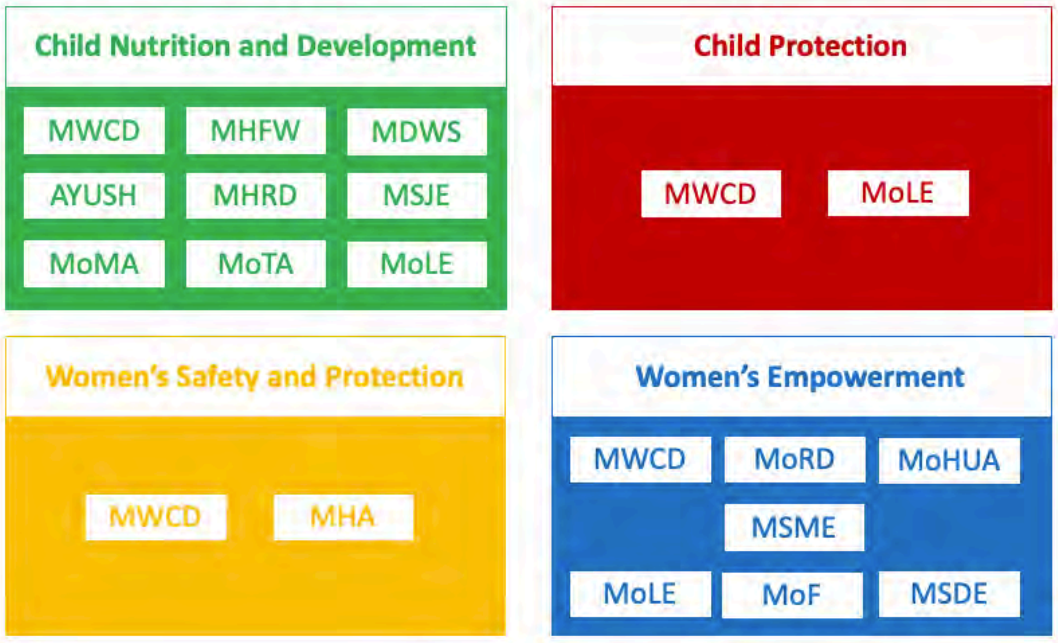
In addition to attracting private sector funding in absence of incentives for the private sector, the MWCD schemes have also been unable to engage with the private sector to provide critical rehabilitation and economic opportunities to the vulnerable women (under Swadhar and Ujjawala Scheme), and residents of the Child Care Institutions to enable them a life of dignity upon getting out of the WCD institutions.

Recommendation

- Currently, the MWCD sector's engagement is limited primarily to the Anganwadi Services Scheme. There is no policy guidance in the MWCD to improve private sector linkages among other MWCD schemes, even though these is significant scope for engagement for women empowerment and women protection schemes, as highlighted in the individual scheme analyses. In this regard, **it is recommended that the MWCD develop specific guidance notes for all its schemes on how States can engage private sector under each MWCD scheme – including for rehabilitation and reintegration of at-risk women and children.**
- It is also recommended that **steps be undertaken to incentivise private sector to invest in services and infrastructure provision for WCD sector** – this may include competitive rents and long term agreements for homes/hostels under schemes such as Swadhar Greh, Ujjawala, WWH and OSCs; value chain engagement for Swadhar and Ujjawala Scheme beneficiaries; etc.

2. Need to develop new partnerships and focus on convergence

The analysis presented in this chapter underscores that 14 ministries other than MWCD implement social protection programmes for the well-being of women and children in the identified sub-sectors.



It is noted that the sectoral determinants identified are covered by interventions of various ministries. Interactions with National and State level officials during this evaluation study highlighted the isolated nature of scheme/programmatic implementation and lack of synergy between MWCD and other ministries having specific provisions for the development of women and children. KIIs with National level stakeholders of the government and development partners emphasised the role of MWCD as a nodal agency for ensuring the well-being of women and children in the country through adopting a convergent approach at the policy and program level.

"The level of convergence and coordination among various ministries/departments implementing women centric schemes is at present quite low. In this context, the MWCD can play an important role. The various ministries can come together for the implementation of sector-specific programs and MWCD can ensure regular review and monitoring for building a synergistic approach. The Ministry can also set up a Gender Coordination Centre to overlook the broad areas of convergence. The GRB initiative already underway mandates ministries/departments to report their initiatives towards promoting gender equality. Further, Gender Budgeting Cells to broaden their scope of work by including inter-ministerial coordination at program implementation level."

Programme Specialist, EVAW, UN Women

"A number of interventions by different ministries are underway to address the issue of MHM. For instance, MHRD and MDWS is working towards providing incinerators in school and encouraging good hygiene practices among school going girls. One of the components of RKSK, implemented by MHFW, also offers sanitary napkins to all girls in school as well as OOS. Though distribution of sanitary napkins has been effectively undertaken, all other components including awareness about MHM, availability of clean toilets in schools with running water and provisions for waste disposal as well as accessibility, continue to be weak. An inter-ministerial unified approach with clear distinction of roles and effective monitoring is required to achieve intended results under MHM."

Commissioner (MCH), MHFW

In addition to stronger convergence with various ministries at the National level, stronger partnerships are required to be set-up with the private sector organisations, start-ups and technology companies to utilise and mainstream the innovations and enhancing the effectiveness and efficiency of scheme delivery.

Recommendation

- **Greater emphasis to be given to the role of MWCD as a nodal agency for ensuring the well-being of women and children in the country** through adopting a convergent approach at the policy and programmatic level.
- **Finalising the National Policy for Women after making the necessary amendments in the 2016 draft policy.**
- Forging new partnership and driving convergence to mobilize resources, capacities, innovations, knowledge, etc. This will include partnership and convergence efforts with:
  - **Social enterprises and start-ups** to drive innovation in policy design and service delivery through challenge funds, innovation funds, hackathons, etc.
  - **Public private partnerships** to leverage CSR and private sector investments in employment opportunities and infrastructure development to expand the support services coverage of WCD schemes.
  - **Convergence at district level through enhanced role of district administration** – convergence of health, rural development schemes, etc. to improve nutrition delivery and to derive operational efficiencies by providing convergent services to households.
  - **Promoting active role of Panchayati Raj** in women's empowerment and women's protection, through setting up of safe spaces managed by PRI institutions in rural areas, institutionalising a "Women's Empowerment Month" on the lines of "POSHAN Maah" and "POSHAN Pakhwada", led and managed by the Panchayati Raj officials and functionaries – and focused on generating awareness of women's schemes, her rights and entitlements, and changing behaviours and social norms around women's participation in household decision-making, education, and labour force.

- **Promotion of food and nutrition forestry and plantations** in convergence with Forest and Environment, Rural development, Panchayati Raj, Agriculture, Animal Husbandry, etc., in line with the Odisha Millets Mission.
- **Partnership with national and international research institutes and think-tanks** for innovation research and knowledge economy.

2.4.4. Intra-sectoral Gaps

1. A lack of Safe Spaces for Women in Rural Areas

Most of the MWCD schemes around the provision of safety and care to women in need have been centred around urban areas. In most districts, there is only one OSC or Swadhar Greh or other safe spaces, which are situated close to the district centre. This leaves the villages and rural areas without any safe spaces and places of immediate relief and protection for women affected by violence. Given the prevalence of gender violence in rural areas, there is an urgent need to constitute safe spaces for women in rural areas.

Recommendation

- Designating specific buildings and spots in the rural areas as safe spaces for women and provide relevant supportive infrastructure and institutional mechanisms to operationalise them.
- Some of the examples of these safe spaces could be Anganwadi Centers, PHC/SHC, PWD office, PRI office, etc.
- Setting up Mini-OSCs at Tehsil level as satellites to the main district OSC.
- Safe spaces to be linked with the MPVs or with the women's helpline to provide immediate support and redressal to women in need of care and protection.

2. Limited Reach of Interventions for Adolescent Well-being

In order to ensure holistic development of the adolescent population, the MoHFW launched Rashtriya Kishor Swasthya Karyakram (RKSK) in January 2014 to reach out to 253 million adolescents. The programme expands the scope of adolescent health from sexual and reproductive health to including nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. It is a paradigm shift from the existing clinic-based services to community-based interventions. Under this, a core package of services includes preventive, promotive, curative and counselling services, routine check-ups at primary, secondary and tertiary levels of care provided regularly to adolescents, married and unmarried, girls and boys during the clinic sessions[173]. Though RKSK is a comprehensively designed flagship programme of the GoI, its implementation in a phased manner in only 231 districts, does not allow adolescent boys and girls across the country to reap the benefits of the scheme.

[173] https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=818&lid=221

"Adolescent health and well-being continue to be an area of concern. Though there have been declining trends in both adolescent pregnancies and early marriage, there is a long way to go in terms of increasing use of contraceptives, talking about stigmatized topics related to SRHR and MHM as well as addressing mental health issues including suicide and depression. Greater attention needs to be paid to adolescents needs. At present, the interventions including SAG and RKSK reflect only sporadic efforts of the government. RKSK does place an emphasis on physical and mental health as well as SRH needs of adolescents, however revamping and strengthening of the programmes is essential."

National Level Official, MoHFW

3. Declining Enrolment and Increasing Dropouts

Despite initiatives such as the Samagra Shiksha Abhiyaan (SmSA) and the RTE Act being implemented to attain universal enrolments across schooling cycles, data for primary, upper primary and secondary levels indicates declining enrolment rates and drop out after Grade 5 and especially after Grade 8. In absolute numbers, an estimated 6.2 crore children of school age (between 6 and 18 years) were out of school in 2015.

The key reasons for drop out include: Many students **falling increasingly behind** due to non-attainment of foundational literacy and numeracy by Grade 5 or even by Grade 8.

Though the majority of children in 2016-17 had a primary and upper primary school within close proximity, **access to secondary schools and upper secondary schools** remains a serious issue. In 2016-17, for every 100 primary schools/sections in India, there were about 50 upper primary schools/ sections, 20 secondary schools/sections, and only about 9 higher secondary schools/ sections. For many children, the closest secondary and higher secondary schools are at prohibitively long distances - too far to walk, with no safe and practical conveyance available to reach school.

Besides, socio-cultural and economic issues also play a significant role in dropout rates. Children not being allowed to attend secondary school due to prevailing practices of early or child marriage, perceived roles of gender or caste, child labour and pressure on children/adolescents to work and earn. Often the need to care for siblings also prevents older children from attending school. In regions with poor hygienic conditions, lack of good sanitation and unhealthy food habits make children prone to chronic illnesses, thereby preventing them from attending classes consistently.

Inadequate infrastructure and lack of safety continue to remain serious issues. Many children, especially girls, drop out due to lack of working toilet facilities; others - particularly girls and children from various other Underrepresented Groups (URGs) - drop out due to problems related to harassment and safety.

4. The limited reach of Technical/Vocational Education and Training

The 12th Five-Year Plan (2012-2017) estimated that less than 5 per cent of the Indian workforce in the age group of 19-24 years received formal vocational education[174]. These numbers underline the need to hasten the spread of vocational education.

This evaluation study highlights that despite interventions like Scheme for Adolescent Girls (SAG) aiming to provide vocational training, the scheme's target beneficiary group includes only OOS girls in the age group of 11-14 years. Thus, the need for a universal intervention to offer formal

[174] https://mhrd.gov.in/sites/upload_files/mhrd/files/Draft_NEP_2019_EN_Revised.pdf

technical and vocational education and training for OOS adolescent boys and girls in the age group of 11-18 years emerges critical.

5. The Rising Rate of Crimes Against Children

According to NCRB data, 109 children were sexually abused every day in India in 2018. There is a 22 per cent increase in such cases compared to the previous year. POCSO Act, 2012 is a comprehensive law to provide for the protection of children from offences of sexual assault, sexual harassment and pornography. The data reveals an increase in cases reported under POCSO Act to 39,827 in 2018 as compared to 32,608 in 2017.

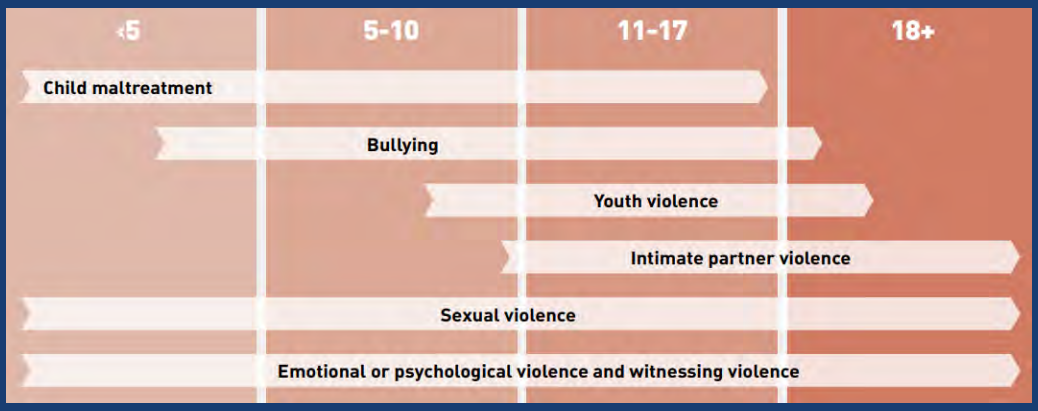
As many as 21,605 child rapes were recorded in 2018 which included 21,401 rapes of girls and 204 of boys. The highest number of child rapes were recorded in Maharashtra at 2,832 followed by Uttar Pradesh at 2023 and Tamil Nadu at 1457. Overall crimes against children have increased over six times in the decade over 2008-2018, from 22,500 cases recorded in 2008 to 1,41,764 cases in 2018. Data also reveals that cases of sexual harassment in shelter homes against women and children increased by 30 per cent, from 544 cases recorded in 2017 to 707 cases in 2018.

As many as 501 incidences were also recorded under the Prohibition of Child Marriage Act, a 26 per cent increase from 2017, where 395 cases were recorded. In percentage terms, a major crime against children during 2018 were related to kidnapping and abduction, which accounted for 44.2 per cent, followed by cases under POCSO, which accounted for 34.7 per cent. A total of 67,134 children (19,784 male,47,191 female and 159 transgender) were reported missing in 2018.

The state-wise segregation of crimes against children reveals Uttar Pradesh, Madhya Pradesh, Maharashtra, Delhi and Bihar accounted for 51 per cent of all crimes in the country. While Uttar Pradesh ranks at the top of the list with 19,936 recorded crimes against children (14 per cent of total crimes), Madhya Pradesh and Maharashtra are the close second and third with 18,992 and 18,892 crimes registered respectively.

Box 20: WHO's Inspire: Seven Strategies for Ending Violence Against Children[175]

The inspire package, an evidence-based resource containing seven strategies for preventing and responding to violence against children and adolescents, outlines the types of violence by age group affected. This is presented below.



The inspire package has several strategies outlined below.

Strategy	Approach
Implementation and enforcement of laws	• Laws banning violent punishment of children by parents, teachers or other caregivers, laws criminalising sexual abuse and exploitation of

[175] https://www.who.int/violence_injury_prevention/violence/inspire/INSPIRE_ExecutiveSummary_EN.pdf

	children and preventing alcohol misuse and limiting youth access to firearms and other weapons
Norms and values	• Changing adherence to restrictive and harmful gender and social norms; Community mobilisation programmes and interventions
Safe environments	• Reducing violence by addressing "hotspots", interrupting the spread of violence and improving the built environment
Parent and caregiver support	• Delivered through home visits and comprehensive programmes and in groups in community settings
Income and economic strengthening	• Cash transfers, group saving, and loans combined with gender equity training and microfinance combined with gender norm training
Response and support services	• Counselling and therapeutic approaches, Screening combined with interventions • Treatment programmes for juvenile offenders in the criminal justice system and Foster care interventions involving social welfare services
Education and life skills	• Increased enrolment in pre-school, primary and secondary schools; establish a safe and enabling school environment • Improve children's knowledge about sexual abuse and how to protect themselves against it through life and social skills training • Adolescent intimate partner violence prevention programmes

6. Lack of Means to Assess the Performance of Child Protection Determinants

At present, there are serious data gaps regarding children successfully rescued from sites of various forms of violence and abuse, rehabilitated to care institutions and families and reintegrated into society, under programmes implemented by various ministries.

7. Increasing Trends in rates of Crime against Women and Limited Reach of Interventions for Creation of Safe Spaces for Women

Addressing the issues of violence against women in India is becoming increasingly urgent as data illustrates an increasing rate of crimes against women. Though, it is often argued that there is a lack of clarity regarding an upsurge in crimes per se or an upsurge in crime reporting. However, evidence of institutional and cultural gender injustice remains unarguable. The numbers of violent crimes in India, especially those against women, including rape that is reported in official statistics are increasing with each passing year. This violence thrives within a milieu of steady economic growth and increasing inequality between the rich and poor in Indian society. Ranging from *eve-teasing* and outright sexual harassment on the street or workplace to harassment for *dowry*, molestation in public transport vehicles, and the often-reported rape, these crimes against women reflect the vulnerability and deep-rooted problems related to the position of women in Indian society. Out of 28 states, 10 states reported more than 10,000 cases of crime against women in 2011 putting states with both high and low HDI (Human Development Index) and literacy rates in the list; probably an indication that education and economic growth alone do not influence the occurrence of these crimes and pointing towards socio-political and cultural factors. This can be further observed in the NCRB data which shows that cruelty by husband or his relatives (46.8 per cent) and *dowry*-related crimes (7.1 per cent) account for more than half of the crimes against women. With increased incidence and visibility of these gruesome crimes,

there is an urgent need to address the issue at multiple levels in Indian society, including professional, familial and social settings[176][177].

In the given context, to address the issue of safety among women, the Ministry of Home Affairs does implement the safe cities project; however, only 8 metropolitan cities, i.e. Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Lucknow, Kolkata, and Mumbai are covered under the project. In the HH level survey conducted as part of this study, women opined that they feel unsafe at the marketplace in the village (4%), at the workplace (6%), while using public transport (9%) and at home (6%).

Box 21: UN WOMEN - Essential Services Package for Women and Girls Subject to Violence[178]

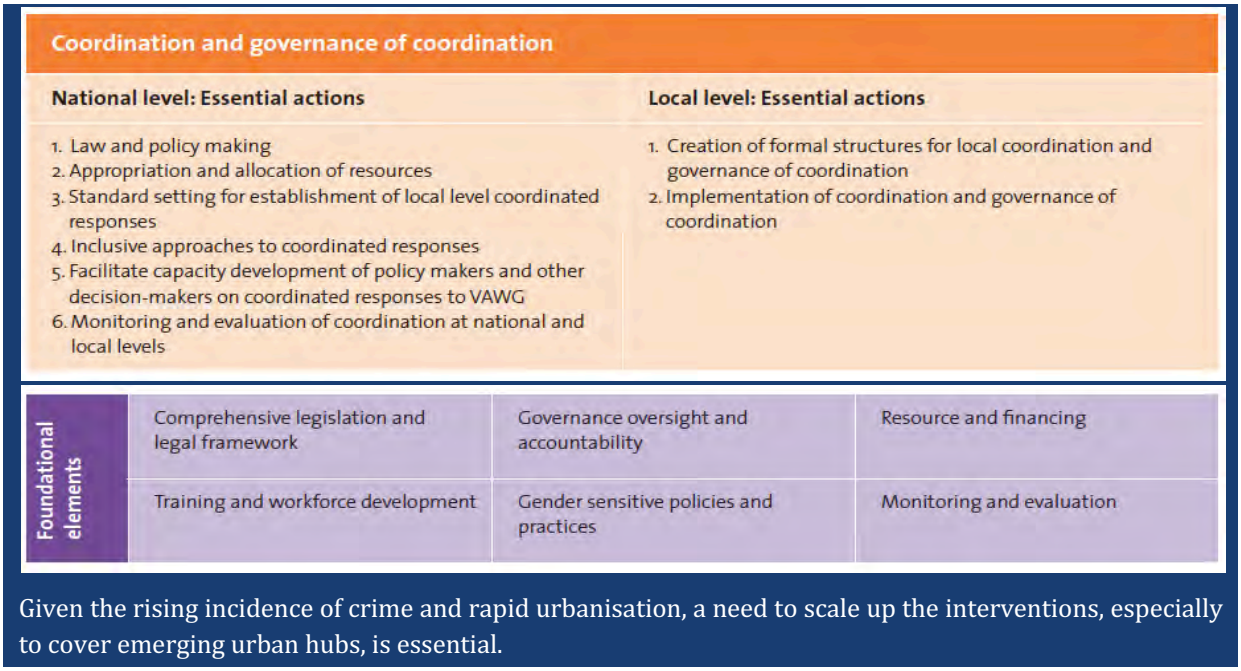
The Essential Services Package aims to provide all women and girls who have experienced gender-based violence with greater access to a set of essential quality and coordinated multi-sectoral services. The package reflects the vital components of coordinated multi-sectoral responses for women and girls subject to violence. It includes guidelines for health services, justice and policing services, coordination and governance mechanisms as well as social sector services. The overall framework for the essential services package has been presented below.

Principles	A rights based approach	Advancing gender equality and women's empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability

Common characteristics	Availability	Accessibility
	Adaptability	Appropriateness
	Prioritize safety	Informed consent and confidentiality
	Data collection and information management	Effective communication
	Linking with other sectors and agencies through referral and coordination	

Essential services and actions	Health	Justice and Policing	Social services
	1. Identification of survivors of intimate partner violence 2. First line support 3. Care of injuries and urgent medical treatment 4. Sexual assault examination and care 5. Mental health assessment and care 6. Documentation (medico-legal)	1. Prevention 2. Initial contact 3. Assessment/investigation 4. Pre-trial processes 5. Trial processes 6. Perpetrator accountability and reparations 7. Post-trial processes 8. Safety and protection 9. Assistance and support 10. Communication and information 11. Justice sector coordination	1. Crisis information 2. Crisis counselling 3. Help lines 4. Safe accommodations 5. Material and financial aid 6. Creation, recovery, replacement of identity documents 7. Legal and rights information, advice and representation, including in plural legal systems 8. Psycho-social support and counselling 9. Women-centred support10. Children's services for any child affected by violence 10. Children's services for any child affected by violence 11. Community information, education and community outreach 12. Assistance towards economic independence, recovery and autonomy

[176] Himabindu, B. L., Arora, R., & Prashanth, N. S. (2014). Whose problem is it anyway? Crimes against women in India. *Global health action*, *7*(1), 23718.
[177] Livne, E. (2015). Violence Against Women in India: Origins, Perpetuation and Reform.
[178] https://www.unwomen.org/- media/headquarters/attachments/sections/library/publications/2015/essential-services-package-module-4-en.pdf?la=en&vs=3630



Given the rising incidence of crime and rapid urbanisation, a need to scale up the interventions, especially to cover emerging urban hubs, is essential.

8. Declining Female Labour Force Participation Rate and Female Worker Population Ratio

While women account for almost half of India's population, their participation in the labour market is almost one-third as well as significantly declining over the period. A considerable amount of research work has been done to identify the reasons behind low and declining female labour force participation rates (LFPR) for India. The arguments advanced in support of the declining, and low female LFPR is from both supply and demand side.

On the supply side, it has been argued that as more women in rural areas are now pursuing higher education, it has delayed their entry into the labour market (Rangarajan et al., 2011)[179]. It could also be because the household incomes have risen in rural areas on account of higher wage levels which is dragging women out of the labour market (Himanshu, 2011)[180]. The female LFPR could also be low due to cultural factors, social constraints and patriarchal norms restricting mobility and freedom of women (Das, 2006, Banu, 2016)[181][182]. The relatively higher responsibilities of unpaid work and unpaid care work could also be a factor constraining women participation in the labour market (World Economic Forum, 2018)[183]. On the demand side, absence of job opportunities and quality jobs and the significant gender wage gap are restraining factors (World Bank, 2010; Chowdhury, 2011; Kapsos et al., 2014)[184][185]. Sanghi et al. (2015)[186] using NSSO-EUS data concluded that besides income effect, education effect and the problem of underestimation, what is left unnoticed is the structural transformation of the economy and its resultant impact on the female labour market.

[179] Rangarajan, C., Padma Iyer and Seema Kaul (2011), "Where is the missing Labour Force?", Economic and Political Weekly, Vil.42 No.46 (39), pp68-72
[180] Himanshu (2011), "Employment Trends in India: A Re-examination", Economic and Political Weekly, Vol. 46, No. 37.
[181] Das, M. B. (2006), "Do traditional axes of exclusion affect labour market outcomes in India?", Social Development Papers, South Asia Series, No. 97 (Washington DC, World Bank).
[182] Banu, A. (2016), "Human development, disparity and vulnerability: Women in South Asia", Background paper for Human Development Report
[183] World Economic Forum. (2018), "The global gender gap report" Geneva: World Economic Forum.
[184] Chowdhury, Subhanil (2011), "Employment in India: What Does the Latest Data Show?", Economic & Political Weekly, August 6, 2011 vol xlvi no 32.
[185] Kapsos, S., Bourmpoula, E., & Silberman, A. (2014), "Why is female labour force participation declining so sharply in India?", International Labour Organisation.
[186] Sanghi, S., Srija, A., & Vijay, S. S. (2015), "Decline in rural female labour force participation in India: A relook into the causes", Vikalpa, 40(3), 255- 268.

Mehrotra and Sinha (2017)[187] also pointed out that structural shift away from agricultural employment, and increased mechanisation of agriculture are factors behind declining female employment trends in rural areas. In addition, it has been observed that the decline in animal husbandry and urban areas a fall in international demand for products of labour-intensive industries have led to the lowering of female LFPR in India. Low female wages in the agriculture sector are driving out females engaged as unpaid labour. The structural transformation of the economy did not change the labour market commensurately. The fall in employment in agriculture has not shown a concomitant increase in opportunities for women in the manufacturing sector where most women with middle to secondary levels of education and from middle-income groups are likely to look for employment (Chandrasekhar and Ghosh, 2011)[188]. Withdrawal of men from agriculture and shift to the construction sector in urban areas led to the loss of jobs for rural women who were engaged as unpaid labour along with the men. The loss of jobs as casual labour in agriculture also led to the withdrawal of women from the labour force (Kannan and Raveendran, 2012)[189]. Thus, the achievements in female education and the subsequent loss of female-dominated jobs in agriculture and manufacturing sector could have contributed to the continued decline in female LFPR. Though substantial exploration has been undertaken to explain declining female work participation from demand as well as supply-side, there is still no consensus among scholars regarding the declining trend in female employment in recent decades[190].

2.4.5. Absence of Interventions

1. No Scheme focusing on prevention of VAW and changing social and cultural norms around gender roles

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

Despite schemes and laws, gender-based violence and discrimination against women and girls continue in our society and women, and girls are yet to positively gain from the legislation. Legislative changes take time in implementation due to social, cultural, and religious mores. The change in social norms and mindsets towards girls and women can be brought about through institutional initiatives. This involves the family, the community, and religious and educational institutions. The state, as the largest public institution, can initiate, strengthen, and ensure implementation of its economic and social policies for gender equality.

Dhar et al. (2019)[191], through a survey of more than 5,500 adolescents in Haryana, find that "when a parent holds a more discriminatory attitude, his or her child is about 11 percentage points more likely to hold the view. We find that parents hold greater sway over students' gender attitudes than their peers do and that mothers influence children's gender attitudes more than fathers." Unless the government is able to address the attitudes of people toward gender equality and

[187] Mehrotra, S., Sinha, S. (2017). "Explaining Falling Female Employment during a High Growth Period", Economic and Political Weekly l, 11, 54-62
[188] Chandrasekhar, C P and J Ghosh (2011), "Latest Employment Trends from the NSSO", Business Line, 12 July.
[189] Kannan, K P and Raveendran G (2012), "Counting and Profiling the Missing Labour Force", Economic & Political Weekly, 47(8).
[190] https://www.indiabudget.gov.in/economicsurvey/doc/vol2chapter/echap10_vol2.pdf
[191] Dhar, D., Jain, T., & Jayachandran, S. (2019). Intergenerational transmission of gender attitudes: Evidence from India. *The Journal of Development Studies*, *55*(12), 2572-2592.

violence against women, this problem will never go away, and we will continue to invest in more schemes focusing on care and rehabilitation.

2. Lack of Interventions for Nutritional Support to Adolescents

Almost all adolescents in India take unhealthy or poor diets leading to one or the other form of malnutrition. Over 50 per cent of adolescents (about 63 million girls and 81 million boys) in the age group of 10 to 19 years in India are short, thin, overweight or obese. Over 80 per cent of the adolescents also suffer from 'hidden hunger', i.e. the deficiency of one or more micronutrients such as iron, folate, zinc, vitamin A, vitamin B12 and vitamin D. Adolescent girls, in particular, suffer from multiple nutritional deprivations. Therefore, focusing on adolescent girls, before they become mothers, is critical to breaking India's intergenerational cycle of malnutrition[192].

Given the situation of nutrition levels among adolescents, there continues to be an absence of interventions to provide nutritional support to OOS boys in the age group 11-18 years and OOS girls in the age group 14-18 years. The current intervention, i.e. SAG, does not address the nutritional needs of both these groups. This has also been validated by the UNICEF, 2019 report that underscores that nearly 25 per cent of girls and boys do not receive any of the four school-based services (mid-day meal, biannual health check-ups, biannual deworming and weekly iron-folic acid supplementation). Addressing this gap is critical for ensuring requisite nutrition levels among adolescents.

3. Lack of Interventions Promoting Freedom of Expression of Children and Adolescents

Forums to promote children's voice, opinions and decision making in matters concerning them, are crucial areas that do not form part of any CSS at present.

Box 22: Adolescent Girls Empowerment Programme (AGEP), Zambia

Zambia's Adolescent Girls Empowerment Program (AGEP) helped adolescent girls in avoiding early marriage, sexually transmitted infections and unintended pregnancy while building their health, social and economic assets. The programme reached more than 11,000 girls in rural and urban locations in the country from 2013 to 2016 as part of a randomised controlled trial. The intervention comprised of three components:

Safe spaces: Safe spaces were weekly girls' group meetings, in which 20 to 30 girls met with a mentor—a young woman from their community who was hired and trained—for short training sessions on a variety of topics as well as an opportunity to discuss together their experiences in the past week.

Health vouchers: Participants received a health voucher redeemable for a package of general wellness and sexual and reproductive health services at partner public and private healthcare providers.

Savings accounts: Developed the Girls Dream savings accounts for AGEP girls. The accounts had very low minimum opening balances, and any amount could be deposited or withdrawn with no fee.

The programme saw mixed results. However, it provided significant lessons to improve the effectiveness of similar programmes

- "Safe Spaces" alone are insufficient to lead to sustained changes for vulnerable girls. Programs to empower girls must be girl-centred, but they also need to engage the broader community.
- Most vulnerable adolescent girls may not attend a safe space–only programme. Programme implementers must ensure that they have the systems and budgets in place to track who is and is not, participating. They will need to include adaptations to their programmes to address the needs of those sub-segments of the population (e.g., out of school, economically most disadvantaged.)

[192] UNICEF and NITI Aayog, 2019. Adolescents, Diets and Nutrition: Growing Well in a Changing World

- Savings accounts can positively influence savings behaviour—both formal and informal- and have encouraging effects on girls' self-efficacy. This indicates programmes working with adolescent girls as to the feasibility and important impact of integrating financial literacy training and access to savings opportunities into more traditional health-related programming.
- Efforts to empower girls and improve their health and wellbeing should address social norms at the girl, household, school, and community levels.
- Even when well-designed, pervasive poverty can limit the success of health and nutrition interventions. Underlying economic constraints at the household level may need to be addressed to see longer-term change for girls.
- Programmes that seek to improve health outcomes for a wide range of vulnerable adolescents need to address underlying economic and socio-cultural constraints, for example through social cash transfers, educational support or social norms change campaigns, both to increase participation and to improve the likelihood that the programme results in longer-term health changes.[193]

4. Lack of interventions for mental health and well-being of women

Gender is a critical determinant of mental health and mental illness. The patterns of psychological distress and psychiatric disorder among women are different from those seen among men. Studies highlight that women have a higher mean level of internalising disorders, while men show a higher mean level of externalising disorders. Gender differences occur particularly in the rates of common mental disorders wherein women predominate. Differences between genders have been reported in the age of onset of symptoms, clinical features, frequency of psychotic symptoms, course, social adjustment, and long-term outcome of severe mental disorders. Social factors and gender-specific factors determine the prevalence and course of mental disorders in female sufferers[194].

Another study highlights that sexual discrimination towards women is one of the main causes of the increase in mental health problems in women. Factors associated with the risk for Common Mental Disorders are usually such factors which are indicative of gender disadvantage, particularly sexual violence by the husband, being widowed or separated, having low autonomy in decision making, and having low levels of support from one's family[195]. Women are said to have increased rates of depression and accompanied by high rates of somatisation disorder, panic disorder and certain personality disorder as compared to men. Gender-based violence is the most important cause and forces submission at an individual level, and by engendering fear, defeat, humiliation and a sense of blocked escape or entrapment. It reinforces women's inferior social ranking and subordination in the wider society[196].

It was also found that there is low attendance in hospital settings of women suffering from mental health issues partly due to lack of availability of resources for women[197]. Therefore, concerted efforts at social, political, economic, and legal levels can bring change in the lives of women in India and contribute to their improved mental health.

[193] Austrian, Karen, Erica Soler-Hampejsek, Paul C. Hewett, Natalie Jackson Hachonda, and Jere R. Behrman. 2018. Adolescent Girls Empowerment Programme: End line Technical Report. Lusaka, Zambia: Population Council.
[194] Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian journal of psychiatry*, *57*(Suppl 2), S205.
[195] Patel, V., Kirkwood, B. R., Pednekar, S., Pereira, B., Barros, P., Fernandes, J., & Mabey, D. (2006). Gender disadvantage and reproductive health risk factors for common mental disorders in women: a community survey in India. *Archives of general psychiatry*, *63*(4), 404-413.
[196] Kumar, P., Nehra, D. K., & Dahiya, S. (2013). Women Empowerment and Mental Health: A Psychosocial Aspect.
[197] Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian journal of psychiatry*, *57*(Suppl 2), S205.

"Mental health programmes for women is a significant missing link. Though provisions for counselling of women in distress have been made under OSC and hospitals, however, overall there is a scope for taking this agenda forward as it continues to be a neglected area in women's empowerment."

Commissioner (MCH), MHFW

"There has been a spike in cases of mentally ill women. They need help, but we have failed thus far to provide them with support specifically designed for them. One way of providing the required help is through focused interventions implemented primarily by the health department in convergence with DWCD"

Joint director WE, Chhattisgarh

Box 23: WHO: Nations for Mental Health – A focus on Women[198]

A comprehensive plan to improve women's mental health requires action at several levels, including the development of policies and legislation, the provision of interventions through population-based settings, ensuring that community services and supports are adequate and accessible, supporting and promoting grassroots activities, and utilising media-based strategies to influence awareness of issues in the general community. The figure below gives a schematic representation of potential demonstration projects.

Schematic representation of potential demonstration projects

Policies and legislation	Education, training and structural interventions			Other community services and supports		
	Primary care	Worksites	Criminal justice system	Community services and support	Grassroots activities	Use of the media
Project 1 To increase the awareness, will and commitment of governments in relation to women's mental health.	**Project 1** Development, implementation and evaluation of training programmes for primary care providers. **Project 2** Development, implementation and evaluation of women's mental health programmes introduced into training curricula.	**Project 1** Development, implementation and evaluation of programmes in the workplace to improve women's mental health.	**Project 1** Training within the criminal justice system on violence towards women. **Project 2** Introducing a course component on violence towards women into tertiary education curricula.	**Project 1** Review, evaluation and strengthening of community *services* to protect and promote women's mental health. **Project 2** Review, evaluation and strengthening of community *supports* to protect and promote women's mental health. **Project 3** Promoting community services and supports in hard-to-reach communities.	**Project 1** Facilitating the development of unified networks and collaboration between NGOs and women's groups in priority areas for women's mental health. **Project 2** Developing and promoting a resource to stimulate grassroots activities	**Project 1** Providing a basis for lobbying to reduce the negative potrayal of women and to promote positive images of women. **Project 2** Increasing community awarenmess of women's mental health and reducing the stigma associated with mental problems. **Project 3** Advocating for improved mental health for women. **Project 4** Promoting women's mental health through 'edutainment'.

5. Lack of Interventions that Value Unpaid Care Work

From cooking and cleaning to fetching water and firewood or taking care of children and the elderly, women carry out at least two and a half times more unpaid household and care work than men. As a result, they have less time to engage in paid labour or work longer hours, combining paid and unpaid labour. Women's unpaid work subsidises the cost of care that sustains families, supports economies and often fills in for the lack of social services. Yet, it is rarely recognised as 'work'[199].

[198] https://apps.who.int/iris/bitstream/handle/10665/67225/WHO_MSA_NAM_97.4.pdf?sequence=1
[199] https://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work

As per the 1998-99 National Time-Use Survey, weekly average time spent by men and women on total work (both paid and unpaid) in India is 48 hours and 62 hours, respectively. Women, therefore, spend 28 per cent more time on work than men do overall. They spend nine hours per day on work as opposed to 6.8 hours by men. Unpaid care work constitutes about 35 per cent of India's GDP and is equivalent to about 182 per cent of the total government tax revenue. Currently, Indian women's contribution to the GDP is 17 per cent; this is not only far below the average 37 per cent but is also less than that of China (41 per cent) and sub-Saharan Africa (39 per cent). Globally, women spend three times more time on unpaid care work than men. However, in India, it is 9.8 times more.

The problem of unpaid care work, particularly in the country exists predominantly because of the many prevalent patriarchal norms. These involve women doing the majority of unpaid care work and undermine their rights and limits their opportunities, capabilities and choices and thus impeding their empowerment. While it is assumed that a major reason why women and girls face the burden of unpaid care work is illiteracy, in urban households that is usually not the case, for both rural and urban areas, the constant ground on which this happens is discrimination and gender inequality[200].

Therefore, policies that provide services, social protection and basic infrastructure and promote sharing of domestic and care work between men and women, and create more paid jobs in the care economy, are urgently needed to accelerate progress on women's economic empowerment.

Box 24: Unpaid Care Work – Learnings from the World

Investment in time-saving technology and infrastructure

Electrification and improved access to water ease the constraints on women's time. In Pakistan water sources closer to home were associated with decreased time devoted to housework and increased female employment (Ilahi and Grimard, 2000)[201]. When rural electrification was introduced in South Africa, the time women spent on housework decreased, leading to a 9 per cent increase in female labour participation (Dinkelman, 2011)[202].

Increasing public and care services

Better access to public services, childcare and care for the elderly allows for better work-life balance. Therefore, there is a need to enhance the coverage and improve the quality of childcare services for women in India to ensure greater uptake.

Longer school days or expand pre-school hours are alternatives for public day-care: The Kenyan government, expanded its preschool education to four-to-five-years-olds children, increasing female labour participation (Cassirer and Addati, 2007)[203].

Family-friendly working policies

Maternity leaves public subsidies of 14 weeks (ILO standard) improve women's likelihood of taking leave instead of leaving the labour force entirely. Morocco's increased maternity leave (from 12 to 14 weeks) was associated with an increased share of working mothers.

[200] https://www.oxfamindia.org/blog/unpaid-care-work-in-india
[201] Ilahi, N. and F. Grimard (2000), "Public Infrastructure and Private Costs: Water Supply and Time Allocation of Women in Rural Pakistan", Economic Development and Cultural Change 49 (1), pp. 45–75.
[202] Dinkelman, T. (2011), "The Effect of Rural Electrification on Employment: New Evidence from South Africa", American Economic Review 101 (7), pp. 3078-3108.
[203] Cassirer, N. and L. Addati (2007), Expanding Women's Employment Opportunities: Informal Economy Workers and the Need for Childcare, International Labour Organisation, Geneva.

Equal amounts of maternity and paternity leave increase women's employment by increasing employer incentives to hire a woman. In Sweden, for example, a minimum share of available parental leave is reserved to fathers on a 'use it or lose it' basis, encouraging an equal sharing of caring responsibilities.

Family-friendly working conditions enable parents to balance their working hours and caring responsibilities. A flexible work schedule or teleworking allows women and men to choose working hours that better accommodate their caring responsibilities

Tackling discriminatory social institutions

Tackling entrenched social norms and gender stereotypes can 'de-feminise' caregiving and shape gender norms that prevent men from assuming equal caring responsibilities. In Zimbabwe, for example, the "Africare's Male Empowerment Project" seeks to change behavioural trends and challenge existing gender norms by increasing male involvement in home-based care services given to rural people living with AIDS.

Adopting a care lens across all areas of public policy

Design suitable fiscal policies to avoid second earners in married couples, typically women, being taxed more heavily than single individuals, discouraging female labour force participation. For instance, in Japan, female labour force participation of women would increase by almost 13 per cent if there were high tax incentives to share market work (which ultimately reflects unpaid care work) between spouses[204].

6. Lack of Interventions for Promoting Women's Political Participation

Article 243 D of the Constitution states, "Not less than one third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat shall be reserved for women and such seats may be allotted by rotation to different constituencies in a Panchayat". However, studies highlight mixed evidence on the extent of improvement in women's political participation that can be attributable to reservation of seats for women in leadership positions. A survey in Uttar Pradesh found that the presence of women village leaders had no impact on any measures of electoral participation for women (Iyer and Mani 2019)[205]. Perhaps quotas need a longer time to work – data from West Bengal shows that women's political candidacy increases and young girls are more likely to view themselves in leadership roles, only after a woman has headed a village council for two consecutive terms (Beaman et al. 2009, 2012)[206] [207].

A survey conducted in Uttar Pradesh revealed that women are much less likely to report being part of other electoral activities such as participation in campaigns, listening to candidate speeches, or membership in political parties (Iyer and Mani 2019)[208]. Further, women lag on several potential determinants of political participation, such as knowledge about how political institutions work, their self-assessed leadership skills, and their voice in key household decisions (for example, only one-third of women report having a high level of input into household repair decisions)[209]. Women in rural India also face significant mobility restrictions, while women in urban India often forgo important opportunities due to concerns about safety (Borker 2018)[210]. All these factors, together with education, household wealth and religion or caste, can explain approximately 69 per cent of the gender gap in electoral political participation.

[204] https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf
[205] Iyer, L and A Mani (2019), "The Road Not Taken: Gender Gaps Along Paths to Political Power", *World Development* 119: 68-80.
206 Beaman, L, R Chattopadhyay, E Duflo, R Pande and P Topalova (2009), "Powerful women: does exposure reduce bias?", Quarterly Journal of Economics 124(4): 1497–540.
[207] Beaman, L, R Chattopadhyay, E Duflo, R Pande and P Topalova (2012), "Female leadership raises aspirations and educational attainment for girls: a policy experiment in India", *Science* 335(6068): 582–6.
[208] Iyer, L and A Mani (2019), "The Road Not Taken: Gender Gaps Along Paths to Political Power", *World Development* 119: 68-80.
[209] https://voxeu.org/article/getting-more-women-politics-evidence-india
[210] Borker, G (2018), "Safety First: Perceived Risk of Street Harassment and Educational Choices of Women," Working paper.

A 1996 National Election Survey found that the opinion of their spouses influenced 17 per cent of the women who voted, and another 19 per cent women reported that the opinions of their family members mattered when choosing whom to vote for. These trends suggest that women are more dependent on familial opinion when making political choices because they are kept away from institutional and social resources that would allow them to form independent political opinions[211]. Augmenting the argument presented, the primary HH level survey conducted as part of the present evaluation study highlighted that only 18 per cent of women who responded, had attended the Gram Sabha meeting in the past year. Therefore, there is an urgent need for improving women's knowledge, self-confidence, voice and mobility to significantly affect their political participation.

7. Lack of interventions for Promoting Women's Social Participation

There are three critical, interrelated processes of agency: voice, choice and power. Voice refers to an individual's ability to actively advocate for what she wants. The choice is the ability to make and influence decisions. Power—the enabler of both voice and choice—is the ability to be influenced by or influence others and can enable or constrain agency. Power operates in visible and invisible ways (Eerdewijk et al., 2016)[212]. For girls and young women, gender plays a role in determining their ability to express all three elements of agency. Decisions like whether and when to marry, whether to stay in school and for how long, whether and when to have children, which family planning method to use and how to earn a living are just some of the considerations for girls and young women[213]. In the Indian context, the majority of women's voices are suppressed due to patriarchal social norms that regard women as inferior. The Deputy Regional Director for UN Women states, "There are two India's: one where we can see more equality and prosperity for women, but another where the vast majority of women are living with no choice, voice or rights". The analysis conducted as part of this study highlights that there is an absence of interventions that promote the agency of women through forums for collective action at all levels.

Box 25: Learnings from the World: Effectiveness of women's collectives in Nigeria and Malawi[214]

In Nigeria, the Legislative Advocacy Coalition on Violence Against Women campaign contributed to the passage of the Violence Against Persons (Prohibition) Bill in 2013. The new law includes a more comprehensive definition of rape, stricter sentences, compensation for victims of rape and other sexual offences, protection from further abuse through restraining orders, and a fund to support victim rehabilitation.

In Malawi, Let Girls Lead's Adolescent Girls' Advocacy and Leadership Initiative significantly contributed to the drafting and enactment of local bylaws to eradicate child marriage. The initiative included advocacy with village chiefs and traditional leaders. Adolescent girls interviewed after the bylaws came into effect reported cases of girls leaving marriages and returning to school, and they noted that the new penalties and associated community disapproval were deterring child marriage.

[211] Deshpande, R. (2004). How gendered was women's participation in election 2004? *Economic and Political weekly*, 5431-5436.
[212] Eerdewijk, A., Wong, F., Vaast, C., Newton, J., Tyszler, M., & Pennington A. (2016). White Paper: A Conceptual framework of Empowerment of Women and Girls. Unpublished Manuscript. KIT Royal Tropical Institute, Amsterdam, Netherlands.
[213] https://www.icrw.org/wp-content/uploads/2019/08/Voice-Choice-and-Power.pdf
[214] https://www.worldbank.org/content/dam/Worldbank/document/Gender/Voice_and_agency_LOWRES.pdf

3. Scheme Level Analysis – Umbrella ICDS

"THE SEEDS OF SUCCESS IN EVERY NATION ON EARTH ARE BEST PLANTED IN WOMEN AND CHILDREN."

Joyce Banda (Malawian Leader)

The status of nutrition in India continues to be a matter of concern. According to the Global Nutrition Report (2019), India is facing a major malnutrition crisis as it holds almost a third of the world's burden for stunting. The country holds almost a third of the world's burden for stunting with 239 of 604 districts having stunting levels above 40 per cent and 202 have a prevalence of 30-40 per cent (Menon et al. 2018; Development Initiatives 2018). India's under-five wasting prevalence of 20.8 per cent is also greater than the developing country average of 8.9 per cent.

As per NFHS 4 (2015-2016), 38.4 per cent of children under 5 years were stunted, 21 per cent of children under 5 years were wasted, 7.5 per cent of children under 5 years were severely wasted, and 35.7 per cent of children were underweight (IIPS 2017). The percentage of women (15-19 years) who were anaemic (<13g/dl) were 22.7 per cent and percentage of children (5-59 months) who were anaemic (<11g/dl) were 58.4 per cent In India, the major percentage of children under 5 years who were stunted and underweight belonged to the scheduled tribe, lowest wealth quintile, with no education.

In addition to the above challenge and given the importance of the life cycle on the status of nutrition of the child it is to be noted that the percentage of women (15-19 years) who were anaemic (<13g/dl) were 22.7 per cent as per NFHS 4. The major percentage of children under 5 years who were stunted and underweight belonged to the scheduled tribe, lowest wealth quintile, with no education.

The government has since identified nutrition as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns[215]. The National Nutrition Strategy identifies nutrition as being *"central to the achievement of other National and Global Sustainable Development Goals".* It places strong impetus on preventing undernutrition as early as possible to avert irreversible cumulative growth and development deficits that compromise maternal and child health and survival and undermine the achievement of optimal learning outcomes in elementary education, impairing adult productivity and undermining gender equality.

Intending to rationalise and synergise all ongoing programmes and services for vulnerable women and children in the country, the Prime Minister's Cabinet Committee (2016-17) approved the extended platform of the ICDS as – Umbrella ICDS to include other ongoing schemes (from the XII Five Year Plan) as its sub-schemes.

[215] Niti Aayog (2017). Nourishing India – National Nutrition Strategy. New Delhi. Government of India

Table 17: Schemes under Umbrella ICDS

No.	Sub-Schemes	Target Beneficiaries	Objective
1.	Anganwadi Services (erstwhile Core ICDS)	PW&LM, Children from 3 months to 6 Years	Aims at holistic development* of children under the age of six years and its beneficiaries are children of this age group and PW&LM.
2.	POSHAN Abhiyaan	Universal	Reducing the level of stunting, under-nutrition, anaemia and low birth weight in children in a target-based time-bound manner
3.	Pradhan Mantri Matru Vandana Yojana (PMMVY)	PW&LM	Providing partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the child; and promoting improved health-seeking behaviour (appropriate nutrition, rest and health care) amongst the PW&LM.
4.	Scheme for Adolescent Girls	Out of School Adolescent Girls aged 11-14	Facilitate, educate and empower AGs to enable them to become self-reliant and aware citizens through improved nutrition and health status, promoting awareness about health, hygiene, nutrition, mainstreaming out of school AGs into formal/non-formal education and providing information/guidance about existing public services.
5.	National Crèche Scheme (erstwhile Rajiv Gandhi National Crèche Scheme)	Children (6 months – 6 years)	Aims at providing a safe place for mothers to leave their children while they are at work, and thus, is a measure for empowering women as it enables them to take up employment. At the same time, it is also an intervention towards the protection and development of children in the age group of 6 months to 6 years.
6.	Child Protection Services (erstwhile Integrated Child Protection Services)	Vulnerable and at-risk children up to 18 years	Provide a safe and secure environment for children in conflict with law and children in need of care and protection, reduce vulnerabilities through a wide range of social protection measures, prevent actions that lead to abuse, neglect, exploitation, abandonment and separation of children from families etc., bring focus on non-institutional care, develop a platform for partnership between Government & Civil Society and establish the convergence of child-related social protection services.

The constituent sub-schemes are clear in their intent and provide a somewhat complimentary picture of the aims and objectives of the ICDS umbrella. The composition of programmes and services provided under the scheme point to the Umbrella CSS' goals of improving the health and nutrition status of women and children, and the protection and well-being of children.

Improved Health and Nutrition for Women and Children: Enhanced access to nutrition and learning has been the cornerstone of the Umbrella ICDS scheme, in line with the overarching goals of the Ministry. Improving nutritional and health outcomes have been envisioned through various interventions – ranging from cash transfers to incentivise the health-seeking behaviour of PW&LM (under PMMVY) to nutritional supplements to bolster the nutritional needs of adolescent girls (under SAG). With a view towards sustained nutrition and health outcomes, the emphasis has also been laid on developing knowledge systems regarding good nutrition and IYCF practices

through SBCC sessions and awareness initiatives. The interventions contributing to this sectoral outcome include a fair share of infrastructural and system strengthening as well.

Increased Protection and Well-Being of Children: Nurturing all children in a safe and protective environment remains a key intended outcome of the umbrella scheme. Under the Umbrella ICDS scheme, the interventions contributing to this sectoral outcome are largely focused on last-mile service delivery, as well as institutional improvements- effectively tracking down missing children and facilitating children's access to institutional and legislative support.

MWCD Annual Report 2019-20 acknowledges the unfinished agenda about overcoming child malnutrition in India, while also noting that – with the launch of POSHAN Abhiyaan and a renewed focus on the importance of nutrition – India has achieved significant traction in tackling the underlying indicators of nutrition over the last two years. The recently launched report on Comprehensive National Nutrition Survey (CNNS) found that since NFHS 4, there has been an accelerated improvement in the levels of nutrition indicators, shown in Table 18 below:

Table 18: Improvement in nutritional indicators of children (0-59 months)

Indicators	NFHS-3 2005-06 (%)	NFHS-4 2015-16 (%)	Improvement in NFHS-4 compared to NFHS-3	CNNS (%)	Improvement in CNNS as compared to NFHS-4
Stunting	48.0%	38.4%	9.6%	34.7%	3.7%
Under-nutrition	42.5%	35.8%	6.7%	33.4%	2.4%
Wasting	19.8%	21.0%	-1.2%	17.3%	3.7%
Anaemia in Children under 5 years	69.4%	58.6%	10.8%	40.5%	18.1%

Committed to the timely achievement of the SDGs, the POSHAN Abhiyan compliments 2 out of 6 services of ICDS (SNP and NHED). The POSHAN Abhiyan along with the restructured services of ICDS (CAP, ILA) is on the ground with specific time-bound impact targets during the three years beginning 2017-18:

Table 19: Nutrition Targets identified by POSHAN Abhiyaan

No.	Objectives	Target
1.	Prevent and reduce Stunting in Children (0-6 years)	By 6%@ 2% per annum
2.	Prevent and reduce undernutrition (underweight prevalence) in Children (0-6 years)	By 6%@ 2% per annum
3.	Reduce the prevalence of anaemia among Young Children (6-59 months)	By 9%@ 3% per annum
4.	Reduce the prevalence of anaemia among Women and Adolescent Girls in the age group of 15-49 years.	By 9%@ 3% per annum
5.	Reduce Low Birth Weight (LBW).	By 6%@ 2% per annum

Three of the six services, viz., Immunisation, Health check-up and Referral Services under the Umbrella ICDS continue to be implemented through NRHM & Public Health Infrastructure.

Amongst the constituents of the Umbrella ICDS schemes, while there is the CPS, it is worth mentioning that the joint initiative of MWCD, MOHFW and MOHRD are also implementing - Beti Bachao – Beti Padhao (BBBB) completes the life cycle approach (focus on addressing gender biases and school education for all girls 6 years and above). The objectives of BBBP are prevention of gender-biased sex selective elimination, ensuring survival & protection of the girl child, and ensuring education and participation of the girl child.

The SAG while not in consonance with the fact that every girl child who is a school dropout must be encouraged to be mainstreamed back, does provide the necessary intervention to that ' left-

out of mainstream' young girls who can easily slip into the cycle of malnutrition, early marriage, early pregnancy and lack of empowerment trap.

Umbrella ICDS' Contribution to Sectoral Outcomes

Improving the health and nutrition of people in the country has long remained a key priority for the GoI. The government has identified nutrition as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns[216]. The National Nutrition Strategy identifies nutrition as being *"central to the achievement of other National and Global Sustainable Development Goals"*. It places the strong impetus on preventing undernutrition as early as possible to avert irreversible cumulative growth and development deficits that compromise maternal and child health and survival and undermine the achievement of optimal learning outcomes in elementary education, impairing adult productivity and undermining gender equality.

High levels of maternal and child undernutrition in India have persisted despite strong Constitutional, legislative policy, plan and programmatic commitments. Legislations such as the National Food Security Act (NFSA) 2013 mandating food and nutrition entitlements for children, pregnant and breastfeeding mothers with maternity support and the infant milk substitutes, feeding bottles and infant foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 provide a strong policy framework for protecting, supporting and promoting nutrition interventions – especially during periods of greatest vulnerability for children and women. The National Nutrition Policy 2017, complemented by other policies such as the National Health Policy 2002, the National Policy for Children, 2013 provides a strong foundation for addressing the immediate and the underlying determinants of undernutrition through both direct interventions and indirect interventions. The Twelfth Five Year Plan reinforced the commitment to preventing and reducing child undernutrition (underweight prevalence in children aged 0-3 years), articulated as one of its core monitorable targets, binding multiple sectors and States to collective action.

National Nutrition Strategy 2017[18] envisions a "Kuposhan Mukt Bharat" (Malnutrition Free India). It identifies the delivery of the following key nutritional sensitive and nutrition-specific interventions through the bouquet of schemes and services run by the Government of India:

- Infant and Young Child Care & Nutrition
- Infant and Young Child Health
- Maternal Care, Health and Nutrition
- Adolescent Nutrition
- Control of Micronutrient Deficiencies or Vitamin and Mineral Deficiencies
- Community Nutrition

Given the need for convergence inaction of a multiplicity of agencies, the Government of India, in its National Nutrition Strategy and through the launch of POSHAN Abhiyaan, highlighted the need for strong convergence of the services on the ground. The articulated goal of this pillar is to ensure that all nutrition-related programmes converge on households with mothers and children in the first 1,000 days, the core target population for POSHAN Abhiyaan.

MWCD as the nodal agency for nutrition in India, set up a governance mechanism that would be able to establish Nutrition as the centre-piece in the national development agenda; while offering

[216] Niti Aayog (2017). Nourishing India – National Nutrition Strategy. New Delhi. Government of India

enough flexibility in operations and at the same time offering a platform for resolving issues relating to policy coordination, incentives and convergent action.

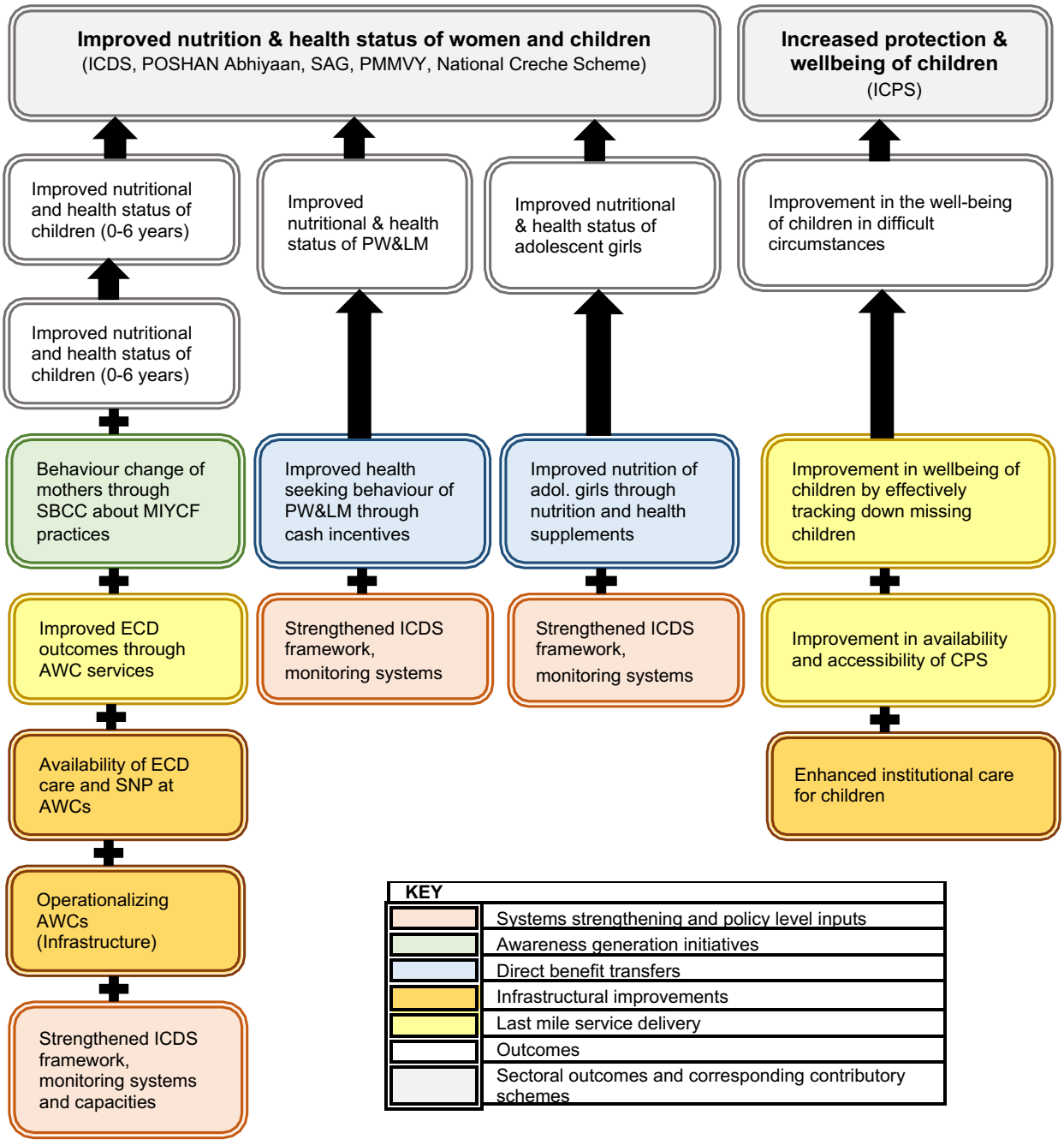
Even though Convergence was always a key focus under the Anganwadi Services Scheme (Erstwhile ICDS), the introduction of POSHAN Abhiyaan saw, for the first time, a detailed field-level convergence framework. The POSHAN Abhiyaan aimed to *"ensure convergence of all nutrition-related schemes of MWCD on the target population. The programme will ensure convergence of various programmes, i.e. Anganwadi Services, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls of MWCD; Janani Suraksha Yojana (JSY), National Health Mission (NHM) of MoHFW; Swachh Bharat Mission of Ministry of Drinking Water & Sanitation (DW&S); Public Distribution System (PDS) of Ministry of Consumer Affairs, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development (MoRD); Drinking Water & Toilets with Ministry of Panchayati Raj and Urban Local Bodies through Ministry of Urban Development."*

Four of the Six schemes under ICDS Umbrella – namely Anganwadi Services, POSHAN Abhiyaan, PMMVY, and SAG are geared towards the achievement of the goal of Kuposhan Mukt Bharat identified in the National Nutrition Strategy 2017 and are aimed at ensuring that every child, adolescent girl and woman attains optimal nutritional status- especially those from the most vulnerable communities. It focuses on preventing and reducing undernutrition across the life cycle- as early as possible, especially in the first three years of life. The present evaluation finds these schemes to be extremely relevant to the needs of the country given the context, as well as in line with the goals and priorities identified by the MWCD in National Nutrition Strategy and reiterated and reinforced by the Prime Minister.

The Child Protection Services scheme aims at operationalising the constitutional and legislative framework created for protecting child rights including Child Labour (Prohibition and Regulation) Act (1986/2016), Juvenile Justice Act (Care and Protection of Children) (2015), Protection of Children from Sexual Offences (POCSO) Act, 2012 and the Prohibition of Child Marriage Act (2006). The Juvenile Justice (Care and Protection) Act is the core guiding Act for the Integrated Child Protection Scheme. It covers two categories of children- Children in Conflict with Law (CCL) and Children in Need of Care and Protection (CNCP). The definition of CNCP includes a wide range of children, including "orphans, abandoned children, destitute children, working and street child." (Vesvikar and Sharma, 2016, p.189). Within the juvenile justice system, the state undertakes the care, protection, development and rehabilitation of both CICL and CNCP through the institutionalisation of these children, which, Kumari (2004) notes, serves to fulfil a 'protective' function.

The evaluation finds these schemes to be extremely relevant to the needs of the country given the context, as well as in line with the goals and priorities identified by the MWCD and reiterated and reinforced by the Prime Minister. Figure 13 depicts the intended contribution of the Umbrella CSS and its constituent sub-schemes to sectoral outcomes.

Figure 13: Umbrella ICDS' Contribution to Sectoral Outcomes



Design of the Umbrella Scheme and Its Constituent Sub-Schemes

As discussed earlier, in FY 2016-17, the GoI renamed and restructured the ICDS into Umbrella ICDS, including 3 other sub-schemes within its ambit – Anganwadi Services Scheme, SAG, NCS and CPS. The number of sub-schemes under Umbrella ICDS was further increased in 2017, with the re-establishment of the National Nutrition Mission, an apex body for all nutrition-related activities, and the launch of the maternity benefit scheme – the Pradhan Mantri Matru Vandana Yojana (PMMVY).

The stated aim of the Umbrella ICDS was to *"reduce the level of malnutrition, anaemia and low birth weight babies, ensure empowerment of adolescent girls, provide protection to the children who are in conflict with the law, provide a safe place for day-care to the children of working mothers."*

While several studies highlight the implementation challenges and pitfalls faced by the ICDS schemes, the overall continuum of services provided under umbrella ICDS is generally regarded as quite comprehensive. When asked, the development partners were unanimous in their praise for the comprehensiveness of interventions and activities covered under the various schemes focusing on reducing the burden of undernutrition.

> "ICDS, as an umbrella programme that addresses the areas of under nutrition has been designed well. It was much ahead of its time since it was designed and implemented to address the issue of under nutrition in an integrated manner in 1975 when other countries did not even conceptualize this as a priority. The only area that was possibly not as focused was behavior change communication to sustain the efforts made under ICDS, but the introduction of POSHAN Abhiyaan has tried to plug those issues as well"
>
> Dr. Alok Ranjan, Bill and Melinda Gates Foundation (BMGF)

> "ICDS is quite a comprehensive system which theoretically covers almost all the interventions identified as being critical to fight the issues of under nutrition."
>
> Rasmi Avula, Research Fellow, IFPRI

Among other schemes, the Child Protection scheme has also been made a part of the Umbrella ICDS. However, the CPS receives a mere 5.4% of the budget allocations of the ICDS Umbrella, with nutrition and early childhood development related schemes such as AWS, POSHAN Abhiyaan, PMMVY and SAG taking up almost 95% of the umbrella budget. This mismatch between funding takes the focus away from the extremely important CPS scheme having a strong legal mandate of child protection and rehabilitation. With monitoring, resourcing, funding, all being compromised due to the enhanced focus on issues of malnutrition, the CPS will require greater focus and budgetary allocation.

3.1. Anganwadi Services Scheme

Summary of AWS Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ The aims and objectives of the AWS scheme align well with the SDGs. - The overall continuum of services provided is quite comprehensive.
Effectiveness	Average	+ Expansion of coverage from only one-third of the villages having an AWC in 1992-93 to a near-universal coverage in 2019. + Through its network of almost 14 lakh AWCs, the scheme is providing a nutrition safety-net to nearly 10 Crore beneficiaries. - Poor infrastructure remains one of the biggest issues compromising the effectiveness of the scheme. - Low-cost norms for SNP procurement and delivery. - PSE is marred by lack of adequate space, lack of provisioning of play material, weak capacity of AWWs to deliver quality PSE.
Efficiency	Needs Improvement	+ The scheme has been able to achieve almost 100% utilisation over the last five years. - Given the number of SNP beneficiaries across states, there is a severe shortfall of funds currently allocated for SNP. - Annual cost overruns by 60% of the budget allocation in 13 states - Scheme monitoring is a key challenge as no systematic analysis of the data generated is undertaken to make data-driven decisions. - Not enough provision for capturing, monitoring, and utilising qualitative data on service quality is provided. - Vacancy rates for ICDS supervisory staff remain high - Excess work on the CDPOs, AWWs and AWHs - Low honorarium of AWWs affects motivation and service quality.
Sustainability	Average	+ Large footprint and reach of the scheme to more than 10 Crore beneficiaries through 14 lakh AWCs. + Strong governance mechanisms and ownership of the scheme's goals by all States/UTs which ensures financial and institutional sustainability. + Sustained positive impact and outcomes, which contribute positively to the national goals and strategies. - Declining beneficiary coverage – especially SNP and PSE, which have declined by 14.36% and 17.6% respectively since 2014-15. - Poor quality of infrastructure in AWCs to support AWS activities - Large vacancy rates for operational staff.
Impact	Satisfactory	+ Between 2005-06 and 2015-16, India has made substantial gains in improving its nutritional indicators. CNNS 2018 has shown that the gains on nutritional indicators have been further consolidated. + The scheme has been able to play a vital role in reducing malnutrition.
Equity	Average	+ The scheme has universal coverage and delivers services to more than 10 Crore people from all castes and economic groups. + The scheme has been able to allocate almost 60% of the budget towards gender budgeting between 2016-17 and 2018-19. - There is very low coverage of urban poor households.

3.1.1. Background of the Scheme

Children's long-term development is negatively affected by early malnutrition and the lack of adequate care and stimulation. A child's well-being is directly linked to his mother's even from her womb, therefore investing in women and young children is a global essential for achieving the SDGs.

Nutrition is crucial for the fulfilment of human rights – especially those of the most vulnerable children, girls and women, locked in an intergenerational cycle of multiple deprivations. It constitutes the foundation for human development, by reducing susceptibility to infections and related morbidity, disability and mortality, enhancing cumulative lifelong learning capacities, and adult productivity (Planning Commission, 2010)[217].

India's has had a long commitment to investing in women and young children. The erstwhile ICDS, launched in 33 blocks in 1975 is now a countrywide expanded AWS scheme with 14 lakh Anganwadi Centres (AWCs) at the habitation levels. In more than four decades, this CSS has been through a major expansion and restructuring. Universalisation[218], however, began only post 2005. AWS scheme continues to be a unique approach designed as a public sector grassroots intervention to reach the women and children in the last mile vulnerable households.

Though originally designed to reach rural communities, AWS is now also present in urban areas, particularly in poor settlements. AWWs are increasingly playing a crucial role in providing health and nutrition services to children and women in the urban landscape. There are 755 ICDS projects in urban areas and 117,411 AWCs sanctioned for urban areas across the country.[219]

The design, expansion, and recent restructuring are all in sync with the policies and political commitments towards the well-being of all women and children in India. The recent policies and national strategies that shape the AWS scheme are as follows:

National Nutrition Strategy[220] envisions a "Kuposhan Mukt Bharat" (Free from undernutrition). It is, therefore, committed to ensuring that every child, adolescent girl and woman attains optimal nutritional status – especially those from the most vulnerable communities. It focusses on preventing and reducing undernutrition across the life cycle - as early as possible, especially in the first three years of life. This commitment also builds on the recognition that the first few years of life are forever – the foundation for ensuring optimum physical growth, development, cognition and cumulative lifelong learning.

National Food Security Act, 2013[221] mandates that (i) every pregnant woman and lactating mother shall be entitled to a meal, free of charge, during pregnancy and six months after the childbirth, to meet the nutrition standards, (ii) children in the age group of six months to six years, should be offered an age-appropriate meal, free of charge, to meet their nutritional standards and (iii) exclusive breastfeeding for children below the age of six months shall be promoted.

[217] Addressing India's Nutrition Challenge, Report of the Multi-Stakeholder Retreat, New Delhi 7-8 August 2010
[218] Supreme court called for "universalisation" of the scheme and extension of all ICDS services to every child under the age of 6, all pregnant women and lactating mothers (PW&LM) and all adolescent girls. This ruling demanded sanctioning and operationalising of 14 lakh AWCs in a phased manner to reach the unreached in each and every habitation of the country - https://icds-wcd.nic.in/affidivticds.htm
[219] https://www.iipa.org.in/upload/articles_sanjeev.pdf
[220] Retrieved from: https://niti.gov.in/writereaddata/files/document_publication/Nutrition_Strategy_Booklet.pdf
[221] http://www.egazette.nic.in/WriteReadData/2013/E_29_2013_429.pdf

Table 20: Nutritional Standards

Sr. No.	Categories	Type of Meal	Calories (kcal)	Protein (g)	Current Rates (In Rs. per day per beneficiary)
1	Children (6months-3 years)	Take-Home Ration	500	12-15	8.00
2	Children (3-6 years)	Morning Snack and Hot Cooked Meal	500	12-15	8.00
3	Severely Malnourished Children (6-72 months)	Take-Home Ration	800	20-25	12.00
4	PW&LM	Take-Home Ration	600	18-20	9.50

Source: National Food Security Act 2013

The **National Education Policy 2020**[222] asserts that the learning process for a child commences immediately at birth. Evidence from neuroscience shows that over 85% of a child's cumulative brain development occurs before the age of 6, indicating the critical importance of developmentally appropriate care and stimulation of the brain in a child's early years to promote sustained and healthy brain development and growth. Excellent care, nurture, nutrition, physical activity, psycho-social environment, and cognitive and emotional stimulation during a child's first six years are thus considered extremely critical for ensuring proper brain development and, consequently, desired learning curves over a person's lifetime.

Objectives of the AWS Scheme

Designed as a comprehensive social safety net program for women and young children, the AWS scheme continues to have the following objectives:

- Improve the nutritional and health status of children in the age group of 0-6 years.
- Lay the foundation for proper psychological, physical and social development of the child.
- Reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
- Achieve effective co-ordination of policy and implementation among various departments to promote child development.
- Enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.[223]

Services offered

ICDS was designed comprehensively to reach women and children from birth to three years and provide pre-school to children 3-6 years of age. Four of the six services – Nutrition and health education (NHED), Immunisation, Health check-up and Referral services are delivered in convergence with the MoHFW.

Table 21: AWS Scheme Packages of Services

Sr. No.	Services	Target Group	Service Providers	Nodal Ministry
1.	Supplementary Nutrition (SNP)	Children below 6 PW&LM	AWW and AWH	MWCD
2.	Pre-school non-formal education (PSE)	Children 3-6 years	AWW	MWCD
3.	Nutrition and health education (NHED)	Women 15-45 years	AWW/ANM/MO	Health system, MHFW & MWCD

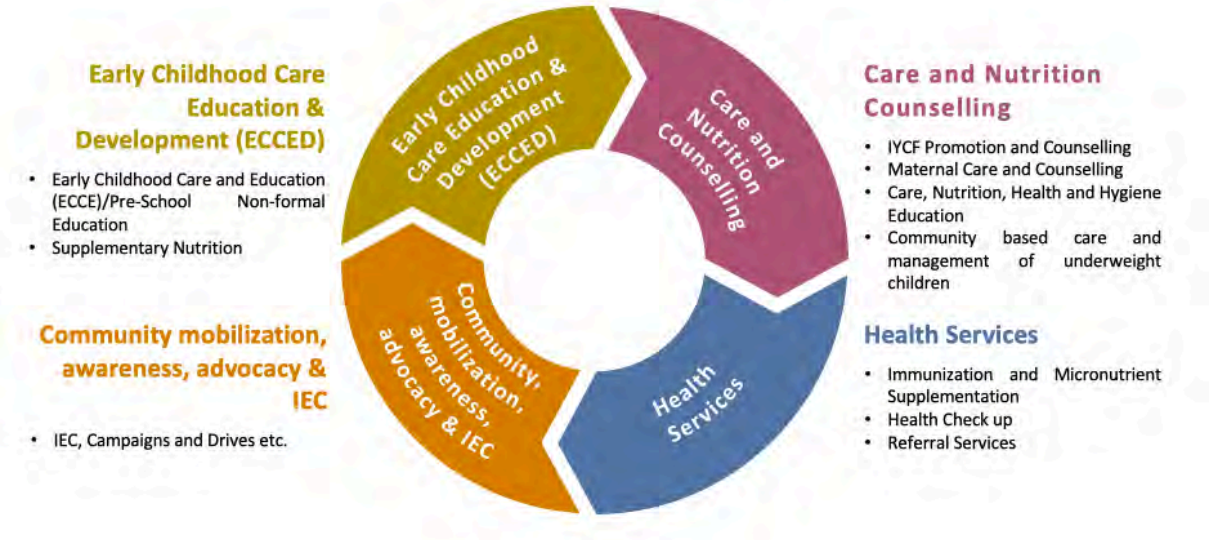
[222] Retrieved from: www.mhrd.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf
[223] Retrieved from https://icds-wcd.nic.in/icds.aspx

4.	Immunisation	Children below 6 PW&LM	ANM/MO	Health system, MHFW
5.	Health check-up	Children below 6 PW&LM	ANM/MO/AWW	Health system, MHFW
6.	Referral services	Children below 6 PW&LM	AWW/ANM/MO	Health system, MHFW

Strengthening and Restructuring of ICDS

To address various programmatic, management and institutional gaps and to meet administrative and operational challenges that emerged over the years, the Government approved the proposal for strengthening and restructuring of the Scheme with a budget allocation of Rs.1,23,580 crore during 12th Five Year Plan. The restructured ICDS was rolled out in all districts between 2012 and 2015 in a phased manner. The key features of latter inter-alia included addressing the gaps and challenges by (a) special focus on children under 3 years and pregnant and lactating mothers, (b) strengthening and repackaging services including, care and nutrition counselling services and care of severely underweight children, (c) provision for an additional AWW cum Nutrition Counsellor for focus on children under 3 years of age and to improve the family contact, care and nutrition counselling for PW&LM in the selected 200 high-burden districts across the country, besides having provision of link worker, 5 per cent crèche cum AWC, (d) focus on Early Childhood Care and Education (ECCE), (e) forging strong institutional and programmatic convergence particularly, at the district, block and village levels, (f) models providing flexibility at local levels for community participation, (g) introduction of Annual Project Implementation Plans (APIP) (h) improving SNP including cost revision, (i) provision for construction and improvement of buildings of AWCs, (j) allocating adequate financial resources for other components including Monitoring and Management and Information System (MIS), Training and use of Information and communication technology (ICT), (k) to put ICDS in a mission mode etc. and (l) revision of financial norms etc.[224] To change the perception of AWCs from being simply a feeding centre to comprehensive ECCED Centres, the core package of six services was reorganised and reformatted, as shown below.

Figure 14: Restructured package of services under ICDS Mission



Source: ICDS Mission, the broad framework for implementation

[224] Retrieved December 10, 2019, from https://pib.gov.in/newsite/PrintRelease.aspx?relid=93310

3.1.2. Performance of the Scheme

3.1.2.1. Relevance

The evaluation finds the AWS Scheme extremely relevant to the needs of the country, and in line with the national and international priorities. Improving the nutrition of the most vulnerable is a global priority, and the AWS scheme is well placed to respond to the SDGs. The AWS scheme personifies the continued commitment of the Government of India to tackle malnutrition, backed by strong constitutional, legislative policy, plan and programmatic commitments.

The development partners agree that AWS is a comprehensive programme which is well geared to fight the scourge of under-nutrition in the country. When the scheme was conceptualised in 1975, It was much ahead of its time and incorporated a multi-sectoral, multi-faceted approach improve nutritional outcomes in the country. In 2008, the Lancet series identified that breastfeeding counselling, appropriate complementary feeding and vitamin A and zinc supplementation have the greatest potential for reducing child deaths and future disease burden related to undernutrition. These have been a part of the AWS since its inception in 1975.

While several studies highlight the implementation, challenges faced by the AWS, the overall continuum of services provided under AWS is generally regarded as quite comprehensive. When asked, the Development Partners (DPs) were unanimous in their praise for the comprehensiveness of interventions and activities covered under the various schemes focusing on reducing the burden of under-nutrition. **The evaluation finds the relevance of the AWS to the international and national priorities, and in the context of the issues faced by the country, to be 'Satisfactory'.**

International Priorities

Nutrition emerges as a central theme in the Sustainable Development Goals (SDGs) as 12 out of 17 SDGs include indicators relevant to nutrition. Further, for the achievement of 8 out of the 12 identified, SDGs nutrition emerges as a vital precondition (Table 22).

Table 22: Nutrition and SDGs[225]

Adequate Nutrition leads to	Enhanced earning capacities	Goal 1: No Poverty
	Supports productive lives	Goal 2: Zero Hunger
	Ensures good health	Goal 3: Good Health and wellbeing
	Drives IQ levels	Goal 4: Quality Education
	Supports women's development	Goal 5: Gender Equality
	Prevents loss of 0.9% GDP due to iron deficiency	Goal 8: Decent Work and Economic Growth
	Healthy dietary choices that are good for the planet	Goal 14: Life below Water
	Ending malnutrition that supports stable societies	Goal 16: Peace, Justice and Strong Institutions

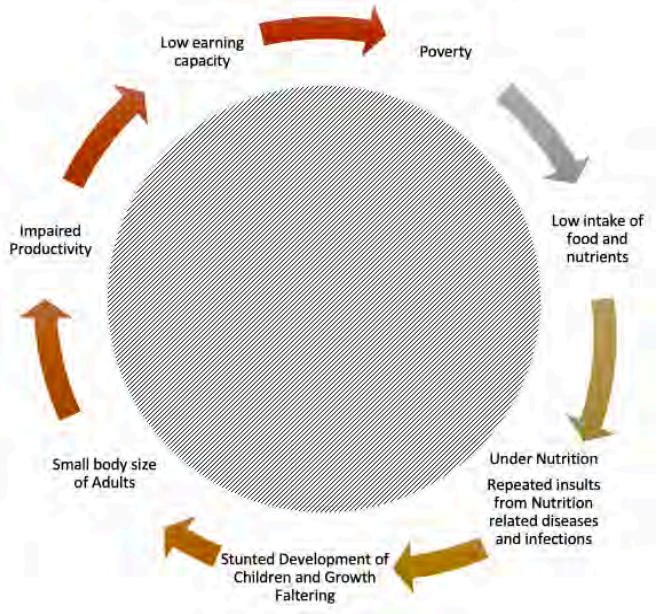
National Priorities and Context

There has been a continued Political agenda and commitment to tackle malnutrition in India, backed by constitutional, legislative, and programmatic plans. Legislations such as the National Food Security Act 2013, the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation

[225] https://scalingupnutrition.org/nutrition/nutrition-and-the-sustainable-development-goals/

of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 have provided a strong policy framework for protecting, supporting and promoting maternal and child health and nutrition outcomes – especially during periods of greatest vulnerability. Recently, the National Nutrition Strategy (NNS) 2017, complemented by other policies such as the National Health Policy 2002, the National Policy for Children, 2013 provide a strong framework for addressing all the immediate and the underlying determinants of under-nutrition through both nutrition-specific and nutrition-sensitive interventions. The Twelfth Five Year Plan reinforced the commitment to preventing and reducing child under-nutrition (underweight prevalence in children aged 0-3 years), articulated as one of its core monitorable targets, binding multiple sectors and States to collective action.

Figure 15: Vicious Cycle of Poverty



Source: National Nutrition Policy 1993

The **National Nutrition Policy.**[226] **1993** had stated: *"Widespread poverty results in chronic and persistent hunger due to the condition of under-nutrition which manifests itself among large sections of the poor, particularly among women and children. Under-nutrition is a condition resulting from inadequate intake of food or essential nutrient(s) resulting in deterioration of physical growth and health. This further leads to reduced work capacity and productivity among adults and enhances mortality and morbidity among children. Such reduced productivity translates into reduced earning capacity, leading to further poverty and the vicious cycle goes on* (Figure 15).

The NNS 2017[18] envisions a "Kuposhan Mukt Bharat" (Malnutrition Free India). It identifies the delivery of the following key nutritional-specific and nutrition-sensitive interventions through the bouquet of schemes and services run by the Government of India: (i) Infant and Young Child Care & Nutrition, (ii) Infant and Young Child Health, (iii) Maternal Care, Health and Nutrition, (iv) Adolescent Nutrition, (v) Control of Micronutrient Deficiencies or Vitamin and Mineral Deficiencies, and (vi) Community Nutrition.

The LANCET Series on Maternal and Child Under-nutrition, 2008 highlights that effective interventions are available to reduce stunting, micronutrient deficiencies and child deaths. Among the available interventions reviewed, breastfeeding counselling, appropriate complementary feeding and vitamin A and zinc supplementation have the greatest potential for reducing child deaths and future disease burden related to under-nutrition. Interventions to reduce iron and iodine are important for maternal survival and child cognitive development, educability, and future economic productivity. The six services provided by the AWS provide a comprehensive mechanism to fight the challenges of under-nutrition across the country.

[226] https://wcd.nic.in/sites/default/files/nnp_0.pdf

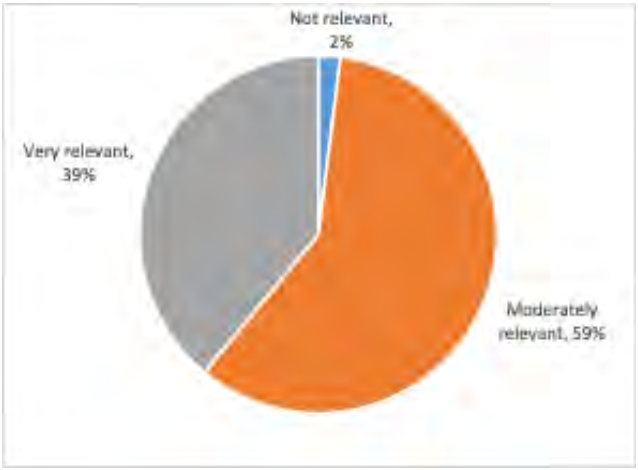
While several studies highlight the implementation challenges and pitfalls faced by the ICDS, the overall continuum of services provided under AWS is generally regarded as quite comprehensive. The DPs were unanimous in their praise for the comprehensiveness of interventions and activities covered under the various schemes focusing on reducing the burden of under-nutrition in India.

"ICDS is quite a comprehensive system which theoretically covers almost all the interventions identified as being critical to fight the issues of under nutrition."
Rasmi Avula, Research Fellow, IFPRI

"ICDS, as an umbrella programme that addresses the areas of under nutrition has been designed well. It was much ahead of its time since it was designed and implemented to address the issue of under nutrition in an integrated manner in 1975 when other countries did not even conceptualize this as a priority. The only area that was possibly not as focused was behavior change communication to sustain the efforts made under ICDS, but the introduction of POSHAN Abhiyaan has tried to plug those issues as well"
Dr. Alok Ranjan, Bill and Melinda Gates Foundation (BMGF)

From the beneficiaries' perspective, however, (primary household surveys conducted across 12 states as part of this study) 39 percent of the respondents perceived the scheme to be very relevant to their needs, and 59 percent perceived it to be moderately relevant (Figure 16).

Figure 16: Perceptions about Relevance of AWS among beneficiaries



Source: Primary Data Analysis

Interactions with development partners at the national level highlighted that the focus of the programme over the years had been misplaced with the growing perception of the centres as feeding centres and the push for formal PSE from the community. The critical benefits of the scheme that was ensuring adequate health and nutrition of women, infants, and children in the first 1000 days have been lost over the years. However, with the current scenario and the complementarity of the POSHAN Abhiyan, the AWS scheme is on the road to emerging as the powerful platform for vulnerable women and children in India.

3.1.2.2. Effectiveness

The AWS has been able to expand its coverage extensively over the last two decades from only one-third of the villages in 1992-93 to a near-universal coverage in 2019. Through its network of almost 14 lakh AWCs, the scheme is providing a nutrition safety net to almost 10 Crore beneficiaries. However, the effectiveness of the scheme has been marred by several implementation challenges. As the largest public-sector safety net programme in the world for women and children, diversely spread in 36 states in different contexts, challenges are inevitable. However, it is expected, that given 15 years of universalization the service delivery and service quality issues be streamlined and overcome.

Lower quality of infrastructure remains one of the biggest issues compromising the effectiveness of the ICDS. Even though the scheme has been able to operationalise 14 lakh AWCs, a large section of these are hampered by limited availability of sanitation and hygiene facilities, space constraints, lack of clean water availability, and non-functioning growth monitoring devices. There is no separate provision for electricity expenses under the Anganwadi budget, and the electricity cost is expected to be borne out of the Rs. 2000 per annum available for administrative expenses (Rs. 1000 p.a. for mini AWCs). This becomes a key barrier in the modernisation of the AWCs and making them smart/Saksham Anganwadis.

One of the largest components of the scheme is SNP. While the evaluation finds that the nutritional norms of the SNP component are in line with the national and international guidance, the low-cost provisions for procurement and delivery of the SNP constantly pose a challenge in the effective delivery of this component. Several states showed a willingness to include the provision of protein-rich items such as Milk and Egg in SNP but cost norms were a constraint. Leakages reduce the effectiveness of SNP. A study conducted by the International Growth Centre finds operational leakages in the SNP budget to be as high as 53 per cent in Bihar. The secondary literature also highlights issues with the availability and quality of THR in AWCs. This evaluation found that of the 261 AWCs surveys, 23 per cent did not have THR packets available on the day of the visit, and of the 77 per cent that did have them, 14 per cent carried expired food packets. However, the household survey conducted under the evaluation found that the beneficiaries, who were availing the THR from the AWCs, generally stated the quality to be satisfactory. 60 per cent of beneficiaries found the quality to be good or very good. 32 per cent of the beneficiaries found the quality to be satisfactory (neither good nor bad), and around 7 per cent of the beneficiaries found the quality to be poor or very poor. In terms of delivery, it is safe to say that no state in the country has been able to identify a 'perfect' delivery model. Several states have tried to innovate through measures aimed at improving public accountability and community-based monitoring while increasing the participation of local communities, women's SHGs and mothers' committees in the delivery of SNP (Box 29, Box 30, Box 31, Box 33 and Box 34). Lack of adequate spaces in the AWCs for conducting PSE activities, adequate provisioning and replenishment of PSE material, weak capacity of AWWs to deliver quality PSE, and a lack of standardised curriculum to enable setting up universal AWC PSE benchmarks are continued challenges.

The AWWs work in close collaboration with MoHFW (ANMs and ASHAs) to deliver the remaining 4 components of the AWS – Immunisation, Growth Monitoring, Referral, and Nutrition Education The Village Health Sanitation Nutrition Days (VHSNDs) have emerged as a key platform for delivering convergent interventions. Even though the vision for the VHSNDs was much larger, it has emerged that this platform is mostly popular as 'immunisation day'. In terms of home visits

(AWWs and ASHA), the household survey finds that more than 70 per cent of the respondent women had been visited by the ASHA/AWW and had been educated by the FLWs on the importance of 1,000 days and the behaviours that should be followed in this crucial period.

Massive outreach of the AWS scheme enables large-scale essential health, nutrition, and PSE interventions in the lives of its beneficiaries and contributes towards India's fight against malnutrition. However, the myriad implementation challenges faced by the scheme limits its ability to make the desired impact. Given these challenges, the evaluation concludes that the scheme has a significant way to go before it can realise the potential of this multi-faceted and multi-sectoral programme design. **The evaluation finds that the effectiveness of the AWS is 'Average'.**

The data highlights that the scheme is on the right trajectory towards the achievement of intended outcomes. However, certain implementation gaps and challenges hamper effective implementation. The effectiveness of the scheme has been assessed against various parameters. A triangulation of both secondary as well as primary data has been undertaken to reach conclusive evidence.

Coverage

The coverage of the ICDS in terms of the number of operational AWCs has increased significantly in the last two decades – from only one-third of the villages having an AWC in 1992-93 (NFHS-1), 91 per cent of all villages having an AWC in 2005-06 (NFHS-3), and a near-universal coverage in 2019. However, the expansion in coverage has not translated into a proportionate increase in uptake.

Chakrabarty et al. (2019) in their study looking at the coverage expansion of ICDS between 2005 and 2015, commend the Government on a large expansion in ICDS services, particularly in light of the challenges such as decentralisation of implementation to the state level, high numbers and diversity of the population, constraints on funding, and lack of community awareness, among others. The study notes that that expansion in the use of services varied considerably at the state level and by socio-demographic characteristics. Even though the ICDS services better-reached households in the poorest quintile in 2015–2016, the wealth inequality in use was found to have widened over the decade studied. Most of the poor who were left behind were from states known to be weak performers on the programme, suggesting that overall low performance in high-poverty states could lead to major exclusions.

Through its network of 14 lakh AWCs, the AWS has managed physical coverage across India. Between April 2015 and March 2019, the AWS has been able to provide SNP to almost 48 crore beneficiaries and has been able to provide PSE to almost 17 crore children[227]. The scheme has been able to provide this coverage at a cumulative cost of Rs. 79,730 crores. However, government data shows that the number of beneficiaries for Anganwadi Services scheme has steadily declined over the last four years. The number of SNP beneficiaries under ICDS has declined by a staggering 14.36 per cent between 2015-16 and 2018-19 from 10.22 Crore to 8.75 Crore. The PSE component had faced an even bigger drop of 17.6 per cent in beneficiary numbers from 3.65 Crore in 2014-15 to 3.01 Crore in 2018-19[228]

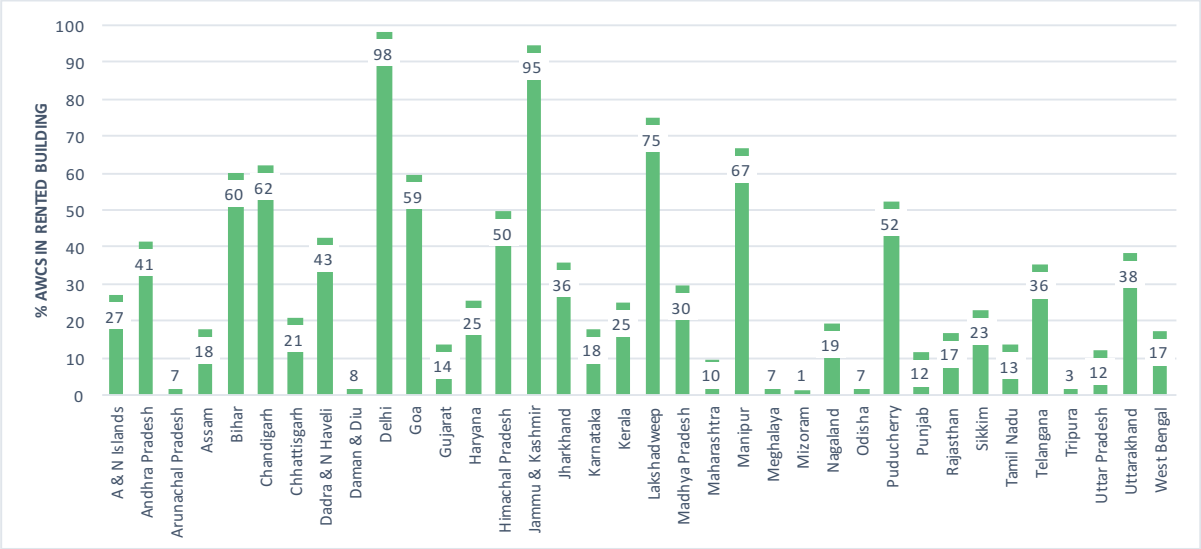
[227] Annual Report 2018-19, MWCD, 2019
[228] Annual Report 2018-19, MWCD, 2019

According to NFHS 4, only 54 per cent of children under 6 years received any service from the AWC. The numbers for PW&LM were similar – 46 per cent pregnant women and 51 per cent lactating mothers did not receive any service from an AWC. States with the largest decline in the number of SNP beneficiaries were Delhi (49 per cent), Bihar (43 per cent), Punjab (33 per cent), and Uttar Pradesh (32 per cent). However, the number of beneficiaries increased in Jammu and Kashmir (108 per cent), Mizoram (77 per cent), Gujarat (11 per cent), and Madhya Pradesh (9 per cent).

Physical Infrastructure

In 2015, the government recognised the acute shortage of AWCs in the country, and guidelines were issued to construct an additional 2 Lakh AWCs in the most backward districts. This was later increased to 4 Lakh new AWCs by 2019.[229] ''Evaluation Study on ICDS" (Niti Aayog) aimed to evaluate a range of process, outcome and impact questions relating to ICDS across 35 states and Union Territories (PEO 2011). One of the key bottlenecks identified by the study was inadequate AWC infrastructure. Since then, there has been a marked improvement in AWC infrastructure, but challenges remain. As per government's data, in 2018-19, 43.5% of the AWCs were functioning in a government building, 26.6% in rented spaces, 17.8% in schools, 5.3% in Gram Panchayat offices and remaining 6.8% were functioning in other community areas including open space[230]. Further, there is a significant variation across states from 1% to 98% AWCs in states operating in rented spaces (Figure 18) as also reflected in several studies (Dhingra & Sharma, 2011; Dixit et al., 2010; Chudasama et al. 2016). Between 2015-16 and 2018-19, there is a gradual increase in the share of AWCs with own government buildings. Over 90% of the AWCs in Arunachal Pradesh (mostly Kutcha structures), Mizoram and Tripura are operating from government buildings. The use of a rented building is particularly high in States like Delhi (98%), Jammu and Kashmir (95%), Lakshadweep (75%) and Manipur (62%) which have a significant number of centres running in a rented building.

Figure 17: % AWCs operating in Rented Buildings



Source: MWCD Dashboard

Overall, a lack of AWCs operating in their own buildings was flagged as a problem by all states, especially those in Delhi. It was noted that severe space constraints in the capital state lead to

[229] Annual Report 2018-19, MWCD, 2019
[230] Annual Report 2018-19, MWCD, 2019

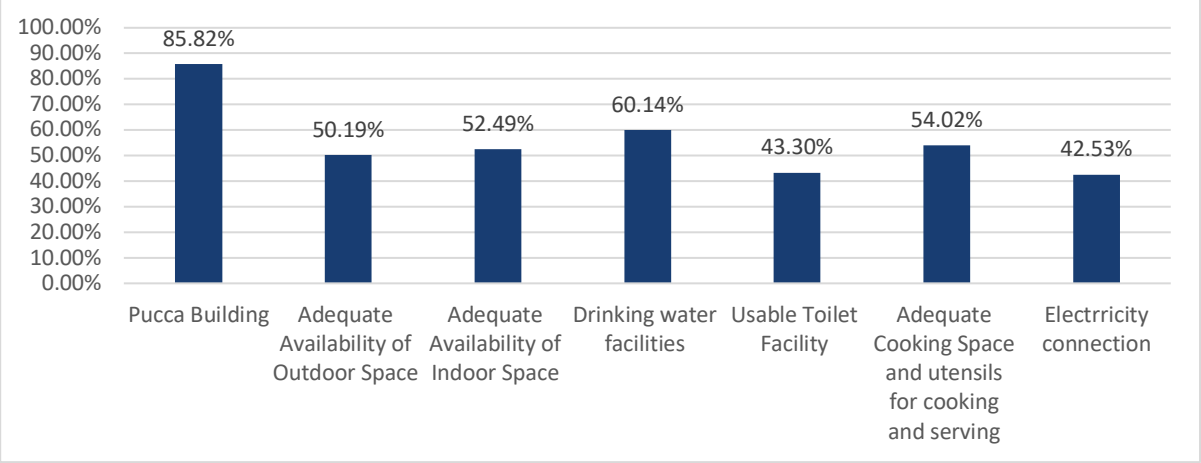
98% of centres operating in rented spaces. It was also observed that there is a push towards operating the maximum number of centres from government-owned/own building since issues of water and electricity supply are resolved easily, and there is the flexibility of redesigning the centres.

Several studies conducted on the same subject point to a lack of proper infrastructure available at the AWCs. In a study conducted by the NITI Aayog,[231] it was found that while more than 98 per cent AWCs had provisions for SNP, only around 59 per cent of the AWCs were found to have adequate space for seating the children as well as the workers. It was also found that around 13 per cent of AWCs did not have access to clean drinking water, leaving children at risk of contracting water-borne diseases. The study also found that more than 50 per cent of the AWCs were unhygienic and unclean, with non-functional toilet, and non-availability of clean water. The government data shows a further decline, and as on 24th January 2020, 18 per cent of AWCs do not have access to clean drinking water facilities. The data also shows that around 31 per cent of AWCs are still without access to toilets.

Field visits and surveys of AWCs conducted as part of this evaluation also found several infrastructural lacunae. The facility survey of 261 AWCs across 12 states found that only around 86 per cent AWCs are in pucca buildings, with 14 per cent AWCs located either in *kaccha buildings* or running in the open. 50 per cent of the AWCs did not have adequate availability of outdoor space, and 48 per cent did not have adequate indoor space to conduct all mandated activities.

The survey further found that only around 60 per cent of AWCs have adequate drinking water facilities in the AWC premise. This shows a little deviation from the government data, which shows that around 82 per cent AWCs have access to clean drinking water. The reason for this disparity is the fact that government data looks at the AWCs access to clean drinking water, which may include nearby drinking water sources, and may not necessarily be within the AWC premises. In most cases where clean drinking water facility was not available in the AWC premises, it was noted that the AWW and AWH go to the nearby drinking water source and carry clean drinking water in *ghadas* (pots) or similar utensils and store it in the AWC for children to drink.

Figure 18: AWC Physical Infrastructure



Source: AWC Facility Survey

Even though the government data suggests that as of 24th January 2020, 69 per cent of AWCs have toilet facilities, the survey found that only 43% of the 261 AWCs surveyed the findings from the

[231] A quick assessment study of Anganwadis under ICDS, Niti Aayog, 2015

had usable toilets available on the premises. In many instances, toilets were either found locked or did not have the availability of running water as the ICDS norms currently only have a provision of Rs. 2,000/- per annum for AWC and @ Rs.1,000/- per annum per mini-AWC to cover miscellaneous expenses including electricity, water supply, telephone bill, and any other expenses. Given that the 2,000 limit for electricity is in itself very low, the fact that it is expected to cover other miscellaneous expenses as well leaves little money for electricity connections and electricity supply. Given the fact that the government is actively looking to make the AWCs smart through introduction of technology, the extremely low provision for electricity is a glaring gap in the scheme and will need to be addressed. Currently, the AWWs reported having to either pay out of their pockets for electricity bills or having to lobby with the PRIs for provision of electricity connections to the AWCs. As a result, there is discontinuation of water and electricity supply at the centres due to non-affordability. This is true for centres operating in government buildings too.

Despite the ICDS being in existence for many years, there is still a long way to go for the AWS scheme to ensure good quality, modern AWCs at scale. There have been examples of improvements in the quality of AWC infrastructure, particularly through private sector participation. Nand Ghar programme of Vedanta, is one of the biggest non-government funded Anganwadi Infrastructure improvement initiative, whereby Vedanta foundation is working with the MWCD to develop 4,000 Nand Ghars (model anganwadis). Nand Ghars are a network of Modern Anganwadis designed to address the challenges faced by the network of 13.7 lakh Anganwadis in India. The Model reimagines the existing Anganwadi Network present across the country and enhances the role of Anganwadi in the community. Details of the Nand Ghar AWCs is provided in Box 27. The model operates on both Greenfield (completely newly built Anganwadis) and Brownfield (Upgraded Anganwadis). For the purpose of this cost comparison, we have considered the recurring and non-recurring expenses for a Brownfield Nand Ghar.

Table 23: Cost Norms for a Model Anganwadi

Particulars	Cost Norms under Anganwadi Services Scheme (Per AWC)	Cost Norms under Nand Ghars (Per AWC)	Difference
Non Recurring Expenses			
Upgradation of Anganwadi Building	Rs. 2,00,000 (for a maximum of 20,000 AWCs per year)	Rs. 3,50,000	Rs. 1,28,000
Construction of toilets in AWCs	Rs. 12,000 (for a maximum of 70,000 AWCs per year)		
Ensuring Drinking Water availability at AWCs	Rs. 10,000 (for a maximum of 20,000 AWCs per year)		
Total Non-Recurring Expense per AWC	**Rs. 2,22,000**	**Rs. 3,50,000**	**Rs. 1,28,000**
Recurring Expenses			
PSE/ECCE	Rs. 5,000/annum	Rs. 25,000/annum	Rs. 20,000/annum

Health (Medicine Kit) – Nand Ghars provide healthcare support through Mobile Health Van	Rs. 1,500/annum	Rs. 70,000/annum	Rs. 68,500/annum
Anganwadi Operation and Management (O&M) (Administrative Expenses + IEC + Monitoring & Evaluation + Equipment/Furniture + Maintenance of AWC building + Rent)	Rs. 21,500/annum (Rural AWC)	Rs. 1,40,000 (Rural AWC)	Rs. 1,18,500/ annum
Women Skill and Entrepreneurship	Rs. 0	Rs. 50,000/annum	Rs. 50,000/annum
TOTAL RECURRING EXPENSES	**Rs. 28,000/annum**	**Rs. 2,85,000/ annum**	**Rs. 2,57,000/ annum**

The cost comparison of the current AWC cost norms and the model AWC cost norms show that a significant amount of investment and additional funding is needed to strengthen, upgrade and modernise the AWC infrastructure. **One of the ways to raise additional funds for AWC upgradation is to engage with and leverage private sector to partner with the Ministry – on the lines of Vedanta, to support upgradation of AWCs, with proper incentives and benefits built in to incentivise the private sector to participate in AWC infrastructure improvement. Alternately, external sources of funds – such as from International Financial institutions (Asian Development Bank, World bank, etc.) may be sought to help improve the quality of infrastructure.**

Some examples of successful partnerships with the Private Sector are mentioned in Box 26, 27 and 28 below.

Box 26: Role of Community/NGO/CSO/Private Sector in Construction of AWCs

Mizoram: 2215 out of 2244 AWCs in Mizoram have their own building. Recently, significant AWCs have been constructed through MGNREGS fund. Prior to MGNREGS, the community came forward in big numbers to construct AWCs, particularly in southern and western Mizoram.

Uttarakhand: TATA, Mahindra and Ambuja Cement Foundations have helped in construction of AWCs. Hans Foundation constructed 250 AWCs in the state. TERI and THDC Ltd. have adopted AWCs and provide chairs, tables and other amenities.

Box 27: Private Sector Engagement in improving Anganwadi infrastructure

Nand Ghars are a transformative leap dedicated to benefiting rural children and women in India. A measure undertaken by Vedanta together with MWCD, the project aims to ensure rural India is not left behind in India's march towards progress. The case for state-of-the-art Anganwadis in the form of Nand Ghars all over India has not merely arrived - it is now imperative.

Equipping Nand Ghars with televisions for e-learning, solar panels for reliable power, safe drinking water and clean toilets. Nand Ghars have shown a marked improvement in attendance, learning abilities and school readiness by deploying e-learning modules and playful learning for education, in collaboration with world-class partners. To make the model integrated, Nand Ghars are ensuring that women undergo entrepreneurship training, including skill enhancement to start their micro-enterprise with extensive skill training and credit linkages, thereby increasing their contribution towards the Indian economy.

The state-of-art technology and infrastructure make Nand Ghar a model resource centre for the community.

- Constructed using the latest Schnell technology, which is earthquake resistant and fireproof.
- Solar Panels: 24 x 7 electricity for essential facilities
- Toilets: For healthy sanitation and inculcating behavioural changes
- Smart TV: E-Learning through 40 weeks of scientific curriculum for children
- Water Purifiers: Access to safe drinking water

The infrastructure is being utilized in the morning for children's education and nutrition and in the afternoon for skill development of women. The Nand Ghar centre daily provides Pre-school education to children (3-6 years) through e-learning, BaLA designs and smart kits; Nutritious hot cooked meals to children, pregnant and lactating women; Healthcare through Mobile Health Van and conducting health camps; and Women empowerment through skill training, credit linkage and entrepreneurship development.

Impact

Today more than 1250 Nand Ghars are running across Rajasthan, Uttar Pradesh, Madhya Pradesh, Karnataka, Chhattisgarh, Jharkhand and Odisha. The Impact is paving the way for the model Anganwadi movement across the country.

- Aiming to provide around 50,000 children with pre-school learning through advanced teaching-learning methodologies, including television.
- Aiming to provide hot cooked wholesome nutritional meals to about 50,000 children.
- Around 20,000 OPDs are being conducted per month for the community by Mobile Health Vans
- More than 37,500 women trained to achieve financial and social empowerment through employment

The Nand Ghar Project aims to touch lives of around 4 Million community members while directly impacting around 2,00,000 children and around 1,80,000 women on an annual basis.

Impact Indicators	Estimated Number
Total Nand Ghars	4,000
Children - 0-3 years	80,000
Children - 3-6 years	120,000
Maternal Health	60,000
Community Health	4,000,000
Women Empowerment	120,000
Sanitation (total toilets)	8,000
Safe drinking water(total water purifiers)	4,000
Environment (Renewable energy (kW) through solar power)	3,000

Source: https://www.vedantaresources.com/Pages/NandGhar.aspx

Box 28: Smart AWCs in Madhya Pradesh: Electrifying centres with solar energy

63 AWCs in the Alirajpur and Burhanpur districts of Madhya Pradesh have been transformed into Smart AWCs through Solar Installation by UN Women in collaboration with Urja Vikas Nigam Limited, Madhya Pradesh. The state government was not in a position to offer electricity to all the centres across the state.

A cadre of trained AWWs have been developed for installation and maintenance of the decentralized renewable energy systems.

Pre-installation Situation: The number of children visiting the centres used to significantly decline during the summer months. They found it difficult to sit for long hours and used to persuade to go back even before lunch was served.

Post-installation:

Children: Children are the happiest as they now have a pleasant learning environment where they can engage in meaningful learning, play and have nutritious food.

AWW: Post solar installation the workers shared that their productivity has improved as they are now able to work comfortably. Majority of their work now entails use of tablets/cell phones which they can charge and use anytime.

Digital Learning: The centres have started using digital learning aids to educate children which helps them comprehend things better.

Women: AWCs are not just places for children, they have also become safe spaces where women can access education, skill building and similar opportunities that can empower them.

"Sometimes we get late working at the center or have work during the evening hours. Earlier we used to avoid such situations whereas now we do not feel afraid and are able to work or come to the centres at any time of the day." – Anganwadi Worker, Burhanpur, Madhya Pradesh

My son used to earlier feel hot and sweaty at the centre during summers and hence used to refuse to go to the centre. Since the time the fan has been installed, he has started enjoying going to the centre. – Resident, Burhanpur, Madhya Pradesh

Supplementary Nutrition Programme (SNP)

SNP not only improves the nutritional level of children and reduces malnutrition, but also works as an incentive for promoting attendance of children and mothers to participate in the activities of AWCs and as such plays a key role in ICDS program. It leads to the fulfilment of the deficiencies of calories, proteins, minerals and vitamins in the existing diets, avoiding cutbacks in the family diet, and taking other measures for nutritional rehabilitation of severely malnourished children and also mothers (Chudasama et al., 2016).

Provision of SNP under the AWS scheme is primarily made to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children and PW&LM. Under the revised Nutritional and Feeding norms which have been made effective from February 2009, States/UTs have been requested to provide 300 days of SNP to the beneficiaries in a year which would entail giving more than one meal to the children from 3-6 years who visit AWCs. This includes morning snacks in the form of milk/banana/egg/seasonal fruits/micro-

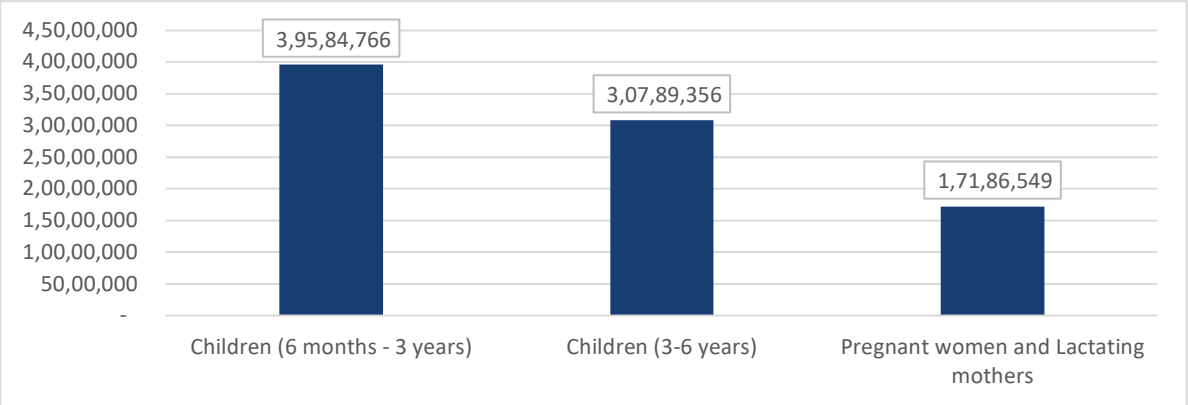
nutrient fortified food, followed by a hot cooked meal (HCM). For children below 3 years of age, PW&LM, THR in the form of pre-mixes/ready-to-eat food are provided. Besides, for severely underweight children in the age group of 6 months to 6 years, additional food items in the form of micronutrient fortified food and/or energy-dense food as THR is provided. Supplementary nutrition norms are provided below.

No.	Categories	Types of food	Nutrition Norms	Cost Norms
Supplementary Nutrition under Anganwadi Services				
1.	Children (6-36 months)	Take-Home Ration	Energy – 500 Kcal Protein – 12 to 15 g	Rs.8.00
2.	Children (3-6 years)	Morning snack and Hot cooked Meal	Energy – 500 Kcal Protein – 12 to 15 g	Rs.8.00
3.	Severely malnourished children (3-6 years)	Take-Home Ration	Energy – 800 Kcal Protein – 20 to 25 g	Rs.12.00
4.	Pregnant women & Nursing mothers	Take-Home Ration	Energy – 600 Kcal Protein – 18 to 20 g	Rs.9.50

While the nutrition norms have remained the same for some time, the cost norms for SNP were revised in September 2017. It is understood that the revised norms were less than those sought by the Ministry and that a process was put in place to revise the SNP cost norms periodically, based on cost indexation. However, no-cost norms revision has been undertaken since then. Given the feedback from the officials of the MWCD and states, it is recommended that the SNP cost norms be revised soon, taking into account inflation and indexation.

Quality implementation of the SNP continues to be the most crucial service delivery under ICDS, given the fact that it is the largest social safety net programme for all vulnerable women and children in India. SNP was provided to a total of 8.75 Crore beneficiaries[232] in 2018-19 (6 Cr. children up to 6 years, 1.7 Cr. PW&LM) at a total cost of around Rs. 8,476 Crore.[233]

Figure 19: No. of SNP Beneficiaries under Anganwadi Services scheme (2018-19)



Source: MWCD Annual Report 2018-19

Under AWS, the number of SNP beneficiaries has seen a steady decline in numbers between 2015-16 and 2018-19, with a drop of roughly 14.4% over the period. This drop is against the backdrop

[232] As per MWCD Annual Report 2018-19
[233] As per MWCD Annual Report 2018-19

of increased cost norms for the SNP and the fact that over the years, the government has taken several steps to ensure transparency and accountability in the process of procuring and distributing SNP among the beneficiaries. **It is possible that the reported numbers around 2014-15 and 2015-16 were inflated due to systematic leakages in the delivery of SNP, and that the current numbers reflect a comparatively more accurate reach of the SNP among AWS beneficiaries.**

Box 29: Learning from States: Odisha SNP Systems Strengthening

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

Globally, various programmes have been implemented to tackle child under-nutrition- however, given the scale of the intervention and the spread of beneficiaries- many of these suffer from leakages, non-transparent implementation and information asymmetry. Accountability within nutrition programmes can be ensured, but it requires political commitment, a sustained and large-scale capacity-building effort, the harnessing of modern technology, and mobilising of communities to sustain the system.

The State of Odisha is noted to struggle with challenging levels of poverty. Though there has been a reduction in under-nutrition in recent years, the levels remain high. In the last decade, Odisha has undertaken several measures to combat under-nutrition focussing strongly on 'systems strengthening', wherein a major reform was initiated under the Supplementary Nutrition Programme (SNP) of the Integrated Child Development Services (ICDS) programme. Delivering SNP means that every day, nearly five million people are in direct contact with the State. At the AWCs 3-6-year-olds are fed a hot cooked meal, and for 0-3-year-olds, pregnant and lactating mothers (and adolescent girls in some districts), rations are given rations to be taken home.

An intervention of such scale inevitably suffers from leakages and opacity if implemented in a centralised manner. To avoid the same, SNP administration was decentralised in 2011- thereby bringing greater transparency, accountability and responsiveness in the system.

Details of the intervention

With the decentralisation of the SNP administration, local village communities (Jaanch Committees), Women's Self Help Groups, Mothers Committees and elected representatives were given specific responsibilities in procurement, preparation, supervision and monitoring. Detailed operating procedures for each aspect, including food safety and quality, were laid out.

Further, the State invested in building the capacity of community members and AWC workers to empower them to demand greater public accountability. Capacity building and training of nearly 850,000 community members, Anganwadi Workers, Anganwadi Helpers and the supervisory staff were done across the state using ICTs and video conferencing initially, and later through master trainers. Moreover, previously unknown entitlements were publicised through advertisements, flex boards at AWCs and folk media. All funds were routed through e-transfers on fixed days and strictly monitored. In addition, the State gave an

impetus to the conduct of social audits to measure adherence to nutrition norms, and improvements in AWC attendance.

Impact

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

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

Adequacy of nutrition norms under AWS

A review of the ICDS SNP norms compared with global guidelines for infant and young child feeding (IYCF) was conducted by Vaid, Avula et al. (2018).[234] The study found that GoI's recommended energy requirements from SNP seem to be excessive for complimentary food supplements (CFS), with the recommended 500 kcal per day making up almost 81% of the total dietary requirements for a 6-8-month-old breastfed infant and 73% for a 9-11-month-old breastfed infant. The World Health Organisation's recommended dietary requirements for CFS for a breastfed infant are about 200 kcal per day at 6—8 months of age, 300 kcal per day at 9—11 months and 550 kcal per day at 12—23 months of age, from all complementary foods and the remaining energy from breast milk (PAHO/WHO 2003).[235] The study also finds that the SNP's protein recommendations also exceed the global recommendations. The SNP guidelines recommend 12–15 grams per day of protein from supplementary food for 6–72-month olds when the estimated total protein requirement for 6–23-month olds is 8.2–9.1 grams per day (WHO/FAO/UNU 2007). In the case of iron, India's SNP recommendations are only available for 1–3-year olds (6 mg/day).

While the reasons for the excess recommendations are not clear, fit is possible that the nutrition norms proposed under the SNP take into consideration the low exclusive breastfeeding rates in India, which are on the rise but still fall short of the global trends. It is also very common for the SNP, particularly Take-Home Rations to be used and consumed by the entire family, and not just the targeted beneficiary, which gives some credence to the excess dietary recommendations under the SNP, particularly for children.

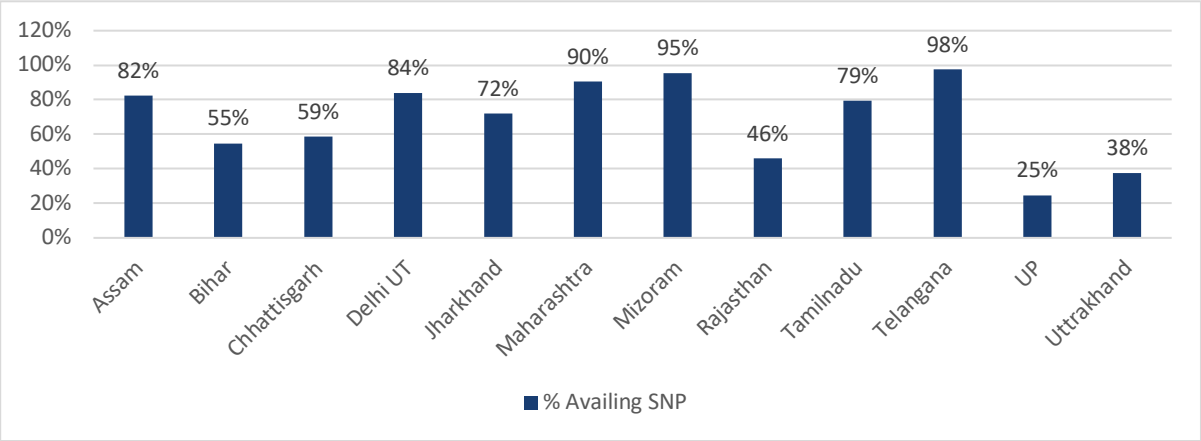
Hot Cooked Meals (HCM)

Studies have found that from a large majority of children below 6 covered by AWCs, only a small proportion regularly receive SNP (Kumar and Prasad, 2013). Another study indicates that even though the AWC was opened, meals were not served regularly. Additionally, on days when the centres served meals, attendance is much below 100 per cent, thus also impacting the uptake of HCM (Fraker et al., 2013). The proportion of children of 3–6 years age group receiving HCM has been low (Chudasama et al., 2013, Chudasama et al., 2016, Sharma et al., 2013). Responses across 12 states from eligible beneficiaries regarding uptake of HCM validate the findings (Figure 20). The household surveys indicate limited uptake (less than 75%) of HCM by children in the age

[234] Vaid, A., Avula, R., George, N. R., John, A., Menon, P., & Mathews, P. (2018). A review of the Integrated Child Development Services' Supplementary Nutrition Program for Infants and Young Children: Take home ration for children (Vol. 7). Intl Food Policy Res Inst.
[235] Pan American Health Organisation/World Health Organisation (PAHO/WHO). (2003). Guiding Principles for Complementary Feeding of the Breastfed Child. Washington, D.C.: Pan American Health Organisation.

group 3-6 years in 7 states including Bihar, Chhattisgarh, Jharkhand, Rajasthan, Uttar Pradesh and Uttarakhand.

Figure 20: Uptake and Quality of HCM Provided



Source: Primary Data Analysis

In Rajasthan, the officials pointed out lack of adequate funds to provide HCM as per the mandated nutritional norms with limits option of food items that can be offered to the beneficiaries including khichdi, Dalia, among others. Besides, given the constantly increasing standard of living of individuals and increased sensitivity among caregivers regarding good health and nutrition of children, provision of these basic food items do not attract beneficiaries to the centres, officials in Delhi also shared similar findings. Field visits to states found that efforts are being made to attract maximum eligible beneficiaries to the centres through HCMs. For instance, Uttarakhand has recently initiated the provision of banana, egg and milk as snacks at the AWCs.

Quality of HCM

The situation is worse in Uttarakhand, Uttar Pradesh and Rajasthan, where out of the limited beneficiaries that do consume HCM, a very low percentage like what they are consuming. Low quality of HCM has also been underscored in studies that report that the meals provided were of bad taste and not properly cooked (Pandey et al., 2013, Desai et al., 2014).

Studies have found that supply of SNP is sometimes interrupted mainly due to shortage of supply of SN material/food from the authority followed by unavailability of a separate kitchen, inadequate storage space, inadequate supply, and fuel supply (Chudasama et al., 2013, Chudasama et al., 2016, Kular, 2014). The AWWs interviewed as part of this study, shared similar views. 74% of the AWWs stated that the two critical aspects that hinder the effective provision of HCMs include irregularity and delays in supply of raw materials and lack of adequate space for cooking and storing raw materials at the centre.

Interruption in the supply of SNP and low quality of food affects the image of AWWs and their credibility and harms community support and participation. This also impacts the delivery of other services and results in low attendance of children in AWCs (Chudasama et al., 2013; Chudasama et al., 2016; Kular, 2015). Studies have also shown that dissatisfaction regarding SNP sometimes results in dissatisfaction among parents about overall AWS services (Gurukartick et al., 2013; Sharma et al., 2013).

DPs highlighted that SNP is a central component of the scheme and limited uptake of SNP negatively impacts the uptake of other services. Further, they asserted that the AWS scheme had

been implemented to provide a social safety net to its beneficiaries. Therefore supplementary feeding with quality, trust, dignity and adequately for all eligible beneficiaries must be ensured.

Box 30: Learning from States: Arogya Lakshmi - Telangana

The government of Telangana runs a 'One Full Meal' programme for pregnant and lactating women called *Arogya Lakshmi,* to reduce maternal and infant mortality. *Arogya* means healthy; *Lakshmi* is the goddess of fortune and prosperity and is a term used to refer to women. The programme had been launched in early 2013 by the undivided state of Andhra Pradesh under the name *Indiramma Amrutha Hastham*. The initiative ensures compliance with the intake of required iron supplements by pregnant women and can be seen as addressing the needs of the mother and infant during the first 1000 days.

A woman is covered under the *Arogya Lakshmi* scheme once pregnancy is confirmed, and coverage continues after delivery till the infant completes 6 months. The prescribed meal meets 40-45% of the daily calorie requirement for pregnant and lactating women. Freshly cooked food is served every day at lunch according to a pre-defined menu for the whole week. Table below gives details of the weekly menu. The Anganwadi helper cooks food at the ICDS centre.

Weekly menu under the *Arogya Lakshmi* scheme

Day	Item 1	Item 2	Item 3	Item 4	Item 5
Day 1	Rice	*Sambar* with vegetables		Egg curry	Milk (200 ml)
Day 2	Rice	Dal	Green leafy vegetable curry	Egg	Milk (200 ml)
Day 3	Rice	Dal with leafy vegetables	Egg curry	Egg	Milk (200 ml)
Day 4	Rice	*Sambar* with vegetables	100 ml Curd	Egg curry	Milk (200 ml)
Day 5	Rice	Dal	Green leafy vegetable curry	Egg	Milk (200 ml)
Day 6	Rice	Dal with leafy vegetables	100 ml curd	Egg	Milk (200 ml)

Source: Department of Women and Child Welfare, Government of Telangana

The ICDS centres are closed on Sundays and to compensate for Sunday's provision of egg and milk, women are given 100 ml of curd on two weekdays and egg curry on one of the weekdays. The preparation of egg, *sambar* and curry is different each day to avoid monotony.

Along with the 'one meal', women are periodically monitored for weight, and are given iron/folic acid (IFA) tablets; they are also provided counselling by the AWW. 'Spot feeding' is a unique characteristic of the *Arogya Lakshmi* programme, and it ensures the food is consumed by the beneficiaries at the centre. Earlier, in the absence of this programme, take-home rations (THR) were provided to women; but this did not ensure consumption by them though it raised the availability of nutritious food within the household. Further, milk, a naturally nutrient-dense food often not affordable for women in economically-deprived families, is also provided under the programme.

The table below summarises the cost and nutrient value of the food provided to the women under the scheme. The cost of the meal is Rs. 21/woman/day and it ensures 1192 kcal of energy and 37 gm of protein.

Cost and nutrient value of food per woman provided under the *Arogya Lakshmi* scheme

Sl. No.	Item	Quantity per day	Tentative cost per day (Rs.)	Nutritive Value	
				Energy (kcal)	Protein (g)
1	Rice	150 g	0.6	517.56	10.2
2	Dal (red gram)	30 g	2.55	104.4	7.25
3	Oil	16 g	1.1	144	0
4	Vegetables (leafy vegetables, potato, onion, beans, etc.)	50 g	1.5	52.5	1.8
5	Condiments		0.6	0	0
6	Milk (30 days) (@ ` 5.6 per day)	200 ml	9.85	273	10.03
7	Egg (30 eggs) (@ ` 3.5 per day)	1 No. (50 g)	4.2	100.92	7.76
8	Transport		0.1	0	0

9	Cooking		0.3	0	0
TOTAL			21*	1192.38	37.04

Source: Department of Women and Child Welfare, Government of Telangana

Impact

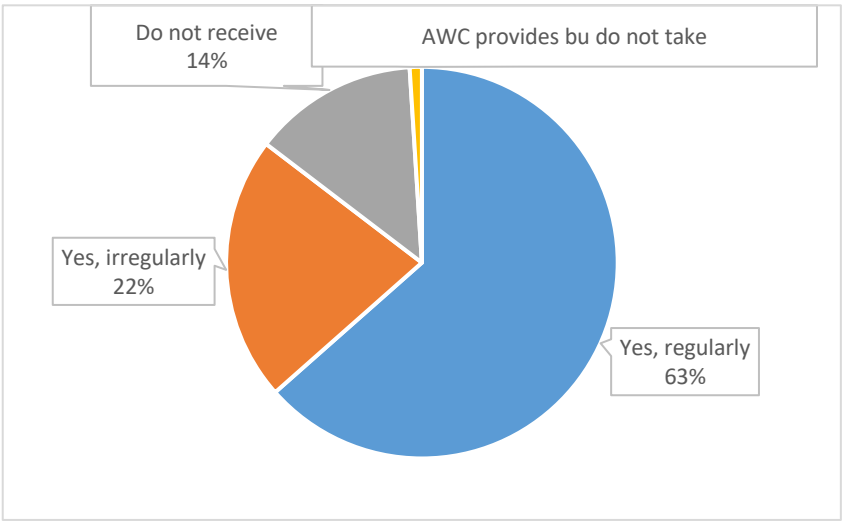
Provision of nutrient-dense foods at the AWCs also improves the administration of other health services for pregnant and lactating women. Pregnant women and lactating mothers at the three centres visited were appreciative of the hot meal they were provided. The AWWs also felt that the women found the *Arogya Lakshmi* scheme useful and came to the centre regularly for the noon meal. The kitchen was clean at each of the centres visited. Cooking was done on gas stoves. The helper –cum-cook keeps the place clean, fetches water and does the cooking; she is responsible for feeding the women and children.

Source: Parasar, R. and Bhavani, R.V. (2018) Supplementary Nutrition Programme under ICDS: Case Study of Telangana and Tamil Nadu, LANSA Working Paper Vol 2018 No 30, Brighton: IDS

Take-Home Ration

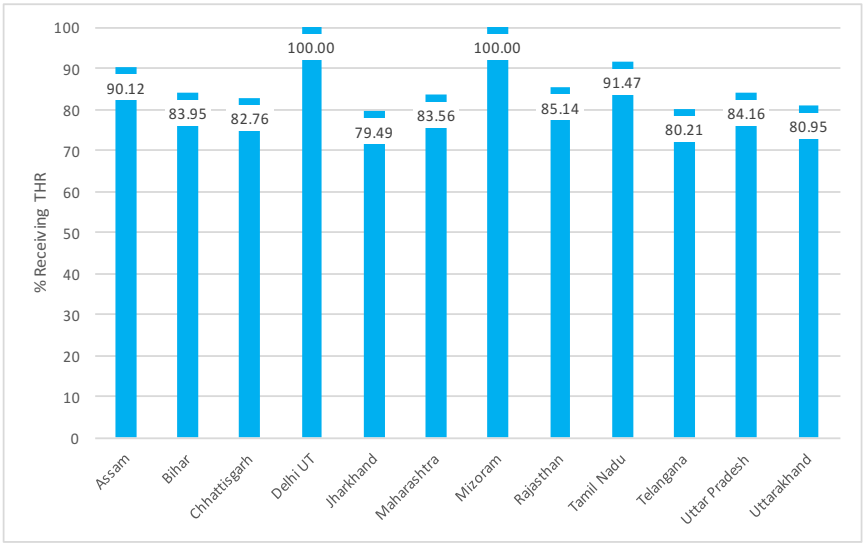
Overall high coverage of beneficiaries was reported for pregnant and lactating women and 6 months to 3 years' children at AWCs (Chudasama et al., 2013, Chudasama et al., 2016, Sivakumar et al., 2018; Madhavi et al., 2011). Nonetheless, studies also highlight that even now some portion of the population does not receive food packets by AWCs as part of the THR. (Bariya et al., 2017). Another study concluded that only about half the eligible women beneficiaries receive THR regularly from the AWCs. It seems that pregnant women did not give high priority to AWC ration, and ICDS personnel also did not motivate them about the benefits of SNP (Kular, 2014).

Figure 21: Uptake of THR



Source: Primary Data Analysis

Figure 22: Uptake of THR across states



Source: Primary Data Analysis

The household data collected as part of this study highlights that even though across majority states, coverage of THR has been significant, certain proportions of the eligible beneficiaries, i.e. PW&LM and children below 3 years continue to be left out. Further, as shown in Figure 21, 22% of respondents shared that THR is offered to them but not regularly. This is in line with studies that indicate that regular supply of THR packets at mandated intervals to beneficiaries continue to pose challenges (Marathe et al., 2015, Bariya et al., 2015, Kular, 2014, Fraker et al., 2013, Talati et al., 2016). Figure 22 indicates that in all 12 states covered

in the study, more than 75% of target beneficiaries received THR. There are good practice examples that need to be scaled up across the country, such as the 'Arogya Lakshmi' in Telangana,[236] and the backwards-forward link with Agriculture and Nutrition in Odisha.[237]

Box 31: Learning from States: Odisha Millet Mission (OMM)

The OMM was set up in April 2017, and aims to improve productivity, promote household level consumption, set up decentralized Processing facilities, promoting Farmer Collectives and Marketing and inclusion of millets in Nutrition Programmes (SNP to begin with).

Detailed Activities: OMM was initiated in 2017 for promoting Millets (Ragi) as a staple crop of the farming system. This aim of OMM is to improve productivity, promote household level consumption, set up decentralized Processing facilities, promoting Farmer Collectives and Marketing and inclusion of millets in Nutrition Programmes (SNP to begin with). For this, promotion of Farmer Producer Organization (FPOs) for aggregation and better marketing is conceptualised and most importantly include millets in ICDS, MDM and PDS. The mission activities are implemented by FPOs with support of local NGOs. The key steps for Millet procurement include:

- Procurement of Ragi at Minimum Support Price (MSP) conforming to Fair Average Quality (FAQ) norms
- Making subsidized Ragi available for inclusion in the PDS, ICDS and MDM schemes, closing the production cycle and multiplying benefits of Ragi production for the region
- Exploring markets for distribution of surplus Millets beyond PDS, ICDS and MDM schemes.

The Mission was started with 30 Blocks (7 Districts) in 2017 but due to positive response and demand from the farmers it was expanded to 55 Blocks (11 Districts) in 2018 to 72 Blocks (14 Districts) in 2019 by the Government of Odisha. Another 4 Blocks were added in the June 2020. . The program shall be implemented in each selected Blocks for 5 years, and these Blocks are currently at varying stages of implementation.

Various guidelines on Ragi procurement from local farmers at MSP, farmer registration, District wise storage godowns, route Map from possible procurement locations to Storage godowns and Millet Procurement Automation System were developed to streamline this initiative.

Impacts and Outcomes:

- Increase in number of Farmers growing Millets from 7,014 in 2016-17 to 8,596 in 2017-18
- Increase in area under Millets cultivation from 2949 hectares to 5182 hectares (almost double) & increase in yield by 120% between 2016-17 to 2017-18
- 215% increase in gross value of produce per farmer household from Rs. 3957 to Rs. 12486
- 26495 Farmers registered, almost 95% of Ragi procured from farmers in 2019-20
- Procurement infrastructure set up in 14 Districts: this assured market supports bolsters Ragi production programmes in the area.
- Procurement made subsidized Ragi available which led to inclusion on Ragi in ICDS, MDM and PDS schemes, closing the production and economic cycle

Inclusion in PDS

In 14 Districts procuring Ragi, 1kg of rice has been substituted by Ragi owing to its higher nutritional value. It was distributed at the rate of Rs. 1 per kg under PDS scheme in 6 Districts to 16,01,206 ration card holders under NFSA.

Inclusion in ICDS

Ragi laddoo mix, made from ragi procured from farmers under the mission, was piloted in the Anganwadi menu in Keonjhar District on July 2nd, 2020, and the same has been requisitioned for Sundergarh District. Keonjhar District is also set to pilot ragi biscuits in the MDM/ICDS utilizing 401.4 quintals of surplus ragi.

[236] http://opendocs.ids.ac.uk/opendocs/handle/123456789/13874
[237] https://icds-wcd.nic.in/nnm/Events/AgriNutrition/Minutes-AgriNutritionConference-15032019.pdf

Challenges:

- The farmers faced registration issues on the Millet Procurement Automated System (M-PAS) due to lack of familiarity with the process.
- The long distances to limited mandi points in each block, di-incentivized farmers from transporting their produce for procurement.
- Limited decentralized infrastructure for procurement and processing persisted in some areas.

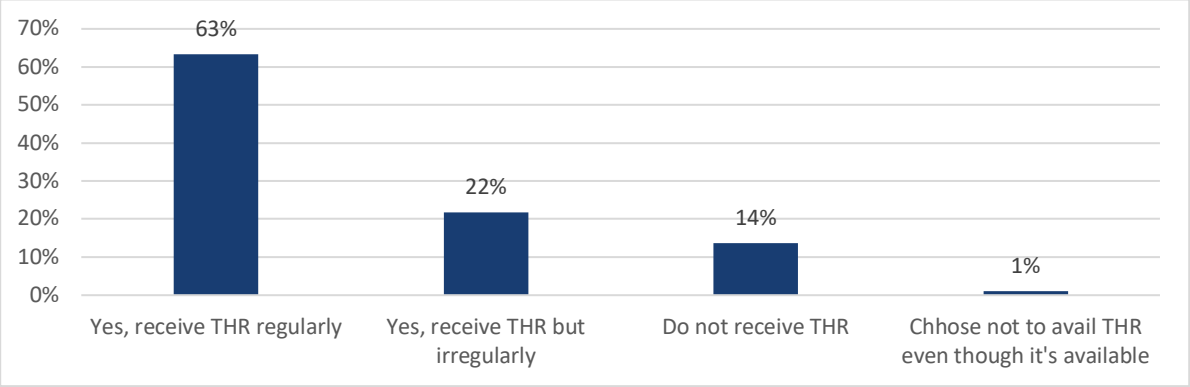
Delivery of SNP

Several studies have highlighted the myriad implementation challenges facing the SNP distribution. Given that the SNP under both AWS and the SAG forms much of the budget allocated under the schemes, it is extremely important for the government to improve both the quality and quantity of the SNP to enhance the overall effectiveness of the schemes. While the government has made concerted efforts to transform the AWCs from just feeding centres to holistic 'Early Childhood Care and Development Centres"[238], it is true that to date, SNP remains the most frequently and widely used service provided by the AWCs. As representatives from IFPRI note:

> "Even though the government sees the SNP as only one of the six services provided under the AWS scheme, we cannot ignore the fact that it is the most well understood and widely used service, and one that potentially benefits the largest part of the rural population. It provides the rural poor a Nutrition Safety Net. It is therefore imperative that we are able to get the SNP right, if the government is able to ensure that good quality SNP is provided to the beneficiaries in the right quantities, it will improve beneficiaries' trust in the scheme, and will potentially improve the uptake of other AWC services as well"

The institutional study of 261 AWCs in 12 states conducted as part of the present evaluation found that around 24% AWCs did not have THR packets available in the AWC on the day of the visit. Of the 76% that did carry THR packets, 13.9% carried AWC packets which had crossed its 'consume by' date. The beneficiary survey highlighted that around 13.6% of the eligible beneficiaries do not receive THR. 63.33% of beneficiaries reported receiving THR regularly, and 21.83% beneficiaries reported receiving THR irregularly.

Figure 23: THR Availability

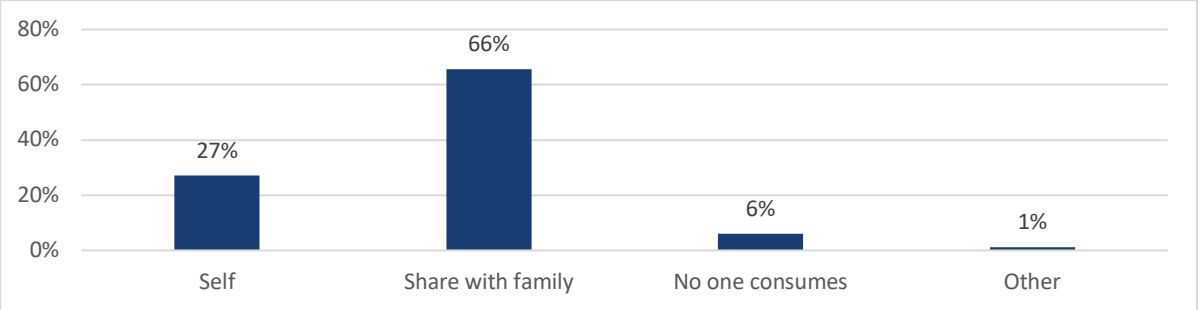


Source: Primary Data Analysis

Out of those that receive THR regularly or irregularly, around 81.5% found the quantity of THR sufficient, while around 19% found the THR quantity to be less. In terms of the consumption pattern for THR, around 29% women reported consuming the THR themselves, 66% reported sharing the THR among the entire family, and 6% reported that no one consumes the THR.

[238] MWCD (2013). ICDS Mission – The Broad Framework for Implementation.

Figure 24: THR Consumption Pattern

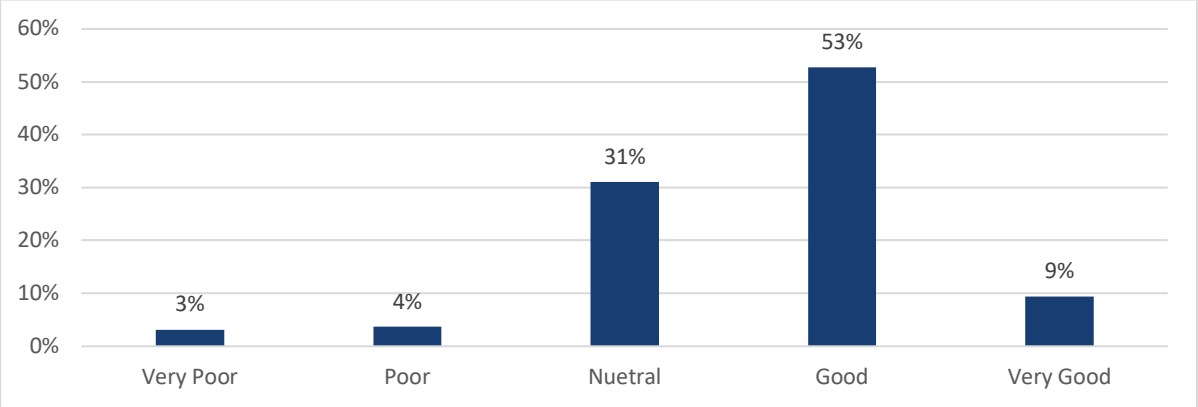


Source: Primary Data Analysis

The quality of SNP was generally found to be satisfactory in the beneficiary survey conducted under the evaluation. Of the 1385 total responses received on the questions of whether the beneficiaries found the quality of THR satisfactory, around than 63.4% of respondents reported that they found the quality to be good or very good. 31% of the beneficiaries found the quality to be satisfactory (neither good nor bad), and around 6% of the beneficiaries found the quality to be poor or very poor.

In terms of differences in beneficiary responses by states, maximum satisfaction with THR quality was found in Tamil Nadu and Maharashtra, where 84% and 85% of the beneficiaries reported the THR quality to be high or very high, followed by Delhi and Tamil Nadu. Chhattisgarh respondents reported maximum dissatisfaction with the quality of THR, with 27% of the beneficiaries reporting the THR quality to be poor or very poor, this was followed by Uttar Pradesh with 14% beneficiaries finding the THR quality poor or very poor, and 10% in Uttarakhand and Bihar. Overall, the survey found that the quality of the THR has improved over the last few years.

Figure 25: Responses to question: Rate the quality of THR



Source: Primary Data Analysis

However, the analysis of secondary information indicates several issues that remain unresolved. A study conducted by the International Growth Centre to assess the performance of the SNP in Bihar (Frake et al., 2013) found that 53% of the SNP budget was "missing" due to leakage – 71% of the budget for food served at AWCs was missing, and 38% of the budget for take-home rations was missing. The study found that AWCs were open only 76.5% of the time they should have been open and served meals, only 59% of the time. It was also found that only around 84% of beneficiaries received THR and those that got THR only received 61% of the stipulated amount, on average. These leakages in SNP were also observed to have directly contributed to a poorer level of nutrition, with 43% of children found underweight-for-age, 58% low height-for-age, and 20% having low weight-for-height, a prevalence beyond "critical" as per the World Health

Organisation. The study also notes that 39% of nursing mothers were also underweight due to a lack of SNP availability.

Many states have tested different models for SNP delivery and trying to eliminate the high percentage of leakages and inefficiencies in delivering the food to the beneficiaries through improved governance, public accountability and community-based monitoring; while increasing the participation of local communities, women's SHGs and mothers' committees in the delivery of SNP. However, none of the models has yet been able to demonstrate a return on investment regarding maternal and nutritional outcomes, especially stunting, wasting, and low-birth-weight. It is important for the government to test different models of SNP delivery including decentralisation of SNP procurement and delivery, constituting community monitoring of SNP, or testing DBT/Cash Transfers for delivering SNP provisions.

Box 32: Learning from States: Ensuring Transparency, Quality, Efficiency & Accountability in THR distribution in Gujarat – PuShTI "Poshan umbrella for Supply chain through Tech Innovation"

To apply digital technology for transparent, timely and accurate supply chain management of Take Home Ration with a bottom up approach, the project ensures just in time availability of the supplementary nutrition for beneficiary eliminating the gap between actual requirement and supply. The project was delivered by Women and Child Development Department, Gujarat Co-operative Milk Marketing Federation, and SUMUL, AMUL and BANAS Dairy Unions and Gujarat Info Petro Limited (GIPL).

In 2017, Government of Gujarat signed an agreement with the Gujarat Cooperative Milk Marketing Federation (GCMMF) to procure energy dense micronutrient fortified food –Take Home Ration (THR) to ensure uninterrupted supply of THR through manufacturing at three leading District cooperative milk unions as Banas, Amul and Sumul Dairy under GCMMF. Three different products: Balshakti for children, Matrushakti for pregnant and lactating women and Purnashakti for adolescent girls is designed considering the requirement of the specific age groups.

To streamline the THR service delivery and real-time monitoring, a software has been developed by the department. Monthly indenting, approval and delivery of THR packets till AWC level is monitored through the dashboard. It comprises of a Web based application for demand & supply cycle and an Android based App for transportation solutions. This system ensures smooth, transparent, speedy and error free supply of THR at the Anganwadi centres.

Benefits:

- Transparency (entire process available in public domain and all stakeholders are equally responsible)
- Quality- It is ensured as THR is initially tested at Amul lab and after passing of decided parameters it is distributed at AWCs. To cross check the quality, it is again tested in Government of Gujarat Food & Drug Laboratory and after passing of the test, it is allowed to distribute to beneficiaries for consumption.
- Safety (as the packaging of the product is good and free from contamination)
- Standardization (same quality & quantity of product at the entire state as per the norms)
- Community involvement and Social Audit (as the distribution of THR is also done on monthly basis on 4th Tuesday in the presence of local persons)
- The entire supply chain management follows the principle of demand driven supply as opposed to the supply driven management.
- OTP based tracking of distribution of THR upto AWCs.
- Online certification of delivery is provided in the system in order to ensure timely and correct payment to the supplier.
- Timely and regular supply (supply on monthly basis on schedule)- Timely delivery of THR ensures timely distribution of Ration to beneficiaries, which will directly support in nutritional indicators.

Box 33: Learning from States: SNP through State Enterprise-linked Value Chain, Telangana

Telangana Foods (earlier known as AP Foods) is a state government enterprise established in 1976 for production of nutritious food for distribution to malnourished children and women under government food distribution programmes. The enterprise was set up with the help of CARE, UNICEF and GoI.

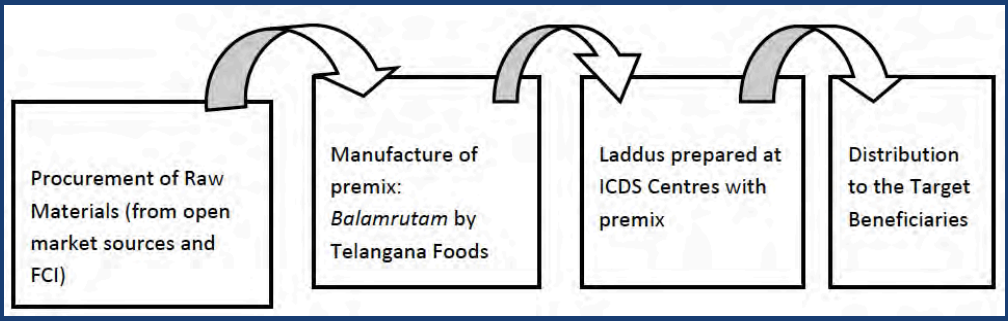
Currently, Telangana Foods manufactures and supplies the therapeutic mix *Balamrutam* and extruded snacks to all the ICDS projects in Telangana. Earlier, other ready-to-cook premixes like *upma, halwa, khichri* mix and sweet porridge were also being produced. These mixes were given to children alternately to avoid monotony. All the premixes were fortified with additional nutritional content, and they provided 50% of the recommended dietary intake (RDI) to the children.

The production of ready-to-cook food started in 2005. Before that, ready-to-eat food was prepared and fed as porridge or *laddus* to children. The production of ready-to-cook food was stopped in mid-2013, following directives from the government that food locally sourced and cooked fresh should be provided at the centres. The directive, aimed at preventing entry of for-profit manufacturers into government-sponsored scheme, has however also affected the operations of the government enterprise, i.e. Telangana Foods.

Telangana Foods is an ISO-certified company following standard food technology practices; the costs are met by the Department of Women and Child Development. It has a Nutrition Council headed by the Chief Secretary to the Government of Telangana and includes a member from the National Institute for Nutrition to ensure proper oversight of the nutritional content in the products. This body meets once in six months, and there is an executive committee that meets every quarter and oversees regular operations. The company has a separate quality assurance department that checks food quality at all levels of production, from procurement of raw material to the final product stage. There is a Quality Control check before every product is issued for processing, and there is certification before the final product is cleared for distribution. Wheat is procured from the Food Corporation of India. The sourcing of other food materials is through a tender process. The figure below outlines the value chain for the preparation of premix by the company. Packaging is as recommended by the Indian Institute of Packaging. All residual waste is sold.

Premix Food Supply Chain in Telangana

Figure 26: Premix food supply in Telangana



Telangana Foods is currently catering only to Telangana state. As a result, there is less than 50% utilisation of the production capacity of 300 t/day of the unit. The requirement for the fortified premix (*Balamrutam)* is 2500 t /month now, and the quantity of extruded snack produced is 150 t /month. The enterprise also supplies to other departments and government programmes on demand; for instance, it was supplying food to AIDS patients under a joint initiative of the state government and the Clinton Foundation; it has supplied food to school children under the social and tribal welfare department, but these engagements have come to a halt after the state bifurcation.

The public enterprise model ensures some of the essential requirements for adequate nutritional intake, including intake of micronutrients and high energy food by children with due attention to quality food safety aspects; and is cost-effective as pricing is done in consultation with the government departments and is as per the allocation available under the relevant programme. Although it was reported that the premixes were less palatable than freshly-cooked food on cooling, they were well accepted for consumption

when served hot. The unit is governed by the Essential Services Maintenance Act (ESMA), and there is no labour union. With reduced production, staff strength has been substantially reduced. The company has, however, made investments in expanding its production capacity with state-of-the-art technology, in anticipation of enhanced demand in future.

Source: Parasar, R. and Bhavani, R.V. (2018) Supplementary Nutrition Programme under ICDS: Case Study of Telangana and Tamil Nadu, LANSA Working Paper Vol 2018 No 30, Brighton: IDS

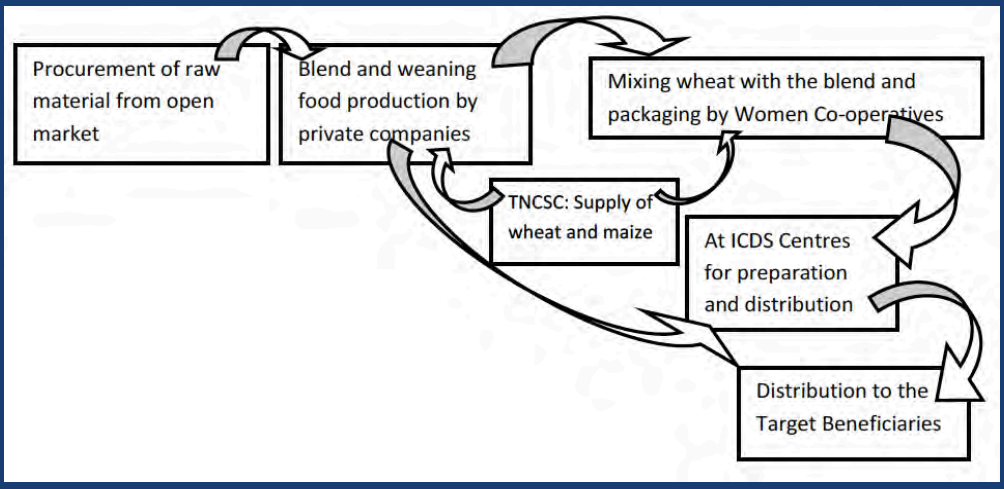
Box 34: Learning from States: Tamil Nadu – SNP through Private-Cooperative Partnership

The Co-operation, Food and Consumer Protection Department of the state government is responsible for the supply of the major items — rice, pulses and cooking oil — to the AWCs through the Tamil Nadu Civil Supplies Corporation (TNCSC). The AWW calculates the estimated requirement for a centre, and the information is collated at the ICDS director's office, which then coordinates with the TNCSC for the supplies.

Vegetables are bought locally from the market. At times, vegetables are also sourced from wholesale markets in the vicinity. The *Akshaya Patram* scheme that encourages children to bring vegetables to the AWC is in vogue here also. But in most of the AWCs, the scheme is not in practice, as the households feel that the AWW (or the government) is responsible for the provision of vegetables.

The fortified premix is made from a blend of jaggery, chickpea, malted finger millet and micronutrient fortificant mixed with wheat/maize flour in the ratio of 48:52. Wheat is procured from the TNCSC; other raw materials are purchased from the open market. There are two variants of the public-private partnership (PPP) model for the production of the premix in the state: one is the production by a partnership of women cooperatives and a private sector manufacturer and the other by the private sector manufacturer as the sole operator. In the first model, the private enterprise manufactures the blend and the women cooperatives are responsible for the production of the premix along with the blend, as well as packaging and transportation of the final product; in the latter, the entire production, packaging and delivery is the private player's responsibility. About 75% of the total premix requirements are sourced under the private enterprise - women's cooperative value chain. **The figure below** gives a diagrammatic representation of the two models.

Figure 27: Premix food supply in Tamil Nadu



The women cooperatives were initiated by the state government around the year 1988 to empower women socially and economically; the cooperatives are engaged in different enterprise activities, preparing the supplementary nutrition component under ICDS is one of them. The members of the cooperative generally belong to families below-the-poverty line, Scheduled Caste community, widows and destitute women.

Interaction with the members revealed that the women were able to earn a steady income and provide for the upbringing of their children. In the early days of the cooperatives, the production capacity was limited,

as sourcing of the raw materials in the huge quantity required was not always possible due to capital constraints and the limited scale of operation. Processes like milling of flour were outsourced. These bottlenecks affected their revenue. The members are paid wages based on quantity produced, and as the volume was limited, the wages were also low. Moreover, at times there were problems with product quality leading to product rejection and no payment. This was addressed innovatively by the state government about a decade ago by bringing in a private player to manufacture the fortified blend that goes into the premix. There are 25 women cooperatives in the state engaged in the manufacture of weaning food, and they supply to the AWCs across 25 districts and in some cases in other neighbouring districts too.

The blend is manufactured and supplied to the women cooperatives by the private enterprise. The cooperatives source wheat from the Department of Food and Civil Supplies; the wheat grain is milled into flour by them, mixed with the blend in the required ratio and packed and supplied to AWCs. With this arrangement, the cooperatives have been able to increase their production capacity, overcome the risk of procuring raw materials from the open market and tackle problems of volume. Quality standards have also improved as the private enterprise can invest more and have better economies of scale. Currently, the cooperative members get Rs. 2.4 per kg of premix produced, and on an average, a member can earn around Rs. 17,000 per month.

The Private Sector

The State Government selects the blend manufacturers through a competitive bidding process; currently, there are two private sector players: Rasi Foods and Christy Fried Grams (CFG). Both the players have been part of the SNP value chain in Tamil Nadu for the last 10 years. Wheat is supplied to them by the Department of Food and Civil Supplies; their dedicated market teams source the other raw materials from across the country based on considerations of quality and price. E.g., finger millet is procured from Karnataka and maize is at times procured from as far as the state of Bihar in east India. So the scale of operation has given the scope to scout for the best quality and competitive prices for the bulk of the purchases.

Rasi Foods manufactures and directly supplies the weaning food (the final product: blend with wheat/maize flour) to centres in 10 districts. CFG directly supplies the weaning food to 4 districts and the blend to all the 25 women cooperatives for the manufacture of the premix. CFG has a production capacity of 1000 mt/month and produces around 550 mt of the blend every month. In addition, the company undertakes production of a popular commercial extruded snack (around 700 mt/month) and also produces its brand of geriatric food (250 mt/month) for the elderly. CFG has its accredited laboratories for microbial and chemical testing of the products. The quality checks are done at different levels of production, right from the procurement of the raw materials.

The production process is largely mechanised from cleaning, de-stoning, husking, and roasting of all the foodgrains to the packaging of the blend and the weaning food. The blend produced contains germinated finger millet that leads to amylase activity in the food leading to better absorption.

Every month the required quantity of weaning food is indented by the ICDS director's office to the two private enterprises and the cooperatives. The anticipated quantities of raw material are procured with a buffer stock of at least 45 days. The final product is given to the AWC*s* within a fixed period of about 20-25 days in a month. The cooperatives and the private companies bear the cost of transportation of the weaning food to the AWCs.

The induction of a private sector partner has led to a larger scale of production; the quality standards of the final product have improved; and the wages of the members of the women cooperatives has increased, contributing to their sustainability. Earlier the mix was only provided to undernourished children whereas now it is provided to all children. Moreover, in the districts where the cooperatives do not operate, the private players supply the weaning food directly to the ICDS centres.

Source: Parasar, R. and Bhavani, R.V. (2018) Supplementary Nutrition Programme under ICDS: Case Study of Telangana and Tamil Nadu, LANSA Working Paper Vol 2018 No 30, Brighton: IDS

Improving SNP Efficiencies

One of the most important and a persistent challenge facing Umbrella ICDS is the inefficiencies in procurement and delivery of SNP. Given that the SNP forms almost 50% of the AWS budget, it is important for the government to test different models of SNP delivery including decentralisation of SNP procurement and delivery, constituting community monitoring of SNP or testing DBT/Cash Transfers for delivering SNP provisions.

The evaluations reiterate the recommendations included in the National Nutrition Mission and the NITI Aayog 3 year action agenda, of initiating pilots in a few districts to test the efficacy of implementing the ICDS supplementary nutrition component through a cash transfer/conditional cash transfer route, aligned to the framework of the National Food Security Act 2013. The POSHAN Abhiyaan has already established the enabling conditions for a CCT mechanism, with an enhanced focus on behaviour change communication to improve nutrition behaviours, as well as a focus on improving service delivery. It should be noted that direct cash transfers have been increasingly adopted by low – and middle-income countries as central elements of their poverty reduction and social protection strategies (Barrientos, 2013; DFID, 2011; Hanlon et al., 2010; Honorati et al., 2015; ILO, 2014).

A systematic review of the global evidence finds a positive effect of direct cash transfers across three indicator areas – use of health services, dietary diversity and anthropometric measures, showing improvements in the indicators.[239] On the whole, the available evidence highlights how, while the cash transfers reviewed have played an important role in increasing the use of health services and dietary diversity, changes in design or implementation features, including complimentary actions (e.g. supplementary feeding and micronutrient supplementation and most importantly inducing behavioural change through intensive counselling), may be required to achieve greater and more consistent impacts on child anthropometric measures.

Global evidence indicates that, overall, cash transfers – both CCTs and UCTs – have increased the uptake of health services.[240] The systematic review of evidence from low-and middle-income countries conducted by Bastagli et al. (2019) finds more than 15 studies reporting overall effects on the use of health facilities, nine of which report statistically significant increases. For dietary diversity also, the review's findings consistently show increases. The report notes that among the 12 studies reporting on impacts on dietary diversity, seven how statistically significant changes across a range of dietary diversity measures, all being improvements. Evidence of statistically significant changes in anthropometric outcomes was found limited to five out of thirteen studies for stunting, one out of five for wasting and one out of eight for underweight. All significant overall changes were improvements.

Box 35: Evidence: Cash transfers for child health and nutrition in India[241]

In India, a set of ongoing studies funded by J-PAL's Cash Transfers for Child Health Initiative, in partnership with state departments of Women and Child Development, are investigating how different types of incentives and cash transfers (CT), as well as tweaks to the design of government cash transfer programs such as Pradhan Mantri Matru Vandana Yojana, impact a variety of maternal (and child) health and nutrition outcomes. The evidence to date suggests that CTs can improve child nutritional status,

[239] Bastagli, F., Hagen-Zanker, J., Harman, L., Barca, V., Sturge, G., & Schmidt, T. (2019). The impact of cash transfers: A review of the evidence from low-and middle-income countries. Journal of Social Policy, 48(3), 569-594.
[240] Ibid.
[241] Abdul Latif Jameel Poverty Action Lab South Asia (J-PAL SA). 2020. "Women And Child Development Evidence Summary note for DMEO, Niti Aayog" Custom Report. Last modified September 2020.

particularly height, and particularly for younger and more vulnerable children, but the effects are modest and not consistent across programs, possibly reflecting the complex causal pathways to better nutritional status. Timing and duration of exposure are critical: transfers initiated in utero and sustained through the first years of life have larger effects on height than transfers targeted later in childhood. However, transfers targeted to slightly older children can also help them compensate for earlier growth deficits and 'catch-up'. The effectiveness of maternal and preventive care conditions is unclear, but combining CTs with health and nutrition counselling for caregivers is often effective at improving feeding practices and anthropometric outcomes, as well as child development. While the relative effectiveness of cash, food transfers, and vouchers is likely to be context-specific, there is growing evidence that cash is typically more cost-effective.

Box 36: Cash Transfers for Supplementary Nutrition: Lessons from Mexico

Progresa/Oportunidades Progresa/Oportunidades is a conditional cash transfer programme administered by the Federal Government of Mexico. Under this initiative, direct cash payments are provided to eligible poor and vulnerable households, who send their children to primary and secondary schools, and whose mothers and children receive regular preventive care at local health clinics. In addition, eligible households receive grants to improve food consumption and nutritional supplements for young children and pregnant and lactating mothers. Oportunidades reaches over 5.8 million families, or 20 percent of the total population of Mexico. In poorest regions, over 58 percent of the population is covered by Oportunidades.

Main Features of Progresa/Oportunidades

Education: Grants are provided to families who send their children to primary and secondary schools. Grant amounts increase as children reach higher grades.

Health: Progresa provides basic health care for all members of the family, with a particular emphasis on preventive health care. This service is provided by government public health institutions, which receive financial transfers from the federal government but are managed by state and local governments.

Nutrition: Eligible households receive a fixed monetary transfer for improved food consumption as well as nutritional supplements for children aged between four months and four years, as well as for pregnant and lactating women.

Impact

Key Successes among households covered by the initiative include:

- Consumption, mostly food intake, has increased by 22 percent.
- Proportion of malnourished children decreased by 17.2 percent.
- Enrolment in secondary school increased by 11 percent among girls, and 7.5 percent among boys.
- Regular health visits have increased by 30–60 percent among young children under 5.
- Disease incidence has decreased by 12 percent among children 0–2 years of age.
- Prenatal care visits increased by 8 percent among first trimester pregnant women, and more than 50 percent of women use contraceptive methods.

Scaling-up Success

The initiative has been acknowledged for its cost effectiveness, the adequate targeting of beneficiaries, and its ability to sustain its integrity as a rigorously institutionalized anti-poverty scheme. The key enablers for such scaled up success are strong political commitment that survived election cycles, fostering of strong national-local linkages between the federal policy makers and implementers on the ground, and introduction of sound monitoring and fiscal management systems, among others. The monitoring system of Progresa/Oportunidades and the strong promotion of a human development approach are recognized as the main innovations of this initiative. The legacy of Progresa/Oportunidades has yielded important lessons to the world, demonstrating that the overall development impact is higher when redistribution schemes are coupled with interventions aimed at improving human capital of the poor. The experience of

Progresa/Oportunidades has informed similar programmes in Asia, Africa and Latin America and the Caribbean, while it also continues to benefit from other ongoing large scale initiatives such as Brazil's Bolsa Familia and India's National Rural Employment Guarantee scheme (MGNREGS).

Key Drivers of Success in Scaling Up

Data, monitoring and evaluation: Since its inception, the designers and implementers of the Progresa/Oportunidades have been aware of the importance of monitoring and evaluation systems, especially mechanisms through which the final impact could be identified and measured. The solid results respond to three key factors of the evaluation stage: (a) randomized control trials; (b) multiple observations of the same set of families before and after the interventions; and (c) rigorous analysis of the results in order to avoid false claims. This emphasis as well as the periodic monitoring and follow ups, set incentives for independent researchers and academic institutions in identifying both the causal linkages and the estimated quantitative and qualitative impacts.

Coordinated approach: Scaling up does not happen in isolation

At the inception of Progresa/Oportunidades it was clear that the CCT programme needed to be coordinated with ongoing similar initiatives. The need to avoid redundancy demanded actions across federal agencies and municipal governments. Even though it is a federally run programme, the state and municipal governments in Mexico played a critical role in delivering and ensuring effective service delivery of education and health services. Substantial intergovernmental collaboration was required for the smooth running of the initiative. This points out to the important fact that CCTs can work adequately only when basic social services exist at an acceptable level of quality.

Conclusion

CCTs are effective in preventing short-term impact of economic and other crises. The existence of CCTs can help families to keep their food consumption levels and, therefore, halt any negative impact on the nutritional intake of children as well to keep children in schools and away from child labour. This observation comes from the fact that countries like Brazil with large CCT programmes were responding better to the crisis than other countries. Mexico managed to include a new stipend designed to compensate for the increase in food prices in the grants schemes of Oportunidades, but this was only possible because the programmes were well established and were working smoothly for some time. Although the long-term evaluations for Oportunidades still show sustained impact of the overall strategy, there are also studies pointing to the fact that the programme may have not been as successful in coping with risks for families in urban settings.

Box 37: Cash Transfers for Supplementary Nutrition: Lessons from Bihar

Conditional Cash Transfers (CCTs), whereby a direct benefit transfer is given to beneficiaries subject to the meeting of certain conditions, are an increasingly popular policy instrument globally for achieving maternal and child health and nutrition outcomes. Systematic evidence reviews have shown CCTs to be generally effective at increasing access to health care especially immunisation coverage, improving child and maternal nutrition, reducing morbidity risk and mitigating poverty (Owusu-Addo & Cross, 2014).

The Bihar Child Support Programme (BCSP) was a conditional cash transfer pilot undertaken by the Government of Bihar. It targeted pregnant women and mothers of young children, with the aim of reducing maternal and child undernutrition. The pilot, the Bihar Child Support Programme (BCSP), supported by the UK's Department for International Development (DFID), and Children's Investment Fund Foundation (CIFF) was implemented in 261 villages in Gaya District. Women receive monthly cash payments directly to their bank accounts, subject to meeting various conditions related to the uptake of services and adherence to nutrition sensitive behaviours. The pilot aimed to test the viability and the impact of the conditional cash transfer on nutrition outcomes.

Under the scheme, women enrolled upon completion of the first trimester of pregnancy and received 250 rupees (Rs) per month directly into their bank account upon meeting certain conditions. The beneficiary was eligible for the cash transfer for a period of 30 months (i.e. until the child was two years of age). The programme also designed a bonus of Rs 2,000. In one of the implementation blocks, this would be received if the child was not underweight at age two, and in the other, women were eligible if they had not become pregnant again at the end of two years after birth. Therefore, potential maximum value/child was Rs 9,500.

The pilot was implemented in two blocks in Gaya District, Bihar, covering 261 Anganwadi Centres (AWCs) for two years and over 9,000 beneficiaries. In one block, Wazirganj, four conditions were applied, known as 'limited' conditions. In another block, Atri, there were an additional four 'extended' conditions. Thus, in Atri, beneficiaries were expected to meet all eight conditions, whereas in Wazirganj beneficiaries were expected only to comply with four conditions. The terms 'extended' and 'limited' relate to the number of conditions, rather than to the nature of the conditions applied. The pilot also had two control blocks: Khizarsarai (a technology only block) and Mohra (a pure control block).

Key Findings and Impacts

Resource Effect

- Beneficiaries used cash in a strongly 'pro-nutrition' way. In most cases, money was kept separate from general household expenditure. In general, the cash transfer appeared to have had a large impact on food expenditure at the household level, with 91% of the cash being spent on food, and it allowed households to buy calories that are more expensive (as measured by Rs spent per 1,000 calories).
- Beneficiary households saw increased spending on meat, vegetables, and sugar-based products over the life of the programme. Qualitative data also indicated that beneficiaries generally spent the money on fruits, vegetables and milk for their child and for themselves.
- A significant impact of the BCSP in improving maternal diet diversity. Analysis of food consumption data highlighted that women in treatment blocks consumed food from a significantly greater number of food groups. BCSP also led to small improvements in child diets, specifically in regard to the introduction of semi-solid foods for children between six and eight months of age.
- Several beneficiaries also reported using the cash transfer for health care expenses of children.

Conditions Effect

- There was a strong increase in uptake of services at the Village Health Sanitation and Nutrition Day (VHSND). Large effect sizes were seen in the number of women attending the VHSND (increase of 36 percentage points), weight gain monitoring during pregnancy (increase of 17 percentage points), and child growth monitoring (increase of 22 percentage points).
- Receipt of IFA tablets by women during pregnancy increased by 14 percentage points.
- However, no significant impacts were seen in the uptake of nutrition-sensitive behavioural practices that were incentivised, such as appropriate treatment of diarrhoea with oral rehydration salts (ORS). This points to the need for complementary counselling around nutrition behaviours, without which a conditional cash transfer appears to have limited impact on infant and young child feeding practices.
- There were very significant increases in the rates of exclusive breastfeeding (20 percentage points) in the limited conditions block compared to the control block.

Empowerment Effect

- The cash transfer was successful in improving the self-esteem of women enrolled in the programme. A number of women reported positive impact of the cash transfer in improving their self-confidence by allowing them to make better decisions around child nutrition and health care.
- The cash transfer also increased the physical mobility of women through the possession of a bank account and by necessitating visits to the AWC.

Empowerment Effect

- The programme led to a 7.7 percentage points decline in the proportion of underweight children. (27% decline from the baseline value).
- BCSP also led to a 7.7 percentage points decline in wasting amongst children in the treatment block. This can be interpreted as a 14% decline relative to the baseline level.
- The BCSP led to a 9.4 percentage points decline in underweight mothers. This translates to a 19% decline in the proportion of underweight mothers. This impact was found to be largest for the most vulnerable communities, with the largest differences being noticed amongst poorer, less educated women (and children) from scheduled caste households.
- Because of the BCSP, an additional 14 percentage points of women were no longer anaemic at endline, when compared to baseline.
- Incentivised by the BCSP, the increase in the frequency and quality of weight monitoring of children may have played a central role in the observed improvement in outcomes in treatment blocks.

Overall, the BCSP experience suggests that a small value cash transfer can have large effects on service uptake but limited impact on behavioural practices, unless it is supported by strong counselling services and supportive enforcement.

Lessons for scaling-up

i. A continuous, flexible enrolment process is necessary to ensure maximum inclusivity of the programme and to reach migrant populations. A longer registration window could help improve enrolment statistics amongst more difficult-to-reach populations. Enrolment process must be complemented by awareness-generation activities that use multiple avenues to improve information channels about the programme.
ii. Portability of services under the programme help both labour migrants and migrants to the natal home.
iii. Additionally, support must be provided to create accounts within banks and improve access to and understanding of the financial system.
iv. Conditional cash transfer programmes should focus on simple, comprehensible conditions that are easy for beneficiaries to understand and for service providers to enforce. Behaviour change conditions, if any, must be complemented by strong counselling and communication services.
v. The pilot saw minimal leakage in payment transfers and generation of payment lists. This can be attributed to automated cash transfer through banks and to monitoring by the implementation team.

Source: Oxford Policy Management, Final Evaluation of the Bihar Child Support Programme, Funded by Children's Investment Fund Foundation (CIFF)

Early Childhood Care and Education (ECCE)/Pre-school Education (PSE)

UNESCO highlights the importance of ECCE as "early childhood care and education is more than a preparatory stage assisting the child's transition to formal schooling. It places emphasis on developing the whole child - attending to his or her social, emotional, cognitive and physical needs - to establish a solid and broad foundation for lifelong learning and wellbeing".[242] Secondary literature provides strong evidence of the importance of the rapid pace of development of the brain in the first few years of life, with almost 90% of the brain's growth taking place by the time a child is 6 years old. (Karoly et al., 1998). Young (2007) explains, "diverse experiences affect the architecture (i.e., wiring) of the brain, the expression of genes and the biochemistry and physiology of the human body – all of which mediate one's cognitive, emotional and social outcomes".

In economic terms also, investment in ECCE has proven to provide significant economic returns, with James Heckman (2007) showing significantly higher returns of investment in early

[242] UNESCO website, http://en.unesco.org/themes/early-childhood-care-and-education

childhood compared to investments in later stages of childhood. Britto (2015) shows that an increase in preschool enrolment in 73 countries led to long term benefits ranging from $6 to $7 per dollar invested. Research by Garcia et al. (2016) found that early childhood development programmes providing comprehensive preschool till age five generated a 13% per year return on investment.

Lancet Series (2016) examines evidence on long-term outcomes from low income and middle income countries to show, for example, that "a programme to increase cognitive development of stunted children in Jamaica 25 years ago resulted in a significant, 25 per cent increase in average adult earnings. Conversely, long-term follow-up of children from birth shows that growth failure in the first 2 years of life has harmful effects on adult health and human capital, including chronic disease, and lower educational attainment and adult earning. Moreover, deficits and disadvantages persist into the subsequent generation, producing a vicious inter-generational cycle of lost human capital and perpetuation of poverty".

Box 38: Evidence: Early Childhood Stimulation (ECS) programs have the largest gains for most disadvantaged children[243]

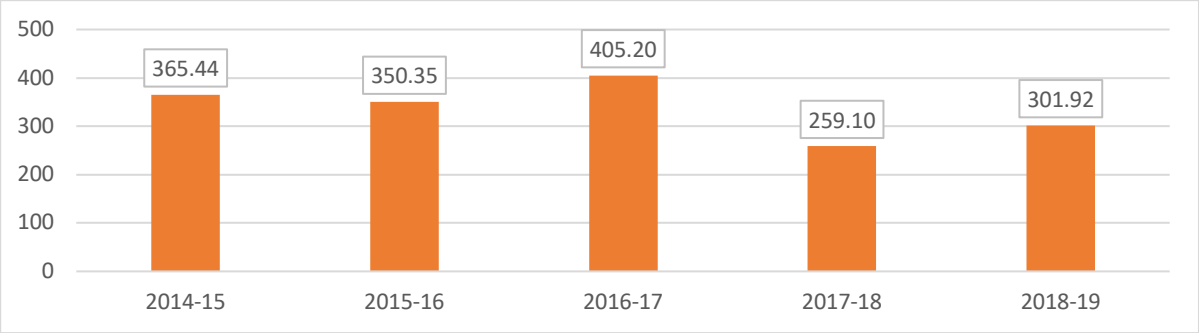
Early childhood stimulation programs generally include a health worker or trained lay person providing parents with information and encouragement to play and interact with their children in ways that stimulate cognitive and socio-emotional development. One study in Jamaica[244] to date has studied long-term effects: it found that impacts persist into adulthood, leading to improved outcomes in school, employment, and earnings: children in the program earned 25 percent more as adults. Programs to promote ECS can have the largest gains for children who are most disadvantaged. However, open questions remain on how to effectively deliver these programs at scale. (Gertler, Paul, et. al. 2014)

UNICEF (2017)[245] notes that "In India, the policy context for ECCE has been relatively vibrant in recent years as compared to the previous decade, with ECCE now being positioned as an area of priority. This policy shift has stemmed from deepening international advocacy for developing and developed countries to enhance their investment in this first, foundational stage of education." The study also highlights that the ECCE component of the Anganwadi Services Scheme is ".. probably the largest community based rural ECCE or ECD programme in the world."

While the ECCE policy framework has been developing over the last few years, the AWS scheme has seen a significant drop in the number of beneficiaries for ECCE/PSE from the Anganwadi Centers. MWCD Data shows that the beneficiary numbers for the ECCE component have dropped by around 17.6% from 3.65 Crore in 2014-15 to 3.01 Crore in 2018-19.[246]

[243] Abdul Latif Jameel Poverty Action Lab South Asia (J-PAL SA). 2020. "Women And Child Development Evidence Summary note for DMEO, Niti Aayog" Custom Report. Last modified September 2020.
[244] Gertler, Paul, James Heckman, Rodrigo Pinto, Arianna Zanolini, Christel Vermeerch, Susan Walker, Susan Chang-Lopez, and Sally Grantham-McGregor. 2014. "Labor Market Returns to an Early Childhood Stimulation Intervention in Jamaica." *Science* 344(6187): 998-1001.
[245] Kaul, V., Bhattacharjea, S., Chaudhary, A. B., Ramanujan, P., Banerji, M., & Nanda, M. (2017). The India Early Childhood Education Impact Study. New Delhi: UNICEF.
[246] Annual Report 2018-19, MWCD, 2019

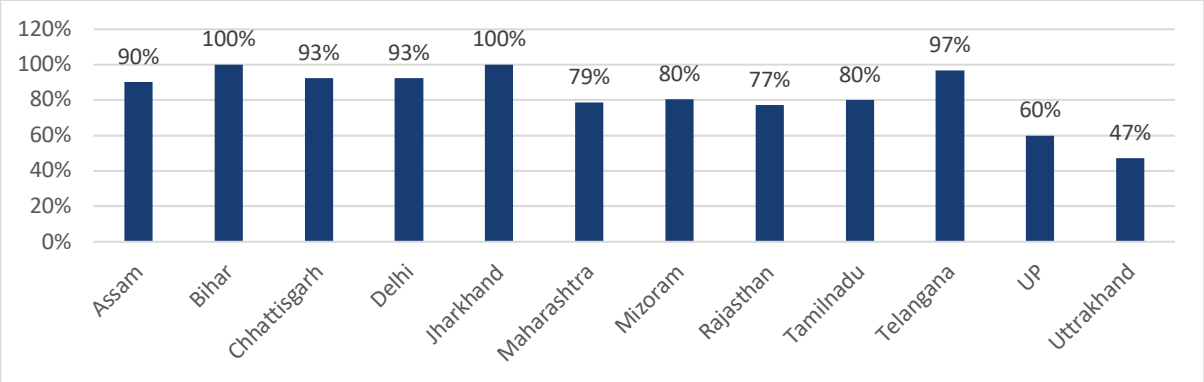
Figure 28: ECCE/PSE Beneficiaries (in Crores) (2014-15 to 2018-19)



Source: MWCD Annual Report 2018-19

The HH survey conducted under this evaluation finds that in states like Assam, Bihar, Chhattisgarh, Delhi, Jharkhand and Telangana, the uptake of PSE is more than 90%. However, in Uttarakhand and Uttar Pradesh, the component continues to be a weak link (Figure 29).

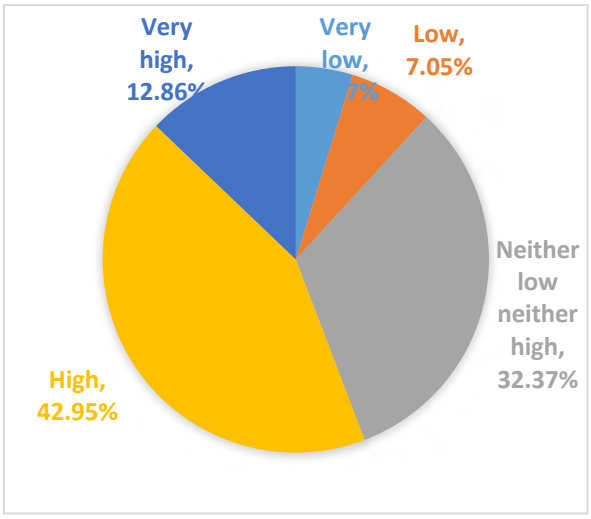
Figure 29: Uptake of PSE across States



Source: Primary Data Analysis

Secondary literature finds multiple reasons for the slow-down in the ECCE/PSE component uptake. A recent study of the Anganwadi scheme in nine states supported by NITI Aayog highlights that the community lacks awareness about the role of an AWC and the services offered by AWC. The AWCs suffer from a perception of poor service delivery in terms of PSE/ECCE. The poor perception of the AWC, combined with the parents' aspirations to send the children to pre-primary or nurseries with focus on English language skills means that the demand for ECCE has shown a downward trend.

Figure 30: Perceptions about Impact of PSE



Source: Primary Data Analysis

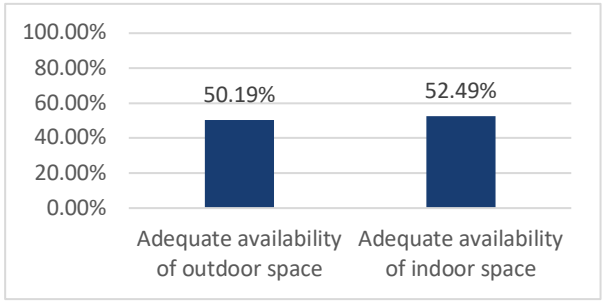
There is a need to provide the parents with more information about the rationale behind play-based learning, so that they may understand that the goals of ECCE are not realised in the manner of formal teaching (rote learning, pen-to paper methods, tests and exams etc). This is needed to shift the parents' aspirations to be more in line with the ECCE goals, so that they do not feel that play-based learning is in any way 'lesser' than formal teaching (which is often what they use to judge their child's progress). However, the HH

survey conducted under this evaluation finds that more than 50% mothers of PSE beneficiaries perceived it to have a positive impact on their child's growth and development (Figure 30).

In addition to the perception of Anganwadis, the ECCE component also suffers from poorly capacitates workers. While the MWCD has undertaken significant steps to build ECE capacities of the AWWs, the workers have not proven to be the best deliverers of ECCE for children. A large number of AWWs are either old, undeducated, or educated only till 8th/10th class, and are not adept at education themselves. In order to be able to deliver quality ECCE, the AWWs need to o understand the developmental principles underlying good practices, but in most cases, the AWWs were found to be doing the same activities every day, leading to boredom among the children, and a lack of engagement. During interactions and KIIs with officials of UNICEF as part of this study, it was shared that given the lack of capacity and skills of the AWWs and the limitation in the current pedagogy the impact of PSE continues to be very limited across the country.

In terms of infrastructure, a large indoor and outdoor space is advised by the guidelines, but this is almost never available due to a lack of proper infrastructure. The survey of 261 AWCs under this evaluation found that almost half the AWCs did not have adequate outdoor or indoor space to conduct PSE activities.

Figure 31: AWC Physical Infrastructure



Source: Primary Data Analysis

In urban areas, the AWC infrastructure availability if particularly challenging. Most AWCs are cramped and poorly ventilated. They do not have enough space for the children to play and learn properly. Many AWCs do not have equipment like swings, sand/water areas etc. due to lack of space and/or funding. Separate interest areas and activity corners are also not available in most AWCs due to this lack of space (IEG/NITI Aayog, 2020). Secondary literature also points to poor availability of ECCE material in AWCs, hampering the delivery of PSE. Even when the materials are available, they are either in inadequate quantity or unutilised or improperly used by the AWWs (Dhingra and Sharma, 2011, Dixit et al., 2010, Kaul et al., 2014, Rao, 2010). This leads to limited uptake of PSE offered at the AWCs due to dissatisfaction among parents owing to low quality of services, non-availability of play materials and infrastructural deficiencies (Jyotiranjan Sahoo et al., 2016; Asha, 2014). 67% of centres visited as part of the study, reported that there is no mechanism to replace and replenish the material provided for ECCE.

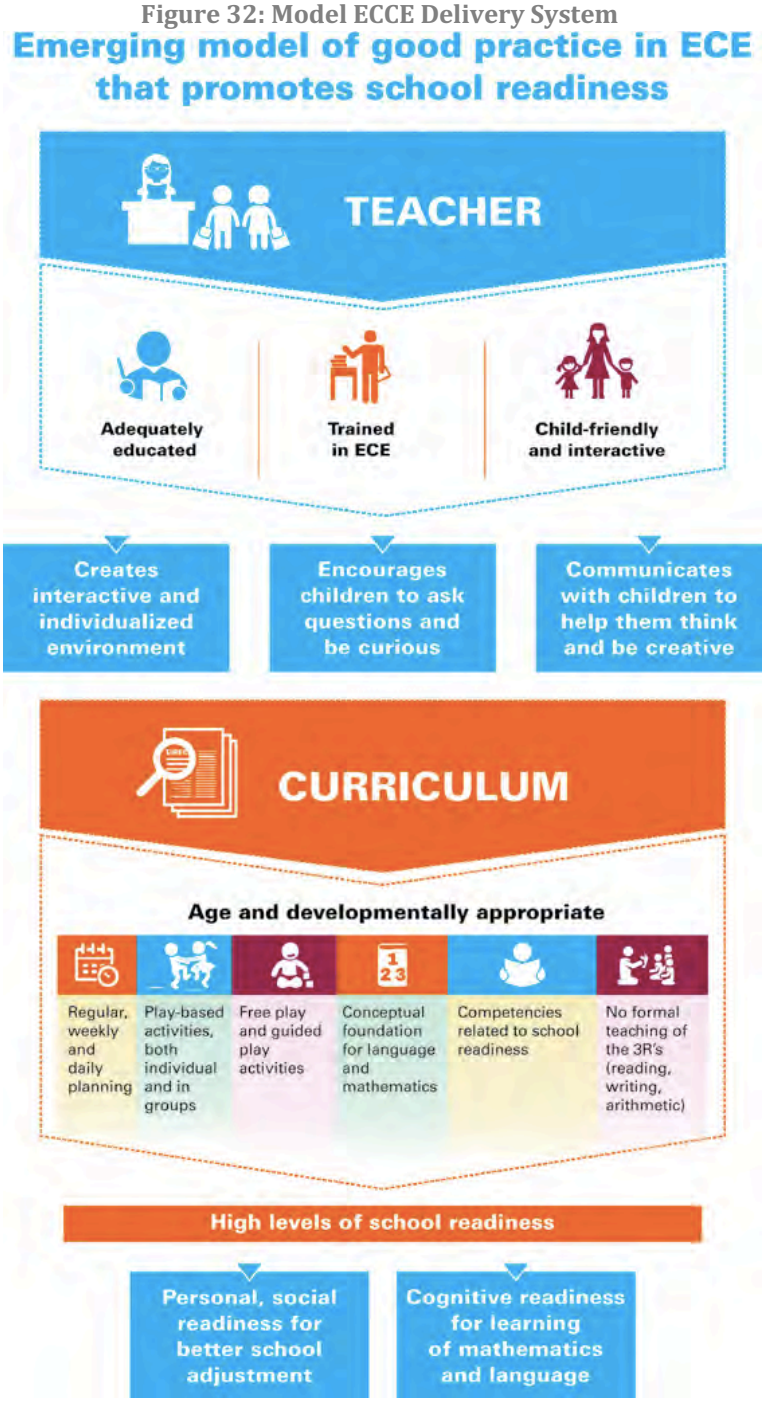
While there are multiple challenges facing the delivery of ECCE component of the AWS, the launch of the Education Policy brings focus back on improving quality of ECCE at the Anganwadi Centers. The National Education Policy (2020)[247] focuses on developing an excellent curricular and pedagogical framework for ECCE by NCERT, which would be delivered through an expanded and strengthened system of ECCE institutions consisting of AWCs, pre-primary schools co-located with existing primary schools and stand-alone pre-schools, all of which will employ workers specially trained in the curriculum and pedagogy of ECCE. Many states such as Maharashtra, Telangana, Tamil Nadu, Rajasthan, Gujarat have already undertaken steps to address the quality of ECCE delivery in Anganwadis, including developing standardised ECCE curriculum and modules, partnering with NGOs, CSOs to delivery ECCE component, and piloting technology-linked smart classrooms to deliver interactive ECCE to children.

[247] www.mhrd.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf

Box 39: Learning from States: Developing ECCE Modules

In Rajasthan, three different workbooks have been designed as per the age groups i.e. *Kilkari* (3-4 years), *Umang* (4-5 years) and *Tarang* (5-6 years). The target population in the state consists of 12,00,000 children in the age group of 3-6 years. Subsequently to assess the performance of children in terms of (i) language development, (ii) physical development, (iii) cognitive development, (iv) creative expression and aesthetic development and (v) socio-personal and emotional development at different ages, assessment have been designed following the same color code as the workbooks. In order to enhance role of parents in ECCE and involve them in the growth and development of their child, every month Parent and AWW Meetings (PAMs) are held at the centre. For the AWW, modules and curriculum have also been designed for the AWW to guide her in engaging with children and ensure their performance on the grounds of the five critical areas of development.

Figure 32: Model ECCE Delivery System



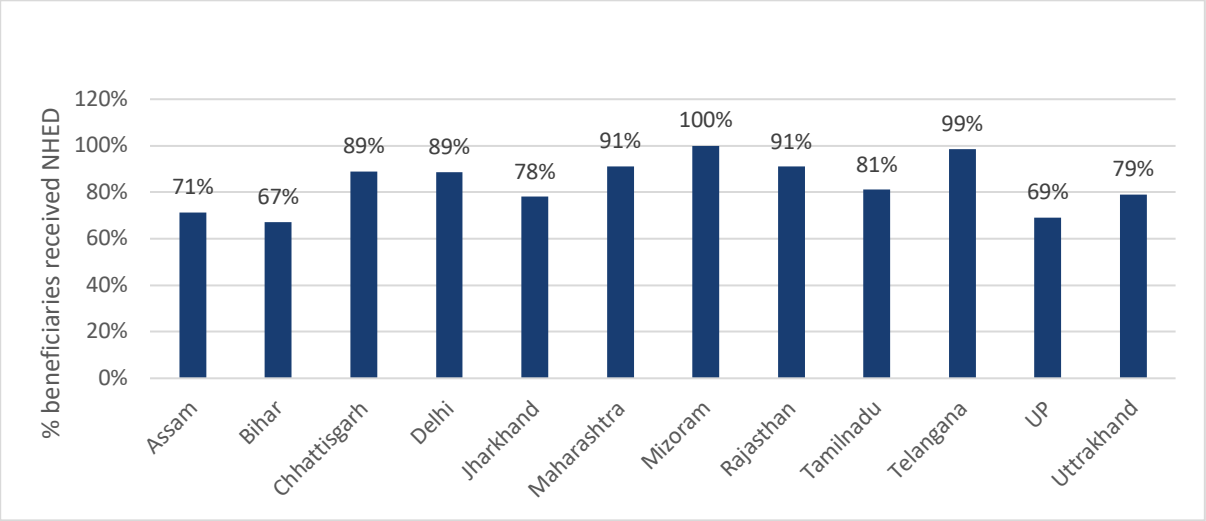
Source: UNICEF: India Early Childhood Education Impact Study. (2017)

Nutrition and Health Education (NHED)

NHED is meant for effective transmission of essential health and nutrition messages to enhance the level of knowledge and awareness of mothers about child's needs and her capacity for care, protection, and development of the child within the family environment (Chudasama et al., 2016). However, studies have reported that NHED is given low priority in improving the growth status of children (Paul et al., 2017; Parmar et al., 2014; Kotecha and Singh, 2012). Health education is imparted only to a limited number of eligible beneficiaries (Madhavi et al., 2011).

Though the earlier studies highlight a grim picture of the component, the recently launched POSHAN Abhiyaan has given due impetus to this service. This emerges from the primary data collected as part of this study, wherein all 12 states, the percentage of beneficiaries reporting receiving NHED was more than 60%. Nonetheless, state-wise variations can also be observed (Figure 33). For instance, in states like Maharashtra, Mizoram, Rajasthan, and Telangana, there is more than 90% uptake of the service provided. On the other hand, Bihar and Uttar Pradesh had the lowest uptake across the selected states.

Figure 33: Uptake of NHE across States

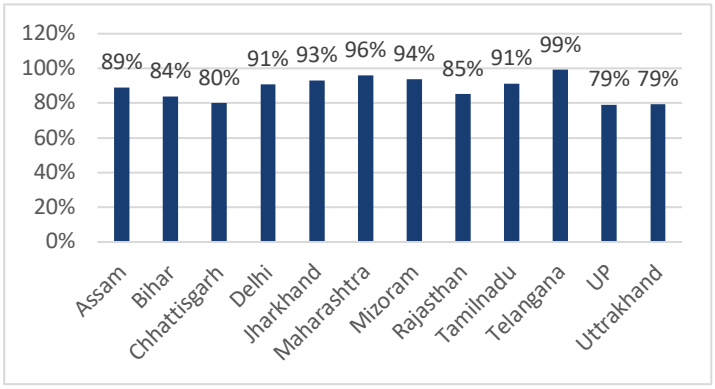


Source: Primary Data Analysis

Immunisation

Immunisation services are mostly performed during VHSNDs. Studies indicate that majority of the children below 6 months have received preliminary immunisation (NIPCCD, 2011). Favourable coverage of immunisation and a significant number of fully immunised children has also been underscored in other studies (Sivakumar et al., 2015; Bhagat et al., 2015).

Figure 34: Coverage of Immunisation



Source: Primary Data Analysis

Similar trends of immunisation can be observed in the primary data collected as part of this study across 12 states (Figure 34). In all states, more than 79% of the beneficiaries had received immunisation under the scheme.

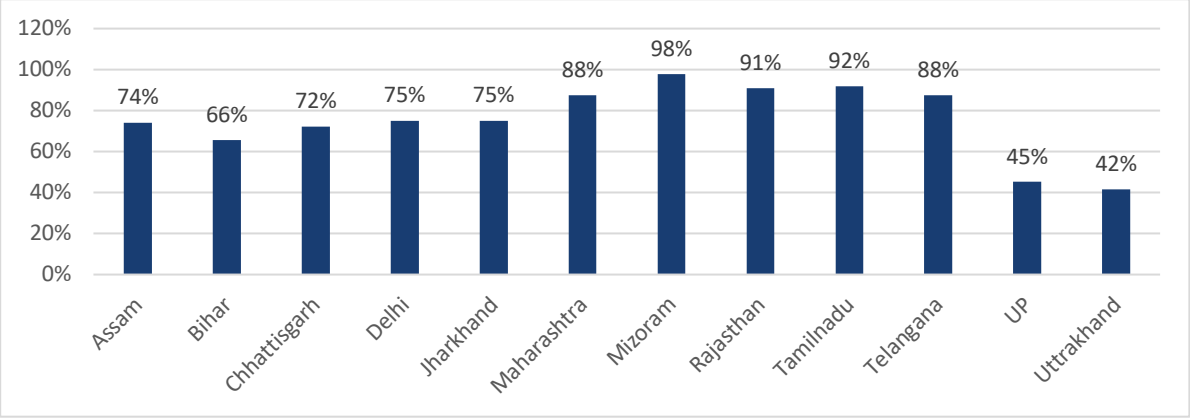
Immunisation is one of the six services of ICDS and the role of the AWWs in enabling this primary health function is noted for decades in India. However, the lack of a uniform formal database through a common platform is still elusive. Both ICDS and health platforms maintain stand-alone data and are not able to monitor uniformly even after the design of the MCPCs. States have innovated (Rajasthan Antara Foundation Common app for the ANM, ASHA and the AWW). There is a need to scale up such initiatives for FLWs.

Health Check-ups and Growth Monitoring

The success of growth monitoring depends on the extent to which counselling support, weighing scales, and growth charts are being available in AWCs. Growth curves provide the earliest indication of growth failure; hence, AWWs must be adequately trained to plot growth curves and monitored on the same by the supervisors and the CDPOs of the project areas (Chudasama et al., 2015). Bhagat et al. (2015) find the uptake of growth monitoring to be high. On the contrary, some other studies found that a limited number of children had undergone growth monitoring at the AWCs (Helena et al., 2016). Limited uptake of health check-ups among pregnant women and lactating mothers have also been found (Paul et al., 2017; Parmar et al., 2014). Nonetheless, some studies indicated that regular health check-ups were undertaken (Sivakumar et al., 2015; Madhavi et al., 2011).

Mixed evidence of growth monitoring emerges from the HH Survey. In Mizoram, Rajasthan, Tamil Nadu, Maharashtra and Telangana significant proportion of respondents (more than 85%) reported regular growth monitoring. However, Uttar Pradesh and Uttarakhand performed the lowest with 45% and 42% coverage of growth monitoring in the states, respectively (Figure 35).

Figure 35: Uptake of Growth Monitoring



Source: Primary Data Analysis

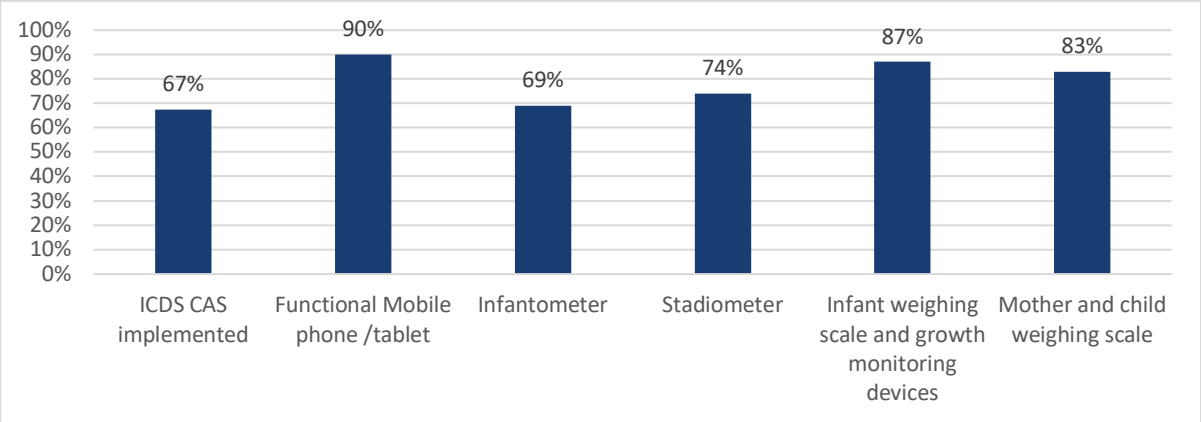
POSHAN Abhiyaan places key importance on the use of technology to improve AWS monitoring and implementation. As part of the POSHAN Abhiyaan, several devices were to be procured and provided to AWCs to improve the implementation. Based on discussions with the MWCD in January 2020, it is surmised that ICDS CAS has been rolled out in around 6.5 lakh AWCs, which is less than 50% coverage after 2 full years of the POSHAN Abhiyaan being in place. Rolling out of ICDS CAS has been marred with multiple challenges, particularly various delays in procuring mobile phones, growth monitoring devices and their upkeep.

The AWC survey undertaken as part of the present evaluation study underscores that of the 261 AWCs surveyed, around 67% (176) had access to ICDS CAS, and around 98% of the AWWs having been trained on the use of ICDS CAS. Of the 176 AWCs where ICDS CAS had been rolled out, 10.2% AWWs reported malfunctioning mobile phones/tablets, making it difficult for them to update

records on ICDS CAS. The survey also found that only about 69% of AWCs had infantometers from which 95% were functioning, around 74% AWCs had stadiometers of which 95% were functioning, around 87% AWCs had infant weighing scale and growth monitoring devices of which 85% were functioning. Around 83% AWCs had mother and child weighing scale, of which 89% were functioning.

Some studies point out that AWWs have not received adequate training for correctly using the growth charts (Dixit et al., 2010; NIPCCD, 2011; NIPCCD, 2013b). Other studies report that AWWs are not conversant with the plotting of growth curves even after receiving necessary training (Manhas and Dogra, 2012; Dixit et al., 2010; NIPCCD, 2013b; Parmar et al., 2014; Sanghavi, 2013; Patel and Pandit, 2011).

Figure 36: Strengthening AWC under POSHAN Abhiyaan



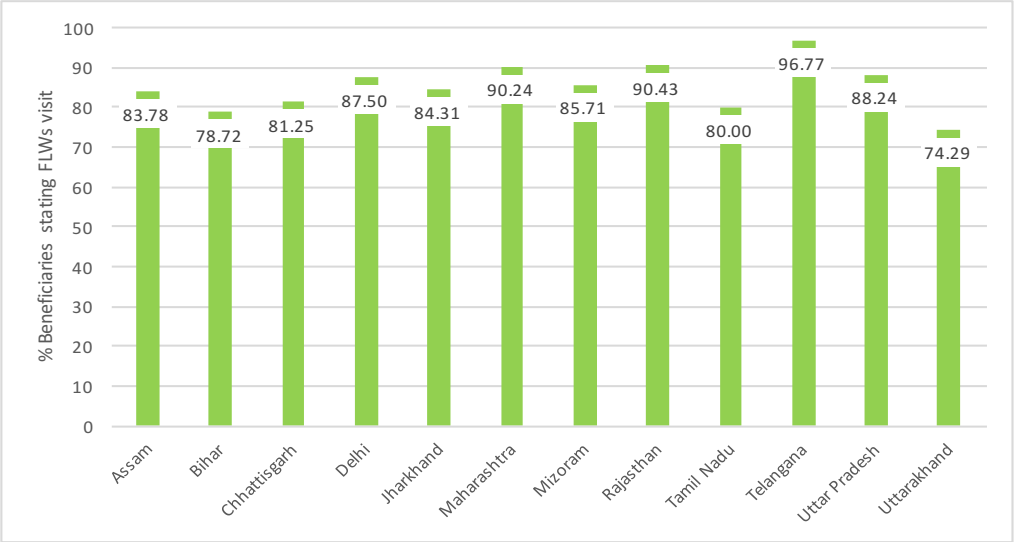
Source: Primary Data Analysis

Home visits

AWWs have to make home visits to enable parents for healthy and safe childbirth and to plan for optimal child's growth and development. The visits have to be made at given intervals as mandated in the guidelines and monitored through Register 8 or ICDS-CAS. Key milestones of home visits are as follows: (i) Pregnancy 4-6 months (Any contact sufficient-preferably 2 times), (ii) Pregnancy 7-9 months (At least two home visits), (iii) Day of Birth (Presence at birth, or home visit at the earliest after that), (iv) First week 1-7 days (2 home visits; many more if the baby was born weak), (v) First month 8-30 days (3 home visits; more if the baby was born weak), (vi) Infant 1-5 months (Any contact sufficient-preferably 2-3 times), (vii) Infant 6-8 months (1 home visit every month or more if required), (viii) Infant 9-11 months (1-2 home visits), (ix) Child 12-17 months (1-2 home visits), (x) Child 18-24 months (Any contact sufficient - 2-3 times). Majority respondents in some studies appreciated the fact that home visits were made by AWWs (Bhagat et al., 2015).

Favourable figures emerged from the primary study at the household level wherein across all 12 states, more than 70% beneficiaries stated that AWW/ASHA visits their homes to share information on adequate health and nutrition especially for the new-born and PW&LM (Figure 37). Further, it was reported that on an average, the AWW or ASHA visited the PW&LM around 4-5 times in the last 6 months.

Figure 37: Home visits by FLWs



Source: Primary Data Analysis

Output-Outcome Monitoring Framework

The output and outcome monitoring indicators for AWS scheme, as well as the targets and performance measured against each indicator, has been detailed in Table 23 and 24 below.

Table 24: Quarterly Performance of Output Indicators

Indicator(s)	Target 2019-20 Q1	Achievement 2019-20 Q1	% Achievement
1.1 Total Number of AWCs operational	1382872	1377595	99.62%
1.2 Total Number of AWCs sanctioned	1399697	1399697	100.00%
1.3 Total number of vacant positions (total)	211292	14396	6.81%
1.4 Number of sanctioned positions (total)	2740931		NA
1.5 Number of vacant positions (CDPO)	2131	2224	104.36%
1.6 Number of sanctioned positions (CDPO)	7075		NA
1.7 Number of vacant positions (Supervisor)	14188	15373	108.35%
1.8 Number of sanctioned positions (Supervisor)	51312		NA
1.9 Number of vacant positions (AWW)	97080	48011	49.45%
1.10 Number of sanctioned positions (AWW)	1399697		NA
1.11 Number of vacant positions (AWH)	97893	100646	102.81%
1.12 Number of sanctioned positions (AWH)	1282847		NA
1.13 Number of AWCs updating data through RRS	993000		NA
2.1 Number of AWCs with Pucca Buildings	1400000	970399	69.31%
2.2 Number of AWCs with Toilets	70000	68602	98.00%
2.3 Number of AWCs with Drinking Water Supply	20000	41922	209.61%
2.4 Total number of beneficiaries receiving THR (children between 0-3 years, 3-6 years, adolescent girls and PW&LM) across all AWCs in 2019-20	90300000	72865640	80.69%
2.5 Total number of children receiving hot cooked meals across all AWCs in 2019-20	32700000	24729105	75.62%
3.1 Number of P&LW registered with AWCs as against population	17200000	16048385	93.30%
3.2 Number of AWCs holding monthly VHSNDs on the planned date	66300000	66300000	100.00%
4.1 Number of States with an Early Childhood Care and Education (ECCE) Council	34	34	100.00%
4.2 % of children attending pre-school in the age group of 3-6	97.85	30509301	NA

5.1 Number of children registered with urban AWCs who were weighed at least 6 times in the year (once in two months)/Total number children in the urban population of the country	6394000	6388379	99.91%
5.2 Number of children registered with rural AWCs who were weighed at least 6 times in the year (once in two months)/Total number children in the rural population of the country	66600000	36208589	54.37%

Source: MWCD

Table 23 reflects the performance of the scheme in terms of achievement of outputs in the first quarter of the year 2019-20. For some of the indicators, the performance is collated at the end of the year and therefore, commenting on their percentage of output achieved is not possible. Data underscores that majority of the quarterly targets have been significantly achieved, i.e. more than 67% achievement; however, filling of vacancies in some categories such as Supervisors and CDPOs continue to pose challenges. Overall, for AWWs, the number of vacant positions has declined; however, the same for CDPOs, supervisors and AWHs have increased highlighting gap areas. Weighing children at regular intervals (at least six times in a year) also has scope for further improvement in terms of the percentage of children covered.

As per Adhikari and Bredenkamp (2009) to achieve the outcomes of a nutrition program, output indicators need to focus on capturing the type, quality and quantity of health-promoting services such as antenatal care, growth monitoring and home outreach visits. The revised MIS framework goes beyond beneficiary numbers of SNP and PSE and includes output indicators on human resource requirements, beneficiaries receiving NHED and number of states holding fixed VHSNDs.

Keeping in perspective the convergence of AWS scheme with the POSHAN Abhiyan the renewed MIS misses out on immunisation details of children registered with AWCs, health and growth monitoring and referral services information (Role Delineation).

Table 24 details the outcome indicators of the AWS scheme and the targets to be achieved by the end of 2019-20. The indicators capture the overall impact of the scheme and adequately focus on changes in behaviour at the household level (such as IYCF practices).

Table 25: Quarterly Performance of Outcome Indicators

Indicator(s)	Target 2019-20	Progress
1.1 Number of children (boys and girls) under AWS Scheme who are Normal weight	75,00,000	2,05,38,000
1.2 Number of children (boys and girls) under AWS scheme who are: Moderately malnourished (-2SD up to -3SD)	4,00,000	2,436,000
1.3 Number of children (boys and girls) under AWS scheme who are severely malnourished (<-3SD) based on WHO growth charts	1,80,000	Data not available
1.4 % children under 5 years who are stunted	Reduction @ 2% per annum as per POSHAN Abhiyaan	Data not available
1.5% children under 5 years who are wasted	Reduction @ 2% per annum as per POSHAN Abhiyaan	Data not available
1.6% children under 5 years who are underweight	Reduction @ 2% per annum as per POSHAN Abhiyaan	Data not available

2.1 % of underage 6 months exclusively breastfed[248]	54.9 %	Data not available
2.2 % of mothers breastfeeding in first hour	41.6 %	Data not available
2.3 % of pregnant women who are anaemic	50.4 %	Data not available
2.4 % of pregnant women with at least 4 ANC check ups	51.2 %	Data not available
2.5 % of institutional deliveries out of total reported deliveries	78.9 %	Data not available

Source: MWCD

It is, however, important to note that the Key KII's, as well as the field observations, indicate that the data for stunting is yet to be captured in the revised MIS.

3.1.2.3. Efficiency

In terms of fund utilisation, the scheme has been able to achieve almost 100% utilisation over the last five years. The evaluation finds that that given the percentage of total beneficiaries in the state, majority states with a higher percentage of children under 5 who are stunted and underweight, receive a greater percentage share of the total budget allocated under the scheme.

However, an analysis of the budget components reveals that the funding allocation under the scheme has fallen short of the requirements. Particularly in case of SNP, an analysis of the budget for 2018-19 showed that given the number of SNP beneficiaries across states as well as at the all India level, there is a severe shortfall of funds currently allocated for SNP. The analysis found that only 3 states had received allocations sufficient to fulfil the budgetary requirements for delivering SNP to the estimated number of beneficiaries. This shortfall in allocations has potential for less procurement of SNP, and a reduced coverage or even preferential treatment by the AWWs in terms of who receives the THR. These findings are in line with other studies that highlight that program inefficiency and underfunding at the national level continue to hamper AWS scheme implementation. Annual cost overruns by 60% of the allocated AWS scheme budget in 13 states, including the relatively populous states of Uttar Pradesh, Bihar, Gujarat, Karnataka, Chhattisgarh, and Meghalaya have been reported (CAG, 2013).

Even though the scheme has a robust monitoring mechanism, it has mostly found to be focused on achieving the annual targets, and not enough attention has been given on a systematic analysis of the data generated to make data-driven decisions. The data collected is not fully aligned with the data needed for better operational decisions, analysis and tracking of outputs, outcomes and impact, and better policy and strategy analysis. Although the schemes include provisions for interactions with beneficiaries, field reviews, institutional visits to gather qualitative information on the program performance and its responsiveness to community needs, there is no systematic way of capturing it, collating it, triangulating with quantitative information. The recent push by the Ministry under POSHAN Abhiyaan on improved monitoring is a welcome step in improving programme effectiveness.

Human resource challenges also continue to hamper efficient service delivery under AWS. Vacancy rates for ICDS supervisory and management staff remain high. As on 24th January 2020, 28% of sanctioned positions for CDPOs and 32% of sanctioned positions for LSs were vacant across the country. At the CDPO level, the work overload is huge. A large number of sanctioned positions remain vacant for prolonged periods, and since vacancies take long to fill, acting personnel are appointed to take care of critical functions, primarily to meet signatory functions. Often, CDPOs are managing multiple projects (blocks), and LSs are managing multiple sectors.

[248] Target for outcome indicators 2.1, 2.2, 2.3, 2.4 and 2.5 are given as per the available data of NFHS 4 (2015-16) as suggested by NITI Aayog.

The evaluation also noted the excess workload on the AWWs and AWHs – the front-line workers under the scheme – compromising their ability to deliver services effectively. Since the universalisation of ICDS, many newer programmes have been launched by the MWCD with an expanded focus on Jan Andolan, and more demands on the AWWs time. In 2006, the AWWs responsibilities were defined, and the 4.5-hour workday was identified for AWC activities. Currently, the AWWs have been accorded responsibilities under many WCD schemes such as AWS, POSHAN Abhiyaan, PMMVY, SAG, BBBP, and CPS. These projects and their separate activities and responsibilities leave AWWs with little spare time during the day. Linked to this is the issue of low honorariums, which further affects their motivation and drive to deliver quality services. AWWs honorarium is still calculated based on the half-day working requirements. Workload analysis conducted by the evaluation finds that the AWWs work for an average of 6-8 hours across the country. The low remuneration, poor working conditions, excessive workload, delayed payments for services, assignment of non-ICDS work, low community status and voluntary nature of the job together lead to low motivation levels amongst AWWs, which leads to low quality of services delivered under the scheme. **The evaluation finds that the efficiency of the AWS scheme 'Needs Improvement.'**

Fund Allocation and Utilisation

Originally, ICDS was designed and implemented as a Central Sector scheme (100% financial support); it was subsequently converted as a Centrally Sponsored scheme. Table 25 below details of the current cost-sharing ratios between the Centre and the States/UTs under AWS scheme.

Table 26: Cost-sharing ratio between Centre and States

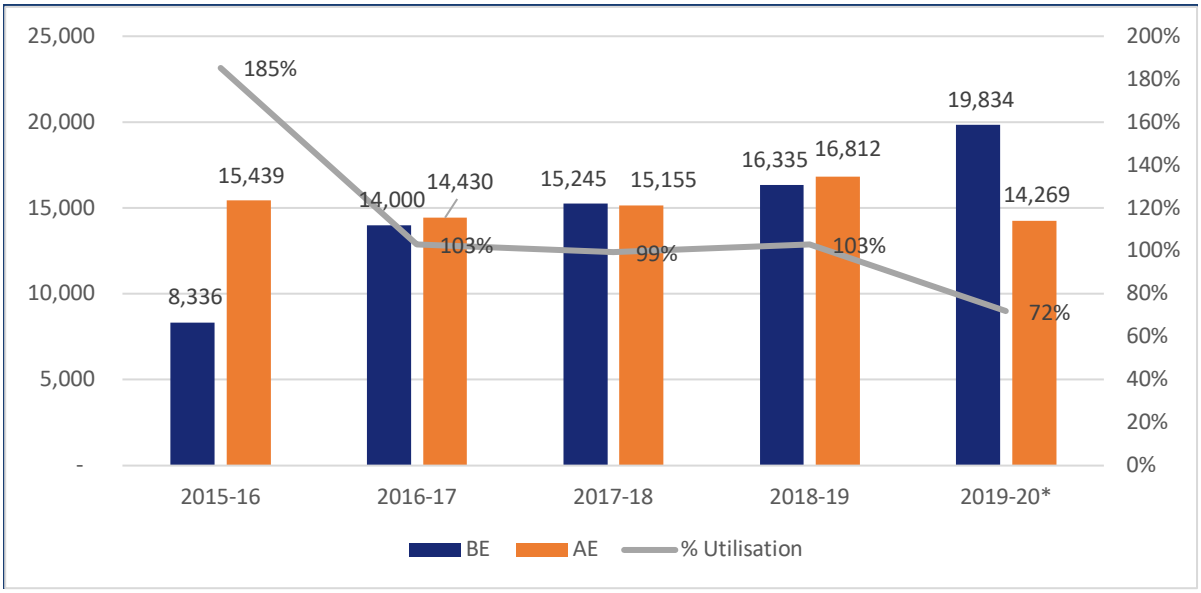
	General	Salary	SNP
States/UTs with Legislature	60:40	25:75*	50:50
NE/Himalayan States	90:10	90:10	90:10
UT Without Legislature	100:0	100:0	100:0

Source: MWCD, Annual Report, 2018-19

*From 1st Dec 2017, remuneration under AWS scheme is allowed only for select staff of Anganwadi Services.

In the given reference period of the study, i.e. from FY 2015-16 to 2019-20, there is a gradual increase in the budget allocated towards the scheme and in the expenditure incurred. The Scheme's utilisation has remained close to or above 100% during the assessment period, showing a strong financial utilisation performance over the period (Figure 38).

Figure 38: Financial Performance of the scheme (in Rs. Cr.)



Source: MWCD, Annual Report 2019-20 (Utilisation for 2019-20 till 31 Dec 2019)

Almost all interactions with state-level officials highlighted that there are negligible delays in receipt of funds from the central government. The states also contribute their share and disburse the funds to the implementation bodies on time. In September 2017, the Cabinet Committee on Economic Affairs approved revision of cost norms with annual cost indexation for SNP for the beneficiaries of AWS to ensure that the changes in norms keep pace with costs on an annual basis.[249]

Table 27: Revised rates of SNP

No.	Categories	Old Rates (In Rs. per day per beneficiary)	Revised Rates (In Rs. per day per beneficiary)
1	Children (6-72 months)	6.00	8.00
2	PW&LM	7.00	9.50
3	Severely Malnourished Children (6-72 months)	9.00	12.00

Source: Scheme Guidelines

Given the revised cost norms and the mandate wherein State Governments/UTs have been requested to provide 300 days of supplementary nutrition to the beneficiaries in a year.250 An assessment of the requirement of funds across states was undertaken to comply with the mentioned norms and the funds being allocated currently. Results of the same have been indicated in the table 27 below.

Table 28: Assessment of fund requirement to provide SNP as per revised cost norms (2018-19)

States	SNP Beneficiaries (Children 0-6 years) (FY 2018-19)	SNP Beneficiaries (PW&LM) (FY 2018-19)	Funds required for provision of SNP for 300 days (in Rs. Cr.) (FY 2018-19)	Funds Released under SNP (in Rs. Cr.) (FY 2018-19)	Shortfall w.r.t. SNP funds (in Rs. Cr.)
A & N Islands	9,591	2,375	2.98	3.70	0.72
Andhra Pradesh	22,64,402	6,54,975	730.12	373.54	-356.59
Arunachal Pradesh	1,89,060	24,517	52.36	44.11	-8.25
Assam	30,30,677	5,94,296	896.74	305.97	-590.77
Bihar	59,69,856	14,04,672	1833.10	769.88	-1063.22
Chandigarh	48,547	7,231	13.71	7.70	-6.01
Chhattisgarh	22,16,000	4,93,800	672.57	242.80	-429.77
Dadra & N Haveli	19,363	3,523	5.65	1.69	-3.96
Daman & Diu	5,150	1,451	1.65	1.70	0.05
Delhi	4,37,046	1,14,264	137.46	34.75	-102.71
Goa	52,996	14,637	16.89	8.60	-8.30
Gujarat	31,04,693	7,44,902	957.42	320.52	-636.91
Haryana	8,39,339	2,63,553	276.55	73.05	-203.50
Himachal Pradesh	3,98,112	96,365	123.01	69.76	-53.25
Jammu & Kashmir	7,98,450	1,59,609	237.12	21.28	-215.84
Jharkhand	27,44,555	7,18,337	863.42	290.83	-572.59
Karnataka	39,48,737	8,95,465	1202.90	435.89	-767.01
Kerala	8,15,494	3,04,349	282.46	107.85	-174.60
Lakshadweep	3,450	1,148	1.16	1.00	-0.15

[249] Retrieved December 15, 2019, from https://pib.gov.in/newsite/PrintRelease.aspx?relid=170953
[250] https://icds-wcd.nic.in/icds.aspx

Madhya Pradesh	65,71,443	14,26,266	1983.63	640.89	-1342.74
Maharashtra	51,96,154	9,61,743	1521.17	1065.35	-455.82
Manipur	3,40,984	67,208	100.99	71.34	-29.65
Meghalaya	4,54,119	73,879	130.04	123.64	-6.40
Mizoram	1,55,222	28,150	45.28	18.43	-26.84
Nagaland	2,78,810	34,366	76.71	82.31	5.60
Odisha	39,18,422	7,25,129	1147.08	434.51	-712.58
Puducherry	26,806	9,157	9.04	0.00	-9.04
Punjab	6,71,496	1,86,289	214.25	37.44	-176.81
Rajasthan	26,67,157	8,75,613	889.67	349.51	-540.16
Sikkim	24,500	5,800	7.53	4.51	-3.03
Tamil Nadu	24,40,152	7,32,488	794.40	372.71	-421.68
Telangana	15,00,000	4,00,000	474.00	220.46	-253.54
Tripura	3,32,353	69,304	99.52	77.82	-21.70
Uttar Pradesh	1,23,92,606	35,48,330	3985.50	1045.79	-2939.71
Uttarakhand	5,97,062	1,77,003	193.74	136.13	-57.62
West Bengal	59,11,318	13,66,355	1808.13	680.47	-1127.66
Total	**7,03,74,122**	**1,71,86,549**	**21787.96**	**8475.91**	**-13312.05**
Source:	MWCD Annual Report 2018-19	MWCD Annual Report 2018-19	Evaluation Team Analysis	MWCD Annual Report 2018-19	

Results in Table 27 underscore that given the number of SNP beneficiaries across states as well as at the all India level; there is a severe shortfall of funds currently allocated for SNP. This implies that funds allocation needs significant upward revision. At present, out of 36 states, only 3 states have fund allocations sufficient to provide SNP to all its reported SNP beneficiaries. In the remaining States, the funds allocated to the states are not enough to fulfil the SNP needs of the state. At the National level, the allocations made for SNP is short of Rs. 13,312 crores. These findings are in line with other studies that highlight that underfunding at the national level continue to hamper AWS scheme implementation. Annual cost overruns by 60% of the allocated AWS scheme budget in 13 states, including the relatively populous states of Uttar Pradesh, Bihar, Gujarat, Karnataka, Chhattisgarh, and Meghalaya have been reported (CAG, 2013).

KIIs with state-level officials across 12 states highlighted that cost norms for SNP and the fund allocation are inadequate to provide the requisite service in terms of good quality HCM and THR. The officials shared that given the rising food prices and the calorie norms under the scheme, a need for revision of cost norms is essential. Further, scarcity of financial and physical resources generates dissatisfaction among service providers, who in majority cases belong to SHGs. For instance, recently, the SHGs in Rajasthan forced the state government to revise the norms to continue provisioning of services under the scheme.

Allocation of Funds as Per Needs of the State

Previous studies have highlighted that there exists a mismatch between the funding pattern and the nutritional status of children across regions. A concern regarding regions with the highest prevalence of malnutrition receiving the least funding was underscored by several studies (Gangbar,2014; Das Gupta et al., 2005 and Gragnolati et al., 2006). Analysis conducted as part of this study (results are shown in Table 28), indicates similar results.

Table 29: Need-Based Allocation of Funds across States

States	Stunted	Underweight	% Total Budget allotted	% Total Beneficiaries
Uttar Pradesh	46	40	12.14%	18.21%
Maharashtra	34	36	9.96%	7.03%

West Bengal	33	32	7.51%	8.31%
Madhya Pradesh	42	43	7.02%	9.13%
Bihar	48	44	6.98%	8.42%
Karnataka	36	35	5.49%	5.53%
Assam	36	30	5.01%	4.14%
Odisha	34	34	4.75%	5.30%
Andhra Pradesh	31	32	4.30%	3.33%
Rajasthan	39	37	3.98%	4.05%
Tamil Nadu	27	24	3.89%	3.62%
Gujarat	39	39	3.77%	4.40%
Chhattisgarh	38	38	3.28%	3.09%
Jharkhand	45	48	3.08%	3.95%
Telangana	28	28	2.67%	2.17%
Jammu And Kashmir	27	17	2.23%	1.09%
Uttarakhand	34	27	1.96%	0.88%
Himachal Pradesh	26	21	1.90%	0.56%
Kerala	20	16	1.86%	1.28%
Haryana	34	29	1.26%	1.26%
Tripura	24	24	1.12%	0.46%
Meghalaya	44	29	1.05%	0.60%
Punjab	26	22	1.05%	0.98%
Manipur	29	14	1.01%	0.47%
Arunachal Pradesh	29	19	0.74%	0.24%
Nagaland	29	17	0.72%	0.36%
Delhi	32	27	0.54%	0.63%
Mizoram	28	12	0.27%	0.21%
Sikkim	30	14	0.12%	0.03%
Goa	20	24	0.10%	0.08%
Chandigarh	29	25	0.08%	0.06%
Andaman And Nicobar Islands	23	22	0.08%	0.01%
Dadra And Nagar Haveli	42	39	0.03%	0.03%
Puducherry	24	22	0.03%	0.04%
Lakshadweep	27	24	0.02%	0.01%
Daman and Diu	23	27	0.02%	0.01%

Source: MWCD Annual Report 2018-19, NFHS-4

Utilisation of Services

Major challenges for the non-utilisation of services of AWC include women married in teenage, working women and those with lower socioeconomic status (Bhagat et al., 2015). Other reasons noted comprise of inadequate space in AWC, low quality of food, irregular preschool education, no change in recipe, lack of health education activity on new-born care and supportive services. Thus, it seems that client satisfaction regarding the quality of services influences the acceptance and utilisation of services (Bhagat et al., 2015). Data from NFHS 4 shows that even after years of efforts, the utilisation of most of the services offered under the scheme has not reached the halfway mark. Across all the AWS services, the Supplementary Nutrition remains the highest utilised service across pregnancy, lactation and growth of the child. For PW&LMs, the Health and Nutrition Education is the lowest utilised service, while for children, PSE remains the most unused service provided by the AWCs. These trends are the same for both Rural and Urban areas, even though across the board, the coverage of AWC services in Rural areas is higher than those in the Urban areas.

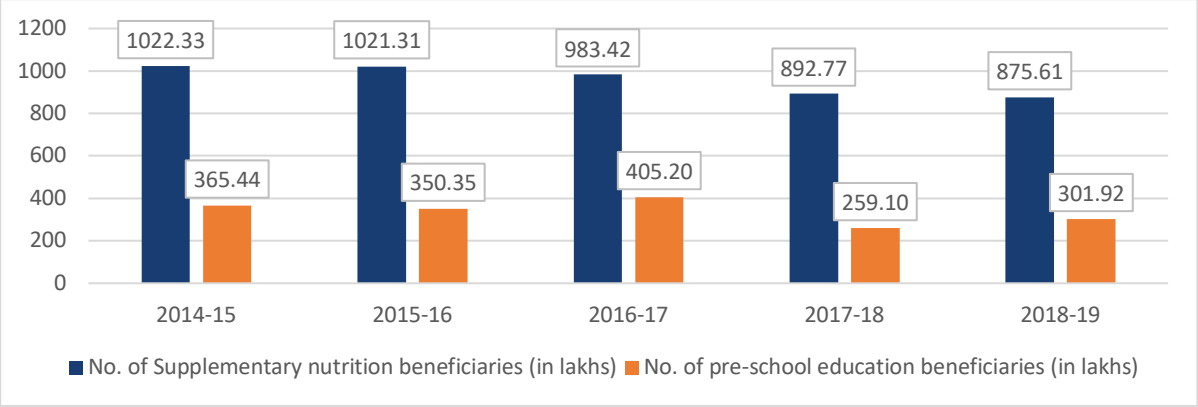
Table 30: Utilization of ICDS services by mothers (during pregnancy and while breastfeeding) and children under six years

Service Utilisation	Rural Areas Utilisation (%)	Urban Areas Utilisation (%)	India Utilisation (%)
Mothers During Pregnancy			
Any Service	60.5%	38.8%	**54.3%**
Supplementary Food	57.4%	36.4%	**51.4%**
Health Check-up	47.3%	31.6%	**42.8%**
Health and Nutrition Education	41.9%	29.7%	**38.5%**
Mothers During Breastfeeding			
Any Service	55.1%	35.6%	**49.6%**
Supplementary Food	53.1%	33.7%	**47.5%**
Health Check-up	40.5%	29.4%	**37.1%**
Health and Nutrition Education	38.0%	27.6%	**35.0%**
By children under 6 years			
Any Service	59.6%	40.2%	**54.1%**
Supplementary Food	53.1%	35.6%	**48.1%**
Health Check-up	43.2%	30.9%	**39.7%**
Immunisation	44.3%	28.6%	**39.9%**
Early Childhood Care/PSE	42.4%	28.2%	**38.3%**

Source: NFHS 4

Between 2014-15 and 2018-19, the utilisation of two of the largest services (by budgetary outlay) – the Supplementary Nutrition and the Pre School Education has declined further. The number of SNP beneficiaries under ICDS has declined by a staggering 14.36 per cent during this period from 10.22 Crore to 8.75 Crore. The PSE component had faced an even bigger drop of 17.6 per cent in beneficiary numbers from 3.65 Crore in 2014-15 to 3.01 Crore in 2018-19.[251]

Figure 39: SNP and PSE Coverage (2014-15 to 2018-19)



Source: MWCD Annual Report 2018-19

This drop in the beneficiary coverage of the biggest component under the AWS is particularly stark when considering the fact that in the same period, the expenditure under the Anganwadi Services scheme increased by roughly 13 per cent. Thus, utilisation figures are far lower than those suggested by the expansion in the coverage of ICDS centres.

There may be several dimensions to low utilisation rates. The lack of utilisation may reflect a lack of availability. A Planning Commission study (PEO 2011) found that nearly 30 per cent of the registered beneficiaries could not benefit from SNP as the food was just not available at the ICDS

[251] Annual Report 2018-19, MWCD, 2019

centres. Mittal & Meenakshi (2015) also note that supply constraints are a key factor in the non-utilisation of ICDS services by beneficiaries. It also notes other factors such as lack of awareness among beneficiaries of entitlements, and a conscious choice by parents not to avail any or some of the ICDS services for their children. Low utilisation may also be caused due to a lack of knowledge about the services, as found (Sharma 2011) across 6 states – Delhi, Uttar Pradesh, Madhya Pradesh, Rajasthan, Odisha and Assam found. It reported that only 53 per cent of respondents were aware of the preschool component within the AWCs.

The household survey conducted under this evaluation found that the major reasons for not availing benefits under the scheme included lack of beneficiary interest in taking the benefits and lack of requisite support from the government officials and FLWs. In Uttarakhand, the officials highlighted that the hilly terrain and sparse distribution of the population pose difficulty in accessing as well as offering services to a small number of beneficiaries. The uptake of the scheme can only be assured if the quality of services offered is good, and the FLWs are motivated enough to generate the pull factor.

Box 40: Learning from States: Convergent Anganwadi Management, Kerala

In Kerala, Anganwadis have a dual administration process. The ICDS department as well as Panchayati Raj Institutions (PRIs) oversee its functioning. PRIs oversee infrastructure, supplementary nutrition, monitoring of the work of the Anganwadi Worker (AWW)/Anganwadi Helper (AWH), and the convergence between different line departments in the Anganwadis. A nutrition mix called the Amrutham for children of age group 6 months to 3 years is prepared by Kudumbashree . The ICDS supervisor is provided funds by PRIs to procure raw material for take-home rations. PRIs monitor facilities provided in the AWC and ensure convergence between different departments like health, water and sanitation through various committees and meetings. The ICDS department is responsible for overall monitoring, recruitment and trainings of the AWW and the AWH.

Decentralising powers to PRI

In Kerala, powers for running the AWC have been decentralised to panchayats to ensure effective functioning. PRIs are involved in various aspects of working and monitoring of the AWC, including:

- **Infrastructure strengthening:** PRIs are primarily responsible for infrastructure strengthening of the AWC. Every year, a budget is allocated to the AWCs by PRIs. To decide development priorities in its area, a gram sabha is organised before budget allocation. Participation from community members, various departments, PRIs and other important stakeholders is ensured in these meetings through community mobilisation. In these meetings, discussion takes place on the needs of the AWC. Apart from the gram sabha, the grading process is undertaken by the ICDS supervisor annually. AWCs are sorted into four ranking categories by the ICDS supervisor based on various indicators, like infrastructure, efficiency of workers, number of beneficiaries, quality of pre-school education, safe water and sanitation facilitates and community participation, immunisation status of children, Early Childhood Care and Education (ECCE) work and nutrition status of children. Once the grading is done, the supervisor informs the PRI committee about the gaps in infrastructure, and PRIs allot the budget for its better upkeep. The AWCs, which have excellent infrastructure, can also become model AWCs—a source of pride for the concerned PRI. To ensure sufficient funds, the ward members, along with the AWW, engage in fundraising activities with the community and private and public sector organisations in their area.
- **Supplementary nutrition:** PRIs are primarily responsible for supplementary nutrition to beneficiaries. In addition to funds provided by the ICDS department, each PRI makes its own contribution. The ICDS supervisor procures raw materials for take-home rations. PRIs also decide menus for the AWC in their area, to cater to the need and palate of the population.
- **Supervision and monitoring:** Monitoring is done through frequent visits of the concerned ward member to different AWCs. Anganwadi-level monitoring committee meetings are conducted once in three months, under the leadership of the PRI chairperson. In this meeting, well-wishers of the AWC, AWW, parents and health staff discuss issues and needs of the AWC and monitor it's working. A PRI member is also in the panel for recruitment of AWWs.

Community Participation

Community participation is important for effective functioning of the AWC. It is done to generate awareness, engage with the community and inculcate a feeling of ownership among them. Various ways to ensure their participation are:

- **Social audits:** Kerala is the first state to have conducted social audits for AWC. A social audit committee is formed comprising of PRI members, Kudumbashree members, parents, adolescent girls and an ASHA worker. This committee's members are trained to conduct social audits across a hundred indicators like physical infrastructure, data recording, growth monitoring and ECCE, among others. The report drafted by this committee is presented and discussed in the gram sabha. A consolidated report from each panchayat is submitted to the ICDS department. A gap analysis is done, and an implementation plan devised to make amends in different areas on priority basis. Social audits ensure community participation and increase the uptake of services due to awareness generation.
- **ECCE training involving community:** Community members are trained to become master trainers to ensure their participation in the functioning of the AWC. Usually, a retired schoolteacher or any interested community member is trained in the component of pre-school education for the Anganwadi children. These master trainers, in turn, train the AWW and AWH in their location, and provide refresher training, thus acting as local resource groups. This process ensures frequent trainings for the workers in a resource-effective manner.

Innovations in AWCs

In Kerala, the AWC pilots many innovations depending on their need, capacity and financial ability. Some of these are:

- **Third generation (3G) AWC:** 3G AWC enables interaction and learning between three generations—i.e. elderly, adolescents/young mothers and children. AWCs that are infrastructurally fully equipped are selected to become 3G AWCs. The elders in the locality spend time in the AWC. They also hold cooking and sewing classes for adolescent girls. A basic health check-up is also conducted for elders in the AWC.
- **Interventions in tribal areas:** Children in tribal areas suffer from malnourishment. To prevent this, many interventions are piloted in tribal areas. A community kitchen has been initiated in the tribal location of Palakkad in Attapady to ensure hot cooked meals are provided for beneficiaries like children, adolescent girls and the differently-abled. A special tracking of the vulnerable children in the tribal area of Attapady was also done to prevent infant mortality. Regular height and weight monitoring of children from 0 to 5 years was conducted, and severely malnourished children were identified. These children were provided special care and supervision, and convergence was ensured with the health and social justice department for the same.
- **Nutrition mix fortification:** To combat anaemia among children, the nutrition mix produced by the Kudumbashree women's groups for children in the 6 months to 3 years age group is being fortified with micronutrients. The programme was first piloted by the World Food Programme and is now being scaled across the state. Kudumbashree staff producing the nutrition mix have been trained in the process and are monitored by the ICDS supervisor. Along with supply of fortified nutrition mix, mothers are mobilised by the AWW through various interactive sessions. Using flip books and colour-coded flyers, they are informed about the importance of the nutrition mix, age-appropriate food and hygienic practices for the health of the children to induce behaviour change among them.
- **Teacher bank:** To prevent vacancy of the AWW and the AWH positions, a concept of teacher bank has been initiated by the ICDS department. Individuals with requisite qualification, who are interested to work in the AWC, are encouraged to apply for the position. These candidates are recruited and deployed based on need and availability in an AWC. This pool is also useful to fill temporary vacancies in case of maternity leave of the AWW or the AWH.

Career trajectory for the AWW and the AWH

Kerala has instituted a system of in-job promotions, rewards and recognition to enhance the motivation level of the AWW and the AWH. These incentives ensure that they have a job progression to look forward to in their service.

- **Promotions:** Permanent AWWs who are graduates and have 10 years of experience can become ICDS supervisors, on qualifying a public service commission exam (supervisor exam). Around 40 per cent supervisors are former AWWs. Similarly, an AWH who has passed class X, and has 10 years of experience, can become an AWW.
- **Rewards and recognition:** Every year, awards are given to high-performing AWCs, AWWs and AWHs in each district. Indicators on which the performance of an AWW and an AWH are evaluated are job responsibility, social interaction, percentage of immunisation growth and data registers, among others. A form is filled by the AWW and the AWH, corresponding to these indicators. The supervisor evaluates these forms and submits it to the Child Development Project Officer (CDPO), who visits all AWCs to confirm performance evaluation. The CDPO's report is submitted at the block and district level. The best AWW in the district is provided a cash prize of Rs 10,000 while the best AWH wins a cash prize of Rs 7,000.

Impact

- The state has 82.1% coverage of fully immunised children against the national average of 62% (NFHS 4)

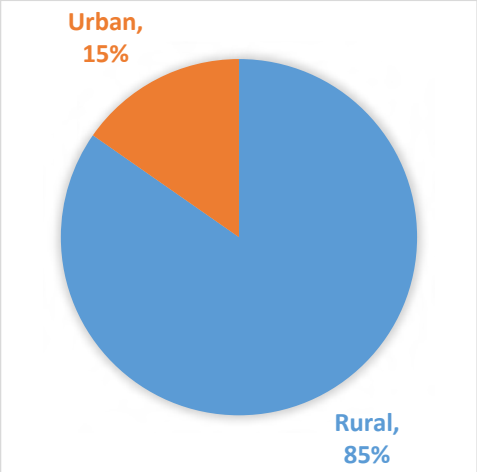
- Stunting among under-five children is 19.7% in Kerala against the national average of 38.4% (NFHS 4)

Variation in uptake in Rural and Urban AWCs

The uptake of the scheme is more in rural areas compared to urban areas (unlike NFHS 4). In Mizoram, state-level officials validated the same, stating that parents in urban areas prefer to send their children to private schools and hospitals instead of the AWCs. Similarly, the Delhi state official highlighted that the uptake of the scheme is very limited as there are only urban areas in the state. Only in areas in the proximity of slums and where majority population belonging to the lower-income groups reside the beneficiaries avail services. Overall, this was flagged in majority state as well as national level interactions.

It emerges from the household survey that out of the beneficiaries availing any service under the AWS, 85% avail them from AWCs in rural areas compared to only 15% from the AWCs in the urban areas.

Figure 40: Uptake of the scheme in rural and urban areas



Source: Primary Data Analysis

Scheme Monitoring

The AWS Scheme guidelines provide for a robust monitoring mechanism. However, review of the monitoring proformas, the OOMF framework, the MPR format and interviews with stakeholders at State, district and block level highlight that the monitoring has been mostly focused on the outputs rather than on outcomes and impacts. The monitoring mechanisms available under the scheme have been utilised to assess whether the numbers and targets are being met and there is lack of evidence on a systematic analysis of the data generated and utilisation of the same to make data-driven decisions.

As noted by Kathuria et. Al. (2014)[252], the AWS (erstwhile ICDS) does not have a written and explicit framework for its M&E function, and the implicit framework is inadequate. The design of the existing M&E system and the MIS do not have an adequate framework. In the absence of an adequate M&E conceptual framework for monitoring, the data collected is not fully aligned with the data needed for better operational decisions, analysis and tracking of outputs, outcomes and impact, and for better policy and strategy analysis.

Qualitative information plays an important role in understanding why things may or may not work well. This input is essential for appropriate changes at the operational level to improve processes, efficiency and the result of activities. Although the schemes include provisions for interactions with beneficiaries, field reviews, institutional visits to gather qualitative information on the program performance and its responsiveness to community needs, there is no systematic way of capturing it, collating it, triangulating with quantitative information and using it.

The evaluation also notes that the Ministry does not have a dedicated M&E office, and the scheme managers both at the national and state level are tasked with implementing as well as monitoring the schemes. Given that implementing large schemes, both geographically and financially, takes up much time of scheme managers, monitoring ends up becoming a mechanical exercise, to

[252] Kathuria, A. K., Orbach, E., & Anand, D. (2014). Institutional Arrangements for Nutrition in India: An Assessment of Capacity.

comply with the scheme guidelines. This, combined with a lack of clarity amongst district and state staff on how the monitoring data is to be used, makes the monitoring function of the schemes much less effective.

The recent push by the Ministry on improving monitoring, particularly among the nutrition-focused schemes is a welcome step in improving the quality and effectiveness of scheme monitoring. The ICDS CAS, launched under the POSHAN Abhiyaan has tried to move the focus of the monitoring from outputs to outcomes and has set the stage for conceptual clarity in the ICDS evolving a sound monitoring and evaluation framework. The ICDS CAS also provides a 6-tier dashboard and trend analysis to facilitate performance assessment of states, districts, blocks, panchayats, villages with identification and replication of good practices and recognition of malnutrition free districts, blocks, panchayats. State and national government representatives, as well as the representatives of DPs, expressed that the ICDS CAS is a key step in improving the functioning of the field level workers and reducing their work-load, as the ICDS CAS system will replace the 11 registers filled by AWWs.

Key objectives of ICDS CAS

- **The digitalisation of ICDS MPR data:** The web-based software for the revised MIS in ICDS will generate key process data relating to child nutrition, viz., weighing efficiency of 3 years old children; supplementary food feeding efficiency; observance of VHSNDs at the AWCs; full immunisation of one-year-old children; referrals and status of various degrees of undernourishment among children.
- **It is revamping of the existing ICDS MIS** to make it more Nutrition outcome-oriented, triggered by mapping of weighment efficiency and nutrition status of children under three years.
- **Integration of child nutrition status monitoring within the Health MIS and the NHM Mother Child Tracking System –** linked to the revamped ICDS MIS, using the same family-based record - ICDS NHM Mother-Child Protection Card.

While ICDS CAS attempts to improve the generation and use of data monitoring, the quality of data being generated is a big challenge for the schemes, particularly the AWS. Several studies point out the lack of accuracy and reliability of data reported through the ICDS MIS (Planning Commission, 2011). AWWs capacity for maintaining records and reporting varies widely across the country based on factors such as age, level of education, experience, etc. This is likely one of the several reasons for the low quality of data. State-level officials in Rajasthan and Jharkhand reported that due to being overloaded with work, the field level workers usually collect data hurriedly and it is, therefore, neither reliable nor updated regularly. They also stated that there is a tendency to provide false information to avoid adverse comments during monthly meetings. Moreover, as the data is not scrutinised or used, its accuracy continues to be unclear. ICDS CAS provides clear guidance on how and when to record data and information under each information head and leaves little ambiguity. The new system is therefore expected to result in better quality and reliability of data coming from the ground.

In addition to training all the staff members on how to use the data coming in from the ICDS CAS to improve outcomes and impacts at the ground level – rather than focusing on outputs, it is especially important that the MWCD prioritise linking of the ICDS CAS with the NRHM's data systems to generate a comprehensive health and nutrition database, as this has been another key challenge for the ICDS to assess the outcomes and impacts of its activities. While the WCD provides a lot of nutrition and health service uptake behaviour change communication and services to the PW&LMs and children under 3 years, yet they are not able to see the real-life impact the ICDS services have on improving the health outcomes of young children.

Human Resource

Village Level

As of November 2019, there are 13,77,995 operational AWCs, therefore, as many AWWs, responsible for feeding 836.25 lakh beneficiaries (average 61 per AWC) and conduct pre-school for 305.09 lakh children (22 children average). This network of semi-skilled workers is unique to India and reaches all last-mile habitation households. AWS is the world's largest social safety net programme for vulnerable women and children.

AWWs and Helpers are the backbones of the Umbrella ICDS. AWWs are considered as 'local volunteers', are not government employees, and paid an honorarium. An AWW connects with at least 250-300 households in her coverage area.

Even as a volunteer, the AWWs skill profile was envisaged as multi-tasking (health and nutrition service provider, pre-school provider, behaviour change communication expert). For many decades she was responsible for delivering the critical outreach services (negotiating nutrition and health-seeking household behaviour change) along with more critical centre-based activities (SNP, Growth Monitoring, PSE). She is now supported by ASHA for her health and referral services, however, continues to multi-task for SNP, PSE and now the POSHAN Abhiyan activities.

Mother and Child Health and Nutrition (MCHN) and Early Childhood Education (ECE) services both rendered by the AWWs require completely different sets of skills and orientation, as well as program planning, coverage, and logistics of implementation. Delivering these two services through a single worker has not allowed for any significant service quality improvement so far.

While several studies emphasise the high workload of the AWW, most provide time estimates for her daily tasks or only some of these. No systematic workload analysis is available that provides comprehensive estimates of the full range of tasks assigned to the AWW. Kathuria et. Al. (2014)[253] note that the AWW's time on daily activities prescribed by the ICDS guidelines ranges between 4 hours to 5.4 hours (Table 30).

Table 31: Time Spent by AWWs on Various AWS Activities

Tasks	Frequency	ICDS suggested Time allocation*	DB Gupta, 2007#	Planning Commission 2011
PSE	Daily	120 min	150-192 min	89 min
Preparation and distribution of SN	Daily	30 min	24 -37 min	51 min
Treatment of common childhood illness/ailments & referrals	Daily	30 min		
Growth monitoring and promotion activities	Daily			
Assist ANM in ANC/PNC services and immunisation	Monthly			
Filling up records and registers	Daily	30 min	12-23 min	99 min
Minimum 2-3 home visits	Daily	60 min	34-63 min	
Attend sector and block-level meetings	Monthly			
Organise program for adolescent girls	Monthly			

[253] Kathuria, A. K., Orbach, E., & Anand, D. (2014). Institutional Arrangements for Nutrition in India: An Assessment of Capacity.

Organise VHND	Monthly			
Conduct a village survey	Annually and update quarterly			
Total Time		**4.5 hours (270 min)**	**3.9 – 5.4 hours (234 – 324 min)**	**3.9 hours (234 min)**

Source: Replicated from Kathuria et. Al. (2014). (1) ICDS Suggested Time: Source – Handbook for Anganwadi Workers –NIPCCD (2006). (2) DB Gupta (2007) Study commissioned by the World Bank. The data was collected through a structured questionnaire administered to AWWs in the states of Bihar, Jharkhand, Madhya Pradesh and Uttar Pradesh.

These workload analyses were undertaken before 2011. Since then many newer programmes have been launched, with an expanded focus on Jan Andolan, and even more demands on the AWWs time. A cursory glance at the implementation guidelines of the WCD schemes gives a sense of the extent of workload on the AWW. Table 31 below captures responsibilities allocated to the AWW under different WCD schemes.

Table 32: Responsibilities of AWWs Across WCD Schemes

Scheme	Responsibilities of AWWs
Anganwadi Services Scheme	**ECCE** • Delivery of non-formal preschool education for 3-6 years • Organising of ECCE day and counselling sessions • Monitoring of development milestones using ECC cards **Supplementary Nutrition** • Distribution of THR • Distribution of morning snacks and HCM (3-6 years) **Growth Monitoring** • Growth monitoring through serial recording of weight • Identification of growth faltering, failure, counselling and follow up • Meeting the nutritional needs of children through locally available food • Referral of underweight children • Rehabilitation and follow up of underweight children (Sneha Shivirs) **Care of Pregnant Women and Lactating Mothers** • Recording of weight • Counselling for diet and rest • Registration of birth at AWC/SHC • Registration of child/maternal death • Advice on diet and rest • Advice and follow up on early initiations • Advice for feeding and childcare **Community Mobilisation and Participation** • Community Mobilisation for participation in voluntary action groups • Conducting education sessions other than VHND • Information dissemination and awareness generation
POSHAN Abhiyan	• Recording weight and height every month through the software application to track under-nutrition, stunting and wasting • Weight and height are maintained at AWCs for all beneficiaries. • Assessment of essential interventions at the Village/AWC level, i.e. water, sanitation, food, health interventions, immunisation, ANC/PNC, Vitamin-A, IFA, Deworming tablets, the functioning of VHSNC, etc. and the availability of resources is done by AWW in association with PRI representative • Keeping a record of the event held, with dates, the name of the beneficiary (s) for whom the event was organised, number of participants and theme covered in the event

	• Organising VHSND on a fixed date every month where participation of Health and Nutrition functionaries (ASHA, AWW and AWH) along with sanitation and PRI workers to be ensured
PMMVY	• Information Dissemination - Creating awareness about the scheme to eligible women and using promotional material provided. • Identification of Potential Beneficiaries through regular activities of AWW such as home survey, health visits/camps and interaction with potential beneficiaries who may visit the Anganwadi • Assisting Beneficiaries for Registration under the Scheme • Assisting Beneficiaries in opening bank account or getting Aadhaar • Acceptance and Verification of Form (s • Submission of Form(s) to Supervisor • Corrections to Form(s) already submitted • Maintaining the PMMVY Register • Dissemination of Beneficiary Payments • Grievance Handling
SAG	• Identifying OOSGs • Maintaining register and adolescent health cards at AWC • Overseeing activities conducted on Kishori divas • Organisation and distribution of nutrition provided to the AGs • Addressing issues related to AGs during home visits • Giving information to AGs on food fortification, dietary diversification, advantages of supplementation by IFA tablets and its consumption with food for combating IFA deficiency • Regular discussion meetings of AGs • Counselling family of out-of-school AGs to enrol them in school
Beti Bachao Beti Padhao	• Serve the role of Champions to promote education for girls • Initiating Campaign to re-enrol drop-out girls in secondary schools –through joint village contact drive, using AWWs, ASHAs, PRIs, and Community /women /youth groups. • Monitoring birth registration and Sex Ratio at Birth (SRB) • Monitoring ANC registration/check-up, immunisation of girl child, birth registrations • Reporting to the GP every month about pregnant mothers, children and immunisation • Providing counselling to PW on the issue of declining CSR, female foeticide and its social impact; implementation of PC&PNDT Act

In addition to the WCD scheme activities, the AWWs are also often called upon to assist in other government programs such as socio-economic surveys, sanitation campaign, facilitation of self-help groups, collection of village-level data, various public health programs, census, etc. (Desai et al., 2012; Planning Commission, 2011; Thakare et al., 2011; Pratichi India, 2009; Citizens' Initiative for the Rights of Children Under Six, 2006; Dash, 2006; Gragnolati et al., 2005).

Box 41: Learning from States: IT Based Recruitment of AWWs

In Telangana, recruitment of AWWs and AWHs is being conducted through an online application. The application generates the list of eligible candidates on the basis of merit upon which the District Selection Committee takes the final decision. The application reduces bias in the selection process by ensuring that candidates are selected only on the basis of merit.

Evaluation of ICDS (Planning Commission, 2011) shows that while there are variations from state to state, on an average, an AWW spends approximately six hours a day for about 14 days in a year on non-ICDS work. Besides, they have also been assigned responsibilities for other WCD schemes that include PMMVY, SAG and POSHAN Abhiyaan. Although at the district and state levels, additional staff is sanctioned for implementation of PMMVY, at the project level the scheme is implemented through existing field

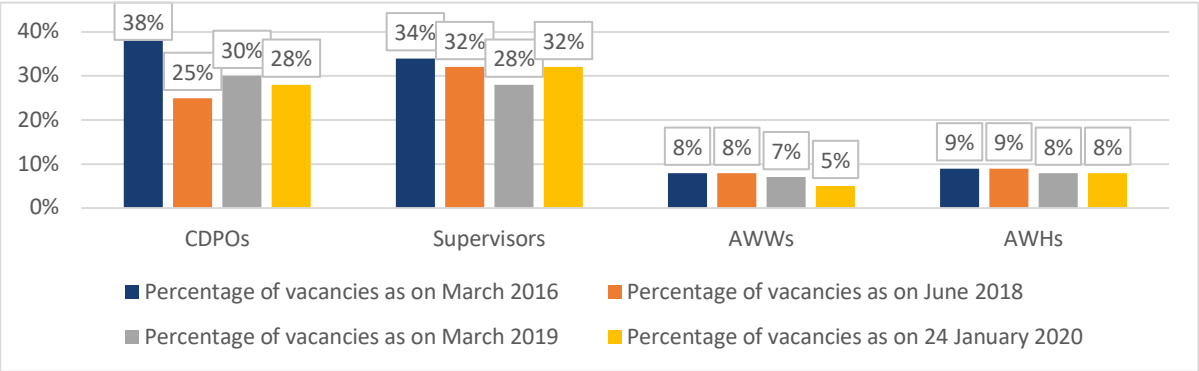
staff. Steps taken to reduce the workload of the AWWs (particularly the time spent by the AWWs in maintaining 11 registers) – through the introduction of ICDS CAS- are yet to be fully grounded and many workers maintain manual as well as electronic data.

It is important that the AWC team be enhanced with an additional worker. Given the need for skilled and semi-skilled workers (nutrition counsellors, PSE providers) there is a need to revisit the profile of the Helper (who is mainly a cook and cleaner as of now). **An upgraded Helper would immediately help redistribute workloads amongst the village team workers (AWW, ASHA, Helper).** The other alternative would be to **provide a specialised PSE facilitator to maintain a minimum common standard of ECE**. The National Education Policy 2020 brings ECCE under the purview of RTE, it is expected that the role of the Ministry of Education in delivery of ECE will increase, along with introducing a more structured curriculum at the AWCs. The MHRD could leverage Samagra Shiksha Abhiyaan to conduct pre-school activities in AWCs.

Sector and block levels

One of the biggest challenges facing the delivery of schemes under ICDS umbrella is the shortage of staff at all levels. ICDS scheme is facing staff shortages across the country, mainly in operational and managerial roles. There are a large number of vacancies in posts for DPOs, CDPOs and Supervisors. As on 24th January 2020, 28% of sanctioned positions for CDPOs and 32% of sanctioned positions for LSs were vacant across the country.[254] At the district level, the non-availability of concerned staff compromises the ability of the District Project Officer (DPO) to lead and comprehensively manage the schemes. Interviews with officials at the district, state and national levels pointed towards the mismatch between the volume of work and people available to accomplish it, and the fact that everyone worked beyond their capacities.

Figure 41: ICDS Staff Vacancies (%age)[255]



Similarly, at the CDPO level, the work overload is huge. Many sanctioned positions remain vacant for prolonged periods, and since vacancies take long to fill, acting personnel are appointed to take care of critical functions, primarily to meet signatory functions. Often, CDPOs are managing multiple projects (blocks with each having 100 plus AWCs), and LSs are managing multiple sectors. Regardless of the size of the project, there is only one CDPO sanctioned per project. The ICDS Umbrella has expanded manifold, and new programs (BBBP, POSHAN) added for the same managers, creating an agenda overload at all levels. A list of exhaustive tasks of the CDPOs given below explains the workload:

[254] MWCD OOMF Framework

[255] **Source:** Analysis done by Accountability Initiative; (1) March 2015 figures from RTI response by MWCD on 13 December 2018. (2) June 2018 figures from Lok Sabha Unstarred Question No.1991 answered on 21 December 2018. Available online at: http://164.100.24.220/loksabhaquestions/annex/16/AU1991.pdf. Last accessed on 30 June 2019. (January 2020 figures from WCD Dashboard

Table 33: Responsibilities of CDPOs[256]

Planning	• Prepare regular plans to meet the needs of children in the Block • Guide preparation of Village/gram/urban centre ICDS plans, collate the indents received for the requirement of the SNP.
Facilitation and Coordination	• Attend at least 2 monthly Mother-Child Day linked to NRHM Village Health Day • Work with District administration for release of funds • Feedback from Supervisors on ICDS • Facilitate convergence with MOs, LHVs, ANMs, ASHAs and SSA Coordinate with PRIs in overseeing and coordinating the delivery of services.
Implementation	• Overall Progress in Implementation (all habitation/hamlets in the block, all eligible beneficiaries, provision quality SNP, Nutritional status of children, GMP and issue of joint MCPCs addressing moderate and severely undernourished children) • Measures being taken to organising VHSNDs • Review overall implementation of the scheme at the block level with the help of AWCs – MPRs, Annual State Reports, AWC meeting minutes etc. • Coordinate with Supervisors and identify infrastructure, workforce and SNP requirements • Payment of Honoraria to AWWs and AWHs and travelling allowance to Supervisors • Make arrangements for procurement, transportation, storage and distribution of SNP and other medical kits and equipment at AWCs • Coordinate with other departments for delivery of the required interventions • Guide the work of supervisor and AWCs • Ensure fund availability at the Block level and flexi-fund at AWC level • Take measures for staff development • Establishing and adhering to a grievance redressal mechanism.
Monitoring and Evaluation	• Track Nutrition status of children with intensive support to lagging villages • Distribution of supplies and equipment to AWCs • Compile monitoring reports of Supervisors and share feedback • Desist engagement of ICDS staff in other works • Identification of low performing AWCs and address factors responsible • Ensure preparation of the required reports at all levels
Institutional and Administrative Activities	• Development of operational policy and schedule for various activities • The hiring of the staff and experts on contractual terms to be done as per the rules and procedures • Review village/ habitation/ urban centre level budgets • Prepare timely reports and submission to the District Committee • Conduct ICDS Accreditation of AWCs and Projects • Allocate and releases monthly and yearly budgets to each AWC • Prepare a project report containing all the necessary and relevant baseline information. • Maintenance of registers and records at all levels and inspect these records • Prepare periodical Progress Reports and furnish all information as and when required by State and Central ICDS Units.

[256] https://darpg.gov.in/sites/default/files/ICDS.pdf

Box 42: Measures for improving the vacancy status

The Ministry of Women and Child Development has been communicating with the States and UTs on the need for filling up the vacancies under the ICDS/PMMVY/POSHAN Abhiyaan. It has suggested several measures to provide flexibility so that they could speed-up their recruitment process: -

i) In the letter addressed to all Secretaries dealing with ICDS dated 15th September. 2015, the Ministry had communicated that "50% of vacancies in the posts of Supervisors would be filled up by promotion from amongst AWWs with 10 years of experience as AWWs and having the prescribed educational qualification as per the Recruitment Rules for the post of Supervisor".

On mere implementation of the above Order (subject to adherence of qualification and education norms), the Lady Supervisory level vacancy will reduce by 50%, whereas vacancy at AWW level will increase only by 0.5%. Also, this will enhance work efficiency amongst the AWWs to perform better to graduate to a higher level.

ii) In order to fast track the filling of vacant position of CDPOs, the Ministry in its letter to all Chief Secretaries of States and UTs dated 06th February 2019 has allowed recruiting the personnel mentioned above "on contract basis till such time the vacancies are filled on a regular basis". The selection procedure and salary norm for such contractual appointment have also been provided in the said letter. With this measure, all CDPO level vacancies may be filed within 3-6 months' timeline on a contract basis.

iii) In the letter mentioned above dated 06th Feb 2019, the Ministry has also mentioned about its previous Order where the District Magistrates has been authorised to recruit the AWWs and Supervisors at his/her level. By implementing this measure, the remaining 50% vacancy at the Supervisor level and all vacancies at AWW level may be filled within 3 months.

Mentoring and Supportive Supervision

Persisting vacancies and the extended number of schemes under Umbrella ICDS puts a lot of pressure on the Lady Supervisors' (LS) workload and constraints their time and availability to exercise optimal supervision. Given the additional responsibilities added to them under POSHAN Abhiyaan and PMMVY, the supervisors are not even able to visit individual AWCs for 10-15 days at a stretch. Even when they do visit the AWCs or take monthly sector meetings, the focus of the meetings and visits remains on checking the registers and collecting reports for further reporting at the project and district level. This issue was raised by multiple DPs including UNICEF, BMGF and IFPRI. Representatives from BMGF highlighted the missed opportunity in not utilising the LS to supervise and mentor the AWWs.

> "ICDS/AWS mandates the presence of a LS and emphasizes supervision and mentoring offered by her. Currently, the prime focus of supervisors during field visits is on distribution of THR, regularity of growth monitoring, maintenance of records etc. There is an absence of mentoring on aspects like, quality and number of children and their mothers counseled, number of home visits made, etc. Supervisors are supposed to handhold the AWWs in her day-to-day activities, no efforts are being made towards this."

The evaluation notes that the Ministry has taken cognizance of this aspect and issued supporting supervision guidelines in October 2018.[257] The guidelines also include a supportive supervision checklist. The checklist and the guidelines aimed to facilitate a supportive supervision approach rather than an inspection approach, but the checklist looks and reads like just another inspection tool. Moreover, supervisors and CDPOs have not been provided with any leadership and mentoring training to enable these skills.

[257] https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/Guidelines/Supportive-Supervision-Guidelines-POSHAN-Abhiyaan-29-10-2018.pdf

At the district level, the non-availability of concerned staff further compromises the ability of the DPO to lead and comprehensively manage the schemes. KIIs with officials at the district, state and national levels pointed towards the mismatch between the volume of work and people available to accomplish it, and the fact that everyone worked beyond their capacities.

Training and Capacity Building

Chudasama et al. (2016) assert that AWWs who have received induction training are few in numbers. Studies report that the performance of AWWs can be improved by proper training and that low performance of AWCs can be attributed to inadequate training (Datta et al., 2010). Other studies highlight that majority AWWs received orientation/induction training on recruitment, but job/refresher training are lacking (Dhingra & Sharma, 2011; Dixit et al., 2010; NIPCCD, 2011; NIPCCD, 2013b; Jyotiranjan Sahoo et al., 2016;). As per recent office orders, refresher training for AWWs has been discontinued[258].

IDIs with AWWs in the present study reveal that majority of workers had received induction training. However, only a few of them had received refresher training. State officials in majority states also shared that no training of the workers has been undertaken in the last couple of years. They also shared that even though ILAs are being undertaken as part of the POSHAN Abhiyaan, training under AWS must be regularly conducted as they go beyond extensive training on nutrition. The development partners also flagged that the content of the training modules needs to be enhanced and must involve more practical learning for better outcomes.

Box 43: Strengthening the Anganwadi Worker, Tamil Nadu

Tamil Nadu has a state-run decentralised system, with a cascading training model. The trainers are officials working in the field as well. Supervisory and training cadre are not split. The state training centre does capacity building for district officers, the Child Development Project Officer (CDPO) and Grade One supervisor. They, in turn, train the AWW and the AWH. Training for Grade Two supervisors is conducted by Non-Governmental Organisations (NGOs). Experiences and challenges from the field are shared, thus making these sessions enriching. These trainings are participatory in nature, i.e., sessions are conducted using games, role play and other participatory methods. Various methods deployed for training are:

- **Exposure visits:** AWWs, block and district level officers of ICDS Tamil Nadu go for exposure visits to other parts of the state and occasionally to other states. This helps in promoting peer learning among functionaries.
- **Guest lectures:** Officials from the health department, government functionaries, motivational speakers, trainers in personality development and distinguished people from various fields are invited for guest lectures as part of training. Issues like stress management and soft skill training are addressed through these sessions which may be outside the scope of regular trainers.
- **Role play:** Through role play, the AWW is trained for community mobilisation and fund mobilisation from panchayats and multinational companies. She is trained using the technique of live demonstration to deploy various strategies on field while conducting these activities.

The Anganwadi worker is also trained on mobilising community, fund raising, generating awareness, engaging with the community and inculcating a feeling of ownership among them. Support in day-to-day activities of the AWC is also provided by the community.

- **Mother's support group:** An AWW identifies proactive mothers in the village and forms a mother's support group. These women help the AWW in community mobilisation and instilling a feeling of ownership among community members for the AWC. They also look after the children in an AWC in the absence of the AWW.

[258] Retrieved from: https://icds-wcd.nic.in/icdstraining/Extention%20of%20NGOs%20run%20Training%20Centres.pdf

- **Funding:** Funds are mobilised by the AWW through constant interaction with Panchayati Raj Institutions (PRIs), nearby companies and parents. The AWW informs them of the needs of the AWC and prompts them to help, using corporate social responsibility funds in case of companies or unused funds of village committees. Funds are used to make a state-of-the-art AWC. All the AWWs vie for their centre to be ISO-certified, and this fund generation helps them in improving infrastructure, which is the main criterion for this certification.

AWW and AWH Honorarium and Motivation

There has been an ongoing debate on the status of AWWs and AWHs regarding honorarium provided. On average, AWWs work for around 7-8 hours a day, with the responsibility of implementing the schemes under the ICDS umbrella. AWWs are semi-skilled, delivering complex behaviour change counselling to more than 10 Crore beneficiaries each year, and managing specialised programme activities such as PSE.

AWWs and AWHs are neither recruited in the manner of a government servant. Therefore, they are considered as unorganised workers. MWCD has reported that given the very nature of the role of the AWWs and AWHs in the ICDS scheme, it is not feasible to declare them as Government employees or extend them the benefits as admissible to employees of the Government. However, the evaluation notes that considering the extensive work that the AWW is expected to undertake across MWCD schemes, and the skilled nature of her work, the current remuneration provided to her are low. This mismatch between the workload and the honorarium amount negatively impacts their motivation to work.

Even though minimum wage act is not applicable for AWWs and AWHs, due to the voluntary nature of their jobs, the appropriate honoraria for the AWWs and AWHs could be identified using prevailing wages in other rural economic roles (such as agricultural labourer). Given the increasingly technical role of the AWWs, with them potentially being responsible for delivering the standardised ECCE/PSE curriculum, it is important for the scheme to attract educated AWWs, which will need an increase in the honorarium. It is also recommended that the basis of calculation of AWW and AWH honorarium should be changed from half a day's work to a full day work, since they work almost 7-8 hours a day.

Box 44: Evidence: Home visits by well-trained, incentivized health workers can improve health outcomes[259]

Providing profit incentives for well-trained volunteer community health workers chosen through a competitive process can improve health outcomes relative to not having home visits. In Uganda, such a programme reduced under-5 child mortality by 29 percent. This was likely due to some combination of providing home visits and ensuring workers are incentivized. Which population(s) benefit most from such programmes likely depends on the incentive structure -- in Uganda, incentives were for paying visits to households with pregnant mothers and newborns, so it reduced child mortality[260].

In October 2018, the Government of India enhanced the honorarium of the Field Level Workers (FLWs) under the AWS. Post the revision, AWWs at main-AWCs are mandated to receive Rs. 4,500 per month and AWHs Rs. 2,250 per month. A performance-linked incentive of Rs. 250 per month to AWHs was also introduced. Another performance linked incentive was launched for AWWs under the POSHAN Abhiyaan, where AWWs are allowed incentive of Rs. 500/- per month for

[259] Abdul Latif Jameel Poverty Action Lab South Asia (J-PAL SA). 2020. "Women And Child Development Evidence Summary note for DMEO, Niti Aayog" Custom Report. Last modified September 2020.
[260] Martina Björkman Nyqvist, Andrea Guariso, Jakob Svensson, David Yanagizawa-Drott. "Reducing Child Mortality in the Last Mile: A Randomized Social Entrepreneurship Intervention in Uganda." American Economic Journal: Applied Economics, forthcoming.

using ICDS-CAS under POSHAN Abhivaan. However, this incentive is dependent upon the roll-out of ICDS-CAS. As on 31st March 2020, only around 50% AWWs have access to ICDS-CAS.

In addition to the honorarium paid by the GoI, certain State/UTs give additional monetary incentives to these workers out of their own resources. The maximum additional amount offered to AWWs in Telangana (Rs. 10500), Haryana (Rs. 8000), Madhya Pradesh (Rs. 7000), Tamil Nadu (Rs. 6750), Delhi (Rs. 6678) and Karnataka (Rs. 5000). The remaining states also contribute towards the same except Arunachal Pradesh, Meghalaya and Nagaland. Despite GOI support and state contributions, the wages in most states remains below the living wages. GOI has also supported AWWs with a pension scheme.

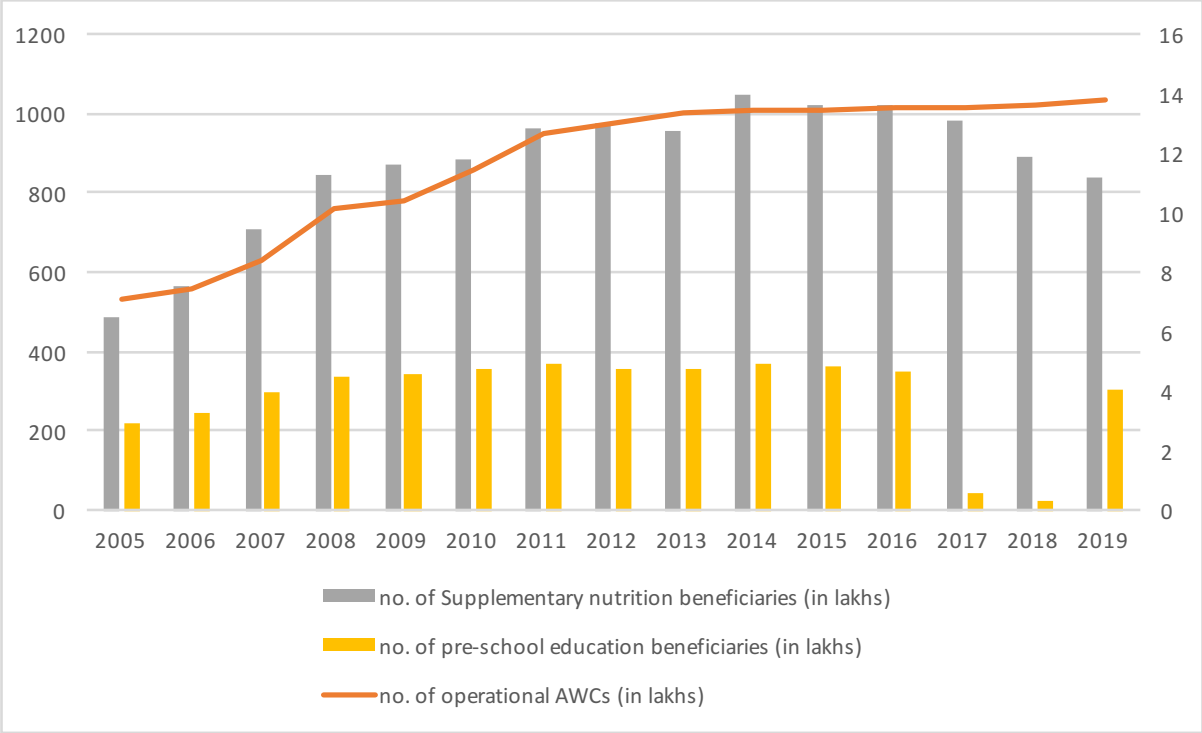
The low remuneration, inadequate working conditions, excessive workload, delayed payments for services, assignment of non-ICDS work, low community status and voluntary nature of the job together lead to low motivation levels amongst AWWs. (Sampath, 2008; FORCES, 2006; Gragnolati et al, 2005; CBGA and UNICEF, 2011)

3.1.2.4. Sustainability

The AWS scheme has been able to develop a large footprint of almost 14 lakh Anganwadi Centres and a workforce of more than 2 million FLWs. The scheme is geared well to address the challenges of under-nutrition. However, the secondary literature identifies the focus on increasing the reach of the AWCs a misplaced focus. Several studies find that the increase in AWC availability has not proportionally translated to the utilisation of services offered at the AWCs. This has cast a shadow of doubt on the sustainability of the scheme unless measures are taken to also improve the utilisation of the services by target beneficiaries. **The evaluation finds the sustainability of the scheme to be 'Average'.**

Trends in infrastructure expansion of the scheme vis-à-vis uptake of the scheme (shown in Figure 42), indicates that even though the number of operational AWCs is approaching the 14-lakh mark of universalisation, a downward trend is observed in the number of beneficiaries accessing the scheme. This finding aligns with that highlighted by Raul and Kaul (2017), regarding too much emphasis being placed on increasing the supply of AWCs and not enough on the effective utilisation of services. This raise concerns on the sustainability of the scheme in the long run.

Figure 42: Trends in Infrastructure and Beneficiaries



Source: MWCD Annual Report 2018-19, MWCD Dashboard

Questions on long-term sustainability were also raised during KIIs with DPs at the national level and officials of the state governments. These interactions flagged issues with the sustainability of the program and suggested that major reforms have to be undertaken in terms of the services offered. The service provisioning under the program has to be more consistent with the needs of the newer generations. For instance, one of the state officials shared that given the rising per capita income, living standards and awareness and sensitisation of parents and community members, majority households care about the good health and nutrition of their children. Therefore, feeding basic cereals and pulses at the centre will gradually not be able to attract beneficiaries to the centre.

The quality of PSE is marred, to begin with, the scarce availability of the learning environment (spaces, attractiveness, aids) to the skills of the AWWs. It is often observed that parents send their children to paid nurseries because English is taught there. In many parts of the country/, programme excellent innovations have taken place. However, they have not been system originated but with the support of external factors (PPP and NGO models).[261] This indicates the need for building such partnerships on scale through the efforts of the national level (establishing a special CSR and NGO support cell for AWSs in MWCD).

Potentially Misplaced Focus

The state officials shared that ECCE acts as a binding component of the scheme. If the quality of education offered under the same is improved, and children are attracted to visit the centres, their mothers get involved with the activities and services of the centre. Nonetheless, the DPs revealed that the capacity and training of AWWs in providing ECCE continues to be limited because of which parents prefer to send their children to private pre-primary schools. It is a given that the AWSs include both major sets of services – Nutrition (SNP, GMP and NHED), as well as PSE. The AWS to retain and improve its credibility and attract more beneficiaries has to introduce a 'model AWC' on a scale that will cater functionally to all services of the scheme holistically and qualitatively across the 14 lakh centres. This is only possible with large scale partnerships with private and corporate sectors or NGOs, as well as a concrete linkage with the HRD ministry for joint provision of ECE/PSE component.

Based on the National ECCE Policy, National ECCE Council and State/UT ECCE Councils are constituted. The States/UTs have developed their contextualized Annual ECCE Curriculum for transaction of 4 hours ECCE activities per day. In some states, the curriculum is available in more than one language. These curriculum along with activity book (for 3-4 years, 4-5 years and 5-6 years), child assessment card (for 3-4 years, 4-5 years and 5-6 years) and ECCE kit are available with AWCs. Other initiatives like development of children profile, learning corners etc. are also taking place in states. Under POSHAN Abhiyaan preparation and hosting of ECE modules along with e-ILA on the same platform as the e-ECE online modules is being undertaken. These modules will help improve the AWWs skills. The modules cover the following broad thematic areas: (a) development in early years, (b) developmentally-appropriate curriculum, (c) inclusion of children with disabilities, (d) skill building, (e) child assessment, and (f) parental and community involvement. Assessments to evaluate knowledge will form an integral part of each module and provide feedback to learners and certificates will be issues to learners who successfully complete the modules.

Child Assessment Card under National ECCE Curriculum Framework has been prepared to grade child's performance. This 'Card' is based on indicators as identified in the curriculum and children's performance and to get the feedback for updating the curriculum as per the requirements of the field. In Urban areas, it's a challenge with the prescribed budget to rent of relatively bigger area with open space (or ground) for free play. Few States have started 'Hub Models' by combining three to four AWCs in areas of high density to give the look and feel of play school. In pilot phase, Delhi State has created 110 Anganwadi Hubs by combining about 390 AWCs. In other initiative to address the space crunch, States/UTs have started to co-locate the AWCs with in School premise. For example, Uttar Pradesh has taken big step in this direction and has collocated around 60% of AWCs with schools which were in vicinity. It may be noted that the report has not highlighted Pre School Education in its recommendations.

[261] https://www.nipccd.nic.in/uploads/report/bestprac-1pdf-1f95bd5a02a6085276419857fd6418d3.pdf

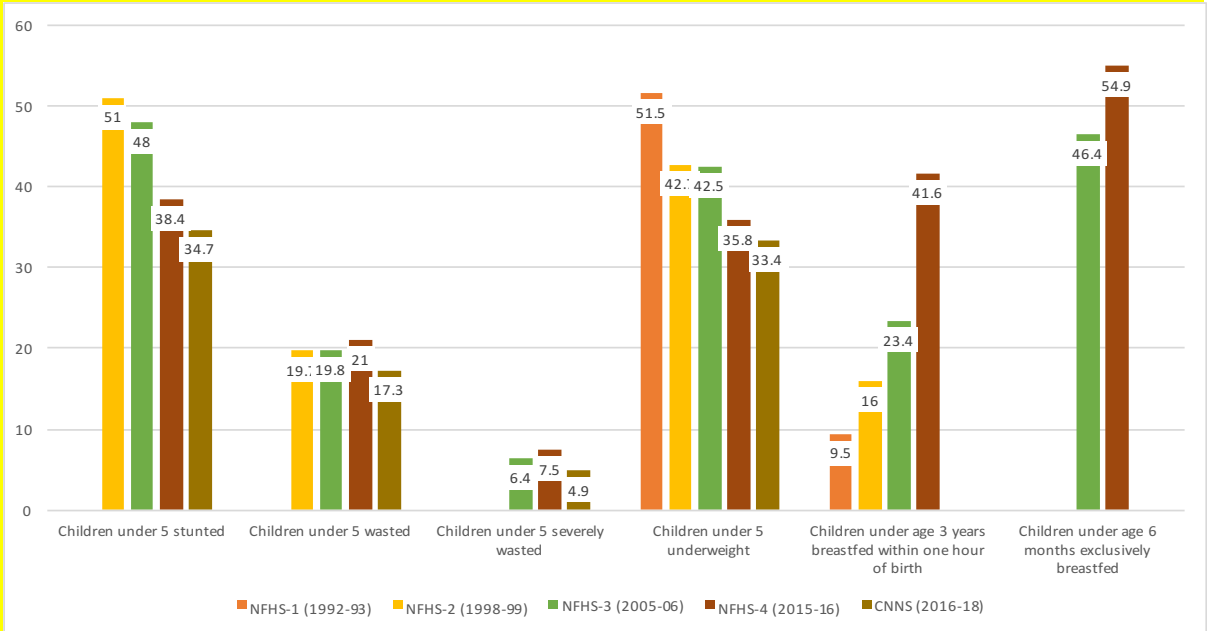
3.1.2.5. Impact

There has been a large body of evidence that has captured the impact of the AWS scheme. Since 2005, when the AWS scheme was rolled out nationally, India has made substantial gains in improving the nutritional indicators. NFHS 4 data showed improvements across the prevalence of stunting, prevalence of underweight children, low birthweight children, exclusive breastfeeding rates, anemia, etc. The CNNS Data highlights further improvements between 2015-16 and 2018. It notes that in 2018, the stunting among children below 5 years had declined to 34.7 percent from 38.4 percent, wasting – which had shown an increase between NFHS 3 and 4, has declined to 17.3% in 2018, and prevalence of underweight children has declined from 35.8 per cent in 2015-16 to 33.4 percent in 2018.

AWS scheme being the longest standing programme of the country that addresses the nutritional needs of children and their mothers in the critical age of first 1000 days, these figures are reflective of the impact of the same. Several researches and studies have highlighted that the AWS scheme has been able to play a vital role in reducing the burden on malnutrition. Menon, Nguyen et al. (2017) note that the coverage of nutrition-specific interventions, which influence the immediate determinants of nutrition have also improved over time. Kandpal (2011) finds that once a village gets ICDS, the intervention manages to reduce chronic child malnutrition in the catchment area. Jain (2015) highlights that ICDS is making a positive and significant difference for the nutritional status of both boys and girls 0–2 years in rural India. She also notes that in eastern Indian villages, the ICDS has translated into an 11 percentage points decline in the prevalence of being underweight, and a 6 percentage points decline in the prevalence of stunting. Studies have also highlighted that the provision of day-care through preschool facilities as well as immunisation, feeding and health check-ups of children significantly increases a mother's labour force participation and school attendance of girls aged 6–14 years (Jain, 2013, 2015). **Based on the large pool of secondary evidence detailing the impact of AWS, the evaluation finds the impact of AWS scheme to be 'Satisfactory'.**

India has made considerable progress on several maternal and child nutrition outcomes. According to the NFHS 4 data, stunting among children below 5 years had declined from 48% to 38.4 per cent, at an average annual rate of reduction (AARR) of 2.2% per year. Underweight also declined from 42.5% to 37.5 per cent, at an AARR of 1.7% per year. Exclusive breastfeeding increased by nearly 9 percentage points (46.4% to 54.9 per cent). The proportion of low birthweight children declined as well (21.5% to 18.6 per cent). The Comprehensive National Nutrition Survey (CNNS 2018) highlights that India has seen further improvements across nutrition indicators between 2015-16 and 2018. A comparative analysis of the child nutrition indicators from 1992-2018 (Figure 43) indicates favourable trends overtime in stunting and underweight in children below 5, early initiation of breastfeeding and exclusive breastfeeding. The figures for the percentage of children under 5 wasted and severely wasted increased between the years 2005-06 and 2015-16, nonetheless declined in 2016-18 period. AWS scheme being the most extensive programme of the country that addresses the nutritional needs of children and their mothers in the critical age of first 1000 days, these figures are reflective of the impact of the same.

Figure 43: Trends in Child Nutrition



The WCD Annual Report 2019-20 acknowledges the unfinished agenda about overcoming child malnutrition in India, while also noting that – with the launch of POSHAN Abhiyaan and a renewed focus on the importance of nutrition – India has achieved significant traction in tackling the underlying indicators of nutrition over the last two years. The recently launched report on CNNS found that in two years since NFHS 4, there has been an accelerated improvement in the levels of nutrition indicators, shown in table 33:

Table 34: Improvement in Nutritional Indicators of Children (0-59 months)

Indicators	NFHS-3 2005-06 (%)	NFHS-4 2015-16 (%)	Improvement in NFHS-4 compared to NFHS-3	CNNS (%)	Improvement in CNNS as compared to NFHS-4
Stunting	48.0%	38.4%	9.6%	34.7%	3.7%
Under-nutrition	42.5%	35.8%	6.7%	33.4%	2.4%
Wasting	19.8%	21.0%	-1.2%	17.3%	3.7%
Anaemia in Children under 5 years	69.4%	58.6%	10.8%	40.5%	18.1%

While the CNNS data does not cover improvements in the nutritional indicators of women as well as the nutrition sensitive behaviours, the NFHS 4 found marked improvement in these indicators over NFHS 3. Low body mass index (BMI) in women in reproductive age declined from 35.5 per cent to 22.9 per cent. Early initiation of breastfeeding doubled (from 23.4 per cent to 41.6 per cent), but the timely introduction of complementary foods declined from 52.6 per cent in 2006 to 42.7 per cent in 2016.

Menon, Nguyen et al. (2017) note that the coverage of nutrition-specific interventions, which influence the immediate determinants of nutrition have also improved over time. The report further notes an improvement in the indicators of interventions during pregnancy (such as exposure to antenatal care and protection against neonatal tetanus, consumption of iron-folic acid (IFA) supplements, institutional deliveries, and birth registration) as well as for childhood interventions (such as coverage of immunisation, vitamin A supplementation, the proportion of children receiving oral rehydration solution (ORS) during diarrhoea). Food supplementation

during pregnancy, lactation, and early childhood, however, remained low at 40–50% and increases have not been as significant as with some of the other nutrition-specific interventions.

Studies reviewing the impact of ICDS program have used cross-sectional observations and found mixed results: Lokshin et al. (2015) find strong selection effects with AWCs more likely to be in places that also benefit from other advantages. Focusing within Chandigarh, Thakur et al. (2011) found that program enrolment was not associated with a lower prevalence of underweight children but using national data and matching methods to address geographic and household-specific selection effects. Kandpal (2011) finds that once a village gets ICDS, the intervention manages to reduce chronic child malnutrition in the catchment area. Jain (2015) also highlights that ICDS is making a positive and significant difference for the nutritional status of both boys and girls 0–2 years in rural India. Both boys and girls who received supplementary feeding daily in the last year seem to be at least 1 cm (0.4 z-score) taller than those who did not receive it. This result is particularly significant because the differential growth of 1 cm in the first two years of life is most likely to carry over to adulthood, and children are highly unlikely to recover their "lost" growth from childhood. Mittal and Meenakshi (2015) observe that ICDS interventions have a significant impact on health indicators. They note that in eastern Indian villages, the ICDS has translated into an 11 percentage points decline in the prevalence of being underweight, and a 6 percentage points decline in the prevalence of stunting. They also find evidence of complementarities in impact, with children who utilise both sets of services showing higher weights (and heights) than those who utilise only one service. Studies have also highlighted that the provision of day-care through preschool facilities as well as immunisation, feeding and health check-ups of children significantly increases a mother's labour force participation and school attendance of girls aged 6–14 years (Jain, 2013, 2015).

While there is evidence of the impact of ICDS interventions on long term health and cognitive indicators, several evaluations of ICDS also tend to concur that implementation issues limit its effectiveness. In a well-functioning AWC, a child is expected to receive a whole range of interventions such as SNP, immunisations, health check-ups, and PSE. However, in practice, the program leaves a lot to be desired. It is plagued by a few institutional weaknesses – food leakages, limited implementation and mismanagement of the program at the national level, lack of infrastructure among others (Nayak & Saxena, 2006; Sinha, 2006; CAG 2013; Verma, Gupta, & Birner, 2018). Most prominently, the reach of ICDS has been criticised (Gragnolati et al., 2006; Kandpal, 2011; Lokshin et al., 2005). The uptake of the scheme is negatively affected due to infrastructure and service delivery bottlenecks as culled out from the interactions with community members. A small proportion of the population also stated that due to unfair treatment at the centres by the grassroots functionaries, eligible beneficiaries restrain from availing services.

Impact of SNP

Although ICDS is a holistic child development programme, feeding has dominated the programme: SNP has accounted for about half of ICDS expenditures in recent years. It is also essential to understand that the food provided in ICDS is a safety net and only complements the daily diets of vulnerable women, girls and children and is in no way a total replacement of their required RDAs. The more important dimensions of dietary diversification, behaviour change for complementary feeding and feeding during pregnancy, micronutrient supplementation all go hand in hand to address issues of malnutrition.

According to the NFHS-4 data, in 2016, across India, 52% of women reported receiving food supplements during their pregnancy. Out of 640 districts, coverage of food supplementation during pregnancy was 75% or higher in only 144 districts. Seven of the 10 districts with the highest levels of coverage (>90 per cent) were in Odisha. Districts with the lowest levels of coverage (<10 per cent) were concentrated in the northern and north-eastern parts of the country. Similarly, nearly 55% of children in the 6-35 months age group and 47% of children in the 36-59 months age group received food supplements in 2016. Of the 640 districts, only in 172 districts coverage of food supplementation was 75% or higher among children in the 6-35 months age group. In only 57 districts, 75% or more children in the 36 59 months age group received food supplements. Majority of the districts with the highest levels of coverage (>80 per cent) were in the eastern states. Districts with the lowest levels of coverage (<15 per cent) of food supplements were concentrated in the northern and north-eastern parts of the country. The study conducted by Jain (2015a) found that girls who received SNP were on average taller, it also found that only 6% (329) of 5364 girls aged 0 to 2 years and 14% (1113) of 7951 girls aged 3 to 5 years received the supplementary food, even though over 90% of villages (3522/3849) had an AWC.

3.1.2.6. Equity

There is mixed evidence on the coverage of AWSs outcomes. Even though the scheme aims to cover all beneficiaries universally and unconditionally, certain marginalised groups such as disadvantaged castes and tribes (SC/ST), women with low schooling levels and the poorest quintiles of the population are still left behind. Available evidence suggests that service utilisation inequities have declined in the last decade. Still, some inequities remain, mostly due to limited implementation of services and lack of coverage in urban areas. Chakrabarti et al. (2019) find that even though households in the poorest quintile were better reached by the services in 2015–2016, the wealth inequality in use widened over the decade studied. This means that the poorest and the most vulnerable populations were found to be using the ICDS services less than those who were comparatively better off. There are just 755 urban ICDS projects with 11,7411 approved AWCs. Given the pressure on urban areas and the urgent need to address nutrition and PSE needs of the urban poor, a national urban ICDS strategy is needed quickly. The scheme has been able to allocate almost 60% of the budget towards gender budgeting between 2016-16 and 2018-19. However, the allocation towards the TSP showed a slight decline over the period. **The evaluation finds that the Equity under the AWS scheme is 'Average'.**

There is mixed evidence on the coverage and effectiveness of India's programme on nutrition and related outcomes. Studies from the 1990s generally found programme placement that was skewed towards the well-off districts and no effects on anthropometric outcomes.[262] [263] For many countries, the current rate of expansion of urban agglomerations has brought about severe challenges for the provision of basic services such as adequate housing, water and sanitation systems as well as the provision of health clinics and schools. There are many factors specific to life in urban environments which impact household food and nutrition security (Food and Agriculture Organisation (FAO) of the United Nations, 2010.

[262] Lokshin M, Das Gupta M, Gragnolati M, Ivaschenko O. Improving child nutrition? The integrated child development services in India. Dev Change. 2005;36(4):613–40. doi: http://dx.doi.org/10.1111/j.0012-155X.2005.00427.x

[263] Viswanathan B. Household food security and integrated child development services in India. Background paper for the International Food Policy Research Institute Discussion paper series #68 [internet]. Berlin: ResearchGate; 2003. Available from: www.researchgate.net/publication/228765025_Household_Food_Security_and_Integrated_Child_Development_Services_in_India

Though originally designed to reach rural communities, ICDS now has a substantial presence in urban areas, particularly in poor slum settlements. AWWs are increasingly playing a crucial role in providing health and nutrition services to children and women in the urban landscape. However, there are just 755 ICDS projects and 11, 7411 AWCs sanctioned for urban areas across the country. The analysis of data depicts that the national average of urban ICDS projects in India is just about 11 per cent. In contrast, the urban population in India has reached up to 31%.[264]

The UNSCN in 2012 called for increased attention, awareness and research on urban nutrition as well as for effective engagement and inter-sectoral and multi-stakeholder collaboration leading to efficient use of urban resources. Rural-urban linkages need to be enhanced. Successful urban nutrition initiatives need to be better documented and more widely shared.[265]

Available evidence suggests that service utilisation inequities have certainly declined between the last decade and a half. Still, some inequities remain, mostly due to limited implementation of services in some states. Chakrabarti et al. (2019) undertake a comprehensive analysis of equity gaps and factors associated with the use of umbrella ICDS services. The study found that the receipt of services by mother-child pairs from pregnancy through to early childhood increased significantly between 2006 and 2016. The increase was especially noticeable for supplementary food, increasing nearly threefold from 9.6% of respondents in 2006 to 37.9% in 2016. Use of health check-ups increased 23.5 percentage points, and health and nutrition education increased 17.9 percentage points. The frequency of receiving supplementary food also improved, with a nearly 8 percentage point increase for children who received food monthly from 19.1% of children to 27.6%.

According to the study, caste differences in the use of services appeared to change over time, holding wealth constant. In 2006, the odds of receiving supplementary foods were twice as high among scheduled castes and scheduled tribes' groups compared with general castes. In 2016, the differences were smaller. Even though households in the poorest quintile were better reached by the services in 2015–2016, the wealth inequality in use widened over the decade studied. This means that the poorest and the most vulnerable populations were found to be using the ICDS services less than those who were comparatively better off.

The study notes that most of the poor who were left behind were from states known to be weak performers on the programme, such as Uttar Pradesh and Bihar, suggesting that overall poor performance in high-poverty states could lead to major exclusions. The study also reports a decline in the potential caste and tribe-based exclusions. The study points to the efforts undertaken by state and central government to strengthen overall ICDS services to improve equity of access as a likely cause of the reduction in such exclusions.

Finally, the study notes: *"India's policy reforms have increased coverage of the ICDS programme at a national level and reached marginalised groups. With further scaling-up, the programme needs to focus on effective subnational implementation to reach households from the lowest socioeconomic strata and women with low schooling levels, as these high-need groups are currently more excluded in India."*

[264] https://www.iipa.org.in/upload/articles_sanjeev.pdf
[265] UNSCN Statement, 2012, Nutrition Security of urban populations: A call for attention and joint action.

3.1.3. Analysis of Cross-Cutting Themes

3.1.3.1. Accountability & Transparency

Anganwadi services include several activities, all of which are prone to leakages and opacity, including hot cooked meal and take-home rations. MWCD, on its part, has taken several measures to enhance access to scheme related data to ensure accountability and transparency, including rolling out of the MWCD dashboard[266]. Monitorable data on infrastructure and beneficiaries now reaches an all-India level as well as State level through a publicly accessible dashboard. It has however been observed that even though the beneficiaries for SNP and PSE are being recorded, there is a lack of monitorable figures on the reach and uptake of other components of the scheme such as Nutrition and Health Education, immunisation, health check-ups and referral services.

Within MWCD, there have been attempts at the most senior levels to focus attention on results. In 2005-06, the MWCD adopted its first 'outcome-budget', including financial data, intermediary processes and activities. This was crucial in implementing the vision of the Prime Minister of India, articulated in his letter to the State Chief Ministers dated 9 January 2007 urging that the ICDS program be closely monitored and that 'proper implementation of the programme critically depends on political will, decentralised monitoring and meticulous attention to day-to-day operational issues' (Adhikari and Bredenkamp, 2009). In 2017-18, to emphasise outcomes-orientation, an output-outcome monitoring framework across CSSs was developed in coordination with the NITI Aayog. Even though robust monitoring mechanisms have been put in place to collect information on inputs and outputs, the ICDS structure is not oriented towards using that information to inform action. This can be validated from the lack of systematic analysis of relevant indicators at state/district/block levels and an absence of feedback mechanism to inform the field functionaries about the program's progress and its effectiveness. This results in a lack of local action in response to information generated at AWCs. Some of the key steps undertaken to promote outcome-oriented approach in monitoring the scheme are:

- Introduction of ICDS-CAS to enable real-time monitoring of ICDS services as well as tracking of outcome and impact level indicators in detail across states, districts and blocks.
- An accreditation system whereby AWCs are graded based on the attainment of child-related outcomes and whether they meet certain quality standards has been developed. Some states have already piloted the system with support from UNICEF, and the MWCD is currently working to standardise the accreditation system and link performance to rewards.
- Pilot efforts to engage the community in monitoring the AWC services. Mechanisms like social audits, the constitution of Nigrani Samitis and the active engagement of village panchayats in monitoring some of the basic indicators of the performance of the AWS scheme, such as the regular and timely opening of AWCs and quality of supplementary food, have been tried in a few states.
- To strengthen the performance of the scheme, a five-tier monitoring and review mechanism was incorporated. This included setting up monitoring and review committees at National, State, District, Block, and AWC levels. Composition and key roles of such committees at different levels have been defined, and PRIs and MPs and MLAs have been assigned representation on various committees at State, District and Block Level.[267]

[266] http://wcd.dashboard.nic.in/
[267] https://pib.gov.in/newsite/PrintRelease.aspx?relid=117505

3.1.3.2. Direct/Indirect Employment Generation

Anganwadi services have had both a direct and indirect impact on employment generation. Direct employment is given to women under the scheme in the capacity of Anganwadi Workers and Helpers. They offer their services as honorary workers and are paid monthly honoraria as decided by the Government from time to time[268]. Besides, the scheme also directly employs Lady Supervisors to undertake supervisory functions at a cluster level. Data available on the MWCD Dashboard (updated as on 13th March 2020) shows that the Anganwadi Services scheme directly employs 25.49 Lakh women, with 13.29 Lakh AWWs, 11.85 AWHs, and almost 34,909 LS.

Decentralisation of production and procurement of food for the Supplementary Nutrition Program was undertaken as per supreme court orders to encourage the involvement of local self-help groups or other community groups for procuring the food, thereby giving them opportunities to work. A study (Antier et al. 2014) identified the key factors for the success of this model which included access to subsidised wheat, preferential pricing, access to financial services, self-help group motivation and unity and trust towards the project, commitment of ICDS for regularity of purchase and payment, supervision and support, and recurrent training.

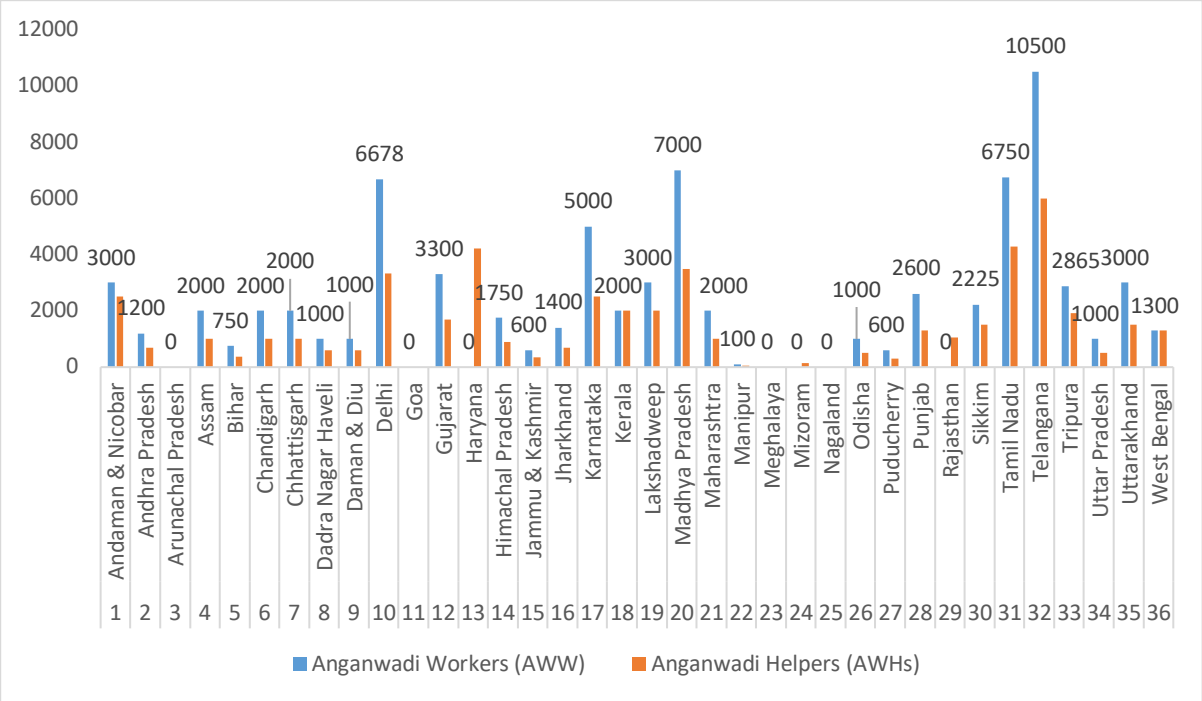
The food provided under SNP at the AWCs has a variety of ingredients, including millets, pulses and vegetables. The Supplementary Nutrition Programme is the link for the translation of agricultural productivity into favourable nutritional outcomes. As the programme is dependent on effectively sourcing agricultural produce, the policies underlying SNP have implications for farmers and the agriculture sector. Further, decentralised procurement of locally available nutritious crops (besides rice and wheat) by the states may provide an incentive for higher production by reducing the market risk for the producers (Parasar and Bhavani, 2018). Indirect employment is also provided to people involved in the value chain of food production and distribution such as those involved in transportation and in packing the nutritional mix. Indirect employment is also generated through the convergence of MGNREGS and ICDS since 2015 to construct Anganwadi Centres.

Effective October 2018, the Government of India increased the monthly honorarium of Anganwadi workers and helpers to Rs. 4500 (Rs. 3500 for mini Anganwadi) and Rs. 2250 respectively.[269] Performance linked incentive of Rs. 250 per month to AWHs was also introduced. AWWs are paid Rs. 500 per month under POSHAN Abhiyaan for using ICDS-CAS. As AWW and AWH are considered volunteers or honorary workers, their honorarium is consolidated pay with no cost of living allowance and no structured guidelines for regular revisions. The October 2018 revisions came 7 years after the previous revision.

The honorarium of AWW and AWH is one of the lowest in the country, especially when compared to the salaries of other government staff. India's national floor minimum wage is set at Rs. 178 per day, which translates to Rs 4,628 per month.[270] The honorarium of AWW barely covers this national floor if you include incentives, let alone that of the AWH. While most State governments do supplement the honorarium provided by the centre, these amounts vary vastly – from Rs. 10,500 (for AWW) in Telangana to Rs. 100 in Manipur and none in Arunachal Pradesh, Meghalaya, Nagaland. The average supplementary amount provided by the States for AWW is approximately Rs. 2650 for AWW and Rs. 1500 for AWH.

[268] https://pib.gov.in/PressReleasePage.aspx?PRID=1578557
[269] PIB, Cabinet approves enhancement of Honorarium to Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) and Performance Linked Incentive to AWHs Under Anganwadi Services (Umbrella ICDS Scheme), 19 September 2018
[270] India's new Code on Wages, **2019**

Figure 44: Anganwadi Honorarium Across States



*Please note that average has been taken for Goa, Haryana, Mizoram and Rajasthan

Frontline workers, including AWW and AWH, undergo formal recruitment processes and work long hours daily. Moreover, given the extensive community services in nutrition, health and education they provide, they cannot be considered unskilled workers. Given the importance of these workers for women and child development, it is important that adequate remuneration is given in all States to help meet their basic needs and also motivate them. The Ministry of Labour and Employment has recently revised the basic wage rates and variable dearness allowance of agricultural workers. This can serve as a good basis of revising honorariums. AWW can be treated as skilled workers, whereas AWH can be considered semi-skilled workers. The rates are geographically segregated based on the cost of living with A being larger cities; B smaller cities; and C towns and largely rural areas:

Skilled (daily) - Agri			Semi-skilled(daily) - Agri		
A	**B**	**C**	**A**	**B**	**C**
Rs. 475	Rs. 438	Rs. 401	Rs. 438	Rs. 402	Rs. 369
Daily Average: 438			Daily Average: 403		
Monthly Average: Rs. 11,388			Monthly Average: Rs. 10, 478		

Having an incentive-based structure based on improved health outcomes can also be considered. In a 2017 controlled study published in the Journal of Health Economics, 160 ICDS centres serving over 4000 children were studied. Incentives to health workers were provided based on client outcomes, targeting weight-for-age malnutrition among children attending urban daycare centres in Chandigarh, India. Performance pay or fixed bonuses were of the order of 2–5% above the worker's regular salary. It was found that performance pay reduces underweight prevalence by about 5 percentage points over 3 months, and height improves by about one centimetre. It also found that fixed bonuses are less expensive but lead to smaller and less precisely estimated effects than performance pay, especially for children near malnutrition thresholds. Both

treatments improve worker effort and communication with mothers, who in turn feed a more calorific diet to children at home.[271]

3.1.3.3. Gender Mainstreaming

AWS scheme aims to achieve empowerment of women by providing employment opportunities to less educated women/uneducated women, women belonging to the weaker sections of the society, and widows as well as deserted women at the local level. As per the guidelines of the scheme, an AWW must be a local woman who has passed standard 10th. In case a woman who is 10th pass is not available then a local woman who is 8th pass or even 5th pass may be preferred as compared to a woman who is an outsider. There is a provision for reserving 30% of the posts for women belonging to the weaker sections (20% for Scheduled Castes and 10% for Backward Classes). The Anganwadi Helper is also a local woman who has completed primary education. If there is the absence of women who meet the criteria, then an uneducated woman may be recruited as well (Sharma, 2015).

Box 45: Voices of Rural AWW and AWH

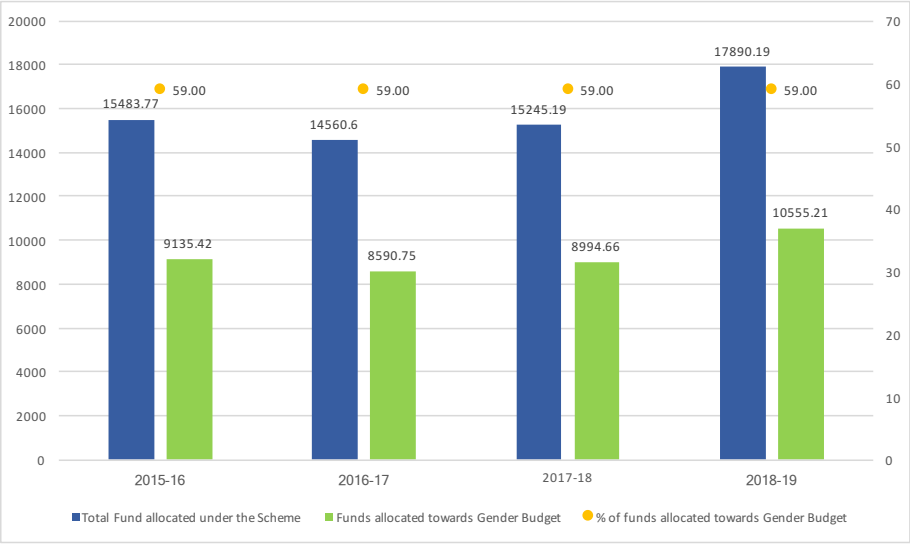
"The AWC has provided me with job opportunities at my doorstep and more importantly my family allows me to work at the AWCs as it is inside the village premises...they disprove of me going outside the village in search of work..."

"Even after being uneducated, I have a job that provides for me and my family and is fulfilling at the same time...I now get to earn my livelihood in a respected manner"

"Being a widow, it gives me an opportunity to earn money and spend my time amongst children in a worthwhile manner... I now feel more responsible for the society and confident about myself..."

The scheme aims at addressing the concerns of pregnant and lactating mothers through provisioning of rations and counselling, of adolescent girls by giving them information about family planning and nutrition, and children both boys and girls below the age of six by offering them regular weight monitoring and hot-cooked meals. Through these interventions, the scheme acknowledges the mainstreaming of gender as a critical component. An assessment of budget allocated towards the welfare of women and girls under the scheme, reveals that 59% of the total funds allocated under the scheme have been periodically set aside towards gender budgeting during the period for the study, i.e. 2015-16 to 2018-19 (Figure 45).

Figure 45: Share of Funds Allocated towards Gender Budget under AWS Scheme



Source: Union Budget, GoI 2015-16 to 2019-20

[271] Singh P, Masters WA, Impact of caregiver incentives on child health: Evidence from an experiment with Anganwadi workers in India, 2017

AWS scheme has also contributed to indirectly empowering women working under the scheme as well as the beneficiaries. Over the years, Anganwadis have evolved from simple childcare centres into meeting spaces for local women, who come to trade information, apply for benefits, or ask for advice. Although many Anganwadi workers and helpers have less than tenth-grade education, they possess an encyclopaedic knowledge of Indian poverty alleviation programs available to mothers and families. Workers accompany women to get urgent medical care, enrol their children in schools, buy medication at pharmacies, and apply for public benefits. For poor mothers, well-run AWCs are islands of relief in a sea of insecurity, invisibility, and frustration. Secondly, AWWs and AWHs are intentionally recruited from the low-income communities they serve. As a result, they develop strong relationships with the families, who are often their neighbours, relatives and friends. Plus, they become respected leaders and powerful advocates for children. In addition to addressing health and income disparities that can be barriers to children's ability to learn, these women's actions empower mothers and daughters educationally and financially, shifting family dynamics and disrupting male domination (Subramanian, 2013).

3.1.3.4. Climate Change/Adoption of Climate Resilient Practices

Though there is an absence of climate-resilient policies and disaster risk reduction plans in the core scheme design and implementation framework, some key practices have been highlighted in the operational guidelines for food security and hygiene in ICDS keeping climate change in view. These are:

- Mandating the use of smokeless chulhas to the extent possible.
- Requiring fuel to be stored safely, to eliminate fire hazards.
- Not using firewood to the extent possible in the interest of environmental protection.
- Locating waste storage in a manner that it does not contaminate the environment inside and outside waste should be kept in covered containers and removed at regular intervals.
- Disposing of waste in an appropriate manner as per local rules and regulations including those for plastic and other non-environment friendly materials;
- Disposing of sewage and effluents (solid, liquid and gas) in conformity with requirements of Factory/Environment Pollution Control Board; and
- Providing adequate drainage, waste disposal systems and facilities, designing and constructing these facilities in such manner so that the risk of contaminating food or the potable water supply is eliminated.

Further, the efforts made towards digitalisation of AWCs underscores the stakeholders' interest towards greater accountability with climate-resilient administrative processes. Approximately, 8.2-kilogram paper registers have been substituted with 173 grams smartphone with the role out of the ICDS-CAS software[272].

A review of the Odisha State Action Plan for Climate Change (SAPCC) indicates that children must bear the brunt of disasters. For instance, during cyclones and floods, schools and AWCs remain closed, and children are forced to stay in cyclone and flood shelters. Basic health and Anganwadi services get affected due to disruption in connectivity and the inundation or damage of the facilities. This highlights the need for provisions under the scheme to meet the vulnerabilities of women and children due to climate change impacts and construction of climate-resilient Anganwadi centres (Review of Odisha SPACC, 2017).

[272] https://pib.gov.in/PressReleseDetail.aspx?PRID=1594226

3.1.3.5. Use of Technology in Driving Efficiency

Use of IT in AWS scheme is seen through the use of DBT and MIS systems. Use of Direct Benefit Transfers (DBT) using Aadhaar has been promoted under the scheme to reduce delay in payments, ensuring accurate targeting of the beneficiary and curbing pilferage and duplication. Payments under training programs and supplementary nutrition programme are made using DBT. Honorarium to all human resource deployed, including AWWs and AWHs, is directly transferred to their Aadhaar linked bank accounts.

The MIS under the AWS scheme was revamped, and a new Rapid Reporting System (ICDS-RRS) was rolled out to strengthen the monitoring systems, networking all key stakeholders and allowing them 24x7 access to information. All data on AWCs have to be uploaded by the AWWs on the web-portal (http://www.icds-wcd.nic.in/icds/), and monthly progress reports to be submitted for review by stakeholders at various levels. Nonetheless, for effective implementation of RRS, each AWC has to be assigned an 11-digit unique code, and the same has to be uploaded on the portal for it to enter data for AW-MPR. Till July 2019, 13.62 lakh AWCs out of 13.73 lakh operational AWCs have been assigned 11-digit unique code by the States/ UTs and uploaded onto Rapid Reporting System (RRS)[273] [274].

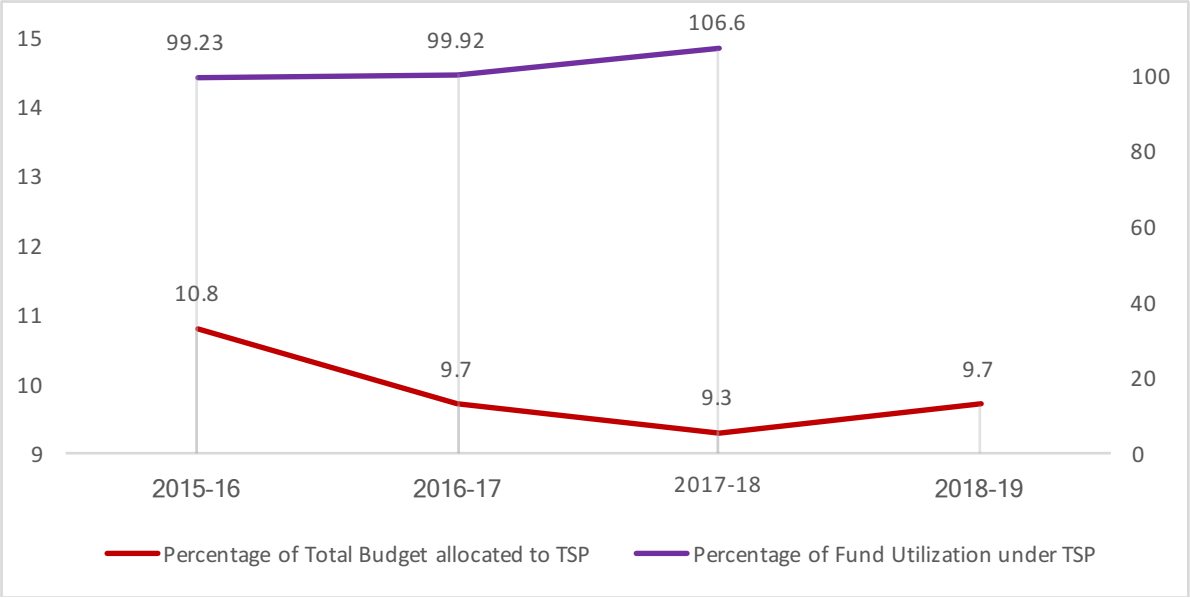
The digitisation of physical registers has been taken up with roll-out of ICDS-CAS Software Application under POSHAN *Abhiyaan*. The software facilitates the capture of data by frontline functionaries, and a six-tier dashboard ensures the monitoring and intervention mechanism. It enables growth monitoring of children with the help of auto plotting of growth chart on the mobile application; auto-generates task list and home visit scheduler for enabling AWW to focus on the beneficiaries based on priority. System generated SMS alerts are sent to beneficiaries and stakeholders. The data is available on a real-time basis and can be viewed by different functionaries at the block level, district level, state level and national level through the dynamic dashboard using credentials. As of Nov 2019, more than 5.4 lakh AWWs are using ICDS-CAS Application across 27 States/UTs.[275,276]

3.1.3.6. Role of TSP and SCSP Component in mainstreaming ST and SC population

An assessment of the percentage of the total budget of the scheme allocated to TSP and the utilisation of funds thereof has been indicated in Figure 46. Between the financial years, 2015-16 and 2018-19, the fund allocated towards the welfare of Scheduled Tribes declined by .3 per cent. Nonetheless, funds utilisation shows a positive trend with an increase of 7.37% in the given period. In the FY 2017-18, the actual expenditure (Rs. 1513.49 crores) was more than the funds allocated (Rs. 1420 crores), revealing utilisation of the previous unspent budgets.

[273] https://pib.gov.in/PressReleasePage.aspx?PRID=1580455
[274] https://icds-wcd.nic.in/icdsimg/usermannualoficdsRRS26122018.pdf
[275] http://wcd.dashboard.nic.in/
[276] https://pib.gov.in/PressReleseDetail.aspx?PRID=1594226

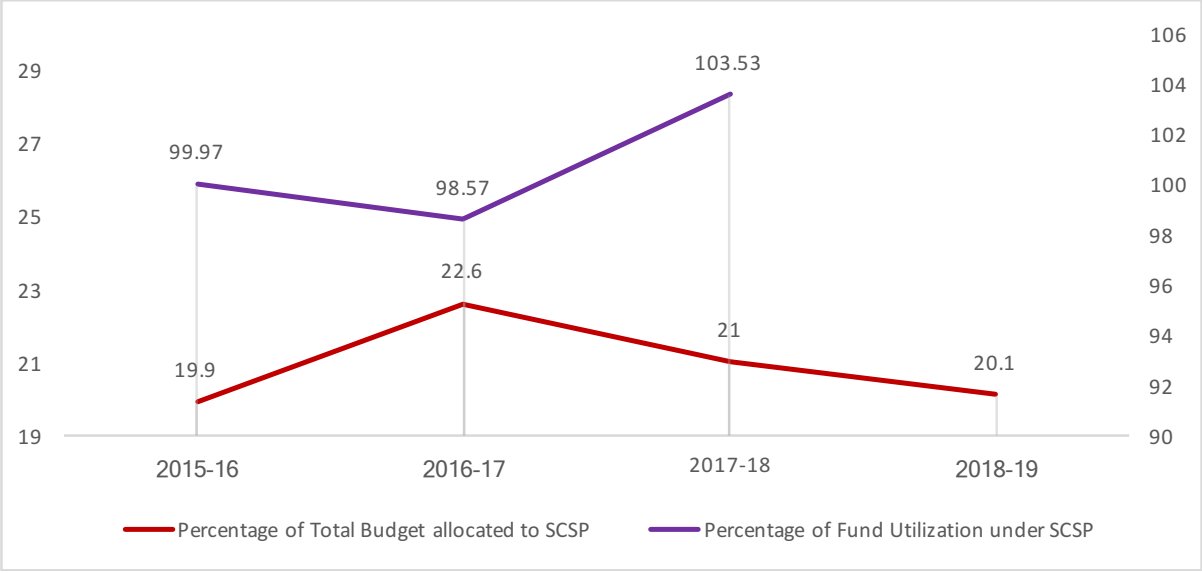
Figure 46: Trends in Budget Allocation and Utilisation under TSP



Source: Union Budget 2015-16 to 2018-19

A similar analysis of funds streamlined for the welfare of Scheduled Castes has been shown in Figure 47. Both percentages of funds allocated and utilised have increased between the FY 2015-16 and 2018-19. In FY 2016-17, allocation towards the welfare of SCs increased by 2.7 per cent; however, there was a decline of 1.4% in the utilisation of funds. This gap was minimised in the following financial year, where allocation reduced, and utilisation increased.

Figure 47: Trends in Budget Allocation and Utilisation under SCSP



Source: Union Budget 2015-16 to 2018-19

A review of the literature shows that even though the scheme aims to universally and unconditionally cover all beneficiaries, certain marginalised groups such as disadvantaged castes and tribes (SC/ST), women with low schooling levels and the poorest quintiles of the population are still left behind (Kandpal 2011, Chakrabarti, et al., 2019, Mamgain and Diwakar, 2012). Some of the possible reasons for exclusion could be overall poor performance in high-poverty states, challenges of reaching remote or difficult geographical areas, even-in better performing states and local challenges of exclusion within villages due to caste or location (Chakrabarti et al., 2019).

3.1.3.7. Development, Dissemination & adoption of Innovative Practices, Technology & Know-how

AWS scheme has been designed using a decentralised planning, management, and flexible architecture to provide States with the flexibility for innovations. Another way in which innovations are being encouraged is through the Memorandum of Understanding (MoU) signed between MWCD and Vedanta foundation for building 400 Nand Ghars, which are modernised Anganwadis equipped with upgraded infrastructure and innovative solutions for delivering ECD. Nand Ghars are pioneering the revolution in delivering ECD by collaborating with reputed partners for providing e-learning through television, precooked nutrition, smart kits and AD boards as new-age learning tools.[277] Good practices of the ICDS experience is available on the ICDS website, which highlights the effective initiatives taken by the states and union territories for implementation of AWS. It is a compilation of successful pilots and projects, which were pioneered through ICDS, showcasing practices that played a significant role in improving the delivery of services. The document includes practices around Systems Quality Improvement, Practices for Strengthening Service Delivery, Practices for Improved Programme Management, Integrated Approaches in ECE and snapshots of some outstanding practices.

In 2018, the National Institute of Public Cooperation and Child Development developed a compilation of the Best Practices in Anganwadi Services scheme Under Umbrella ICDS. This is available online on their website and informs Policy Makers, Planners, Training Institutions, State Government Officials and Field Functionaries. It shares and highlights the initiatives put by Ministry of Women and Child Development and State/UT Governments for effective implementation of AWS under Umbrella ICDS. The document is a compilation of best practices exclusively collected from secondary sources – websites, news clippings and experiences shared by the officials of State/UT Governments dealing with Anganwadi Services scheme. Some best practices highlighted include Nutrition Health Tracking System in Telangana and Kitchen Garden Initiative by Reliance Foundation.

3.1.3.8. Stakeholder and Beneficiary Behaviour Change

A critical aspect of AWS scheme has been its focus on Information Education Communication (IEC), which focusses on communications for behaviour change (BCC) for appropriate child-caring and rearing practices in the households. The focus is on addressing the needs of children under three, through family-based interventions instead of centre-based interventions. AWS as a scheme utilises the touch-point of women interacting with AWWs to help undertake behaviour change. The AWW has a well-defined set of activities and tasks to perform, which focus on giving insights and best practices for improving health and nutrition seeking behaviours. During the monthly VHND, the AWW is responsible for weighing all children under three years. This allows her to interact with the child's caretaker on crucial issues of the child's diet, nutrition and recent morbidity. Identifying the need of each child and providing situation-specific BCC based on each child's need is also undertaken. This has the long term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their health, nutrition and development needs as well as that of their children and families. Different media tools and channels have been used by different states for BCC; these include:

[277] KPMG, Transforming the Anganwadi Ecosystem: Next Generation early childhood development interventions in India, 2019

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

The topics include Basic Health Care, Nutrition, Maternal Care and healthy food habits; Childcare, infant feeding practices, utilisation of health services; Family planning and Environmental Sanitation; and support for initiation of breastfeeding through counselling.

3.1.3.9. Research & Development

AWS is a significantly researched scheme and has had a built-in "External Investigative" survey, evaluation and research component from its very inception. Research helps understand the implementation of programme design as well as the field situation and serves as a pointer to the path which needs to be taken to achieve desired results. NIPCCD has several volumes of the compilation of ICDS research, which covers the research studies on ICDS conducted during 1996-2008. It includes studies on Administration of ICDS, Adolescent Girls, Anaemia, Anganwadi Workers Training Centres, Community Participation in ICDS, Evaluation of ICDS, Functioning of AWCs, Health Status, Nutrition and Malnutrition, Preschool Education, Time Management, Training of Functionaries and World Bank Assisted ICDS Projects. A very important contribution to the evaluation of ICDS came from the inclusion of questions related to the program in the 2005-06 National Family Health Survey (NFHS). It is now possible to relate access to ICDS services to a range of health behaviours and health status indicators across all of India. However, the NFHS is only conducted once every six to eight years and is not representative at the district-level. Another regular survey, the District Level Household Surveys (DLHS), can provide district-level data on nutritional outcomes, but does not have ICDS program-specific indicators. Recent years have seen the implementation of a few large-scale household surveys with a specific focus on nutrition and ICDS. The 'Focus on Children Under Six (FOCUS)' report published by the Citizen's Initiative for the Rights of Children Under Six (CIRCUS 2006) was notable not only because it surveyed 122 villages, but for its ability to catalyse tremendous popular interest in the effectiveness of ICDS. Some international organisations that provide large-scale support to ICDS conduct surveys at regular intervals, especially the operational elements of the program.

World Bank support to the ICDS program (ISSNIP) provided the first large-sample ICDS-specific impact evaluation with a pre- and post-evaluation design. Although the end line survey was a remarkable collaborative effort between GoI, five states and several research institutions, used a very large sample and collected a wide range of outcome indicators both at the household and facility level in the project areas, the survey was not nationally representative.

3.1.3.10. Unlocking Synergies with Other Government Programmes

The indicators of early childhood development depend on psychosocial care, the early learning environment and the quality of caregiver interaction, nutrition, as well as upon health, drinking water, sanitation, female literacy, empowerment, etc. Therefore, a convergent approach for interventions has been emphasised in the ICDS Mission framework, recognising the importance of wider determinants of child development. The ministries with which the programme intends to converge have been shown in Figure 48 along with indicative areas for convergence.

Figure 48: Convergence of ICDS with Other Ministries

Source: ICDS Mission, Implementation Framework

Further, as per the revised guidelines issued under MGNREGS (dated 17th February 2016) in convergence with AWS scheme by the MoRD, MoPR and MWCD, construction of 4 lakh AWC buildings across the country was mandated. Under revised Anganwadi Services, 2 lakhs new Anganwadi buildings were to be constructed in convergence with MGNREGS at the rate of 1 lakh Anganwadi buildings per year. Provisions for drinking water and sanitation facilities in these AWCs from the funds available with Panchayati Raj Institutions under the 14th Finance Commission have also been made (MWCD, Annual Report 2018-19).

3.1.3.11. Reforms, Regulations

The National Food Security Act of 2013 aims "*to provide for food and nutritional security in human life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity and for matters connected therewith or incidental thereto."*[278] As per the act, every pregnant woman and lactating mother is entitled to a meal, free of charge, during pregnancy and six months after the childbirth, through the local Anganwadi, to meet the specified nutritional standards. Further, children in the age group of six months to six years are entitled to an age-appropriate meal, free of charge, through the local Anganwadi to meet the nutritional standards specified. The State Government also have to, through the local Anganwadi, identify and provide meals, free of charge, to children who suffer from malnutrition. The act also mandates Anganwadi's to have facilities for cooking meals, drinking water and sanitation.

Operational guidelines for Food Safety and Hygiene in AWS have also been in force since 2013. The guidelines outline precautionary measures and easy to follow simple protocols for food handling at different stages from THR and HCM. Further, States are required to furnish a certificate to MWCD certifying that supplementary nutrition food is in strict compliance with the guidelines. Fund release is subject to furnishing this along with a utilisation certificate[279].

India launched ICDS in 1975 and expanded it to all states in 2000. However, services were patchy throughout the early 2000s. In 2006, India's Supreme Court ruled that the programme was to be offered universally and, soon after, the government expanded the availability of programme services across India, to ensure about 1.4 million Anganwadi centres across the country.[280] The Supreme Court prescribed the minimum nutrition provision that must be guaranteed under ICDS, which envisaged decentralisation of procurement by eliminating the involvement of contractors and encouraging the engagement of local SHGs and Mahila Mandals in supply and distribution.[281] The decentralisation of the procurement method has helped reduce problems of non-supply.

Over the years, AWS scheme has been restructured and strengthened including Adoption of New WHO Growth Standards and joint Mothers and Child Protection Card; Introduction of the Five Tier Monitoring System including supervision guidelines; Roll out of revised Management Information System (MIS); Enhancement of Honoraria of AWWs and AWHs. A WHO study, which compared equity and extent of coverage of ICDS between 2006 and 2016, showcased evidence on how the use of ICDS has changed in the decade after the reform of the programme. It found that India appears to be well on its way to scaling-up of nutrition-specific interventions using the

[278] Ministry of Law and Justice, The National Food Security Act, 2013
[279] Ministry of Women and Child Development, Circular on Strict Implementation of feeding norms prescribed by Government of India, September 2014
[280] Chakrabarti S., Raghunathan K., Alderman H., Menon P., Nguyen P., WHO, India's Integrated Child Development Services programme; equity and extent of coverage in 2006 and 2016, 2019
[281] NITI Aayog, Decentralisation of ICDS Supplementary Nutrition Programme: Ensuring timely and quality nutrition to all beneficiaries in Odisha, 2015

integrated services. It went on to say that this large expansion in services was laudable given challenges such as decentralisation of implementation to the state level, high numbers and diversity of the population, constraints on funding, and lack of community awareness, among others. Overall, the reforms have increased coverage of the programme at a national level and reached marginalised groups, and with further scaling-up, the programme needs to focus on effective implementation to reach households from the lowest socioeconomic strata and women with low schooling levels, as these high-need groups are currently excluded in India.[282]

3.1.3.12. Impact on and Role of the Private Sector, Community/ Collectives/ Cooperatives

The private sector and philanthropies have played a significant role in undertaking innovations in AWS. Examples include Project Nand Ghar with Vedanta Foundation and Kitchen gardens at AWC in partnership with the Reliance Foundation. However, most of these partnerships and the role of the private sector has been State-specific leading to significant differences across the States regarding modalities of delivery, convergence, community and NGO participation, duration in-service hours, available infrastructure and facilities, incentives to honorary workers, selection processes etc. Private organisations and non-profits have also stepped in supplying goods, resources and training. In States such as Tamil Nadu, Public-Private Partnership (PPP) models are used for the production of the premix. The PPP model is of two kinds - a tripartite partnership with state-promoted cooperatives of women from low-income households and a private sector manufacturer; and partnership only with a private sector manufacturer.[283]

[282] Chakrabarti S., Raghunathan K., Alderman H., Menon P., Nguyen P., WHO, India's Integrated Child Development Services programme; equity and extent of coverage in 2006 and 2016, 2019
[283] Bhavani R.V., Parasar R., Food Distribution Value Chains under the Integrated Child Development Services, 2018

3.1.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Inadequate Anganwadi Infrastructure	• 50% of anganwadis do not have adequate open space, and 48% AWCs do not have adequate indoor space. • Only around 60% AWCs had adequate drinking water facilities within the AWC premise, and only 43% of the 261 AWCs had functional toilets. • Lack of effectiveness of AWS convergence with MGNREGS due to low-cost norms for AWC construction under MGNREGS guidelines. • Low budget limits for toilet construction in AWCs. • Inadequate budget provisions for electricity hamper the scheme's vision of modern, IT-enabled AWCs, low rentals for urban AWCs. • Currently, the AWC construction can only be done in convergence with (and partly funded by) MGNREGS. This has led to a slow-down in construction of new AWCs, particularly in urban areas, since MGNREGS is not operational in urban areas.	• Ensuring adequate **AWC infrastructure should be made a mandatory part of the Convergent Action Plans** (CAP) and be monitored monthly. • **Provision for electricity, water and other miscellaneous expenses to be increased** from Rs. 2,000 per year to at least Rs. 10,000 per annum. • **Solar roofs and solar panels should be installed in AWCs** to ensure sustainable, low-cost availability of electricity. **The private sector may be engaged for providing AWCs with solar panels/roofs in exchange for an annual rent**. Lessons from UN WOMEN project in Alirajpur and Burhanpur districts of Madhya Pradesh may be useful for this (Box 28). • Where possible, **co-location with schools should be encouraged for better integration** and to leverage infrastructure, especially in urban areas. • Revision of MGNREGS cost norms for construction of AWCs (in convergence with AWS) from Rs. 1 Lakh to Rs. 2 Lakh. These cost norms were revised downward from Rs. 2 lakh to 1 Lakh in 2017, without consultation with MWCD. • Reviewing and **revising the cost norms for construction of toilets in AWCs**. The current provision of Rs. 12,000 is low. • **Reinstating the provision of AWC building construction without MGNREGS convergence**, particularly in Urban Areas, since MGNREGS is only operational in Rural areas. • **In order to undertake large scale upgradation of the AWCs, the Ministry may look at constituting externally aided programmes in line with the World Bank funded ISSNIP, to drive modernisation of AWCs.**	**Medium-Term**	**MWCD for clarifications in guidelines;** **State Governments for leveraging the private sector to provide solar panels/solar roofs in AWCs** **MWCD and MoRD for MGNREGA convergence norms revision**

Inefficient SNP	• Leakages and inefficiencies in SNP procurement and delivery • Cost norms for SNP were last revised in 2017. It is understood that the revised norms were less than those sought by the MWCD and that a process was put in place to revise the SNP cost norms annually, considering cost indexation. • The low unit cost of THR also implies a lack of funds for transportation, high-risk premium (interests) and low financial viability for suppliers. • Pre-mixed THR can be repetitive and boring, and PLWs and children may lose interest in consuming the same pre-mix over and over again. Further, the powdered mix faces challenges of low quality and family sharing. • In decentralised THR procurement/ production models, there is a big challenge of quality control. There is a limited role of community in receipt of THR supplies at the AWCs or in conducting quality checks of the THR. • Between 2014-15 and 2018-19, SNP coverage reduced by 15.1% among children and 11.1% among PW&LMs.	• **Revising cost norms for SNP in line with inflation** since the last revision was undertaken in 2017. An annual indexation of SNP cost norms needs to be undertaken going forward. Additionally, MWCD should assess the need for additional increase in SNP cost norms for provision of fortified rice under the scheme in line with the recent decision of DoF&PD to provide fortified rice in the Anganwadi Services for which incremental cost is to be borne by the Anganwadi Services Scheme. • To address the issue of THR being used by other family members, **age-specific formulas can be labelled in a way that ensures consumptions by the targeted beneficiaries** only. (e.g. For consumption by pregnant women etc.) • In addition to the traditional models of centralised and decentralised SNP delivery, **test new models of THR delivery** to assess their efficiency and effectiveness. These may include: ○ **Utilising learnings from PMMVY to deliver cash directly to a beneficiary's Aadhar linked bank account**. This will need to be combined with multi-sectoral interventions focused on behaviour change around nutritious food habits during pregnancy, lactation and for infants, as well as strengthening supply chain to ensure last-mile availability of nutrition-dense food products. ○ **Using PDS delivery channels for SNP delivery** (Convergent model of MWCD + MCAFPD. All beneficiaries registered under ICDS-CAS can be provided digital vouchers on their mobile phones. ○ **Utilising PRI platform to deliver SNP to continue with the spirit of decentralised procurement of SNP**, whereby the Gram Panchayat/Ward Samiti is responsible for procurement of SNP for and delivery to the AWCs under	**Short-Term**	**MWCD and State Governments for initiating Pilots for SNP delivery models and revising SNP norms.** **MWCD for setting up a centralised Grievance Redressal mechanism for SNP** **State Governments to study successful HCM models and piloting in states.**

		its catchment. SNP funds may be remitted to the joint account of AWW/PRI. • **Mechanisms of Community Monitoring of THR and Social Audit mechanisms** should be strengthened, in line with the Jaanch Committees in Odisha. • **FSSAI and ICMR-NIN to be engaged to build capacity of PRI and AWS functionaries on maintaining and monitoring quality and hygiene of SNP/THR.** • **HCM guidelines to be updated to provide for minimum dietary diversity**. 'One Meal Programmes' incorporating learning from the *Aarogya Lakshmi* (Telangana), *Indiramma Amrutha Hastham* (Andhra Pradesh) and *Mahtari Jatan Yojana* (Chhattisgarh) can ensure adequate nutrition intake for PLWs as well as improve attendance at the AWCs. • Designing and widely publicising a **strong telephone/app-based grievance redressal mechanism** where beneficiaries, NGOs or independent monitors may record their grievances around SNP delivery in any part of the country.		
Weak ECCE Delivery	• A large indoor and outdoor space is advised by the guidelines, but there are only a few AWCs where requisite space is available. They do not have enough space for the children to play and learn properly. • Low capacity of AWWs to deliver quality ECE hampers its impact. • In urban areas, the aspirations of parents for a lively and secure pre-school with daycare for working parents. • Lack of standardised curriculum, learning standards/benchmarks	To improve the effectiveness and impact of ECCE component of the Anganwadi Services, a comprehensive rethink of the component is proposed. This may include: • **Enhancing the role of MHRD through the Samagra Shiksha Abhiyaan**. MHRD's enhanced role in ECE through the AWCs may include standardising the ECE curriculum, setting up learning standards/benchmarks for ECE, and provision of ECE facilitators at a cluster level (similar to LS) to oversee ECE delivery in AWCs; • Since it is found that AWWs and AWHs are not able to provide quality PSE to the children, **IT-enabled smart-classrooms in AWCs to deliver interactive, standardised learning and also impart English language skills** – alphabets, words, etc. needs to be mainstreamed. The content development for such	**Medium Term**	**MWCD**

	• ECE/PSE beneficiary numbers have dropped by 17.6% from 3.65 Crore in 2014-15 to 3.01 Crore in 2018-19. • Parents' preference for private pre-schools and nurseries due to better infrastructure and facilities.	smart classes may be facilitated by MHRD and workbooks etc. may continue to be provided through AWS. • A framework of **cost-sharing between beneficiaries, government and private providers can be explored**. Learnings can be drawn from the Balwadi Programme from Akshara Foundation may be used[284].		
Low Coverage in Urban Areas	• Out of 7075 ICDS projects, only 755 projects are urban with only 11% of AWCs catering to urban poor. • Despite the fast growth of the urban population, the uptake of ICDS in urban areas as compared to rural is low. Both rural and urban design parameters do not differ much (except rentals). • Beneficiary preference for using private PSE and health centres due to the perceived low quality of urban AWC services.	• Making AWS relevant to the urban context is crucial. **PPP models such as Mobile Crèches in Delhi[285], Sneha in Mumbai can be considered for scale-up.**[286] • **Anganwadi Hubs can be developed by combining 3-4 AWCs in areas with high population density**. With the pooled resources of 3-4 AWCs, affording rent of relatively bigger area with open space (or ground) is feasible. It will also help create synergies by combining the efforts of multiple AWWs who function together as a team and divide the work efficiently. In Delhi, 110 Hubs created by combining 390 AWCs. • In urban areas, since many women are working, **all urban AWCs should be made AWC cum Creche**, with adequate budgetary support to provide a one-stop solution for nutrition, ECE and child-care support.	**Short-Term**	**State Governments**
Monitoring and Supervision	• Even though the scheme has a robust monitoring mechanism, not enough focus has been given under the scheme on a systematic analysis of the data generated and utilisation of the same to make data-driven decisions.	• DPOs, CDPOs and LS **be trained on the use of monitoring data for improving scheme efficiency**, especially now that ICDS CAS will be able to provide trends in the improvement and a lot more outcome level data. • The focus needs to be shifted on **building mentoring capacities of the LS' through the ILA modules and on shifting the focus of supervision visits from check-lists to mentoring** AWWs for improved reach and effectiveness.	**Short-Term**	**MWCD**

[284] https://akshara.org.in/en/what-we-do/pre-school-programme/
[285] https://www.thebetterindia.com/2221/mobile-creches-caring-for-children-of-construction-workers/
[286] https://snehamumbai.org/wp-content/uploads/2018/12/SNEHA-Annual-Report-2017-18.pdf

	• No provision of capturing, monitoring, and utilising qualitative data on quality of services provided by AWCs • Supportive Supervision and mentoring aspect of LS' role suffers due to her being overworked, and the focus of supervisory visits on filling monitoring checklists.	Similar mentoring capacities should also be built for CDPOs and DPOs to build a supportive supervision culture under AWS. • Looking at ways to **automate data sharing between the RCH database of the MoHFW and the ICDS CAS database** to improve the efficiency of the scheme monitoring of impacts and outcomes. In the interim field level pilots (e.g. AAA application in Rajasthan, Antara Foundation)[287] should be taken up. • **Social Audits of AWS should be prioritised**; State governments should work with the Development Partners/NGOs/Donors in the state to facilitate and leverage funds for state-wide independent social audits of the scheme.		
Excess workload of the Staff	• There is excess workload on AWWs and AWHs as they are engaged in activities and delivery of more than 5 MWCD schemes. While their daily centre-based activities require 3-5 hours, there is a long list of outreach-based activities also to be completed (home visits, household surveys, attending monitoring meeting and training sessions). FLWs have a 7-8-hour workday. • 4 out of 6 components under ICDS are health-related. ASHAs came into existence in 2005. They are incentivized for offering services like ANC, home-visits, immunization, referral services etc. However, these services still form a part of AWWs	• Review the feasibility of adding a 3rd worker to the AWC (in case of business as usual). This worker could be: ○ **An additional Anganwadi Helper** – to support outreach activities and home visits; or ○ **leveraged through the National Creche Scheme** under an AWC cum Creche Model; or ○ **Provided by the MHRD to lead the delivery of the ECE/PSE** component in the AWCs • Examination of the existing staffing norms for all key jobs under the AWS, including AWW, LS and CDPO to determine the number of positions in each job. Three key analyses outlined below should be undertaken to establish staffing norms: ○ **Productivity analysis** for each key procedure undertaken by functionaries, for example, supervision of an AWC, growth monitoring, and home visits, to see how it can be improved, made more efficient, and if necessary, redesign the process.	**Medium-Term**	**MWCD**

[287] https://antarafoundation.org/integrated-aaa-app

	mandate leading to duplication of efforts. • At the CDPO level, due to vacancies, CDPOs are managing multiple projects (blocks with each having 100 plus AWCs), and LSs manage multiple sectors. • The ICDS Umbrella has grown manifold, and new programs added for the same managers, creating an agenda overload at all levels.	○ **Job analysis** based on a clear conceptual framework of the role of each functionary, taking into consideration the redesigned processes, involved in that particular job. Based on this analysis, the content of each job must be redesigned, if necessary. The job content so analysed and/or redesigned will also serve to form the basis for revising job descriptions. ○ **Workload analysis** to determine: (a) the number of beneficiaries that are to be served and the number of service units that must be delivered in every service area, assuming full coverage; and (b) the number of units of standard level service that can be delivered by a job holder within a given period in each job. • Clarity and **differentiation between the role of AWWs and ASHAs must be provided** with clearly identifies activities and responsibilities to generate efficiency gains on the ground.		
AWW and AWH Honorarium	• Low honorariums to the AWWs, which further affects their motivation and drive to deliver quality services. Workload analysis finds that the AWWs work for an average of 7-8 hours across the country, and yet their honorarium is calculated based on a half-day work.	• AWWs be treated as skilled workers and Helpers be treated semi-skilled workers and their honorarium be revised to provide them a decent living wage. • Even though minimum wage act is not applicable for AWWs and AWHs, due to the voluntary nature of their jobs, the appropriate honoraria for the AWWs and AWHs could be identified using prevailing wages in other rural economic roles (such as agricultural labourer). Given the increasingly technical role of the AWWs, with them potentially being responsible for delivering the standardised ECCE/PSE curriculum, it is important for the scheme to attract educated AWWs, which will need an increase in the honorarium. • The basis of calculation of AWW and AWH honorarium should be changed from half a day's work to a full day work, since they work almost 7-8 hours a day.	**Medium-Term**	**MWCD in consultation with State Governments**

		• The AWW honoraria could be enhanced by attaching outcome linked incentives to their fixed honoraria, instead of a fixed hike.		

3.2. POSHAN Abhiyaan

Summary of POSHAN Abhiyaan Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ POSHAN Abhiyaan aligns well with the National Nutrition Strategy (NNS) and the programming gaps of the nutrition-specific and nutrition-sensitive interventions on the ground. + It recognizes the criticality of interdepartmental convergence for the multi-sectoral issues of malnutrition to be addressed. + Components of POSHAN Abhiyaan plug gaps of the AWS scheme.
Effectiveness	Average	+ Convergence action plan committees have been constituted at all levels across the states sampled, and convergence action plans were drawn up for all levels, including the village, block, district and State. + The focus of the Abhiyaan on making Nutrition a 'Jan Andolan' has led to a large scale, multi-sectoral and convergent behaviour change campaign that has resulted in greater awareness on the importance of, and the key behaviours to be practised in the first 1,000 days. - Only 52.4% of respondents in the HH survey were aware of the Abhiyaan. - The level of awareness among the respondents about the importance of first 1000 days was also observed to be significantly low, particularly in Bihar, Delhi, Uttar Pradesh and Uttarakhand. - Lack of universal roll-out of ICDS-CAS (rolled out in 28 states out of 36 states and in 341 districts out of 719 across the country) and network issues limit coverage.
Efficiency	Needs Improvement	- Low fund utilization in majority states due to incomplete procurement of smartphones and GM devices. - High numbers of LS vacancies limit the implementation of RTM and ILA as well as training, hand-holding and mentoring of FLWs regularly.
Sustainability	Satisfactory	+ The design of the POSHAN Abhiyaan in a time-bound mission mode interwoven with the AWS and the primary health systems networks is sustainable in the long run if all interventions of the mission get absorbed within the long-term implementation of the larger programmes. - CAPs are reduced to merely filling up templates with (numeric) targets, and specific village plans are not concrete, and Block plans are merely replicated. - Unless AWS service quality standards are universalised, the POSHAN Abhiyaan will be limited to mass advocacy.
Equity	Satisfactory	+ The scheme is designed to reach out to all 'last mile' HHs and potential beneficiaries through a multi-sectoral model.

3.2.1. Background of the Scheme

Malnutrition is complex, multi-dimensional, intergenerational, and persistent. Despite being understood well in the context of India (see Table 34 below), addressing outcomes through large platforms such as the AWS scheme has been limited since improving supply side also needed side by side interventions to address the more difficult task of negotiating household-level nutrition seeking behaviours.

At the societal level, babies born to under-nourished mothers face a high risk of restricted foetal growth and death. Those who survive are likely to be stunted with a high probability of transmitting their poor nutrition status to their next-generation (Black et al., 2013). Therefore, the status of girls/women within the household, and their decision-making abilities, especially concerning their reproductive rights are critical for addressing nutrition behaviours.

There is enough scientific evidence indicating the importance of the first 1000 days of a child's life and is estimated that about 80% of the brain development takes place during this time, majority children start coming to the AWC after they are 3 years old. By then, precious time is lost, and it is already too late. There is little contact between the child and the system (barring routine immunisation by the ANM and visits by the ASHA worker in case the child is visibly sick) till the child attains 3 years of age.

Considering the multi-dimensional nature of malnutrition, convergence is the key. An analysis of the three biggest programmes in this area-ICDS, ICDS System Strengthening and Nutrition Improvement Project (ISSNIP) and National Health Mission (NHM) showed that there were only 39 common high-burden districts among them (NITI Aayog, 2017). The number is likely to be less if we consider the Swachh Bharat Mission (SBM). Lack of geographic convergence results in substantial loss of resources as well as sub-optimal results. Convergence and coordination among frontline workers (FLWs), especially those delivering health and nutrition services, is the key. The capacities of the FLW to deliver on the field needs to be enhanced. While all the programmes have in-built components of Social and Behaviour Change Communication (SBCC), counselling and health and nutrition-related education, these are generally neglected and receive less priority, mainly due to their intangible nature and the limited capacity of workers to deliver the same (Paul, Singh and Palit, 2018).

Table 35: Addressing malnutrition – the Political Agenda and Leadership

1993	National Nutrition Policy (NNP) is drafted and calls for inter-ministerial coordination for sectoral actions for nutrition.
1995	National Plan of Action on Nutrition (NPAN) is drafted.
1998	9th Five-Year Plan (1998-2002) assesses progress in achieving sectoral commitments to nutrition as outlined in NPAN.
2002-2003	10th Five-Year Plan (2002-2007) recommends setting up of a National Nutrition Mission (NNM) to coordinate and monitor implementation of the NNP. NNM set up in 2003.
2007	11th Five-Year Plan (2007-2012) is drafted. Makes no mention of NNP, NPAN, and the NNM.
2008-10	Prime Minister's National Council on India's Nutritional Challenges set up. Recommends multisectoral approaches in the 200 high-burden districts. Planning Commission convenes a regular multisectoral review mechanism.
2012-17	12th Five-Year Plan (2012-2017) is drafted. Following the National Council's recommendation, a multisectoral program in 200 high-burden districts is proposed. Also proposes sectoral actions for different ministries and setting up nutrition councils at state and district levels. December 1st- PM approves a 3-year NNM

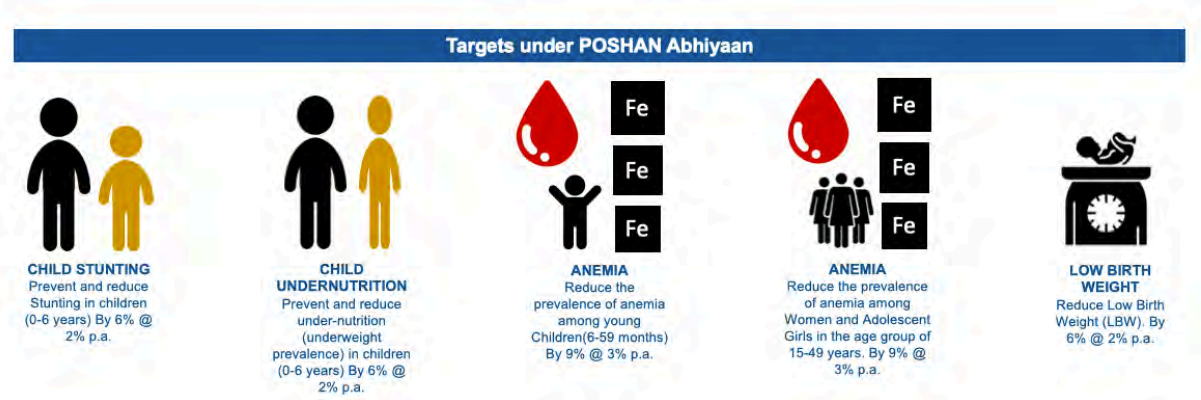
2018-19	26th February administrative guidelines for the NNM 25th May 2018, The NNM was renamed as POSHAN Abhiyaan
Adapted from the Policy Note – January 2014 – POSHAN led by IFPRI	

The POSHAN Abhiyaan launched in November 2017 as the NNM, is one of the key recent efforts to combat the dual nutrition burden by addressing supply-side challenges and focussing on-demand generation for nutrition services. It aims to bring about synergy between existing programmes for improving the nutritional status of the vulnerable segments of the population (Ramachandran, 2018).

Goals of POSHAN Abhiyaan

The goals of POSHAN Abhiyaan are to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers (PW&LM) in a time-bound manner between 2017-18 and 2020-21 with fixed targets.

Figure 49: POSHAN Abhiyaan targets



Source: POSHAN Abhiyaan Administrative Guidelines

Functions of National Nutrition Mission

- To act as an apex body for nutrition-related activities (for children under six years of age, PW&LM and adolescent girls (AGs)).
- Monitor and review implementation of all nutrition-related components across the line Ministries under Government of India/States/Union Territories (UTs).
- Periodical review of nutritional status of States/UTs and provide policy directions.
- Fix targets relating to nutrition in each scheme implemented by various Ministries.
- Real-Time Monitoring for alerts and prompt local interventions regarding under-nutrition, stunting and wasting.
- BCC/ECCE – Audio-visual aids to be provided for effective interventions through BCC and ECCE for children.
- Identify relevant gap-filling support to nutrition-related programmes.
- Suggest various nutrition-related components/actions improve nutrition status.
- Bring cohesion among various programmes run by various line Ministries and address convergence issues.
- Identify nutrition-related components in each scheme in consultation with the line Ministries.
- Prescribe/call periodical reports/returns on any nutrition-related component from the line Ministries and States/UTs (Information technology (IT) dashboard).
- ICDS-CAS/RCH Portal - synergy for data flow & interventions.

- Assess the causes of malnutrition in identified areas and plan for remedial actions.
- Review outcomes and suggest mid-course corrections required in the policy design.
- Track progress in key outcomes with an analysis of lagging States/UTs and supportive action.
- National Council for India's Nutrition Challenges to meet at least once in six months.

Monitoring Mechanism

POSHAN Abhiyaan aims at the convergence of all nutrition-related schemes (nutrition-specific and nutrition-sensitive) from the habitation level upwards, being implemented by different Ministries and Departments. NITI Aayog conducts monitoring and evaluation of NNM periodically through their 'Technical Support Unit' to assess the progress and impact of the programme.

Figure 50: Monitoring Mechanism for POSHAN Abhiyaan

Source: POSHAN Abhiyaan Administrative Guidelines

Components of the Abhiyaan

a. Information Computers Technology Enabled Real-Time Monitoring of Schemes (ICT-RTM)

The ICDS-CAS has been launched as the Software Application (ICT-RTM), which has two components (i) the mobile application made available to the field functionaries preloaded on mobile phones and (ii) a six-tier monitoring dashboard for desktops. The application is designed to monitor Anganwadi Services (AWS) Scheme delivery and supports evidence-based decision making for improving nutrition outcomes at all levels through timely interventions. The software allows the capture of data from the field on electronic devices (mobile/tablet) regularly. This information is available to the States and MWCD on a real-time basis on web-based dashboards.

Figure 51: Salient Features of ICDS-CAS

Source: NNM Administrative Guidelines

States and UTs are expected to procure mobile phones, tablet and growth monitoring devices as part of the allotted funds. To ensure timely implementation and transparency, the procurement of smartphones, tablets and growth monitoring devices is carried out through GeM portal.

Procurement of Smart Phones and Tablets: All AWWs are to be equipped with a smartphone and LSs with a tablet each. These devices are procured at the State/UT level and pre-loaded with the application software. SIM Cards and data connectivity plan for the devices are also procured at the State/UT level. It is expected that as data connectivity costs decline, 4G connectivity will be provided where feasible.

Growth Monitoring Devices: To ensure accurate records of weight and height to be maintained at all AWCs for beneficiaries (PW&LM, mothers, new-born babies and children up to 6 years), devices are also to be procured at the state levels. AWWs record the weight and height every month through the software application to track undernutrition, stunting and wasting. The devices include (i) Infantometers, (ii) Stadiometer, (iii) Digital Weighing Scales (infant), and (iv) Digital Weighing Scales (mother & child).

Training of Resources: The ICT-RTM Component involves training for all stakeholders in a State/UT. The AWWs go through detailed training sessions delivered by their respective LS. These LS, in turn, are trained as Master Trainers by the Software Development Agency/partner agencies identified by MWCD. Separate training sessions are conducted for officials at State/District/Block level on dashboard reports and their interpretation.

Establishment of Helpdesks: Keeping in mind the scale of the Mission, to resolve issues during the initial stages of the program, helpdesk personnel are to be on-boarded at State, district and block levels to support the state team. The helpdesk personnel through the issue tracker escalate and resolve issues to the next level. A detailed training program is conducted for the helpdesk officials at all the three levels to equip them with troubleshooting.

Discontinuation of ICDS Registers at AWCs: At present AWCs maintain 11 registers in which the service delivery and record of beneficiaries are retained. 10 out of these (except the stock register) have been digitised as part of the software application. Only one Register to maintain a monthly summary of AWC activities is retained in physical form.

Sharing of Data Between ICDS-CAS and RCH Portals: Both the Ministries, MWCD and MHFW are working towards a 'shared database' of their MIS Portals, i.e. ICDS-CAS and RCH. This is critical to achieving the necessary convergence.

b. Training and Capacity Building

Incremental Learning Approach (ILA): Since the range of skills and tasks to be learnt by FLWs for effective programme implementation is quite substantial, and since adults naturally learn by doing rather than through theory alone, the proposed system envisages breaking down the total learning agenda into small portions of doable actions. The approach is to build incrementally on small amounts of learning at a time until all skills, understanding and actions have been put into regular practice, and have been internalised by the functionaries. Finally, a supportive supervisory mechanism is put in place. The ILA training has been structured across 21 Modules and is implemented in States/UTs at the following levels:

a) State Resource Groups (SRG) – Every 45 days
b) District Resource Groups (DRG) – Every 45 days
c) Block Resource Groups (BRG) – Bi-Monthly
d) Sector Level (AWWs) – Bi-Monthly

Learning and Management Solution (LMS) - e-ILA: A comprehensive training and evaluation web-based learning portal for the field functionaries, has also been developed. The website is

hosted at www.e-ILA.gov.in. The software was deployed in a phased manner from FY 2017-18. The objective of this LMS is as under:

a) To provide a learning system by transforming the training material to e-learning modules and mobile nuggets that would help the supervisors and AWWs to get trained and certified in the respective areas to function effectively.
b) An android based mobile learning app that can be easily installed on the mobile for learning. The app is pre-loaded with learning nuggets. It can track learner progress and can be synced to the main LMS server.
c) Provide comprehensive reporting system for different users across the system.

c. Community Mobilisation and Behaviour Change Communication (BCC)

To address the problem of stunting, under-weight and wasting, especially in children, through a multi-pronged approach by bringing grass-roots synergy and convergence, the following activities are prescribed under the scheme:

a) **Community-Based Events (CBE)** for Critical milestones in the first 1000 days to be organized to promote and support behaviour change and improve maternal and child nutrition. Each AWC to organize two CBE events every month and Rs. 250 to be reimbursed for the same.
b) **Information Education and Communication (IEC) and advocacy** to create awareness and disseminate information regarding the benefits available under the various nutrition and health-related government schemes and to guide the citizens on how to access them. The objective is also to encourage health and nutrition seeking behaviour among masses through promotive and preventive healthcare. The IEC strategy caters to different needs of the rural and urban masses. Separate funds to be allotted for this purpose at Centre and State level. The IEC activities are done through print media, television, AIR and Social Media Campaigns.
c) **Jan Andolan**: focusses on converting the agenda of improving nutrition into a Jan Andolan through the involvement of Panchayati Raj Institutions/Villages Organizations/SHGs etc. and ensuring wide public participation.

Innovation

Based on the experience of AWS and the identification of existing gaps, particularly on the soft side of the programme, a few activities are to be undertaken at project scale to improve the service delivery system, capacity building of frontline functionaries and community engagement for better nutritional outcomes. Separate funds have been earmarked for the development and implementation of innovations and pilots, particularly showing the convergent nutrition action to achieve one or more desirable nutritional results. The successful pilots to be taken up for scaling up in similar contextual specificities on a broader platform.

Performance Incentives

For the achievement of specific targets, including yearly milestones under the scheme, the following performance incentives have been included in its design:

Incentive to States: Annual monetary incentives to be given to States/UTs which achieve the goals in improving the nutritional status of the targeted beneficiaries. The incentives proposed are based on the population of the State (Census: 2011). The performance is to be assessed based on data collected in surveys conducted from time to time (NFHS, DLHS, AHS, NNMB ICDS, etc.). The States/UTs which are incentivised, may, in turn, incentivise the better performing Gram Panchayats who have contributed to improving the indicators.

Table 36: Financial Incentives

Population of the State/UT	Incentives
Up to 1 Crore	Rs. 10 Crore
1-3 Crore	Rs. 15 Crore
3-7 Crore	Rs. 20 Crore
More than 7 Crore	Rs. 30 Crore

Cash Award for Frontline Functionaries: The field functionaries, i.e. AWW, AWH, ASHA, ANM and Lady Supervisor who participate as a team in achieving the targeted goals, reducing the level of under-nutrition and contribute significantly in other child health and development activities are to be incentivised by way of annual cash awards of Rs. 2.5 lakh per team (@ Rs. 50,000 each).

Incentive to AWW for Implementing ICT-RTM: To encourage AWWs to adopt ICT-RTM, an incentive fund of Rs. 500 has been earmarked for each AWW per month linked to the achievement of certain milestone/targets like, correct entry of data, carrying out house visits, etc.

Flexi Activities

POSHAN Abhiyaan holistically covers all aspects of nutrition interventions across the country. However, to provide flexibility to the States/UTs to meet local needs and requirements and to strengthen ICDS systems and capacities to deliver quality services, improve monitoring and supervision, facilitate community engagement and innovations, State/UTs can utilize flexi-funds as per their discretion.

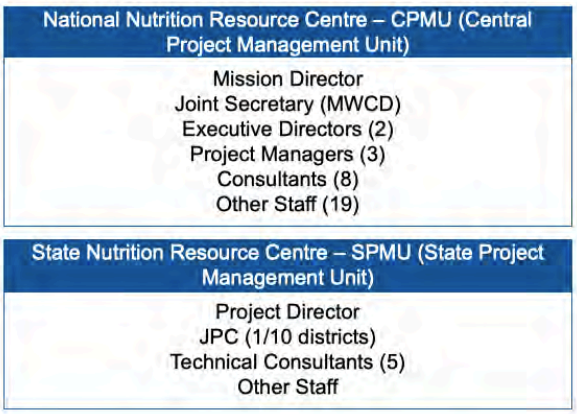
Citizen Engagement and Grievance Redressal Mechanism

A Call Centre is to be set up at the Central Project Management Unit (CPMU) to redress beneficiaries' grievances as well as monitor and follow-up on the nutritional indicators resulting in targeted action.

Institutional Mechanism

To ensure timely and smooth implementation, as well as, effective monitoring of the Mission, institutional mechanisms at the central, state, district and block levels have been constituted.

Figure 52: Institutional Mechanism



Source: POSHAN Abhiyaan Administrative Guidelines

Financial Outlay and Cost Sharing

POSHAN Abhiyaan's total budget outlay is Rs. 9046.17 crores with GoI share of Rs.2849.54 crore for the three years from 2017-18 to 2019-20. Distribution of financial allocation across these years has been reflected in Table 36.

Table 37: Fund Allocation across 3 Years

Year	NNM
2017-18	Rs. 3108.43
2018-19	Rs. 3684.70
2019-20	Rs. 2253.04
Total	Rs. 9046.17
GOI Share	Rs. 2849.54

Source: NNM Administrative Guidelines

The cost-sharing ratio for International Bank for Reconstruction and Development (IBRD)/Multi-lateral Development Banks (MDBs), Government of India, and States/UTs has been indicated in Table 37 below.

Table 38: Cost Sharing Ratio

Category	Funds from IBRD/MDB	GoI	States/UTs
For activities to be carried out at Central level	50%	50%	00
For States/UTs with legislature	50%	30%	20%
For NER and the Himalayan States	50%	45%	5%
For UTs without legislature	50%	50%	00

Source: NNM Administrative Guidelines

3.2.2. Performance of the Scheme

3.2.2.1. Relevance

POSHAN Abhiyaan aims to reduce stunting, under-nutrition, anaemia, and low birth weight across high malnutrition burden districts. It recognises the need for multisectoral convergence and lays a platform so that the benefits of government schemes and programs (nutrition-specific and nutrition-sensitive) reach women and children in the first 1000 days. The scheme lays out targeted determinants of nutritional outcomes of the concerned schemes and programs. The NNS has brought POSHAN Abhiyaan at the centre of India's fight against malnutrition. The components of POSHAN Abhiyaan – Use of ICT to improve monitoring of AWCs and their services, community mobilisation and BCC, improved capacity building and training of AWWs and performance incentives for frontline workers plug the gaps that the AWS scheme has been suffering from for long. The interventions of POSHAN Abhiyaan are designed to rejuvenate the AWS system by ensuring service quality and effectively and optimally operationalizing it. **The evaluation finds POSHAN Abhiyaan's Relevance to be 'Satisfactory'** and in line with the national and international priorities.

International Priorities

The Sustainable Development Goals (SDGs) shifted the focus from reducing mortality to ensuring healthy living and wellbeing (SDG Goal 3: Good health and Well-being). The Global Strategy for Women's, Children's and Adolescent's Health 2016-30 called for a transformative change from the MDGs to the SDGs, advocating a continuum of ***survive*** (ending preventable deaths) – ***thrive*** (realising health and rights in all settings) – ***transform*** (people-centred movement for a comprehensive change) (WHO, 2015). Acknowledging the prevailing challenges of poverty, poor nutrition and insufficient access to clean water and sanitation as well as quality health services, the WHO called for a 'grand convergence' to make this transition (WHO, 2016). The World Health Assembly also unanimously endorsed 6 ambitious maternal, infant, and young child nutrition targets[288] to be achieved by 2025 (Menon et al., 2017).

[288] World Health Assembly targets: 1. 40% reduction in the number of children under 5 who are stunted; 2. 50% reduction in anemia among women of reproductive age; 3. 30% reduction in low birth weight; 4. No increase in childhood overweight; 5. Increase the rate of breastfeeding in the first 6 months to at least up to 50%; and 6. Reduce and maintain childhood wasting at less than 5%.

National Priorities

Despite substantial economic growth in India over most recent decades, chronic malnutrition (stunting) in children under five years of age reduced by only one-third between 1992 and 2016 and remains alarmingly high, with 38.4% children stunted in the country (NFHS 4).

Improving the health and nutrition of people in the country has long remained a key priority for the GoI. The government has identified nutrition as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns[289]. The NNS[290] identifies nutrition as being *"central to the achievement of other National and Global Sustainable Development Goals".* It places the strong impetus on preventing undernutrition as early as possible to avert irreversible cumulative growth and development deficits that compromise maternal and child health and survival and undermine the achievement of optimal learning outcomes in elementary education, impairing adult productivity and undermining gender equality.

High levels of maternal and child undernutrition in India have persisted despite strong constitutional, legislative policy, plan and programmatic commitments. Legislations such as the National Food Security Act 2013 mandating food and nutrition entitlements for children, pregnant and breastfeeding mothers with maternity support and the infant milk substitutes, feeding bottles and infant foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 provide a strong policy framework for protecting, supporting and promoting nutrition interventions – especially during periods of greatest vulnerability for children and women. The NNS 2017, complemented by other policies such as the National Health Policy 2002, the National Policy for Children, 2013 provides a strong foundation for addressing the immediate and the underlying determinants of undernutrition through both direct interventions and indirect interventions. The Twelfth Five Year Plan reinforced the commitment to preventing and reducing child undernutrition (underweight prevalence in children aged 0-3 years), articulated as one of its core monitorable targets, binding multiple sectors and States to collective action.

The NNS acknowledges that one of the biggest challenges India currently faces is the burden of malnutrition and that the impact of malnutrition on health, well-being, productivity and longevity is well known. It is estimated that for every $1 spent on health and nutrition, the returns are as much as $16. Despite several programmes targeted towards improving the health and nutrition of women and children, the problem continues to persist. The strategy lays down a roadmap for effective action, among both implementers and practitioners in achieving our nutritional objectives. The NNS framework envisages a Kuposhan Mukt Bharat- linked to Swachh Bharat and Swasth Bharat. Specific nutritional interventions under Kuposhan Mukt Bharat are Infant and Young Childcare and Nutrition, Infant and Young Child Health, Maternal Care, Nutrition and Health, Adolescent Care, Nutrition and Health, addressing micronutrient deficiencies–including anaemia and Community nutrition.

Anemia also continues to be a severe public health problem among women, adolescent girls and young children in India. In addition to increased morbidity and negative effects on physical well-being, anaemia is associated with delayed mental and psychomotor development and an increased risk of maternal mortality (WHO, 2017). Poor nutrition, leading to iron deficiency, is

[289] Niti Aayog (2017). Nourishing India – National Nutrition Strategy. New Delhi. Government of Indi a
[290] https://niti.gov.in/writereaddata/files/document_publication/Nutrition_Strategy_Booklet.pdf

the principal underlying factor in more than 60% of all anaemia cases (Kasselbaum, 2016). IIPS, 2017 highlights that more than half of all women of reproductive age and children under five years are anaemic. The estimated 447 million persons with anaemia, causes India to contribute almost one quarter to the global burden as calculated by the Global Burden of Disease in 2016 (Kasselbaum, 2016).[291]

The launch of POSHAN Abhiyaan by the Prime Minister in a mission mode is symbolic, reflecting commitments and prioritisation given at the highest levels in eliminating malnutrition and anaemia from the country. Further, the components of POSHAN Abhiyaan – use of ICT to improve monitoring of AWCs and their services, community mobilisation and BCC, improved capacity building and training of AWWs and performance incentives for frontline workers plug the gaps that the flagship child nutrition and development scheme – AWS scheme has been suffering from for long.

3.2.2.2. Effectiveness

The POSHAN Abhiyaan has only been operational for around two years, but it has been moderately effective in delivering the services and in meeting its targets. The Abhiyaan's focus on making Nutrition a *'Jan Andolan'* has resulted in a large scale, multi-sectoral and convergent behaviour change campaign that has resulted in a greater awareness of the importance of, and the key behaviours to be practised in the first 1,000 days. One of the areas where the Abhiyaan has shown limited effectiveness is the procurement of supplies such as Growth Monitoring Devices and mobile phones at the AWC level. Even two years after the launch of the POSHAN Abhiyaan, the Mobile Phones have only been provided about half the AWWs, and the GM devices to around 60% of AWWs. The main reasons for this delay have been procurement challenges at the state level. The delays have had an impact on ensuring that quality growth monitoring happens at the AWCs and good quality real-time data is available, to enable data-driven decision making. While the POSHAN Abhiyaan has been effective in making the fight against nutrition a household theme and a people's movement, due to the challenges of the slow rollout of supplies and infrastructure provisions, **the evaluation finds the effectiveness of the POSHAN Abhiyaan to be 'Average'.**

Output-Outcome Monitoring Framework

As per the framework, the output targets for AWCs covered through RTM, number of AWWs trained for CAS, households registered under CAS and districts where the Abhiyaan has been rolled out in quarter 1, show significant achievement. However, indicators related to the number of children with weight, height, length and age recorded on the ICDS-CAS, indicate moderate performance.

Table 39: Outputs 2019-20

Indicator(s)	Target 2019-20 Q1	Achievement 2019-20 Q1	% Target Achievement Q1	Target 2019-20
1.1 Number of AWCs covered through real time monitoring that are updating information regularly	3,42,500	3,56,020	104%	13,70,000
1.2 Number of AWWs completed training for ICDS CAS	3,42,500	3,56,020	104%	13,70,000

[291] Comprehensive National Nutrition Survey 2016-18

Indicator(s)	Target 2019-20 Q1	Achievement 2019-20 Q1	% Target Achievement Q1	Target 2019-20
1.3 Number of beneficiaries registered household-wise, by name and linked with UID	1,25,00,000	3,92,69,610	314%	5 crores (approx.)
1.4 Number of children weighed in ICDS-CAS	1,75,02,945	98,95,718	57%	7,00,11,781
1.5 Number of children with height/length recorded in CAS	1,48,45,719	90,29,406	61%	5,93,82,876
1.6 Number of children with age recorded in ICDS- CAS	1,48,45,719	90,29,406	61%	5,93,82,876
2.1 Number of districts covered by roll-out of NNM	179	195	109%	719

Indicator(s)	Target 2019-20
3.1 Number of ECs conducted	8 (To be held after every 45 days) *As per NNM administrative guidelines
3.2 Number of National Nutrition Council Meetings held	4 to be held after 3 months * As per NNM Administrative Guidelines
3.2 Number of joint meetings of Secretaries of Ministries under Chairmanship of Cabinet Secretary	4 (Quarterly Review)
3.3. Number of levels covered by joint guidelines	6 levels (National, State, District, Block, Sector & AWC)
3.4 Number of joint monitoring visits conducted	10 per year by CPMU Staff
3.5 Number of State Convergence Plans created	36 (Mandatory)
3.6 Number of District Convergence Plans created	719 (Mandatory)
4.1 Number of states provided with performance incentives under NNM	20 as per rollout of CAS
4.2 Number of Gram Panchayats provided with performance incentives under NNM	NIL
4.3 Number of frontline workers provided with performance incentives under NNM	116762 (based on data till May 2019)
5.1 Number of villages conducting 3 VHSNDs in the last quarter	640867 villages (As per VHSND guidelines issued by MoHFW)
5.2 Number of beneficiaries reached through VHSNDs in the last quarter	53027739 (As per Jan Andolan Dashboard till May)
6.1 Number of inbound calls received	18063 as on May 2019
6.2 Number of inbound calls addressed/resolved at Call Centre level	34 (from April 2018 to May 2019)
6.3 Number of inbound calls escalated for resolution	653 (from April 2018 to May 2019)
6.4 Number of inbound calls resolved after the escalation	34 (from April 2018 to May 2019)
6.5 Number of inbound calls unresolved	619 (from April 2018 to May 2019)
6.6 Number of outbound calls placed for intervention with implementing agencies	11,12,327
7.1 Number of State Nutrition Resource Centre-SPMUs functional	36; # Provided all States/UTs implement POSHAN Abhiyaan
7.2 Number of CPMUs functional	1
9.1 Total number of AWCs having weighing scales	1370000; # Provided all States/UTs implement POSHAN Abhiyaan
9.2 Total number of AWCs having all four growth monitoring devices	1370000; # Provided all States/UTs implement POSHAN Abhiyaan
10.1 Number of community outreach events organised (nukkad natak, local folk songs, drama, dance, storytelling)	3,28,80,000

Indicator(s)	Target 2019-20
10.2 Number of AWCs that organised at least one community- outreach event in the last quarter	1370000
10.3 Number of AWCs that organised three community- outreach event in the last quarter	1370000
10.4 Number of outdoor media collaterals placed (wall paintings, hoardings, bus panels, LED scrolls)	5 Hoardings per State on different themes in 17 languages. Placed during PM only.
10.5 Number of Blocks with outdoor media collaterals placed in the last quarter	7074; # Provided all States/UTs implement POSHAN Abhiyaan
10.6 Number of people reached/impressions on social media channels	25 crores (based on beneficiaries who accessed social media channels during POSHAN Maah)
10.7 Number of TV spots run during prime-time	10 spots (during prime-time (7-11 pm))
10.8 Number of radio spots run	10 spots (during prime-time (7-11 pm))
10.9 Number of prints ads run	10 in different languages
10.10 Number of social media impressions	25 Crore Continuous Process
10.11 Quantity of AV material produced	993 audio-voice overs; 6 Counselling video & 6 Training Video
11.1 Number of AWWs covered by ILA approach	1370000; # Provided all States/UTs implement POSHAN Abhiyaan
11.2 Number of AWWs using e-ILA platform	1370000; # Provided all States/UTs implement POSHAN Abhiyaan
11.3 Number of field functionaries trained using ILA	1421680 (AWW - 1370000 LS - 51680)
12.1 Number of SAM children provided with Community-based care for SAM	1,91,391
12.2 Number of AWCs running CMAM programs	1370000; # Provided all States/UTs implement POSHAN Abhiyaan
12.3 Number of young children provided with home-based care (HBYC)	HBYC data is available with MH&FW. However, the number of Home Visit data captured in percentage, i.e. 58% (3022270/5196315)

Table 40: Outcomes 2019-20

Outcome	Indicator(s)	Target 2019-20
1. Strengthened ICDS policy framework, systems and capacities, and improved community engagement, for greater focus on children under three years of age	1.1 Number of children (boys and girls) under ICDS CAS who are Normal weight	7500000 approx.** *Calculation based on trend analysis of last five months (Jan19-May19) *Number of children moving in/out of SAM & MAM/ keep changing
	1.2 Number of children (boys and girls) under ICDS CAS who are Moderately malnourished (-2SD up to -3SD)	400000 approx.** *Calculation based on trend analysis of last five months (Jan19-May19) *Number of children moving in/out of SAM & MAM/ keep changing
	1.3 Number of children (boys and girls) under ICDS CAS who are Severely malnourished (<- 3SD) based on WHO growth charts.	1,80,000** * Calculation based on trend analysis of last five months (Jan19-May19) * Number of children moving in/out of SAM & MAM/keep changing
2. Reduce the level of stunting, under-nutrition, anaemia and low birth weight babies	2.1 Reduction in Stunting by 2% per annum	2%
	2.2 Reduction in under- nutrition (underweight) by 2% per annum	2%
	2.3 Reduction in anaemia among young children by 3% per annum	3%
	2.3 Reduction in anaemia among women and adolescent girls age 15-49 years by 3% per annum	3%

Outcome	Indicator(s)	Target 2019-20
	2.4 Reduction in low birth weight by 2% per annum	2%
3.Community Mobilisation and Behavioural Change	3.1 Number of people reached through community outreach events	25 to 30 lakhs
	3.2 Number of people reached through outdoor collaterals	25 to 30 lakhs
	3.3 Number of people reached through mass media	25 to 30 lakhs

Apart from the two outputs, all the remaining outputs are monitored annually and therefore, no data was available to the evaluation team for them. Similarly, outcomes targets are set annually and are assessed at the end of the year, as stated by MWCD officials.

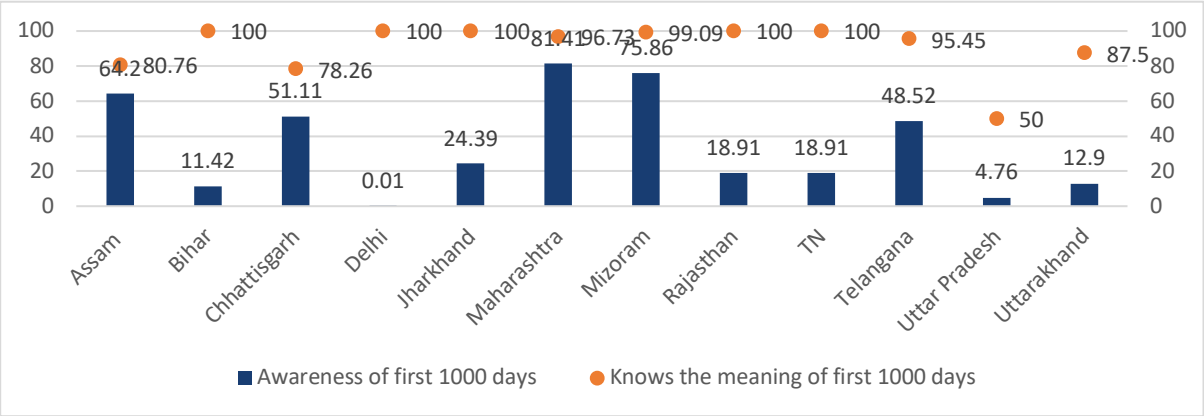
Awareness Levels Among Beneficiaries

The household survey conducted as part of the study revealed that 52.4% of respondents were aware of the scheme with a maximum number of respondents informed by FLWs. Majority AWWs shared that they provide information about POSHAN Abhiyaan to the beneficiaries during meetings at the AWCs (32.2%) and home visits (31.3%) and during VHSNDs (21.8%). This underscores that AWWs/ASHAs/ANMs are a significant means of spreading awareness, especially among women and children due to their engagement with the community.

Awareness and Information About the First 1000 Days

In majority states, the level of awareness[292] among respondents about the importance of first 1000 days was observed to be significantly low, particularly in Bihar, Delhi, Uttar Pradesh and Uttarakhand. Knowledge[293] about the significance of the first 1000 days in a child's life was found to be limited, even among respondents who knew it is an important phase as they could not share why is it important. For instance, in Assam, Telangana and Uttar Pradesh, majority of respondents who were aware of the importance, did not know the reason for the same. This highlights gaps in the effectiveness of the awareness generated under the program. On the other hand, in Bihar, Jharkhand, Mizoram, Rajasthan and Tamil Nadu, though a small proportion was aware of the importance, all of them knew that first 1000 days is the period from pregnancy to the second birthday of the child when it is critical to ensure complete nutrition and care of mother and child.

Figure 53: Awareness and knowledge about the importance of first 1000 days



Source: Primary Data Analysis

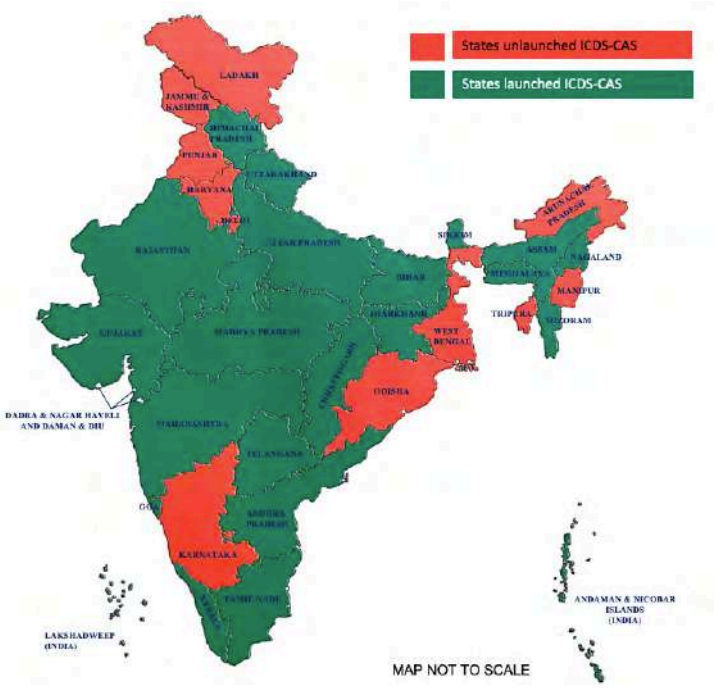
[292] Village level HH survey question: Are you aware of the importance of 1000 days with respect to mother and child nutrition?
[293] Village level HH survey question: What does "first 1000 days" mean? (to be marked yes if 1000 days defined correctly i.e. "1000 days is period from pregnancy to second birthday of child when it is critical to ensure complete nutrition of mother and child")

ICT Enabled Real-Time Monitoring (ICT-RTM)

Roll out of ICDS-CAS

As per data provided by MWCD, till 31 March 2020, ICDS-CAS had been rolled out in 28 states, with 349 districts and 6.32 lakh AWCs covered. This indicates that after 2 years of implementation of the scheme, till date only about 45% AWCs have been covered under ICDS-CAS (there are 13.99 lakh AWCs in total). In States like Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh, significant proportions of districts have not been covered under ICDS-CAS. This can be attributed to multiple challenges faced in rolling out ICDS-CAS, including delays in procuring smartphones and tablets, their upkeep and network issues. Between March 2019 and March 2020, 4.76 lakhs smartphones were procured, and 4.15 lakh more AWCs were covered under ICDS-CAS. This indicates that though a significant improvement has been made in terms of the roll-out, the efforts will have to be strengthened and sustained to ensure universal coverage.

Figure 54: States Rolled out ICDS-CAS

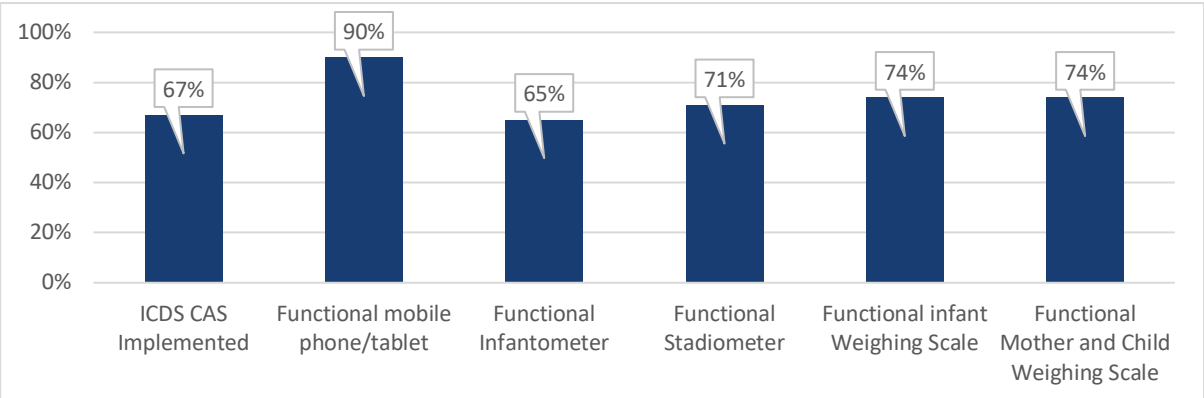


Source: MWCD Dashboard, accessed 20 February, 2020

Roll Out of Growth Monitoring Devices

Between March 2019 and March 2020, 7.31 lakh growth monitoring devices have been procured (1.29 lakhs in 2019 to 8.6 lakhs in 2020). The AWC survey undertaken as part of the present evaluation underscores that of the total 261 AWCs surveyed, around 67% (176) had access to ICDS CAS, and around 98% of the AWWs have been trained on the use of ICDS CAS. Of the 176 AWCs where ICDS CAS had been rolled out, 10.2% AWWs reported malfunctioning mobile phones/tablets, making it difficult for them to update records. The survey also found that only 65% AWCs had functioning infantometers, 71% had functional stadiometers, 74% had functional infant weighing scale, and around 74% AWCs had functional mother and child weighing scale.

Figure 55: Procurement of GM Devices under POSHAN Abhiyaan



Source: Primary Data Analysis

Procurement of Smartphones

As per MWCD data, 48% AWWs and 50% Lady Supervisors have been provided smartphones till 31 March 2020. The state-wise comparison indicates that, while several states have started to procure smartphones, the speed is slow. On the other hand, procurements in Andhra Pradesh, Gujarat, Himachal Pradesh, Maharashtra, Meghalaya and Tamil Nadu, for both AWWs and Lady Supervisors have been completed. MWCD Officials stated that efforts are being made to complete training and operationalisation of ICDS-CAS in the States that are already possessing smartphones. Remaining states have been requested to complete the bidding process at the earliest and procure the Smartphones.

Figure 56: All India Status of Smartphone Procurement

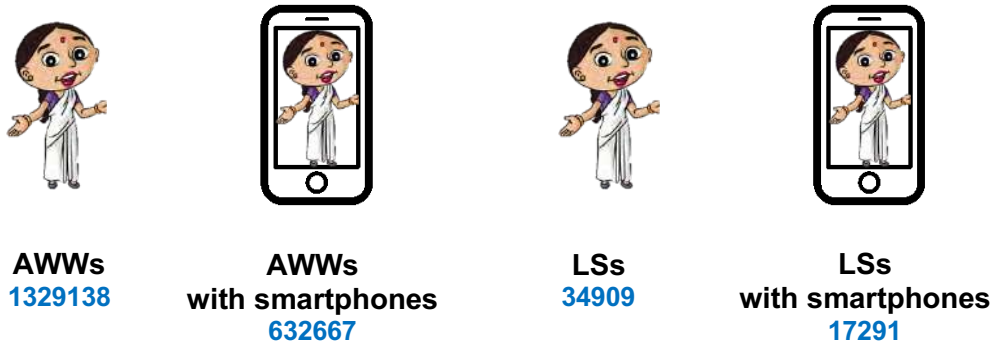


Table 41: Status of Procurements of Smart-Phones for AWWs and LS across States/UTs

State/UTs	% AWWs with Smartphones*	% LS with Smartphones*	State/UTs	% AWWs with Smartphones*	% LS with Smartphones*
Andaman and Nicobar Islands	100%	25%	Lakshadweep	100%	0%
Andhra Pradesh	103%	157%	Madhya Pradesh	29%	15%
Arunachal Pradesh	0%	0%	Maharashtra	104%	129%
Assam	42%	0%	Manipur	0%	0%
Bihar	95%	104%	Meghalaya	100%	110%
Chandigarh	100%	100%	Mizoram	100%	66%
Chhattisgarh	21%	27%	Nagaland	96%	69%
Dadar and Nagar Haveli	100%	367%	Odisha	0%	0%
Daman and Diu	100%	0%	Puducherry	109%	0%
Delhi	103%	0%	Punjab	0%	0%
Goa	105%	0%	Rajasthan	36%	39%
Gujarat	103%	123%	Sikkim	63%	88%
Haryana	0%	0%	Tamil Nadu	111%	141%
Himachal Pradesh	101%	120%	Telangana	33%	16%
Jammu and Kashmir	0%	0%	Tripura	0%	0%
Jharkhand	30%	34%	Uttar Pradesh	30%	27%
Karnataka	0%	0%	Uttarakhand	101%	40%
Kerala	100%	82%	West Bengal	0%	0%
Ladakh	0%	0%			

Source: MWCD Dashboard

Given the challenges of large-scale timely procurement, it is worth looking at initiatives that have allowed for better ownership of technology by rural women in India. The Smart Snehidi Programme[294] project in Tamil Nadu is a good example that can be used in the POSHAN Abhiyaan to encourage AWWs to use their own phones that are subsidised by project funds.

Use of Technology

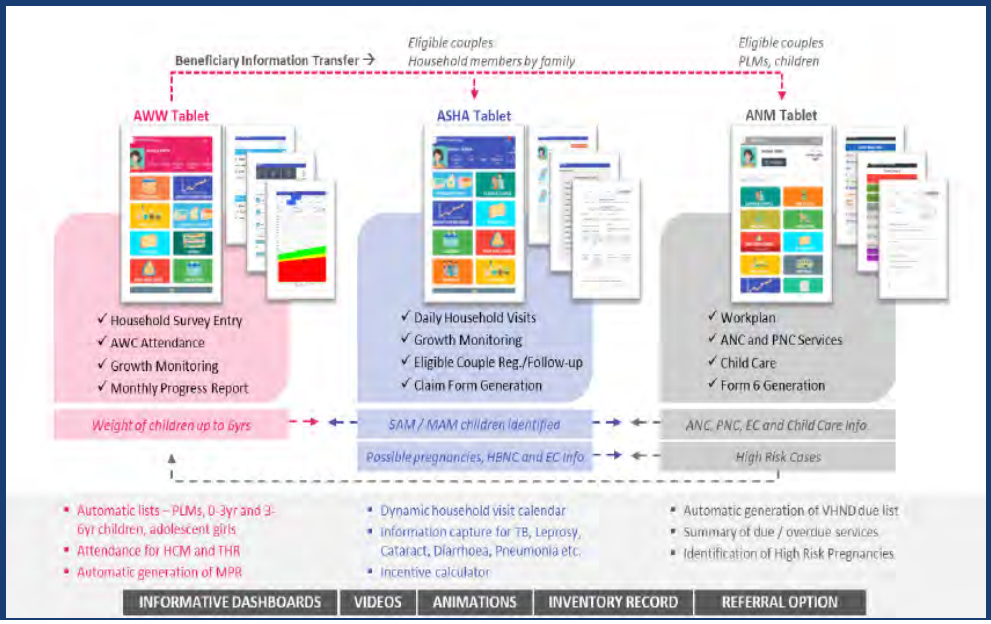
Out of the 261 AWCs surveyed, in 89.9% centres, the devices (smartphones/tablets) provided for uploading data in ICDS-CAS were functional. 49.04% of centres were maintaining records digitally, of which 37.09% were sharing data with state/district HQ digitally. However, 41.4% stated there are network connectivity issues that hinder the operations of CAS. Of the 119 AWWs that were using ICDS-CAS, a majority (78.9%) found the app user-friendly.

However, across all AWCs surveyed, 89.1% of AWWs using mobile/tablet shared that they are still maintaining records manually, leading to duplication of work and thus only around half of them (63.03%) at this point agreed that CAS had reduced their workload. Development Partners and state-level officials shared the view that till the ICDS-CAS is rolled out universally, and all the data is uploaded on only one software, the AWWs' time will be consumed in updating data on multiple platforms and also maintain the registers.

Box 46: Learnings from the States: AAA App in Rajasthan

Until the national level merger of the portal happens innovative approaches such as achieved by the Antara Foundation in Rajasthan can be initiated at the sub-national levels through flexi funds of the Abhiyaan.

The Project has demonstrated that at the sub-national level convergence between ICDS and health can be substantially improved through technology. The Integrated AAA App is a unique solution which digitally links the three government frontline health workers in each village. These are the ANM, the ASHA, and the AWW - they are together referred as the AAA. The diagram below explains how the three workers monitor all critical benchmarks of the ICDS and health services.

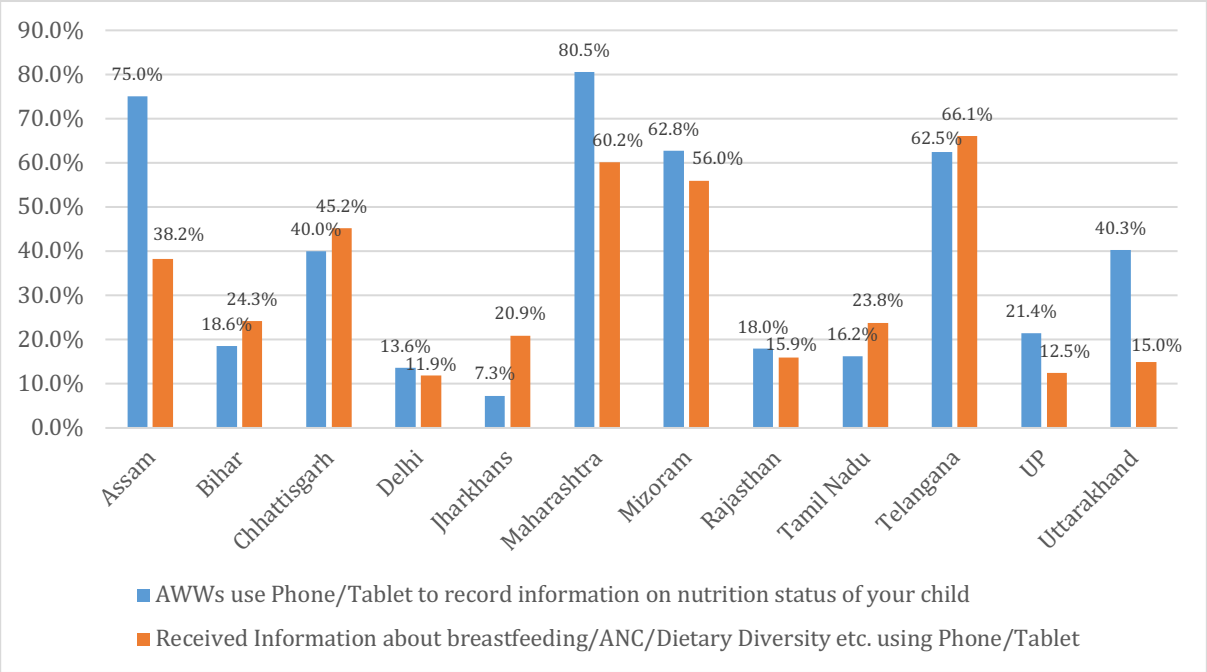


From the quantitative surveys conducted across households in 12 states as part of this study, indicates that the use of mobile/tablets in creating awareness and informing mothers about

[294] https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2018/08/Accelerating-affordable-smartphone-ownership-in-emerging-markets-2017_we.pdf

important health and nutrition practices varied across states. Higher proportions of respondents in states like Maharashtra, Mizoram, Telangana, Assam and Chhattisgarh stated that the AWWs use tablets to share information and record the nutritional status of children. The use of devices for recording the nutritional status of children is higher compared to awareness generation in some states whereas in other technology is used more to inform than to record. (Figure 57).

Figure 57: Use of Technology in Service Delivery (in %age)



Source: Primary Data Analysis

In addition to this, SMS alerts on nutritional levels of children are also being implemented under the scheme, even though they have not been universalised yet and are dependent on the malnutrition scenario in the States.

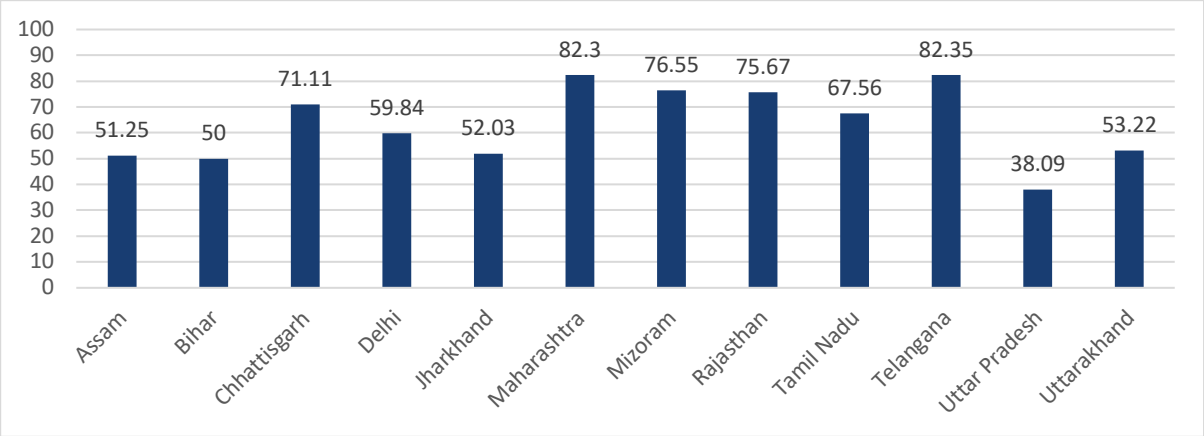
Community-Based Events

Community-Based Events (CBEs) are being conducted for awareness generation on issues like care during pregnancy, infant and young child feeding practices, maternal nutrition etc. During the third Meeting of National Council on India's Nutrition Challenges in November 2018, it was decided to conduct two CBEs each month. In this light, all States/UTs are organising CBEs regularly, especially Godbharaai and Annaprasan. Approximately, 2.26 crore CBEs have been conducted as on October 2019 since the launch of POSHAN Abhiyaan[295].

The HH survey indicated that CBE events were conducted across states. In Chhattisgarh, Maharashtra, Rajasthan, Tamil Nadu and Telangana more than 70% respondents stated the occurrence of these events whereas in Uttar Pradesh a small proportion (38.09%) shared that CBE takes place (Figure 58). Nonetheless, state officials augmented the fact that twice a month CBE on various themes are conducted as has been mandated in the guidelines. Around 1.18 Crore CBEs have been organised till March 2019.[296]

[295] MWCD (2020). Ministry of Women and Child Development, Annual Report 2019-20. New Delhi
[296] https://pib.gov.in/newsite/PrintRelease.aspx?relid=192306

Figure 58: % Respondents Participated in CBE



Source: Primary Data Analysis

IEC and Jan Andolan

Till March 2019, A comprehensive Jan Andolan Guidelines had been prepared in consultation with all partners and released to States/UTs, which was then implemented by the States/UTs. Song and Drama Division at the MIB has been engaged to conduct Nation-wide programmes. Mass Media Campaign has also been rolled out through Television and Radio.

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

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

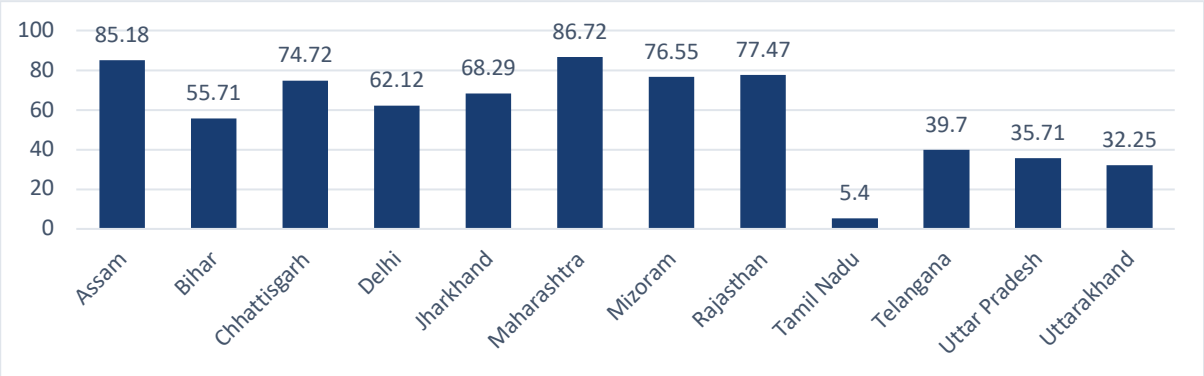
Table 42: Engagement under Jan Andolan Activities

No.	Activities	Adult Males	Adult Females	Child Male	Child Female	Total*
1	Poshan Jan Andolan (1 Oct 2019 - 28 Feb 2020)	27,36,101	2,80,71,984	4,77,62,358	2,93,29,238	3,25,10,280	14,39,56,633
2	Poshan MAAH (1 Sept 2019 - 30 Sept 2019)	3,66,55,618	51,69,02,008	77,87,07,002	43,81,06,107	47,10,28,494	2,51,40,26,417
3	Poshan Jan Andolan (23 March 2019 - 31 Aug 2019)	30,36,703	2,99,18,856	5,10,20,338	3,53,58,762	3,20,09,941	15,49,15,199
4	Poshan Pakhwada (8 March 2019 - 22 March 2019)	83,41,147	8,89,13,077	14,92,16,142	9,15,71,807	10,14,11,955	45,24,99,397
5	Poshan Jan Andolan (1 oct 2018 - 7 mar 2019)	93,93,905	6,75,58,075	11,87,67,917	9,15,89,866	1,90,90,26,991	39,31,10,647
6	Poshan Maah (1 sept 2018 - 30 sept 2018)	23,34,420	3,89,58,418	9,31,78,581	4,46,44,025	4,90,41,165	26,42,86,004
		6,24,97,894	77,03,22,418	1,23,86,52,338	73,05,99,805	2,59,50,28,826	3,92,27,94,297

Source: Jan Andolan Dashboard

However, primary data collected as part of the study revealed that in states like Tamil Nadu, Telangana, Uttar Pradesh and Uttarakhand, only a small proportion was aware of POSHAN Maah.

Figure 59: % of Respondents Aware of POSHAN Maah



Source: Primary Data Analysis

During Financial Year 2017-18 and 2018-19, a sum of Rs. 61.92 Crore was spent under the Head - IEC, Advocacy and Jan Andolan" under POSHAN Abhiyaan[297].

Box 47: Role of SHGs in Jan Andolan – Jeevika (Bihar)

JEEViKA stands out due to its formidable reach among the most vulnerable rural population, credibility among women in the population and its mandate related to poverty alleviation and vulnerability reduction through better nutrition and health in the family. JEEViKA is currently working with 714,000 women's self-help groups in 534 blocks of all 38 districts of Bihar reaching nearly 8.5 million women and covering around 43 million people which is 40.2% of entire population of Bihar. Integrating nutrition specific and sensitive interventions, through a social behavior change approach, into the JEEViKA self-help group and other community platforms is by far the most promising shot at improving key nutrition outcomes such as maternal and child dietary diversity.

Box 48: Making PRI Champions for Jan Andolan, Rajasthan

Action Against Hunger-India (AAH) worked with the government on the POSHAN (Proactive and Optimum care of children, through Social-Household Approach for Nutrition) program in 8 Districts of Rajasthan to build an enabling environment for improved nutrition results in Rajasthan. For three years AAH, through the Government led 'Proactive and Optimum care of children through social-household approach for nutrition' (POSHAN) program, worked to strengthen the Community-based Management of Acute Malnutrition (CMAM) program implemented by the National Health Mission in Rajasthan. AAH's intervention advocated the importance of CMAM among key stakeholders in various districts of Rajasthan.

[297] https://pib.gov.in/newsite/PrintRelease.aspx?relid=192306

As a knowledge partner for the government of Rajasthan, AAH strengthened the POSHAN program by advocating to raise awareness amongst PRI members about their role in achieving the targets of POSHAN Rajasthan and POSHAN Abhiyaan. In collaboration with the NHM and Integrated Child Development Services (ICDS), the new initiative was tailored specifically for PRI members and was rolled out in the eight districts through orientation and sensitisation workshops.

Based on the experiences and learning in the initial program in Rajasthan, it was clear that the PRIs are a crucial stakeholder with decision-making powers at their disposal that should be leveraged to bring positive changes to the communities they serve. The intervention is currently being implemented in Rajasthan, Madhya Pradesh and Maharashtra. The objectives are:

- To sensitize the local governance towards the issue of malnutrition.
- To discuss and generate awareness on the role of the local governance in POSHAN Abhiyaan Jan Andolan.
- To increase active participation of PRI members in generating a Jan Andolan towards Nutrition.

KEY ACTIVITIES

Action Against Hunger organised meetings in collaboration with the NHM and ICDS at the district and block level in eight districts. So far 97 meetings have been conducted with 645 participants involving the Sarpanches, panchayat members, National Health Mission (NHM) and ICDS officials, Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), Aanganwadi Workers (AWWs) and civil society organizations. Under the initiative, the workshops sensitised PRI members on antenatal check-ups, optimal breastfeeding, complementary feeding, immunisation and vitamin A supplementation, growth monitoring, supplementary nutrition programs, anemia prevention in children, diet, deworming, food fortification, diarrhoea management, girls' education, age of marriage for girls, safe drinking water, hygiene, and sanitation.

LEARNINGS & INSIGHTS

The meetings so far have been interactive with the active participation of the PRI members, health department officials, ICDS officials, and the local people and have generated deep insights into the gaps in the functioning of the system. During the meetings, the cause of malnutrition, its treatment and prevention were discussed in detail. The interactive discussions also help them to comprehend the role of Panchayats and the VHSNC in tackling the issue of malnutrition in villages and how the participation of Panchayats with their community could help in overcoming the issue. Nutrition is now a priority discussion in the monthly Gram Panchayat meetings in most of the areas of this intervention:

- It is essential to encourage male and female Sarpanches to become nutrition champions and involve the agenda of nutrition in their meetings include the Gram Panchayat.
- Regular publication of success stories of work done by Gram Panchayats, in regional language papers, motivates other PRI members to be more active around issues of nutrition.
- Motivating PRI members to launch a Kuposhan Mukt Panchayat will help in effective implementation of POSHAN Abhiyaan and achieve its targets.
- Initiating inter-village exposure visits influences the lesser active or passive panchayats to adopt positive behaviour changes and practices within their communities.
- If PRI members are motivated, trained and empowered to address the issues of nutrition related service delivery and ensure last mile coverage.
- Encouraging community participation in planning and implementation of nutrition specific and sensitive activities at the local level, facilitates active uptake of nutrition services.

Box 49: Countering Undernutrition through Community-based Approaches – Participatory Learning and Action, Linking Agriculture to Natural Resources (PLA-LANN).

The program included 2,000 villages, leading to improved nutritional status for more than 1,00,000 households under the Food and Agroecological Approaches to Reduce Malnutrition (FAARM) project in

2016 with funding from the Azim Premji Philanthropic Initiatives (APPI). The intervention was aimed at improving dietary diversity and nutritional outcomes of the tribal population in eight blocks of Rayagada and Kalahandi districts of Odisha. A survey conducted in the implementation districts prior to the intervention revealed a poor state of food security and nutrition status. In addition to the lack of food security and undernutrition in the program blocks, the following bottlenecks were identified in the region:

- Minimal uptake of services from social welfare schemes such as Integrated Child Development Services (ICDS) and Public Distribution System (PDS) by the people.
- Most of the people were dependent on farming, fishing, wage labour, small businesses, government employment and seasonal migration for their livelihoods. Very few people received benefits from the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA).
- Prevalence of gender inequality, whereby men were decision-makers, both at the household and community level. The men favoured cultivation of cash crops over food crops due to commercial value.
- A very small amount of the yield was being used for consumption by the villagers.

In order to address the problems identified in the survey, the intervention was designed using the PLA approach in 2011. The first phase of the program (2011-14) covered 50 villages and 2,000 families in Bissamcuttack block. During the second phase of the program (2014-17), the implementors added LANN to the existing program design. Insights from the initial stages of the program were used to scale up to include 4,000 families in 100 villages in 2015. In 2017, the project was further expanded to 2,000 villages covering more than 1,00,000 families in Rayagada and Kalahandi.

The PLA-LANN intervention was designed to test a model to address undernutrition among the tribal community with a high prevalence of malnutrition in Odisha. It promoted nutrition-sensitive agriculture and natural resource management strategy with the overall goal to ensure that women and children have access to balanced and nutritious diet. The project targeted diet diversity for 1,00,000 families belonging to the tribal communities in the state.

Key Activities

The approach placed the community at the centre of the program. Design of the project linked nutrition with agriculture and natural resource management. It was implemented in four phases – (i) Orientation and Awareness; (ii) . The intervention included 17 sensitization sessions to facilitate community mobilisation and collective actions to address the immediate and underlying causes of undernutrition. The program aimed to transform agricultural practices, improve access to public services and re-establish the use of forests as a source of food through intensive community involvement.

- **Community engagements and regular meetings** to facilitate PLA-LANN meetings and create a space where community members could deliberate on undernutrition, its impact and ways to address it.
- **Conservation and management of natural resources:** facilitators held dialogues on forest regeneration to counter challenges of shrinking forest biodiversity as food producing habitat due to monoculture.
- **Mixed cropping:** The farmers in the region mixed short duration paddy, varieties of finger millets, little millets, foxtail millets, barnyard millet, proso-millet, sorghum, sesame, flax seeds, maize, velvet beans, tomatoes, ladyfingers, turmeric, sweet potato, yams, castor seeds, chillies and more, leading to healthier soil, a longer harvest period and greater food security.
- **Nutri-gardens and nutri-fields:** Young mothers and adolescent girls were trained and handheld to create nutri-gardens and nutri-fields. They were provided with seeds for crops that could be conserved and used for cultivation in subsequent years.
- **Creating institutional mechanism for milling and storage of food:** A community regulated mechanism at the village-level to store nutrient rich crops such as rice, millets, pulses and oil seeds was established. Under this mechanism, a nutrition security credit line was issued to the members against procurement of crops that could be encashed during food-crisis.
- **Creating visibility for the health service delivery platforms**

- **Convergence:** The intervention was strengthened through collaborations with the Agriculture and Horticulture Department and the Department of Women and Child Development (DWCD) in the program areas. The farmers helped to overcome barriers such as access to seeds and plants for young mothers and adolescent girls to grow nutritious produce.

Key Outcomes and Achievements

Scalability: The PLA-LANN model experimented by Living Farms was expanded to 107 blocks under a partnership between APPI and Odisha Livelihood Mission (OLM) to improve dietary diversity, nutrition knowledge and nutrition practice of women in the state. Under this intervention by OLM, 75,000 Self Help Groups (7.5 lakhs SHG members) are being trained on nutrition practices, establishing nutri-gardens, seed systems and backyard poultry in 30 districts.

Creating awareness: The women showed increased knowledge about causes of undernutrition and ways to improve nutritional intake for themselves and their children. They also displayed an improved understanding of exclusive breastfeeding period, complementary feeding and important food groups for lactating mothers and pregnant women.

Capacity building: The facilitators of the program recognized that empowering the community to take charge of their food security and nutritional requirements was key to the success of the program. They used community-based platforms to counsel the participating communities.

Improved nutrition outcomes: The nutrition outcomes improved significantly in the areas of program implementation. The endline impact evaluation report by Valid International showed significant improvement in the dietary diversity and consumption of nutrient-rich food among the participating communities.

Insights

- PLA-LANN is an effective approach to address undernutrition in tribal dominated areas that lack food and nutrition security. Deepening critical consciousness of the participating communities on malnutrition, sustained dialogue with them and collective actions enable the community to take charge of their own problems and find solutions thereof.
- Transforming agricultural practices to become more nutrition sensitive requires an in-depth understanding of the local culture, food systems, cropping patterns and practices. It helps the facilitators to adapt the program locally for desired nutrition outcomes.
- Involving adolescent girls in the program brought a new perspective to the entire intervention and provided the required impetus to creating nutri-gardens. Leveraging adolescent potential is a key learning that can be garnered from this intervention.
- Including FLWs such as AWWs and ASHAs for counselling and training of the participating communities served two purposes. It helped in building capacity of the FLWs to sustain the program and generated demand for public services among the participating communities.

3.2.2.3. Efficiency

Fund utilization varies significantly across states/UTs. The key reason behind this is the slow procurement of devices under the scheme. There is an urgent need to close gaps in procurement and distribution of growth monitoring devices in some States. In states where the mobile phones have been procured, issues such as limited connectivity, malfunctioning phones, and time taken for fixing the phones affect service delivery. In many states and UTs, SPMUs have been established. However, the level at which posts are being filled in these SPMUs varied greatly. In four large States, more than 80% of the SPMU posts were filled while in three States, more than 70% posts were filled. Only in Gujarat, 100% of the posts were filled. In Uttar Pradesh and Haryana, less than 5% of the posts are filled. In the training of the functionaries on ILA, states also

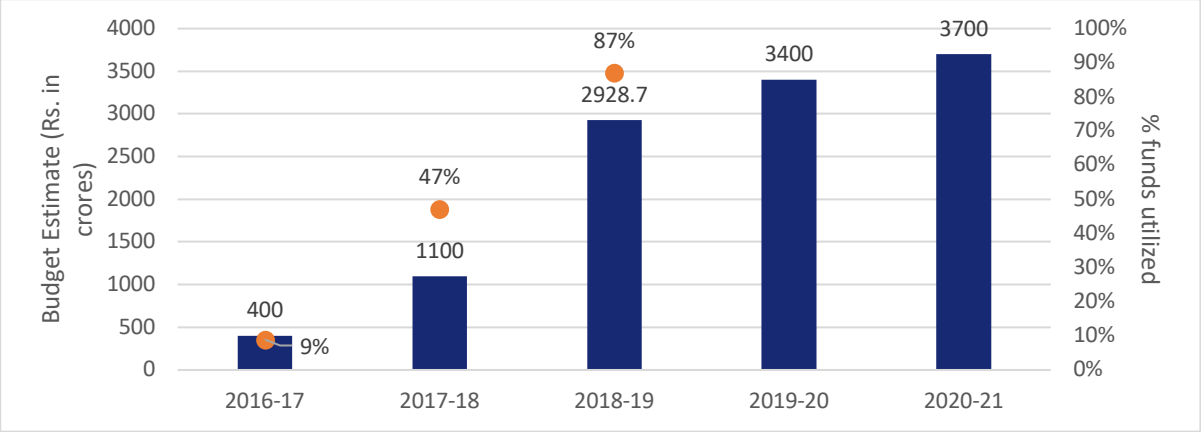
face challenges in implementing at different levels because of LS vacancies, low attendance, difficulties in record-keeping, insufficient funds, rough terrain, unavailability of training materials or equipment, lack of trainers and low quality of training.

One of the major underpinning characteristics of the POSHAN Abhiyaan was the focus on convergent actions to reduce the problems of malnutrition. A key mechanism of ensuring convergence of activities at the field level is the Convergence Action Plans (CAPs). Even though the CAPs are being drawn up by the administration, the actual implementation of these plans still lacks efficiency. Evidence-based corrective or implementation actions are not being followed through, and CAPs have only become a tool to fill in numbers. A recent study has assessed the effectiveness of convergent actions on the ground as envisaged in the POSHAN Abhiyaan and found that from a sample of 1,417 households, only 23 (1.6%) had received all 13 nutrition-specific interventions. While the POSHAN Abhiyaan has done well to generate a household movement against the challenge of undernutrition in less than two years of implementation, teething challenges faced by the scheme have affected its efficiency. **The evaluation finds that the Efficiency of the POSHAN Abhiyaan 'Needs Improvement'.**

Fund Utilisation

The fund allocation and utilisation trends under the scheme show mixed results. In the first financial year, the fund utilisation increased from 91% to 94% following an increase in fund allocation. In the subsequent year, i.e. 2018-19, there was a significant increase in fund allocation to Rs. 2990 crores, however, the same was not utilised in the same proportion (85%) as the previous year (94%).

Figure 60: Fund Allocation and Utilisation under the Scheme



Source: Union Budget

Fund Utilisation Across States

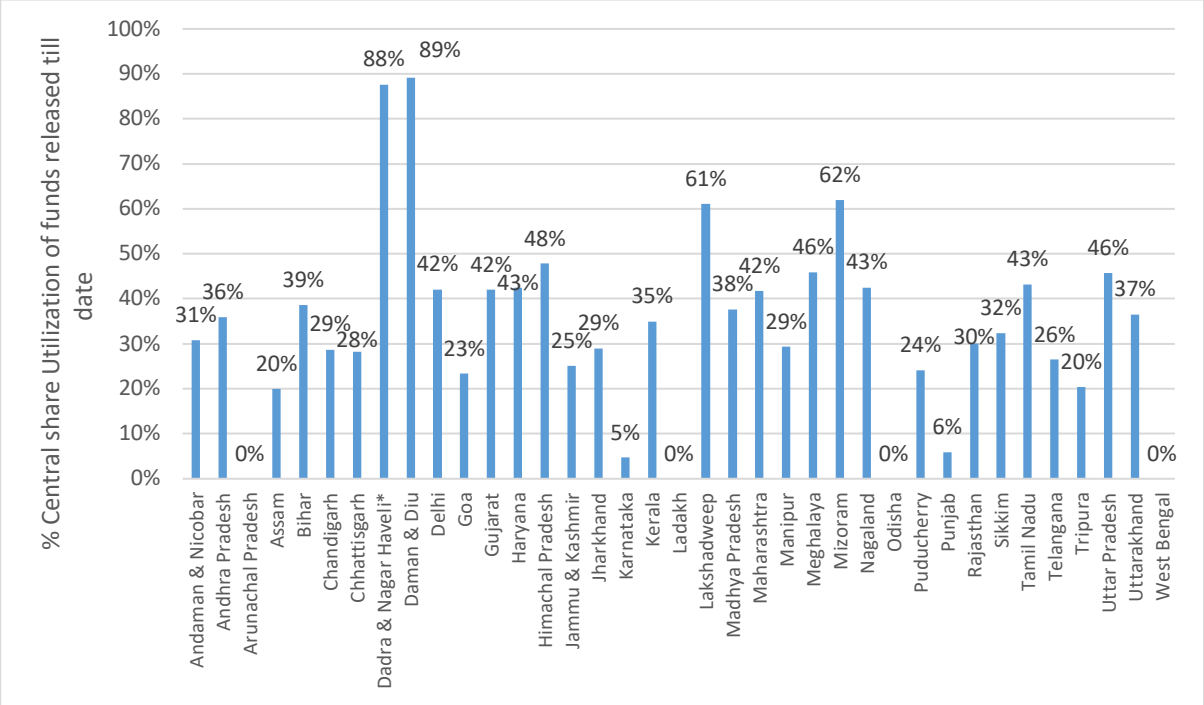
An analysis of the utilisation of central share of funds across states (as of November 2019)[298] indicates wide variations in the levels of fund utilization across States and UTs (Figure 61). According to MWCD officials, against the total fund release of Rs. 7350 crores, Rs. 5059 Crores has been released to States, and utilization certificates have been received from States/UTs worth Rs. 2148 crores until 31 March 2020.

During interactions with development partners and state-level officials, it was noted that limited utilisation of funds in States/UTs could be attributable to incomplete procurement of devices.

[298] Retrieved February 18 from http://wcd.dashboard.nic.in/

Across all 12 states visited as part of this study, it was recognised that funds sanctioned for CBE and IEC, etc. are utilised significantly; however, procurements are slow. To provide continued support, MWCD has organised regular review meetings and video conferences with the States/UTs to follow up proper utilisation of funds under the Abhiyaan.[299] States/UTs like Andaman and Nicobar Islands, Odisha and West Bengal have not utilised any funds since the program has not been rolled out in these States.

Figure 61: Utilisation of Central Share of Funds across States



Source: MWCD Dashboard

Training and Capacity Building

Majority states shared during KIIs that the ILA modules have been effectively implemented and that training was being regularly undertaken. State officials and development partners alike acknowledged that the ILA is an effective method to impart skills to the workers without overburdening them with bulky training material. Even in states that already have robust training structures at the state level like Tamil Nadu, it was indicated that these trainings have augmented the learning process of AWWs and have significantly enhanced their skill sets. Out of the 261 AWCs visited, 98.3% reported they had attended the ICDS-CAS training held and of the workers having a mobile/tablet, 83.19% had completed training on ICDS-CAS.

As per MWCD data, 10 lakh AWWs have been trained in various modules of ILA as on 31st March 2020 out of 12.80 lakhs AWWs (excluding West Bengal). Moreover, a 21 e-ILA module platform has been launched for self-learning as an additional support.

Even though the training is being conducted, and mechanisms for handholding have been put in place, the state officials highlighted that a few AWWs continue to face difficulties because of their basic knowledge levels and comfort levels in using technology. They further shared that such issues are pertinent more among older AWWs and those with low educational backgrounds.

[299] https://pib.gov.in/newsite/PrintRelease.aspx?relid=192306

Effective Convergence for Nutrition

An analysis of nutrition governance in India pointed to three core roadblocks to achieving convergence: (i) lack of horizontal coordination; (ii) siloed, bureaucratic vertical articulation; and, (iii) inadequate financial outlays (Mohammed, 2012). The NNM launched as a multi-ministerial convergence mission to monitor, supervise and fix targets, and guide nutrition-related interventions[300] are consistent in addressing the highlighted gaps.

The need for a multisectoral approach to address malnutrition has been well-recognised in India's policy framework for decades (Avula et al. 2017; Garrett et al. 2014). However, India's nutrition strategy has focused on interventions delivered through single programmes, such as the ICDS, and have not adequately taken into account linkages with other flagship programmes focused on health, water, sanitation, and gender, all of which have a strong bearing upon nutritional outcomes. Over the years, evidence has accumulated on (i) the limited potential of the ICDS alone to tackle India's malnutrition challenge (Kandpal 2011); and (ii) the role of several underlying determinants in shaping India's malnutrition burden (Jayachandran and Pande 2017; Menon 2012; Spears 2013).

Given the need for actions of a multiplicity of agencies, the Government of India, in its NNS and through the launch of POSHAN Abhiyaan, highlighted the need for strong convergence of the services on the ground. The articulated goal is to ensure all nutrition-related programmes converge on households with mothers and children in the first 1,000 days, the target population for POSHAN Abhiyaan (MWCD 2018).

MWCD as the nodal agency for nutrition in India, set up a governance mechanism that would be able to establish Nutrition as the centre-piece in the National Development Agenda; while offering flexibility in operations and at the same time enabling a platform for resolving issues relating to policy coordination, incentives and convergent action.

Even though Convergence was always a key focus under the AWS (Erstwhile ICDS), the introduction of POSHAN Abhiyaan saw, for the first time, a detailed field-level convergence framework of key programmes and schemes.[301] The tools identified by the NNS and POSHAN Abhiyaan to achieve programmatic convergence at the field level, include:

- Fixed Monthly VHSND to constitute the effective platform for the convergence of services to the mother and child and a forum for growth promotion and behavioural change counselling.
- Joint Community Monitoring of nutrition status of children under 3 years at panchayat, AWC and health sub-centres and in urban models and the IT-enabled monitoring proposed by NNM.
- Joint Community Communication and Village Contact Drive-by mapping and weighing of children, in front of the community- making undernutrition visible.
- Linking the concept of "Kuposhan Mukt panchayats" to the convergent gram panchayat plans being prepared through an intensive participatory planning exercise (IPPE) initiated by MRD in 2532 backward blocks (of which 967 are intensive blocks) for rural development. Trained panchayat members (especially women) and Women's SHGs mobilised under NRLM to play a key role in this.

[300] https://icds-wcd.nic.in/nnm/NNM-Web-Contents/UPPER-MENU/AboutNNM/PIB_release_NationalNutritionMission.pdf
[301] The AWS, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls of MWCD; Janani Suraksha Yojana (JSY), National Health Mission (NHM) of MoHFW; Swachh Bharat Mission of Ministry of Drinking Water & Sanitation (DW&S); Public Distribution System (PDS) of Ministry of Consumer Affairs, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development (MoRD); Drinking Water & Toilets with Ministry of Panchayati Raj and Urban Local Bodies through Ministry of Urban Development.

- Strengthening of VHSNCs, recognised as sub-committees of panchayats. Other convergence mechanisms in the state may be strengthened, for example, MAARPU in AP.
- Local gap filling and tapping of other resources in the district to strengthen ICDS, Health and Swachh Bharat infrastructure and services- as proposed in NNM.
- Joint planning, training and capacity development.

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

Table 43: Components to be included in the Convergence Action Plan

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

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

Together with the various departments implementing programmes, the CAP committees are expected to: (i) develop CAPs incorporating the elements of the framework; (ii) conduct periodic reviews; (iii) monitor and track the progress of the actions in the plan; and (iv) facilitate efforts to achieve the targets. Although the overarching intent of convergence is clear, the operational guidance does not make explicit how stakeholders could ensure that multiple programmes reach the same mother-child dyad in the first 1,000-day period[302].

The evaluation found that the CAP committees were constituted at all levels across the states sampled, and CAPs were drawn up for all levels, including the village, block, district and State. The district and state officials confirmed that they were monitoring the activities under different schemes in line with the plans. However, the evaluation could not ascertain the effectiveness of the convergence mechanism on the ground. In many cases, it was observed that the block-level

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

convergence action plans were the same for all blocks in the district and were more or less similar in design. Given this, the effectiveness of the CAPs and their delivery is difficult to assess.

Menon et al. (2019) assessed the effectiveness of convergent actions on the ground as envisages in the POSHAN Abhiyaan, with the 'effective convergence' defined as "successful reach of programmes from relevant sectors that address the key determinants of undernutrition for the same household, same woman, and same child in the first 1,000 days". The study looked at a data of 1,417 households from Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, and West Bengal. The study created indicators of coverage of a total of 19 nutrition-specific and nutrition-sensitive interventions relevant to women and children in the 1,000-day period, to be delivered through various government agencies identified under POSHAN Abhiyaan guidelines highlighted below:

Nutrition Specific Interventions		Nutrition-Sensitive Interventions	
Mother	Child	Households	Individuals
Enrolment in Janani Suraksha Yojana	Weight measurement by Anganwadi worker	Provision of ration card	Awareness of Swachh Bharat Abhiyan
Provision of Mother and Child Protection Card	THR provision since child turned six months old	Possess MGNREGA job card	SHG membership
Four or more antenatal care check-ups	Provision of vitamin A supplements	Access to an improved toilet facility	
Iron supplementation during pregnancy	Provision of iron supplements	Access to a clean drinking water source	
THR provision during pregnancy	Provision of deworming medicine		
THR provision during breastfeeding			
Institutional delivery			
Health worker visit within two days of delivery			

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

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

Box 50: Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children, Gujarat

Banaskantha district, Gujarat is one among the backward districts in terms of its performance on health and nutrition indicators and vital rates. Malnutrition level is high; about 70 per cent of young children below six years of age, particularly girls are undernourished. The community health workers cannot reach the community residing in the interior and on the farms is not receiving the health facilities. CHETNA undertook an action-research project to improve access to nutrition and health services through community awareness and prevent malnutrition among pregnant women, nursing mothers and children (0-3 years) through a partnership between Government and NGOs. Interventions included:

- **Community awareness:** To strengthen the ICDS and health service delivery, linkages were facilitated with the Dairy Cooperatives to encourage to donate milk for children. Matru mandals (MM) (mothers' group) and Sakhi Mandals (SM) (women friends' group) were enabled to provide support in organising awareness activities at the Anganwadi, during Mamta Divas (Window approach for dissemination of nutrition and health services for Pregnant and Nursing mothers and children below 6 years). CDPOs, Supervisors were trained to support in joint planning and organising activities as well as monitoring.
- **Linkages at the district, block and village level:** To forge linkages among ICDS and Health and to generate evidence for the corrective measure, MIS and formats/charts were developed jointly by ICDS, Health and CHETNA. Further, a list of undernourished children, non-enrolled children/pregnant women at AWC's, challenges and observation of the area were shared with CDPOs, Supervisors, BHO and MO functionaries. Joint training, planning and review of activities were also facilitated. Quarterly meetings and interaction with District collector were useful in organising joint activities.

Results

- **Enrolment of Children and pregnant women:** Through village visits, 85 children and nine pregnant women were identified who were not enrolled in any Anganwadi centre. It was observed that eligible children and pregnant and nursing women were deprived of the ICDS services because there is not enough AWCs to cater to the entire population.
- **Undernourished children:** 132 undernourished children of Grade 3 and Grade 4 from 42 villages were identified, and the intervention led to improvements in the current situation of these 132 children.
- **Coordination:** ICDS and Health coordination meetings are now regularly organised

Learnings

- There is a need to form linkages with community-based organizations-VHSNC, MM, SM for effective monitoring of the Anganwadi services.
- There is a need for convergence between ICDS and Health Departments for effective coordination of activities at the village level
- Case studies of undernourished children and good practices, field visit reports, challenges and learning's should be regularly developed and disseminated.

Source: Shukla M, Capoor I, *Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children -CHETNA's Experience*

3.2.2.4. Sustainability

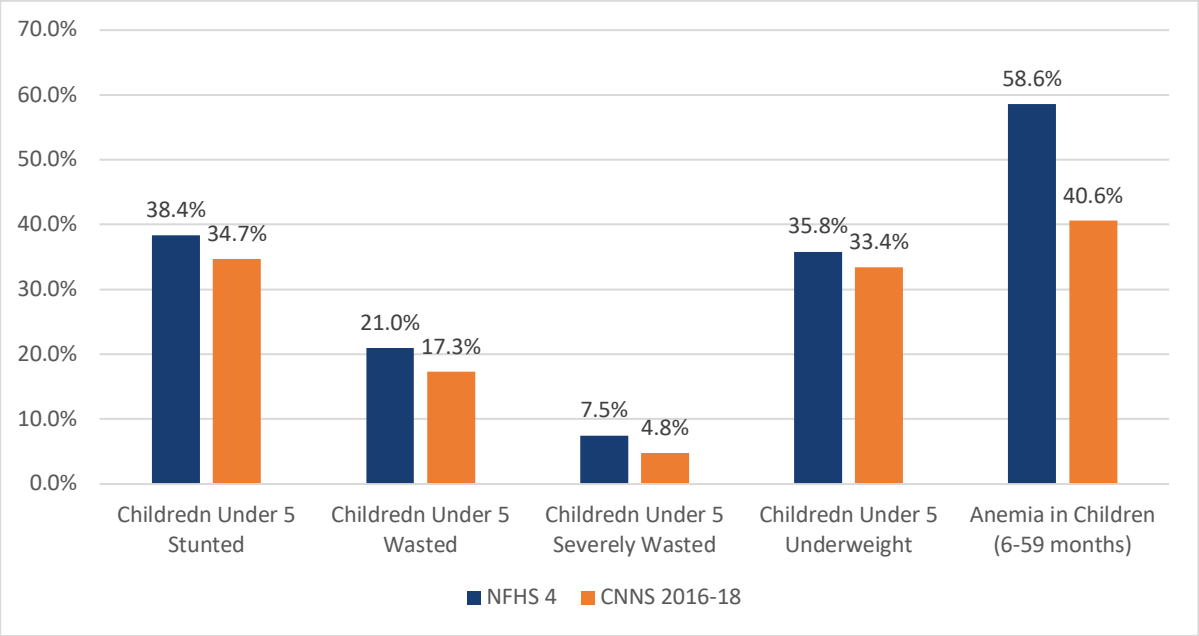
It is too soon to comment on the sustainability of the benefits generated by the program. Development Partners have indicated that unless the institutional mechanisms of convergence; with clarity of roles and responsibilities across departments is created the principal aim of inter-ministerial approach to address malnutrition will be difficult to sustain. Furthermore, system strengthening by capacity building and regular up-gradation of technology will be critical parameters that will define the long-term sustenance of the programme.

The design of the POSHAN Abhiyaan is in a time-bound mission mode, however, interwoven with the massive ICDS and the primary health systems networks and also brings along all other nutrition-sensitive interventions of other relevant schemes through an active instrument of the CAPs. The design of the Abhiyaan is, therefore, sustainable in the long run if all interventions get absorbed within the long term implementation of the concerned larger programmes.

3.2.2.5. Impact

POSHAN Abhiyaan was launched in November 2017. Since then, the recent statistics of child nutrition, i.e. CNNS 2016-18, shows improvements in the indicators of child nutrition. Though no causal impact of the programme on these favourable results can be drawn, nonetheless, the contribution of the programme can be acknowledged in bringing down the figures for child stunting, undernutrition and anaemia.

Figure 62: Trends in Child Nutrition between 2015-16 and 2016-18



Source: NFHS-4, CNNS

3.2.2.6. Equity

National and state-level officials, PRI and community members and beneficiaries alike shared that the programme reaches out to individuals from all communities, and there is no scope for discrimination against those belonging to a specific community.

During FGDs with the community members, it emerged that individuals do participate in various events held as part of the scheme. In majority discussions, it emerged that women and community members belonging to backward sections also get involved in the activities of the scheme.

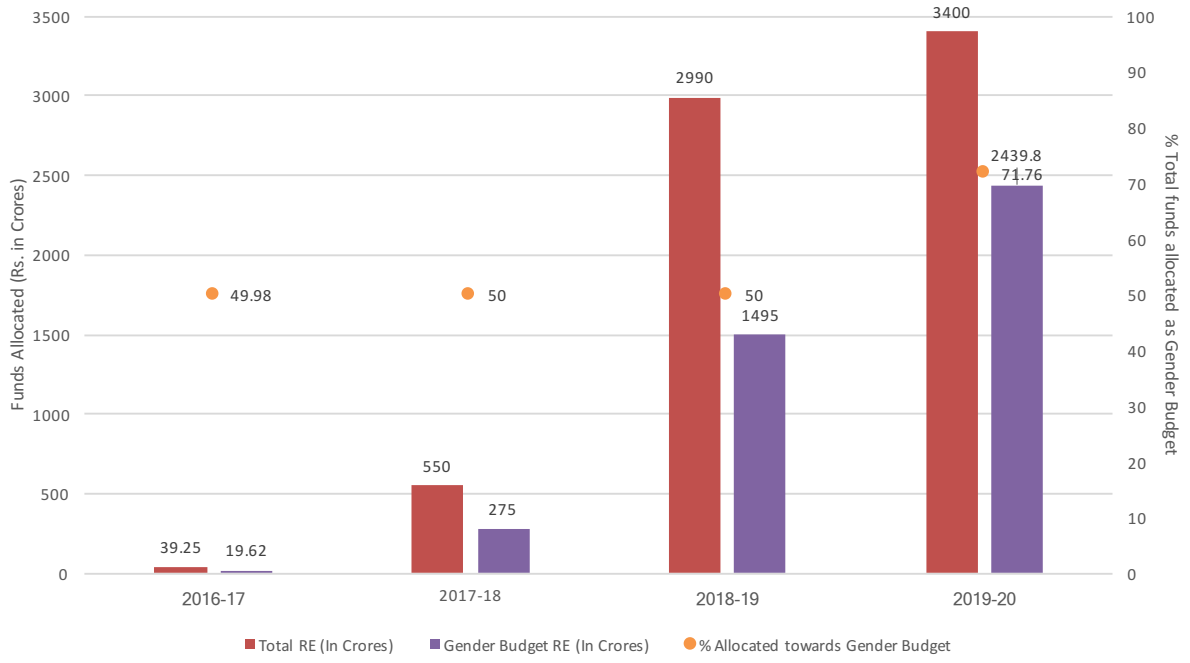
However, given the current pandemic and its long term effects especially on the vulnerable households (migrating families, casual labour households) Aadhaar based service delivery of Anganwadi Services needs to be further strengthened to counter the ill effects of the crisis.

Gender Budget

It has been observed that since the launch of the mission, the allocation of the budget towards the welfare of women was consistent at 50% of the total budget sanctioned till 2018-19. However,

there was a significant increase in the allocation towards gender budget to 71.76% in 2019-20 highlighting that the programme acknowledges the welfare of women and girls as one of the key areas after that of the children as a whole.

Figure 63: Funds Allocated as Gender Budget



Source: Union Budget

3.2.3. Analysis of Cross-Cutting Themes

3.2.3.1. Accountability & Transparency

POSHAN Abhiyaan has accountability and transparency rooted in its key features – ICT based Real-Time Monitoring system; incentivising AWWs for using IT-based tools; eliminating registers used by AWWs; and Social Audits[303]. These are expanded below:

- **ICT based Real-Time Monitoring system:** ICT-RTM is used to bring system strengthening in AWS delivery. ICDS-CAS is the software application for AWWs, which allows them to capture the data from the field on electronic devices (mobile/tablet) and assess the impact on nutrition outcomes in children regularly. This information is made available to the States/UTs and MWCD on a real-time basis on web-based dashboards. Use of the software ensures the automated generation of the list of beneficiaries in the AWC catchment area and real-time capturing of information on Services delivery to its beneficiaries thereby providing a platform for concurrent monitoring of the service delivery system.[304]
- **Incentivising AWWs for using IT-based tools:** The purpose of the monthly performance incentives is to encourage and sustain the use of ICDS CAS and facilitate service delivery. The eligibility requirements for receiving incentive includes receiving full training on ICDS-CAS, filling beneficiary data in the application and reporting using ICDS-CAS for at least one month.
- **Eliminating registers used by AWWs:** ICDS CAS aims to replace manual upkeep of registers at the AWC and making more time available to AWWs in delivering the designated services.
- **Social Audits: Social Nutrition Audits:** Undertaking need-based audits based on nutrition surveillance data. Nutrition Social Audit teams, consisting of a mixed group representing officials, community members, panchayati raj institutions, voluntary agencies, experts and technical institutions visit a sample area reporting prevalence of severe undernutrition.

POSHAN Abhiyaan has leveraged technology to strengthen accountability in service delivery. The ICDS CAS is an excellent step in ensuring transparency in registering beneficiaries and them receiving their entitlements. Accountability has also enhanced by incentivising AWWs to consistently use the software and ensure real-time data availability of each beneficiary to monitor health and nutrition indicators. However, the successful delivery of POSHAN Abhiyaan requires speedy implementation at all levels, from the Centre to the panchayats. One urgent aspect, needing attention is the procurement of IT hardware.

Having clear annual targets at Village, Block, District and State Level and a Results Framework, which includes SMART (Specific, Measurable, Attainable, Relevant, and Time-Bound) indicators and a robust monitoring & reporting system further improve programme accountability. Lessons can be learnt from Government of Odisha's PEETHA programme. PEETHA stands for People's Empowerment - Enabling Transparency and Accountability of Odisha Initiatives. It aims at creating awareness about various government schemes and improving transparency in the distribution of social benefits to individuals. This unique platform organises camps at the gram panchayat level where people can learn about services and demand them as well as seek redressal for their grievances. This works especially well for women who reside in tribal hamlets and covers all relevant schemes that include health, nutrition, pension and livelihoods.

[303] PIB, Government of India Cabinet, Cabinet approves setting up of National Nutrition Mission, December 2017
[304] Ministry of Women and Child Development, Government of India, Guidelines for Implementation of ICT-RTM System, 2018

3.2.3.2. Direct/Indirect Employment

The scheme does not have any component that fosters direct/indirect employment as it is not within the purview of the scheme's stated objectives. The scheme focuses on creating an enabling environment for scaling up nutrition interventions and rides on the AWS scheme's institutional mechanisms – including the HR for the scheme's delivery.

3.2.3.3. Gender mainstreaming

POSHAN Abhiyaan is seen as one of Government of India's most prominent efforts to tackle malnutrition. POSHAN Abhiyaan's focus on is first 1,000 days of a child's life, thereby including pregnant and lactating women. However, the focus of POSHAN Abhiyaan is currently not centred on gender – neither women nor the girl child. A deeper recognition is needed of the fact that most Indian women enter pregnancy with poor nutrition – 23% women in reproductive age are too thin for their height with a body mass index less than 18.5 kg/m2 and 53% women are anaemic.[305] Some ways in which gender can have a more focused consideration includes:

- Using the POSHAN Abhiyaan Jan Andolan platform to positively influence behavioural change and attitudes of men towards women and girls within households.
- Nutrition-related interventions within the POSHAN Abhiyan can lay greater focus on the female child.

POSHAN Abhiyaan has had some positive indirect effects on gender mainstreaming such as by empowering the frontline functionaries like AWWs and LS by providing them with smartphones.

3.2.3.4. Use of IT/Technology in Driving Efficiency

Critical importance and resources are being given to technology by MWCD for maximising programme impact of the POSHAN Abhiyaan. This was evident in the day-long National Seminar, TECHTHON- Technology Partnerships for POSHAN Abhiyaan, which was organised on 28th June 2018. The Techthon was aimed at showcasing & positioning initiatives, ideas, ideating and exploring avenues of cooperation and partnerships for technology support.

POSHAN Abhiyaan is predominantly based on technology interventions. The introduction of ICDS-CAS allows technology-enabled Real-Time Monitoring (ICT-RTM) of service delivery under AWSs to provide real-time information for evidence-based actions at the appropriate levels. It triggers actions for service providers facilitating better outreach to beneficiaries during the critical first 1000 days window for nutrition impact. It also provides a web-based six-tier dashboard for facilitating programme officials to review progress in near real-time, against key performance and outcome indicators. The key objectives of ICT RTM are as follows[306]:

- Exhaustive inclusion of all the households in each AWC catchment area;
- Household-wise, name-based, UID-linked (where possible), registration;
- Automated generation of a list of AWC beneficiaries in the catchment area;
- Real-time capturing of information on AWS delivery, thereby providing a platform for concurrent monitoring of the service delivery system;
- Creating dashboards to provide real-time reports and information enabling employment and timely interventions and fact-based decision making;
- Enabling the ICDS system to bring real-time area-specific interventions;

[305] NFHS 4, 2015-16
[306] Ministry of Women and Child Development, Government of India, Guidelines for Implementation of ICT-RTM System, 2018

- Strengthening inter-personal communication of AWW; and
- General enhancement of the efficiency and effectiveness of AWWs.

The provision of detailed guidelines by MWCD, to facilitate the smooth implementation of ICT-RTM in the States/ UTs is well received. Improving procurement efficiency and more attention in setting-up helpdesks to provide frontline workers with support in using ICDS-CAS is suggested. Connectivity challenges also need to be addressed.

Discussions with National level officials also highlighted that an IT-enabled helpline to strengthen citizen engagement on nutrition is planned under the POSHAN Abhiyaan. The call centre is expected to provide programme information, address grievances, as well as monitor and follow up with beneficiaries identified as being nutritionally vulnerable. With facilities for inbound calls and outbound calls on a toll-free number, its focus will be to improve beneficiary outreach, support and follow up.

3.2.3.5. Development, Dissemination & Adoption of Innovative Practices, Technology & Know-how

POSHAN Abhiyaan prioritises innovation (innovation grants) by identifying pilot projects locally that have shown to improve service delivery for better nutritional outcomes. Funds have been earmarked for every state to identify such projects in areas of service quality improvement, capacity building of frontline functionaries, and community engagement with a vision to scale them up to state or district level. The following outcomes may be targeted for innovation pilots:

- Convergence of services
- Improving IYCF practices
- Reduction of Maternal Anaemia
- Improves access to high-quality nutrients
- Mechanism for timely identification of SAM children and their care
- Improved management of child feeding during and after illness
- Improvements in hygiene determinants of nutrition
- Simultaneous improvement in access to key eligible services from multiple departments
- Serviceability of Anganwadi centres
- Innovation towards Behavioural Change Communication; and
- Increase in nutrition efficiency of centres.

In FY 2018-19, 168 crores had been allocated for innovation activities to states. Utilisation rates of different states vary considerably. Sixteen states have not spent any funds allocated to them till the end of November FY 2019-20. Of the states that had utilised some of the funds allocated under innovation, Mizoram (56 per cent), Nagaland (52 per cent), and Bihar (33 per cent) had the highest rates of utilisation out of allocated funds, having spent 119 lakh, 150 lakh and 283 lakh, respectively. Out of the three states, only Bihar was allocated a relatively high share of funds allocated under the innovation grant.[307]

Box 51: Learnings from States: Madhya Pradesh – Nutrition gardens

In order to increase dietary diversity among pregnant women and children of six to 24 months of age, promotion of POSHAN Vatikas (PV) or nutrition gardens was undertaken. The project was implemented in Agar district from July 2017 to May 2018. About 1,200 families with pregnant women and children between

[307] Centre for Policy Research, Budget Brief Volume 12 Issue 3, 2020

6-24 months were taught not just how to grow vegetables, but also the nutritional relevance of the vegetables and importance of key nutrition practices. Emphasis was placed on the use of a defined area for growing vegetables, which was just enough for the family's own use and is not used for selling. As a result of this intervention, Of the 1,200 households, 1,198 gardens were functioning at the end of one year with beneficiaries reporting increased consumption of vegetables.

Source: World Bank, Learning Note on POSHAN Abhiyaan, Convergence Initiatives for Improved Nutrition

In Chhattisgarh, Nutri-click was set up to provide real-time, need-based personalised counselling on optimal nutrition practices to pregnant women and parents of children from birth to two years of age. The platform served as a two-way communication system between target beneficiaries and the counsellors. Calls were made to beneficiaries as per the list provided by ICDS and health departments. Additionally, outreach visits were made to some beneficiaries in need of immediate care and counselling.

It is imperative that States share and learn good practices from one another. Some measures being undertaken to ensure cross learning including – preparation of short films on good work of Panchayats and dissemination for scaling up; and consolidation of media content and IEC material across ministries and themes and dissemination via ministries and line departments across Centre, State and Districts, and availability of content on the POSHAN Abhiyaan website for download. The POSHAN Abhiyaan Award Ceremony, which gave recognition to State Governments, District teams, Block level teams and Field Functionaries for their significant contributions also encourages the development of innovations and their dissemination.

On 18th November 2019, the Ministry announced an innovative project in partnership with the Bill & Melinda Gates Foundation named the 'Bhartiya POSHAN Krishi Kosh', wherein the 'Kosh' is a repository of diverse crops across 127 agro-climatic zones in India for better nutritional outcomes and aims to make India nutrition secure.

3.2.3.6. Stakeholder and Beneficiary Behavioural Change

A critical part of POSHAN Abhiyaan is the mobilisation of grassroots communities to combat misinformed or uninformed practices that lead to persistent malnutrition through generations. Some of the ways in which behaviour change is being addressed include Community Based Events (CBE), IEC, advocacy, and converting activities into a Jan Andolan (People's mission). The objectives of behaviour change communication include:

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

Visibility was given to POSHAN Maah (in September) and POSHAN Pakhwara (in March), where mobilisation through community-based events, door to door campaign and other related activities were organised with a much greater degree of enthusiasm and effectiveness. The activities in POSHAN Maah focus on Social Behavioural Change and Communication (SBCC). The broad themes include antenatal care, optimal breastfeeding (early and exclusive), complementary feeding, anaemia, growth monitoring, girls' – education, diet, right age of marriage, hygiene and sanitation, eating healthy - food fortification. Since lack of complementary feeding to children in the age group of 6-23 months has been a major factor in the rampant

prevalence of malnutrition, POSHAN Maah in September 2019 focused on this theme. Through the high volume of people reached, POSHAN Maah has given impetus to POSHAN Abhiyaan.

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

Events and campaigns have their merits but need to be back up with continuous intensive one on one dialogue with families and communities for sustained behaviour negotiation and change. The example of the Jeevika Project (ICDS with SHGs) is one such example.

Funds under POSHAN Abhiyaan have been spent on IEC, advocacy, Jan Andolan, and other CBEs. Overall, 635 crores were spent on these activities until November 2019. Within this, while 78 crores (12 per cent) was spent on IEC, Advocacy and Jan Andolan, 558 crores or 88% was spent on CBE. Of all states, Uttar Pradesh spent the highest share of total CBE expenditure at 13,059 lakhs (23 per cent). The share of Uttar Pradesh in total IEC, Advocacy and Jan Andolan, however, was only 4 per cent. Till November 2019, other states which spent a relatively high share on CBE out of total expenditures on that activity included Madhya Pradesh (13 per cent) and Maharashtra (12 per cent). The share of total expenditure on IEC, Advocacy and Jan Andolan was also high in Madhya Pradesh (18 per cent), Maharashtra (15 per cent), and Gujarat (11 per cent).[308]

While several activities are being done to help communities understand the importance of handwashing, breastfeeding, dietary diversity etc., another important aspect of IEC, which needs attention is making people aware of their entitlements, creating awareness about relevant schemes to propagate the packages these scheme's offer for child development and maternal health and to inform them about the linkages nutrition has with factors other than food. It is also crucial that messaging is done which makes people aware that the onus for good nutrition is not only on the women but on the family as a whole as well as the government to ensure adequate and effective delivery of essential services for all.

3.2.3.7. Research & Development

Research and Development have been a critical part of POSHAN Abhiyaan since its conception. NITI Aayog presented the NNS, in September 2017, with a microanalysis of the problems persisting and defined an in-depth strategy for course correction. Most of the recommendations presented in the Strategy document have been subsumed within the design of the POSHAN Abhiyaan.[309] The strategy recommends the following:

- **Nutrition Survey:** Using a systematic population-based sample survey to assess baseline, mid-term and final parameters of Nutrition outcomes. Key monitorable targets, related nutrition and health process indicators including anthropometric indices as related to maternal and child nutrition, as well as an assessment of anaemia prevalence.
- **Evaluation:** undertaking a comprehensive evaluation to assess the effectiveness of the programme design, strategic interventions, implementation efficiency, as well the overall

[308] ibid
[309] NITI Aayog, Nourishing India National Nutrition Strategy, Government of India, 2017

impact of those interventions on the outcome indicators, especially as related to the nutritional status of children under three years of age.

- **Operations Research:** addressing questions of both efficacy and effectiveness of programme interventions – thereby developing a menu of strategic options informed by the evidence of what works well in different programme settings. Piloting of new nutrition-related interventions should be backed by operations research.

Some examples of Research, which have been commissioned under POSHAN Abhiyaan include documenting and evaluating promising regional dietary practices and the messaging around them and developing a food atlas on regional agro-food systems at the behest of MWCD by the Harvard T H Chan School of Public Health through its India Research Centre and BMGF. UNICEF is also providing support in evidence generation by undertaking secondary analysis on drivers for undernutrition and operational research on what works and should be scaled up.

3.2.3.8. Unlocking Synergies with Other Government Programmes

POSHAN Abhiyaan is an umbrella scheme which covers a host of program and services that target beneficiaries across the 1000-day cycle with nutrition interventions. These include take-home ration from AWCs; anaemia prevention and control under the Anaemia Mukt Bharat program; antenatal care services; dietary counselling through VHSNDs; and schemes such as Pradhan Mantri Surakshit Matritva Abhiyaan that provide quality antenatal check-ups. Institutional Deliveries are promoted through conditional cash transfer schemes like JSY, free services for delivery and early neonatal care (Janani Shishu Suraksha Karyakram) provide an important opportunity to support mothers in establishing good breastfeeding practices.

The Abhiyaan sets into action the much-awaited multisectoral approach that aims to reduce malnutrition in women and children in a very targeted and time-bound manner in a mission mode. It also immensely enhances the low output NHED services of ICDS through its extensive technology platform and robust monitoring mechanisms.

Given the complex and multi-sectoral nature of the nutrition-specific and nutrition-sensitive interventions that are all needed simultaneously to curb malnutrition in women and children, different Ministries/Departments at the Centre and States/UTs implement varied interventions in a stand-alone manner. The POSHAN Abhiyaan ensures the much need leadership and agenda for action of convergence of the various programmes: i.e. AWSs, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls of MWCD; JSY, NHM of MoHFW; Swachh Bharat Mission of Ministry of Jal Shakti; Public Distribution System (PDS) of Ministry of Consumer Affairs, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development (MoRD); Drinking Water & Sanitation with Ministry of Panchayati Raj; Ministry of Tribal Affairs and Urban Local Bodies through Ministry of Housing and Urban Affairs.

The programme aims to benefit more than 10 crore people by ensuring service delivery and interventions for household and community level behavioural change. Strengthening two-way monitoring is a core strategy of the mission.

POSHAN Abhiyaan has introduced a convergence platform where different ministries and departments that implement the above-given interventions come together to achieve a synergy of all interventions to effectively target undernutrition. These platforms exist at different administrative levels starting from the centre to the state, district, block and village levels.

Convergence at the centre is achieved through the constitution of the National Council for Nutrition and the Executive Committee for the POSHAN Abhiyaan. Both these forums draw members from all the different departments contributing to the Abhiyaan. At the state level, this convergence is facilitated through the state, district and block level convergence committees that have been constituted, each led by the senior-most administrative head of that level. At the village level, the VHSND provide the convergence platform for service delivery by frontline functionaries of the two most critical departments – health and family welfare, and women and child development.

Convergence committees at the state, district and block levels support decentralised and convergent planning and implementation, supported by flexi-pool and innovation funds to encourage contextualised solutions. Emphasising convergent actions among the frontline workforce is also seen through performance-linked joint incentives for the 3As (ASHA, AWW & ANM). SPMUs and CAP committees have been established in nearly all States and UTs.

3.2.3.9. Reforms, Regulations

POSHAN Abhiyaan has given momentum to existing programs and aligned several sectors towards the common goal of eradicating malnutrition from the country. It has been instrumental in initiating a range of policy actions such as an increase in incentives for frontline workers and promoting home-based childcare. The launch of POSHAN Abhiyaan has been instrumental in enhanced allocations and policy measures both at national and sub-national levels. POSHAN Abhiyaan, through a focus on policy implementation (at Central and State level), is improving targeting (identification of high burden districts), enhancing multi-sectoral convergence, developing innovative service delivery (technology prominent) and rejuvenating counselling and community-based monitoring.

3.2.3.10. Impact on and role of the Private Sector, Community/ Collectives/ Cooperatives

Jan Andolan (Social Movement for Nutrition) is one of the key pillars of POSHAN Abhiyaan. It aims to build recognition for nutrition and call to action to rally support from programme planners, service providers, parents, communities, influential people and people from all walks of life to raise awareness and promote positive nutrition practices[310]. POSHAN Maah saw the coming together of frontline workers - AWWs, ANMs, ASHAs along with teachers and other community members to spread POSHAN messages to families. States also used a variety of approaches such as demonstration of local food items, cooking healthy and nutritious dishes, engagement through nutrition games like 'Learn My Plate' etc., distribution of seeds to start kitchen gardens and street plays (nukkad nataks). POSHAN Abhiyaan has witnessed partnerships with institutions, the private sector, women collectives and youth collectives. This has been elaborated below:

- **Institutions:** Partnerships with National Institute of Nutrition (NIN), Hyderabad for developing an online course on Nutrition; with National Centre of Excellence and Advanced Research on Anaemia (NCEAR-A) to organise Anaemia Test, Treat, Talk and Track camps, popularly known as T4 camps; with National Centre of Excellence and Advanced Research on Diet (NCEARD) to organise a recipe competition for college students and displayed healthy

[310] Ministry of Women and Child Development, Rashtriya POSHAN Maah: A communique, September 2018

food items at the Anaemia Mukt Bharat National Dissemination workshop and in all anaemia T4 camps have been undertaken.

- **Private Sector:** An MoU with National Association of Software and Service Companies Foundation is being signed to initiate technology partnerships with the private sector. Telecom operators have been engaged with, to spread the POSHAN Abhiyaan ringtones and caller tunes across the country.
- **Women Collectives:** AWWs, ASHA, ANM and SHGs contributed significantly to the POSHAN Maah spearheading many innovative activities throughout the month. To build nutrition knowledge, special focus was laid on communicating messages around dietary diversification, micronutrients, anaemia, water, sanitation and hygiene, breastfeeding and complementary feeding. These messages were explained and discussed during the SHG meetings and Village Organisations' meetings. The SHGs played a critical role in mobilising women and families in participating in community events such as God bharai, Anna-Prashan, Rangoli art, POSHAN rallies and VHSNDs.
- **Youth Collectives:** POSHAN Maah recognised the potential of young minds in comprehending and practising positive nutrition behaviours. Hence, through many school-based activities, cycle rallies, haat bazaar activities, Nukkad Nataks, Melas, Prabhat Pheris, youth were engaged and sensitised on good nutrition practices. The leaders amongst them started promoting nutrition behaviours as we see in select testimonials.

3.2.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Procurement & ICDS-CAS	• Significant challenges with the procurement and distribution of growth monitoring devices and smartphones. • Even after 3 years of the Abhiyaan's launch, only around 6.33 lakh AWWs and 17,000 LS' have been provided mobile phones (around 50% of total AWWs and LS). • GM devices have been provided to only 3.5 lakh AWCs (25% of total). • ICDS CAS has been rolled out in only 349 Districts (less than 50% of total). • Due to the lack of phones available to all States, the MWCD has not been able to reap the efficiency benefits of the ICDS-CAS, since even though the AWWs in 50% AWCs have CAS, they are required to also maintain registers. • The delay also hampers the use of ICDS CAS as a decision-support tool since the data from all districts in a state is not uniformly available.	• To fast track the roll-out of ICDS CAS and Growth Monitoring Devices across the country, the following approaches can be undertaken: ○ **In line with Drug Procurement, undertake centralised procurement of mobile phones and GM devices, based on a consolidated demand from States.** This will help achieve extensive economies of scale and help link the fast-tracked roll-out of ICDS-CAS with 'Make in India' campaign. ○ **MWCD can identify mobile phone and GM device manufacturers and models that meet the specifications and arrive at negotiated prices with the identified mobile phone suppliers.** The States could place orders of approved models with the suppliers shortlisted by MWCD, at the prices negotiated by MWCD. ○ **AWWs may be encouraged to buy phones or use their phones, and they be paid a monthly allowance for rental/usage**. In addition to fast-tracking the ICDS CAS roll-out, this will also help the MWCD tackle the issue of technology obsolescence. • The ministry is needs to guide states to complete **the setting up of SPMU** as soon as possible.	**Short-Term**	**MWCD in consultation with State Governments**
Convergence	• IT interventions across MoWCD and MoHFW do not converge. Under ICDS-CAS (MWCD) and RCH (MHFW), 70% of the fields for data collection are common; however, there is no synergy between the two databases being used.	• As one of the key steps of collaboration between MWCD and MoHFW to provide convergent services to fight under-nutrition, the **provision of seamless data sharing between ICDS-CAS and RCH should be developed.**	**Short-Term**	**MWCD in consultation with MoHFW**

	• This leads to unnecessary duplication of efforts in data entry, besides lack of coordination in due lists leading to a siloed approach to service delivery. • Even though the convergence action plans are being drawn up for all levels, the actual implementation of these plans is still a problem. It is not clear what actions usually result from the monitoring and review of the CAPs. • In many cases, it was observed that the block-level convergence action plans were the same for all blocks in the district.	• **Conducting joint convergence trainings/activities** with the field level staff on how to constantly share data and information. • Clearer **guidelines on the tangible outcome of convergence should be developed to state what convergent services will look like at the ground level.** This will include clear identification of services to be provided to PLW and infant during the 1,000 days and at what stages.		
Jan Andolan	• Limited awareness about the Abhiyaan so far has led to restricted uptake and involvement of the communities in the activities under the programme. • Awareness regarding the need for the programme, i.e. focus on 1000 days is also low. HH behaviour negotiation for change is an intensive, time-consuming process, and the mission activities are too soon on the ground to observe a visible change. • Jan Andolan activities have mostly focused around conducting CBEs during POSHAN Maah and POSHAN Pakhwada. Of the 470 Cr. engagements reported under Jan Andolan till 31 March 2020[311], more than 400 Crore had happened during the 2 POSHAN Pakhwadas and 2 POSHAN Maahs.	• While intensive mass media campaigns and CBEs have been conducted under the Jan Andolan, moving from 'information' to 'knowledge' will need sustained capacity building of the eligible households through interpersonal dialogue. • Jan Andolan Activities need to be conducted throughout the year rather than just around POSHAN Maah and POSHAN Pakhwada. Currently, the intensity is focused around these marquee events. • Video-based counselling and video-based CBEs can be conducted, learning from Bihar and UP, where home-based CBEs are being conducted currently due to COVID 19. • The Jeevika Project (Bihar) has shown how SHGs can be included in the 'Jan Andolan' for negotiating household behaviour change for positive nutrition outcomes. • Given the shortage of LS, NGO and CBO partnerships should be tied up to create Block/ Sector level resource pools of Master Trainers/ Counsellors in addition to the ICDS functionaries.	**Short and Medium-term**	**Central and State Government**

[311] Jan Andolan Dashboard; www.poshanabhiyaan.gov.in/

3.3. Pradhan Mantri Matru Vandana Yojana (PMMVY)

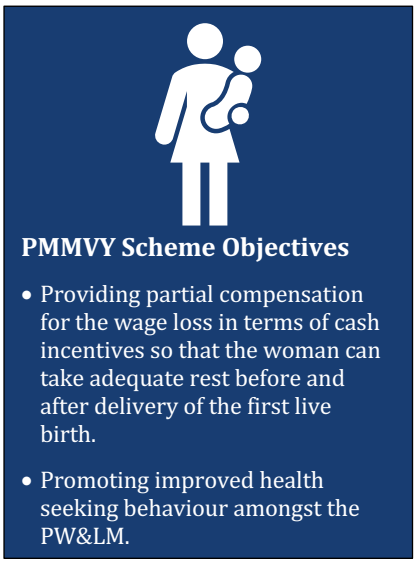
Summary of PMMVY Scheme Analysis

Themes	Rating	Summary
Relevance	Average	+ The scheme operationalises the provision of the NFSA, 2016 + Targets pregnant women to improve nutrition and health uptake which is key for achieving the goal of 'Kuposhan Mukt Bharat' + PMMVY is in line with the goals of preventing under-nutrition across the lifecycle set out in the National Nutrition Strategy. + Scheme design in line with global evidence. Cash transfers proven to improve the health and nutrition outcomes among PW&LMs - Scheme benefits restricted to first live birth, leaving out almost 60% of births in the country. - Cash provision of Rs. 5,000 under the scheme is less than the provisions mandated by NFSA. Even with complementary JSY money, many women end up receiving less than mandated Rs. 6,000 - Scheme leaves out unwed mothers, widows, and rape survivors due to the scheme registration requirements.
Effectiveness	Average	+ The scheme has been able to reach more than 1.4 Crore beneficiaries in 3 years. + The scheme has achieved more than 90% of the target by Dec 2019. + An average of 18,700 new beneficiaries being registered every day - Scheme targets are set much lower than the eligible beneficiary numbers. Target set at 51.7 lakh while eligible beneficiaries could be as high as 1 Crore nationally. - IEC budget under the scheme is underutilised, leading to low awareness among beneficiaries regarding the scheme and its conditionalities. Only 56.68% of the eligible primary survey respondents were aware of the scheme.
Efficiency	Satisfactory	+ Significant in-built efficiency measures, i.e. payment directly into beneficiary account from PFMS, near real-time utilisation information, use of Aadhaar + Use of PMMVY CAS provides real-time monitoring and management + Budget allocation to the states based on set targets + 1st and 2nd instalments paid to beneficiaries in less than 30 days. + Several steps taken based on feedback from states and beneficiaries to improve scheme efficiency and beneficiary experience + Examples of innovative use of flexi-fund to support data entry through performance-linked payments to DEOs and AWWs. - Under-utilisation of Administrative budgets across states pointing to a lack of adequate staffing in State and District PMMVY cells. - Inadequate utilisation of Flexi Funds by the states with only 13% of flexi funds being utilised till 31 Jan 2020.
Sustainability	Satisfactory	+ The maternity benefits offered by the scheme are as mandated under the NFSA, thus ensuring the sustainability of scheme benefits + Structures to sustain effective delivery exist at state and district level. + Strong delivery platform – PMMVY CAS enables effective monitoring

		+ Behaviour change among first time pregnant women achieved through the scheme is sustained during her following pregnancies.
Impact	Satisfactory	+ Improvement in the number of early registration and ANC; immunisation rate; and institutional deliveries – all conditions mandated since the launch of PMMVY. + Availability of additional cash improves spending on food and medicines during pregnancy, potentially leading to better health and nutrition for mother and child.
Equity	Average	+ The scheme does not discriminate based on social or economic status. + The schemes benefits are being equally availed by beneficiaries belonging to SC, ST, OBC and the general category of beneficiaries. - Due to the requirement of the husband's details for registration for availing the 3rd instalment, the scheme inadvertently leaves out unwed mothers, rape survivors, and widows from the beneficiary net.

3.3.1. Background of the Scheme

The National Food Security Act, 2013 (NFSA) provides that subject to such schemes as may be framed by the Central Government, every PW&LM, except those who are in regular employment with the Central Government or State Government or Public Sector Undertaking or those who receive similar benefits under any law for the time being in force, shall be entitled to maternity benefit of not less than rupees six thousand, in such instalments as may be prescribed by the Central Government[312].



In line with the entitlements highlighted in the NFSA, the PMMVY was announced by the Hon'ble Prime Minister to be applicable from 1st Jan 2017 across all districts of the country. Under PMMVY, one-time cash incentive of Rs. 5000/- is provided directly in the account of PW&LM for a first living child of the family subject to certain conditions. The eligible beneficiaries also receive additional cash incentives towards maternity benefit under Janani Suraksha Yojana (JSY) after institutional delivery so that a PW&LM beneficiary gets Rs. 6000/- on average. PMMVY was preceded by the Indira Gandhi Matritva Sahyog Yojana which was introduced in 53 districts across India on a pilot basis. In 2013, the IGMSY was brought under the NFSA to implement the provision of maternity cash benefit mandated under the Act.

Table 44: Variations between IGMSY and PMMVY[313]

Indicator	IGMSY	PMMVY
Target Beneficiaries	To PW&LM for the first two live births	To PW&LM for the first live birth
Benefit Provided	INR 6,000 in two instalments	INR 5000/- in three instalments
Implementation	Roll-out on a pilot basis in 53 districts	Pan-India roll-out without a pilot
Processes	Predominantly paper-based	Predominantly electronic
Fund Management	Multiple levels of physical fund flow	From a dedicated scheme Escrow account maintained at State/UT official

Institutional Mechanism for PMMVY

PMMVY provides grants-in-aid to the States/UTs in a dedicated Escrow[314] account for direct benefit transfer to the beneficiaries. At the Central level, the PMMVY is under the ambit of the MWCD. The Implementation Guidelines allow States and UTs to determine whether the programme is implemented through the WCD/Social Welfare Department or Health Department at their level. Currently, eight States/UTs (Andhra Pradesh, Chandigarh, Dadra and Nagar Haveli & Daman and Diu, Maharashtra, Meghalaya, Tamil Nadu, Uttar Pradesh, and West Bengal) are implementing PMMVY through the state health department, and the remaining states run the programme through the state WCD/SW department[315]. PMMVY is managed through a centrally

[312] http://www.egazette.nic.in/WriteReadData/2013/E_29_2013_429.pdf
[313] http://www.cdfi.in/uploads/Articles/PMMVY_Paper_Final_16112018.pdf
[314] Being in escrow is a contractual arrangement in which a third party receives and disburses money or property for the primary transacting parties, most generally, used with plentiful terms that conduct the rightful actions that follow. The disbursement is dependent on conditions agreed to by the transacting parties.
[315] http://wcd.dashboard.nic.in/

deployed MIS application (PMMVY-CAS), and the focal point of implementation is the Anganwadi Worker (AWC) and ASHA/ANM workers.[316]

Cash transfer modalities

Under PMMVY, a cash incentive of INR 5,000 is provided to the PW&LM for the first living child of the family, subject to fulfilling specific conditions related to maternal and child health. The cash is credited directly to the bank account of the beneficiary. While the Aadhaar number is not a necessary pre-condition for being eligible to receive the scheme benefits, in case the beneficiary has an Aadhaar-linked bank account, the bank account linked with Aadhaar is used for making the benefit transfer. Scheme benefits are provided in three instalments as summarised in the figure below.

Figure 64: Payment instalments and conditions to be fulfilled under PMMVY

Registration under the Scheme

Eligible women desirous of availing maternity benefits are required to register under the scheme at the AWC/approved Health facility. The beneficiary is required to fill up the prescribed scheme forms for registration and claiming the instalments and submit the same.

- For registration and claim of the first instalment, duly filled Form 1-A along with a copy of MCP Card, proof of identity of the beneficiary and her husband's ID Proof and Bank/ Post Office Account details of the beneficiary is required to be submitted.
- For claiming the second instalment, the beneficiary is required to submit duly filled Form 1-B after six months of pregnancy, along with the copy of MCP Card showing at least one ANC.
- For claiming the third instalment, the beneficiary is required to submit duly filled Form 1-C along with a copy of childbirth registration and copy of MCP card showing that the child has received the first cycle of immunisation or its equivalent/substitute.

In the case of Miscarriage/Stillbirth

While the current scheme guidelines suggest that a beneficiary is eligible to receive benefits under the scheme only once. In case of miscarriage/stillbirth, the beneficiary is eligible to claim only the remaining instalment(s) in the event of a future pregnancy. However, discussions with the MWCD officials have revealed that the Ministry is in the process of revising the scheme guidelines to enable beneficiaries to avail the entire suite of scheme benefits during their first full-term pregnancy. This means that in case of miscarriage or still-birth of the first child, as long

[316] https://wcd.nic.in/sites/default/files/PMMVY Scheme Implementation Guidelines.pdf

as they have not received the 3rd instalment, the beneficiaries will be able to receive all three instalments during their next pregnancy.

In the case of Infant Mortality, a beneficiary is not eligible for claiming benefits under the scheme if she has already received all the instalments of the maternity benefit under PMMVY earlier. PMMVY-CAS is built with the understanding that there would be cases where beneficiaries may move to a different location during pregnancy and childbirth due to cultural or economic reasons. In such an event, PMMVY allows beneficiaries to avail benefits from any benefit delivery centre across the country without the need for re-registration.

3.3.2. Performance of the Scheme

3.3.2.1. Relevance

The PMMVY scheme is a key scheme being managed by the MWCD, and it plays an important role in improving the health of the children during their formative period. The scheme's conditions are geared towards making sure that pregnant women can better take care of themselves during pregnancy and improve their health-seeking behaviours. This is in line with the available body of evidence that supports the impact of conditional cash transfers in improving health-seeking behaviours among PW&LMs, as well as the impact of better health-seeking behaviour of PW&LMs on the cognitive abilities of infants and young children. The scheme seeks to operationalise the provisions of the NFSA 2016, which provide for all PW&LMs to receive Rs. 6,000 during their pregnancy. While the scheme design is found to be relevant to the needs of the country and in line with the evidence base, the fact that the scheme only provides Rs. 5,000 to the PW&LMs as well as the restrictive beneficiary net identified by the scheme limit its ability to maximise the impact of the scheme. The fact that the scheme only covers the first-time pregnant women leaves out a large majority of childbirths in the country. According to the NFHS 4 data, only around 39% of the births in India are first-order births. This leaves out around 60% of the children in India. While the scheme is found relevant to the needs of the country and the context, the two major issues significantly impact the ability of the scheme to reach the impact that it seeks to make. **The evaluation finds the Relevance of the scheme to be 'Average'.**

Relevance w.r.t. National Context and Policy Framework

Various factors play pivotal roles in causing chronic malnutrition. One of the most important is the mother's nutritional status, particularly during pregnancy and lactation. Under-nutrition continues to adversely affect the majority of women in India, and every third woman is undernourished, and every second woman is anaemic. An undernourished mother almost inevitably gives birth to a low birth weight baby. When poor nutrition starts in-utero, it extends throughout the life cycle since the changes are largely irreversible. Owing to economic and social distress, many women continue to work to earn a living for their family right up to the last days of their pregnancy. Furthermore, they resume working soon after childbirth, even though their bodies might not permit it, thus preventing their bodies from fully recovering on the one hand, and also impeding their ability to exclusively breastfeed their young infant in the first six months.[317] About 23% of women between 15-49 years are underweight and around 53% of women between 15-49 years suffer from anaemia (NFHS 4).

[317] https://wcd.nic.in/sites/default/files/PMMVY Scheme Implementation Guidelines.pdf

Lim et al. (2012) find that on average pregnant women in India put on less weight during pregnancy than they should – only 5 kg on average, compared to the worldwide average of almost 10 kg[318]. Studies indicate a close association of maternal nutritional status with the well-being of a child. Malnourished PW&LMs are most likely to have unhealthy babies (Holden, 2007[319]; Smith and Haddad, 2015[320]).

Given these factors and context, the PMMVY scheme, aimed at incentivising better nutrition and health-seeking behaviour among pregnant women is a critical initiative. It is expected that improved health-seeking behaviour among PW&LMs will lead to a healthier child and better nutrition outcomes for both the mothers and children. The scheme tries to do this through the provision of Cash Transfer to PW&LMs at critical junctures during pregnancy and the first 6 months of a child's life. PMMVY is also extremely relevant to the goals of the National Nutrition Strategy, which looks to prevent and reduce under-nutrition across the life cycle and to provide a strong foundation for the future generations for ensuring optimum physical growth, development, cognition and cumulative lifelong learning.

Relevance w.r.t. Global Evidence

Cash transfers have been increasingly adopted by low- and middle-income countries as central elements of their poverty reduction and social protection strategies (Barrientos, 2013; DFID, 2011; Hanlon et al., 2010; Honorati et al., 2015; ILO, 2014). Using Cash Transfers to improve nutritional and health outcomes as a strategy has proven effective globally.

The evaluation finds that the PMMVY scheme's design and the underlying assumptions of using Cash Transfers as a motivation to improve mothers' nutrition and health-seeking behaviours –to improve overall nutritional outcomes, is well supported by evidence. A systematic review of the global evidence (Bastagli et al. 2019[321]) finds a positive effect of cash transfers across three indicators – use of health services, dietary diversity, and anthropometric measures. On the whole, the evidence highlights how – while the cash transfers reviewed have played an important role in increasing the use of health services and dietary diversity, changes in design or implementation features, including complimentary actions – may be required to achieve greater and more consistent impacts on child anthropometric measures. This is reflected in the greater proportion of significant results found relating to health service use and dietary diversity and a lower proportion for anthropometric measures.

The above-cited global evidence review on the impact of cash transfers shows that cash transfers – both CCTs and UCTs – have increased the uptake of health services. Of the 15 studies reporting overall effects on the use of health facilities, nine report statistically significant increases. For dietary diversity, findings also consistently show increases. Among the 12 studies reporting on impacts on dietary diversity, seven-show statistically significant changes across a range of dietary diversity measures, all being improvements. Evidence of statistically significant improvements in anthropometric outcomes is limited to five out of 13 studies for stunting, one out of five for wasting and one out of eight for underweight.

[318] Lim, S. S., Vos, T., Flaxman, A. D., Danaei, G., Shibuya, K., Adair-Rohani, H., & Aryee, M. (2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. The lancet, 380(9859), 2224-2260.
[319] Holden, K. R. (2007). Malnutrition and brain development: A review. Neurologic Consequences of Malnutrition, 6, 19.
[320] Smith, L., & Haddad, L. (2015). Reducing child undernutrition: past drivers and priorities for the post-MDG era. World Development, 68, 180-204.
[321] Bastagli, F., Hagen-Zanker, J., Harman, L., Barca, V., Sturge, G., & Schmidt, T. (2019). The impact of cash transfers: A review of the evidence from low-and middle-income countries. Journal of Social Policy, 48(3), 569-594.

There is also evidence from India, which supports the use of financial incentives to improve health outcomes. The JSY aims to reduce maternal and neonatal mortality by incentivising institutional births. This scheme has led to a substantial increase in institutional delivery, along with increased uptake of ante- and post-natal care check-ups. Further, the improvement in health coverage was observed to be higher among underserved women in rural areas.

Box 52: Evidence: Cash transfers for child health and nutrition in India[322]

In India, a set of ongoing studies funded by J-PAL's Cash Transfers for Child Health Initiative, in partnership with state departments of Women and Child Development, are investigating how different types of incentives and cash transfers (CT), as well as tweaks to the design of government cash transfer programs such as Pradhan Mantri Matru Vandana Yojana, impact a variety of maternal (and child) health and nutrition outcomes. The evidence to date suggests that CTs can improve child nutritional status, particularly height, and particularly for younger and more vulnerable children, but the effects are modest and not consistent across programs, possibly reflecting the complex causal pathways to better nutritional status. Timing and duration of exposure are critical: transfers initiated in utero and sustained through the first years of life have larger effects on height than transfers targeted later in childhood. However, transfers targeted to slightly older children can also help them compensate for earlier growth deficits and 'catch-up'. The effectiveness of maternal and preventive care conditions is unclear, but combining CTs with health and nutrition counselling for caregivers is often effective at improving feeding practices and anthropometric outcomes, as well as child development. While the relative effectiveness of cash, food transfers, and vouchers is likely to be context-specific, there is growing evidence that cash is typically more cost-effective.

Box 53: Evidence: Child immunization rates may be improved by a combination of incentives and leveraging local ambassadors to spread information[323]

In Rajasthan, small incentives for parents, coupled with reliable services at convenient mobile clinics, increased full immunization rates, six fold. This approach was twice as cost-effective as improving service reliability without incentives.

Policymakers and businesses often rely on key individuals to spread new information to a community. However, obtaining the network data required to identify them can be time consuming and expensive. Researchers conducted two randomized evaluations in India where they identified effective individuals for information sharing (ambassadors) through word-of-mouth. In Haryana, the ambassadors were seeded with information about immunization camps and found that information was disseminated more widely when shared by individuals nominated by others in their community, rather than village elders or randomly selected individuals.

Scheme Design

PMMVY is the only scheme focusing on the provision of NFSA entitlement to PW&LMs. However, the benefits under PMMVY are restricted to the first live birth. This is in contrast with the scheme's predecessor – the IGMSY, which provided NFSA benefits to the first two children of a mother. This evaluation is not able to identify the reasons for restricting the coverage of the PMMVY to one child only. NFHS 4 data suggest that only around 39% of children born in India are first-order births, 33% are second-order births, and the remaining 28% are third-order or higher. Due to the current scheme design, PMMVY ends up leaving out a major portion of children born in India. Even if the scheme was able to cover the second-order births, it would be able to ensure improvements in health outcomes for almost 70% of children born in the country.

[322] Abdul Latif Jameel Poverty Action Lab South Asia (J-PAL SA). 2020. "Women And Child Development Evidence Summary note for DMEO, Niti Aayog" Custom Report. Last modified September 2020.
[323] Ibid.

3.3.2.2. Effectiveness

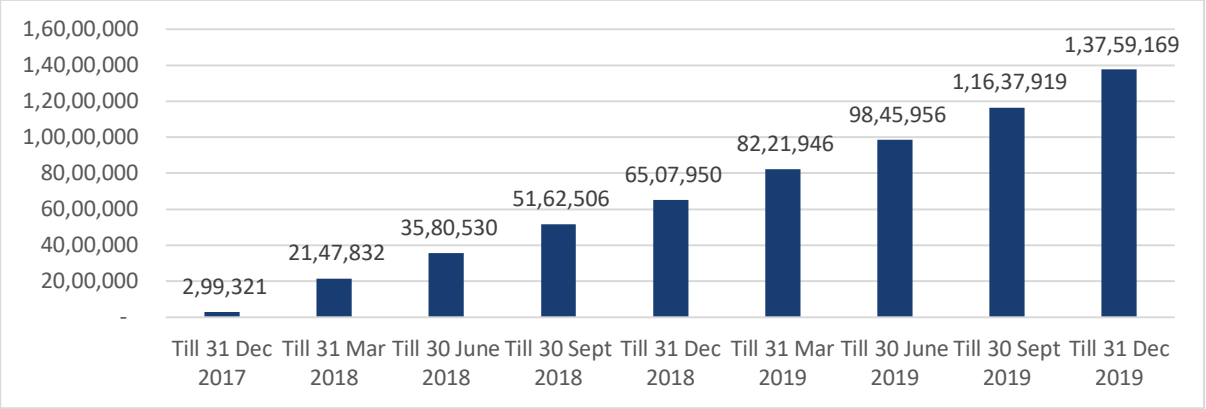
Over the last three years since the launch of PMMVY, the scheme has been able to take significant shifts in coverage with the provision of more than Rs. 5,000 Crore to over 1.4 Crore beneficiaries. The scheme has shown consistent improvements in coverage and fund utilisation. While there were teething issues that hampered the scheme, including delays in the issuance of implementation guidelines and time taken by the states to notify the scheme, the scheme has been effective in achieving the targets set for the first three years in terms of beneficiary reach. One of the areas where the scheme has been less effective is the generation of scheme awareness. The evaluation found awareness of scheme at around 56.68%, with the field level workers being the key modes of scheme generation.

Given that the scheme has inbuilt provisions of IEC, the evaluation finds the effectiveness of IEC needing improvement. The evaluation also finds that the effectiveness of the scheme implementation is hampered by ineffective targeting of the scheme. The scheme has set a target of 51.7 lakh beneficiaries per year across the country and has done well in achieving the set targets. As per the latest data sets available, the potential target of the scheme – the first-time pregnant mothers – is almost twice the current target at almost 1 Crore. **The evaluation finds the effectiveness of the PMMVY scheme implementation to be 'Average'**, mostly owing to the inadequate scheme awareness among the potential beneficiaries as well as low targets set by the Ministry.

Performance of the Scheme

Since the roll-out of the Scheme, a total of around 1.43 crore Beneficiaries have been registered till 31 December 2019, out of which around 85% of the eligible beneficiary has received 1st instalment, 79% eligible beneficiaries have received 2nd instalment and 52% registered beneficiary has received 3rd instalment with cumulative payment of Rs. 5,016 Crore. It should be highlighted that

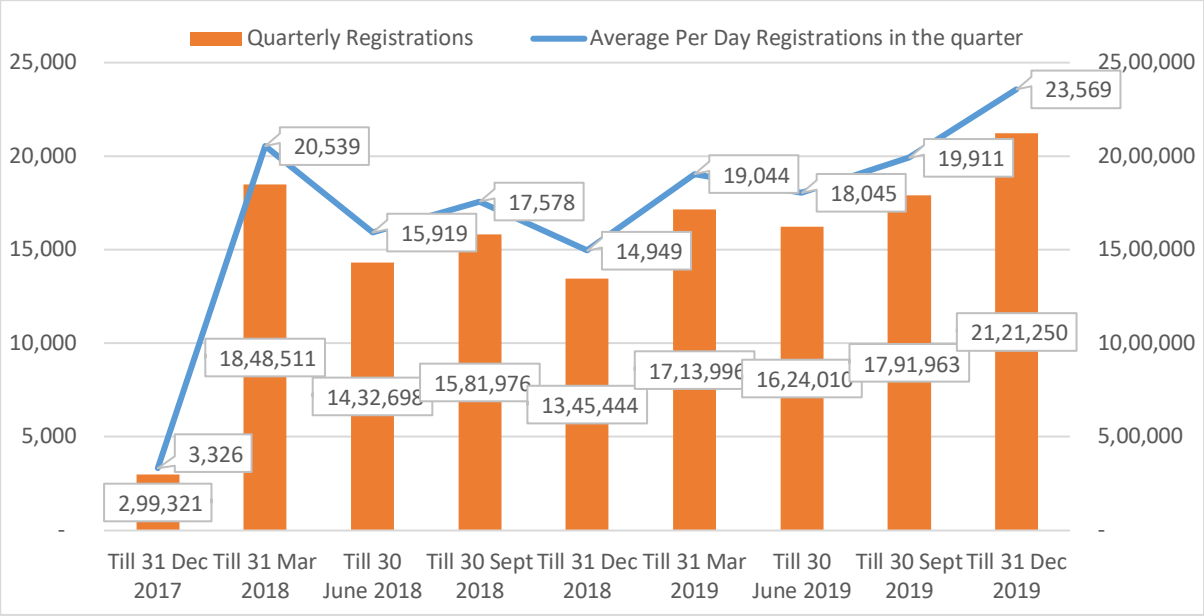
Figure 65: PMMVY – Registered Beneficiaries



Source: MWCD Dashboard

Not a lot of activity happened on the scheme till 31st December 2017 due to delays in the issuance of the scheme implementation guidelines by the MWCD and the subsequent time taken by the states in notifying the scheme. However, since then, the scheme has seen an impressively sharp increase in the number of beneficiaries registering under the scheme, with an average of 16.8 lakh new beneficiary registrations per quarter and around 18,700 new beneficiary registrations every day.

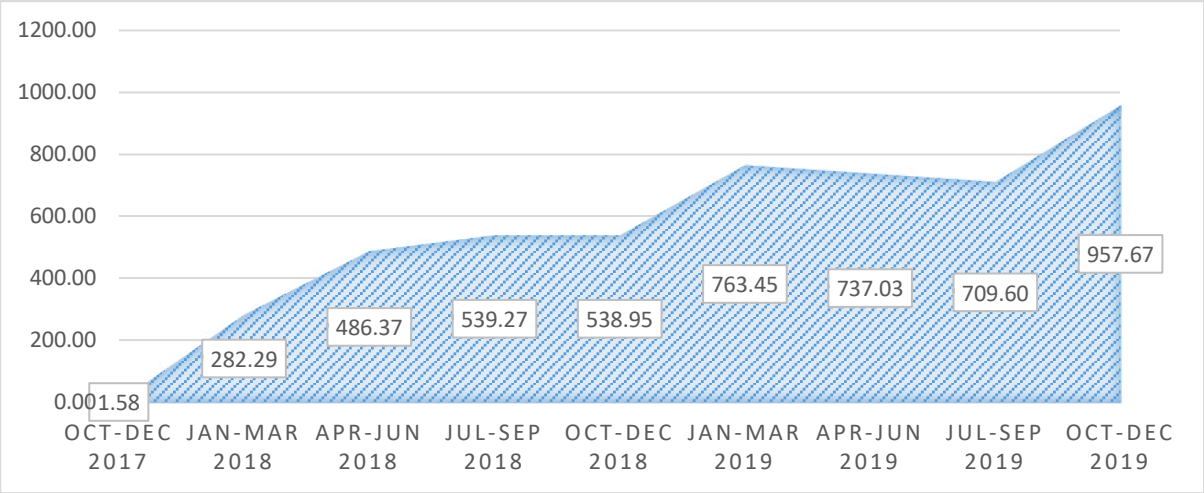
Figure 66: PMMVY Payments Quarterly and Per Day



Source: MWCD Dashboard

PMMVY has made benefits transfers to beneficiaries to the tune of Rs. 5,016 Crores till Dec 2019.

Figure 67: PMMVY Payments Per Quarter (in Crores)



Source: MWCD Dashboard

The State-wise analysis of Payment of 1st/2nd/3rd instalment to the beneficiaries since the beginning till 30th June 2019 is presented in the Table below:

Table 45: State-wise analysis of Payment of 1st/2nd/3rd Instalment to the beneficiaries

State	Cumulative Beneficiaries	Cumulative Instalment 1 Payment	Cumulative Instalment 2 Payments	Cumulative Instalment 3 Payments
A&N Islands	3,787	3,556	3,476	2,580
Andhra Pradesh	757,220	676,743	647,099	486,253
Arunachal Pradesh	9,763	8,195	7,394	5,154
Assam	320,331	286,712	242,407	164,920
Bihar	735,215	555,542	415,422	186,306
Chandigarh	14,149	12,732	12,187	8,622
Chhattisgarh	294,351	254,824	207,195	127,625
Dadra and Nagar Haveli	5,055	4,392	3,516	2,051

Daman and Diu	2,760	2,066	1,816	1,098
Delhi	116,674	104,022	100,895	68,606
Goa	10,921	9,909	9,189	6,968
Gujarat	537,036	488,628	478,456	377,575
Haryana	324,225	292,205	282,293	205,802
Himachal Pradesh	114,137	106,328	99,064	75,320
Jammu and Kashmir	106,720	90,586	81,169	56,958
Jharkhand	296,073	242,733	227,599	127,641
Karnataka	622,775	568,747	558,811	404,193
Kerala	357,643	329,510	297,754	201,247
Lakshadweep	628	493	396	189
Madhya Pradesh	1,349,253	1,210,108	1,122,380	756,649
Maharashtra	1,152,704	978,368	960,667	705,392
Manipur	26,299	20,628	20,548	18,762
Meghalaya	12,679	10,514	10,960	5,941
Mizoram	14,802	14,154	13,558	10,200
Nagaland	11,769	10,321	10,019	8,730
Odisha	7	3	5	5
Puducherry	11,980	11,127	10,790	7,531
Punjab	230,502	188,920	180,727	132,265
Rajasthan	938,813	800,273	762,964	451,738
Sikkim	5,660	5,260	5,078	3,687
Tamil Nadu	424,765	358,735	256,682	53,803
Telangana	3	0	0	0
Tripura	44,362	39,755	33,534	20,760
Uttar Pradesh	2,069,917	1,697,806	1,679,459	983,509
Uttarakhand	96,485	80,489	74,591	43,991
West Bengal	618,699	454,996	430,488	338,085
Total	**11,638,162**	**9,919,380**	**9,248,588**	**6,050,156**
Percentage		**85%**	**79%**	**52%**

Source: PMMVY CAS

Under PMMVY, all pregnant women and lactating mothers [excluding exceptions], are eligible to receive benefits up to the first live birth. At the start of PMMVY, GoI estimated the scheme to target 51.70 lakh beneficiaries, annually. The targets are set by the Cabinet in discussion with MWCD, but the evaluation has not been able to identify/access the basis for the target estimates.

There are two ways of measuring coverage under PMMVY. First, is to compare the total number of beneficiaries enrolled as a proportion of the annual target of 51.7 lakh as set by PMMVY. The other is to compare coverage with the estimated eligible population. Both calculations have been done in this section. The total number of estimated eligible beneficiaries was calculated by multiplying crude birth rates (birth rate per 1,000 people) with the projected population in India for 2017. Next, since PMMVY is restricted to only the first live birth, birth order data from the Sample Registration System (SRS) was used for the year 2016. The percentage of women with birth order 1 (or 1st birth) was then multiplied with the estimated number of mothers to arrive at an estimate for the number of mothers with one birth, as a proxy for eligible PMMVY beneficiaries.

A comparison of the two indicators shows significant differences in coverage rates. In FY 2017-18, 21.47 lakh beneficiaries or less than half the annual target were enrolled under PMMVY. Enrolment rates increased significantly in FY 2018-19, with 60.74 Lakh beneficiaries being enrolled, and the scheme over-achieving by around 17%. In FY 2019-20, the scheme enrolments were even higher, with the scheme already overachieving the targets by the end of December 2019. Till 31 December 2019, 55.37 lakh beneficiaries or 107% of the annual target were already

enrolled under the scheme[324]. This was achieved when states such as Telangana and Odisha have still not on-boarded the PMMVY scheme.

While the enrolment rates when compared to the set targets have shown great improvements and having overachieved in the last two FYs, when compared with the estimated eligible population, the scheme coverage falls short. Thus, while the eligible population is estimated at 103.8 lakh[325] (almost twice the target set by PMMVY) per year, only around 20% of the beneficiaries were enrolled in FY 2017-18 and 58.5% in FY 2018-19. The above-estimated percentages admittedly do not account for the Urban-Rural divide. It has been seen that majority of the beneficiaries of the scheme come from the rural areas. Even if we assume that only the women from Rural areas avail benefits from the PMMVY scheme, the total estimated eligible beneficiaries (expected to avail of PMMVY benefits) comes to 75.12 lakh, almost 1.5 times the current estimates of target beneficiaries. This gives achievement of around 28.5% in FY 2017-18 and of around 80% in FY 18-19. One reason for this low enrolment against the estimated number of potential beneficiaries could be that Tamil Nadu, Odisha, and Telangana run maternity benefit schemes at the state level which expanded coverage up to two live births and have similar ANC and immunisation conditions, as PMMVY.

In terms of achievement against the targets established by the GoI, the achievements across states differ greatly. Some states have achieved much more than the targets set by the MWCD, while some others are significantly lagging in terms of reaching the beneficiary targets. Our discussions with many state officials revealed that they struggle to understand the rationale behind the targets given to them by the MWCD and that in many cases, the states have set their own targets which are significantly higher than those of the GoI. This points to an urgent need for the MWCD to revisit the national and state targets and to scientifically identify the targets, jointly with the state governments. By setting up targets that are lower than the ideal, the government is potentially undermining its own efforts to eradicate under-nutrition from the country. It is also recommended that the targets be set annually rather than a one-time exercise.

Awareness of the Scheme

The PMMVY scheme has inbuilt provision for undertaking IEC campaigns as well as other campaigns to improve the awareness of the scheme amongst the potential beneficiaries. Recently, the Ministry rolled out a Pan-India campaign for Information, Education and Communication (IEC) from 8th March to 22nd March 2019 across the country not only to improve visibility of the Scheme but also to increase the number of beneficiaries enrolled under the Scheme. The campaign was named "Suposhit Janani Viksit Dharini". All States/UTs actively participated in the campaign. States/UTs ran this special campaign to increase awareness about the scheme among all stakeholder through different modes of communication such as disbursement of IEC materials, rallies, nukkad natak (street theatre) etc.

As part of the primary data collection, the evaluation sought to assess the levels of scheme awareness amongst rural women. Even though the government has put in significant efforts to

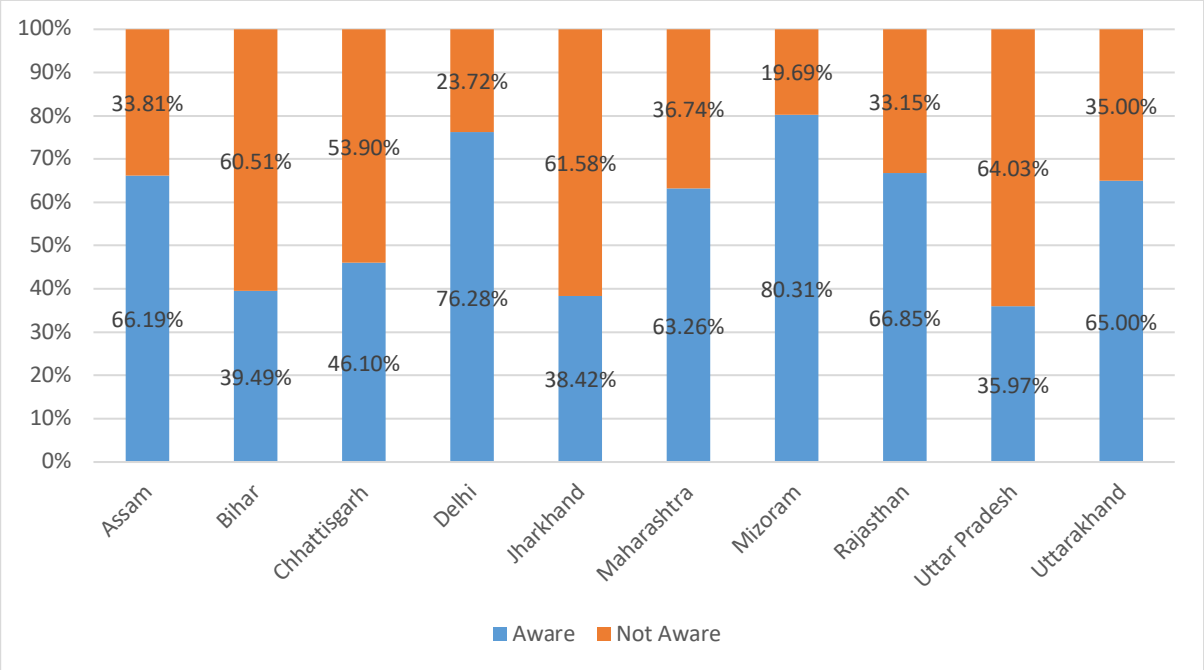
[324] Data from http://wcd.dashboard.nic.in/

[325] Projected population of India in 2017: 130,44,57,000, Rural: 87,16,76,000 (**Source**: MOHFW (2019). Population Projections for India and States. Report of the Technical Group on Population Projections); Crude Birth Rate: Overall: 20.4, Rural: 22.1 (Source: SRS Bulletin 2017. Available online at: http://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin%20-Sep_2017-Rate-2016.pdf) Percentage of women with Birth Order 1: 39% (Source: NFHS 4 National Report. Available online at: http://rchiips.org/nfhs/NFHS-4Reports/India.pdf)

improve the awareness of the scheme amongst the target population, the field level data shows that more needs to be done to improve the awareness of the scheme.

Of the 1,716 pregnant and lactating women in 10 States (except Telangana and Tamil Nadu) who were enquired about their awareness of the scheme, about 56.58% women responded that they were aware of the PMMVY scheme. 745 women (43.31%) out of 1,713 did not know of the PMMVY scheme, and 971 women (56.58%) were aware of the scheme. Some of the states with low levels of scheme awareness include Uttar Pradesh (35.97%), Bihar (39.49%), Chhattisgarh (46.1%) and Jharkhand (38.42%). Scheme awareness was found to be the highest in Delhi (76.28%), Mizoram (80.31%), and Assam (66.19%). **In calculating the awareness of the scheme, the evaluation has removed awareness figures for both Telangana and Tamil Nadu from the sample as Telangana is yet to onboard the scheme. In Tamil Nadu, the scheme is co-branded with a state-level scheme.**

Figure 68: PMMVY Scheme Awareness among Beneficiaries



Source: Primary Data Analysis

Of the 56.58% women who are aware of the scheme, the awareness was slightly higher within pregnant and lactating women, with 60.22% of currently pregnant women and 61.73% of the currently lactating mothers aware of the scheme. FLWs (AWW/AWH) were the most common source of information for the PMMVY scheme, with around 65.97% of the women who were aware of the scheme suggesting that they heard about the scheme from the AWWs. Around 26.09% of women had heard about the scheme from other sources such as mass media and other NGOs. While 971 women were aware of the PMMVY scheme, only 730 (75.18%) of them were aware of the entitlements under the scheme. This leaves the awareness of scheme entitlements to just around 42.6% of the women interviewed (730 out of 1,716).

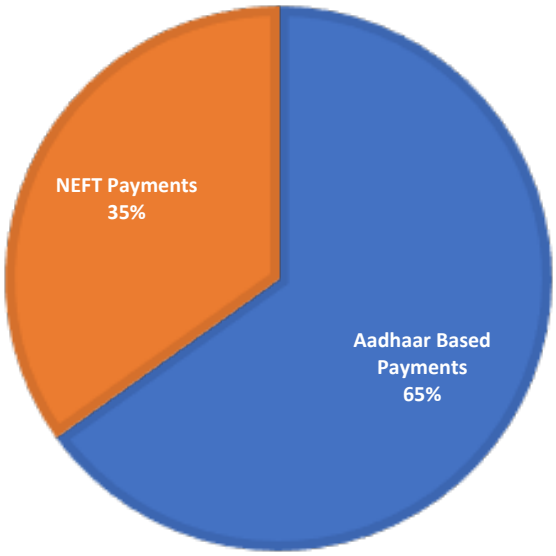
It was also found that that of the 1,716 women who were enquired about it, only 227 had availed (or are availing) the PMMVY scheme benefits. Women who were eligible for but had not been able to avail the PMMVY scheme benefits identified lack of awareness (71.52%) and late registration of pregnancy (8.21%) as the major reasons for not being able to access the scheme benefits. Some of the other reasons mentioned included lack of a valid ID (7.36%), lack of Aadhar (3.25%), lack

of a bank account (4.67%) and a lack of adequate support from the local authorities (3.82%). Of the 56.68% of women who were aware of PMMVY, only around 23.37% are currently or have ever availed benefits of the scheme.

Payment Modalities

The data on payments for different instalments shows that 42% of the total instalments were paid as per design of the programme whereas 58% payments of instalments were made clubbing two or all three instalments together. In 15% cases, all three instalments have been paid in one go (maybe backlog cases), in 39% cases 1st and 2nd instalments are paid together, in 26% cases 1st and 3rd instalments are paid together, and in 20% cases 2nd and 3rd instalments are paid together.

Figure 69: Mode of DBT Payments under PMMVY



In terms of payment modalities under the PMMVY, out of the total 2.67 crore payments made by the government across three instalments, the government data shows that roughly 65% (1.74 crores) of the total transfers were made through Aadhaar based payments and 35% (93 lakh) were NEFT/NACH transfers. This is in line with the scheme's objectives since the scheme is being implemented as per DBT guidelines which prefer the DBT to be undertaken using Aadhaar. It was noted, however, that the Aadhaar linked payments were especially low in North East India, with only 16.5% payments being Aadhaar linked and 83% payments being NEFT transfers. In Assam and Meghalaya in particular, less than 1% of the payments made were Aadhaar linked. While this did not have an impact on the effectiveness of the programme, it points to low Aadhaar coverage in North East India.

In the case of Aadhaar linked payments, it was noted that around 29% of Aadhaar based payments have gone to a different Bank Account than what was provided by the Beneficiaries[326]. It should be noted that the payments were not remitted to wrong beneficiaries' accounts, but were the cases where the beneficiaries held more than one bank account and the amounts were remitted to the second bank account of the beneficiaries. Discussions with government officials revealed that in case of Aadhaar based payments, the Aadhaar number could be seeded to multiple bank accounts, but Aadhaar based payments infrastructure automatically makes payments to last bank account seeded to the Aadhaar number. This causes confusion amongst the beneficiaries, particularly rural women, who are usually not aware of the last bank account that was seeded to their Aadhaar number. It is difficult for them to keep track of the payments and to trace the payments, causing dissatisfaction and mistrust.

NITI Aayog analysis based on a telephonic survey of 5,523 beneficiaries who received payments in bank accounts other than the ones provided by them highlighted that around 60% of these beneficiaries were aware of both the receipt of the transfer and the bank account to which it was

[326] 8th PMMVY Quarterly Monitoring Report, September 2019, NITI Aayog

remitted[327] . Around 40% were not aware of whether the payments had been made to them or in which bank account. While this is a challenge, the MWCD or the PMMVY scheme managers have little control over the bank accounts to which the monies are remitted in case of Aadhaar Linked Payments. This is a challenge related to the UIDAI and Aadhaar linked payments architecture.

The logistical challenges and scant coverage of banks in some rural areas only exacerbate this challenge, as the woman might not know of the receipt of the PMMVY entitlements until she goes to the bank to update her passbook. Given that one of the key objectives of the PMMVY scheme is that women utilise the PMMVY payments for eating better and for accessing health facilities during pregnancy to ensure the health of the new-born child, the absence of information to the beneficiaries when and how to access the PMMVY money acts as a major hindrance in achieving the scheme objectives. MWCD officials highlighted that they are aware of this challenge and have taken steps, including linking the PMMVY CAS with SMS services, so the applicants are aware of when the payments are made to their bank accounts. This SMS integration under PMMVY is a critical step undertaken by the Ministry to alleviate the issues of payment awareness amongst beneficiaries, and it is expected that this will lead to the improved impact of the scheme on nutritional outcomes. It is recommended, however, that the SMS service also be used to disseminate information to the beneficiaries on how best they can utilise the funds (dietary advice, advice on medical check-ups, etc.).

Ineligible Beneficiaries/Rejections

While there has been an impressive improvement in the rates of payments for the 1st and 2nd instalments, the 3rd instalment payments remain relatively low. There have been various reasons for which beneficiaries are either found ineligible, or their applications are rejected. Some of the main ones among these are delayed registration of pregnancy; the beneficiaries' LMP being before the lunch of the scheme and long-time taken by the beneficiaries to claim the PMMVY benefits, and in the case of 3rd instalments, the mandatory requirements for Aadhaar Card.

Latest government data shows that till 30th September 2019, around 3.9 lakh beneficiaries (around 3.4% of overall beneficiaries) were found ineligible for the first instalments and were enrolled for second and/or third instalments. The maximum number of cases of people missing out on the first instalments were noticed in Meghalaya (10.4%), Bihar (7.13%), Uttar Pradesh (5.97%), Rajasthan (5.15%), and Jharkhand (4.75%). Mizoram (0.67%), Tripura (0.83%) and Gujarat (0.96%) were amongst the states with the lowest number of people missing out on the 1st instalment.

Around 1.04 lakh beneficiaries have been found ineligible for the second instalment, and around 21 thousand beneficiaries have been found ineligible for the third instalment. Among the beneficiaries who have been found ineligible for the third instalment, around 16 thousand (or 80%) were because of the Aadhaar requirements for both the woman and her husband.

Till Sept 2019, around 4.4% of applications have been found ineligible for either of the three instalments[328].

- 1st instalment: 91% of the ineligible cases are mainly because of the reason that difference between LMP date and MCP Card was found to be more than 150 days (i.e. delay in registration).
- 2nd instalment: 91% of the ineligible cases were found because the LMP lies after 30th September 2016 and the difference between the second claim date and the LMP date exceeds 730 days.

[327] Ibid
[328] Based on PMMVY CAS Data provided by NITI Aayog.

- 3rd instalment: 82% cases were non-linkage of Aadhaar information of Beneficiary/her Husband to the System and 13% cases were rejected due to the difference between the third claim date and the date of childbirth exceeding 460 days.

3.3.2.3. Efficiency

PMMVY has made impressive progress in a short duration after its launch and has been successful in reducing the delays in payments and enrolment of beneficiaries compared to its predecessor IGMSY, which was implemented in selected districts. The scheme has several inherent measures built into it which increase the process efficiency of the scheme. Funds disbursement directly from the PFMS to the beneficiaries' bank accounts has reduced the time taken for payments drastically, and the introduction of PMMVY CAS has helped the scheme in undertaking real-time monitoring of the scheme as well as of fund utilisation. There is also evidence that the MWCD has constantly been working towards improving the efficiency of the scheme, with many measures being undertaken over the last two years to improve the transparency of processes and to make the DBT process smoother for the beneficiaries. While at the process level, the scheme has performed very well, a few challenges are remaining, which if tackled, have the potential to improve the scheme efficiency further. The evaluation finds that while scheme budget on payments to beneficiaries is used well across the states, the Administrative Budget, as well as the Flexi Fund available under the scheme, remain largely under-spent. Overall utilisation of administrative budget remains at 43% and that for the flexi fund remains 13%. Low utilisation of administrative budget points to limited staffing for the scheme at the state and district level, and it is the evaluators' view that improved staffing in the states will further improve the efficiency and effectiveness of the scheme. **The evaluation finds the efficiency of the PMMVY scheme to be 'Satisfactory'. However, there are a few additional steps that can be taken by the MWCD to further enhance the effectiveness of the scheme.**

Direct Benefit Transfer (DBT) was introduced in 2013 to reform Government delivery mechanism by re-engineering existing processes with the simpler and faster flow of information/funds and to ensure accurate targeting of beneficiaries[329]. DBT is the direct transfer of entitlements to the beneficiary. Within the DBT framework, Conditional Cash Transfers (CCTs) are most prevalent where the money is directly transferred to the beneficiary's bank account. CCT is a type of demand-side model that has been used in overcoming financial barriers in the welfare space. This model has two main objectives: (i) to provide a safety net to smoothen the consumption of the extremely poor (alleviating short-term poverty) and, (ii) to increase the human capital investment of poor households (alleviating long- term poverty). Payments are usually provided to women and comply with conditions as required under a given programme. Transfers are generally sized to close the gap between average consumption in the bottom quintile of the income distribution and the extreme poverty line.[330] According to the Handbook on Direct Transfers[331], DBTs are expected to: ensure accurate targeting, reduce duplication, reduce fraud and lead to simpler information flow, increase accountability and eliminate any wastage. Several

[329] Direct Benefit Transfer Mission, Government of India 2018
[330] Glassman, A., Duran, D., Fleisher, L., Singer, D., Sturke, R., Angeles, G., & Saldana, K. (2013). Impact of conditional cash transfers on maternal and newborn health. Journal of health, population, and nutrition, 31(4 Suppl 2), S48.
[331] Planning Commission of India. Handbook on Direct Benefit Transfer (DBT). http://planningcommission.gov.in/sectors/dbt/hand_book1305.pdf

studies have investigated the returns to investing in payments infrastructure relating to DBT and found them to be 'large and positive'.[332]

In assessing the efficiency of the scheme to achieve its outcomes, the evaluation looks at the efficiency of the payment process, efficiency of programme monitoring, efficiency of fund allocation and utilisation, efficient use of human resources, and efficient convergence with other ministries to deliver the scheme objectives. The PMMVY scheme has several inbuilt mechanisms that seek to improve and enhance the efficiency of various processes such as monitoring, DBT efficiency, fund transfer, etc. Some of the key features of the scheme that improve the efficiency of the scheme include:

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

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

[332] Muralidharan, Karthik, Paul Niehaus, and Sandip Sukhtankar (2014). *"Payments infrastructure and the performance of public programs: Evidence from biometric smartcards in India"*. National Bureau of Economic Research.

Table 46: Key Steps Undertaken By MWCD

No.	Issues	Action Taken
1.	Information related to Account-Based Payments in PMMVY-CAS	Introduced Bank Name and Account No. (last 4 digits) in Payments report even for Account-Based Payments along with Aadhaar Based Payments
2.	Request for List of beneficiaries which failed Authentication (UIDAI or PFMS)	Introduced Authentication Failure Report to display the same along with the reason for failure at various levels including Data Entry Operator (DEO), Sanctioning Officer (SO) and State Nodal Officer (SNO)
3.	Request for List of beneficiaries which were rejected by SO	Introduced Rejected Report to display the same along with the reason for rejection at various levels including DEO, SO and SNO
4.	Request for a list of beneficiaries with Payment Failures	Introduced Payment Failure Report to display the same along with the reason for failure at various levels including DEO, SO and SNO
5.	DEOs had an issue tracking the Filed Functionary related to the beneficiary which was in Correction Queue and had issues with corrective measures for UIDAI failures.	Introduced Field Functionary and Suggestive Actions Column in Correction Queue to make it easier to track Field Functionaries (already available on Beneficiary Profile Page) and the actions to be taken by DEO in case of failure from UIDAI
6.	Request for more information regarding the pending applications in the system as to the level at which they were pending to be processed	Introduced Supervisor and Field Functionary level drill down in Ageing Report in addition to the Child Development Project Officer (CDPO)/Medical Officer (MO) level information
7.	Request for a snippet of the current status of the scheme in their respective Project/Block	Introduced Program Summary report (Dashboard) with information at a glance regarding Total Beneficiaries, Funds Disbursed and Average Time Taken for Disbursement of Funds
8.	Request for information regarding the total number of Districts, CDPOs and Anganwadi Centres in the system and the total number of users for their respective locations	Introduced Master Status report displaying the same with the information as per the system at various levels including SO, DNO and SNO
9.	Request for a method to close an application in case of any untoward incident with the beneficiary, so the same is not displayed in 3rd Instalment Due report	Beneficiary Close Application functionality was introduced at SO level so that they can close a beneficiary's application and provide a reason for the same
10.	Requested for information about beneficiaries who are eligible for but had not claimed 2nd and/or 3rd Instalment	2nd and 3rd Instalment Due report was introduced at SO and DNO level so they could instruct the filed functionaries to follow up with such beneficiaries for them to avail the full benefit of the scheme
11.	Requested for an overview of the beneficiaries who had provided Aadhaar data at a more granular level instead of the State level	Aadhaar Penetration Report was modified to display data at District Level in addition to State level

Fund Flow Process

After changes to the CSS fund flow route in 2014-15, wherein funds are now routed through the state treasury, the process of fund transfer is as follows. First, funds are released from the Consolidated Fund of India, as provisioned by the respective Union Government ministries, to the state treasury. Next, the state government releases its share to the bank accounts of state implementing agencies, based on the requisition letters from state societies to the respective state departments. The concerned departments generate bills in consultation with the state finance department, and the state treasury transfers the entire tranche of CSS funds to bank accounts of implementing societies at the state level. Subsequently, CSS funds flow to districts and below, as per the budget approved for various districts in a state. There are many arguments in favour of CSS funds being routed through implementing societies: the process is faster, it checks diversion of funds and expedites the extent of fund utilisation, and it instilled a greater sense of ownership and urgency in implementing schemes. The revised process of funds flowing through the state treasury has several positives, notably: (i) Funds flowing into states under various CSS can be traced, enhancing transparency; (ii) Allows legislative scrutiny of funds available to a state; and (iii) Strengthens the accountability of executives and reduces the misappropriation of public funds.

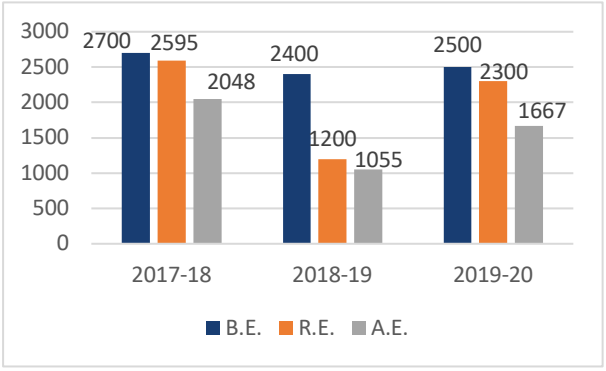
However, the change also adversely impacted effective implementation of CSS in following ways:

- It has added another layer of bureaucracy at the level of states. This delays flow of funds, hampering fund utilisation and implementation of programmes.
- Funds flowing into districts cannot be traced from budget documents as these funds are not routed through the district treasury. Further, fund utilisation of CSS cannot be assessed due to lack of relevant data in the treasury portals.
- The new system does not give enough scope to track funds beyond the state level. It is also difficult to track the matching contribution for various CSS by states, as most states do not provide segregated data of their share.

Fund Allocation and Utilisations

In terms of funding, PMMVY is one of the biggest schemes being administered by the MWCD, with around 8.5% of the overall MWCD budget being allocated to the delivery of PMMVY. This includes disbursements for beneficiaries as well as administration.

Figure 70: PMMVY Budget Allocation vs. Expenditure (In Rs. Cr.)



- According to the guidelines, to ensure dedicated and timely availability of funds to beneficiaries, states are to maintain a separate escrow account for the scheme. Funds are transferred by both GoI and states directly into this account. Subsequently, funds are transferred to the bank or post office account of beneficiaries through DBTs.
- For the remaining components such as setting up of administrative expenses, training and capacity building, flexi funds and IEC material, etc. funds are routed through state treasuries via the Public Finance Management System.

- Not all allocated funds are released, though there have been some improvements. Between FY 2014-15 and FY2016-17, only 53% of the total allocated funds were released for IGMSY. In FY 2017-18, GoI released 79% of the allocated funds for PMMVY.

The initial cost of the programme from 1 January 2017 to 31 March 2020 was estimated at Rs.12,661 crore, of which GoI's share was around Rs. 7,932 crores. For FY 2017-18 to FY 2019-20, the GoI share is Rs. 7,348 crores, of which Rs. 4,770 crores had been released till 31st Dec 2019[333]. This accounts for almost 65% of GoI's total share for the period. This includes Rs. 168 Crores unspent under the IGMSY scheme.

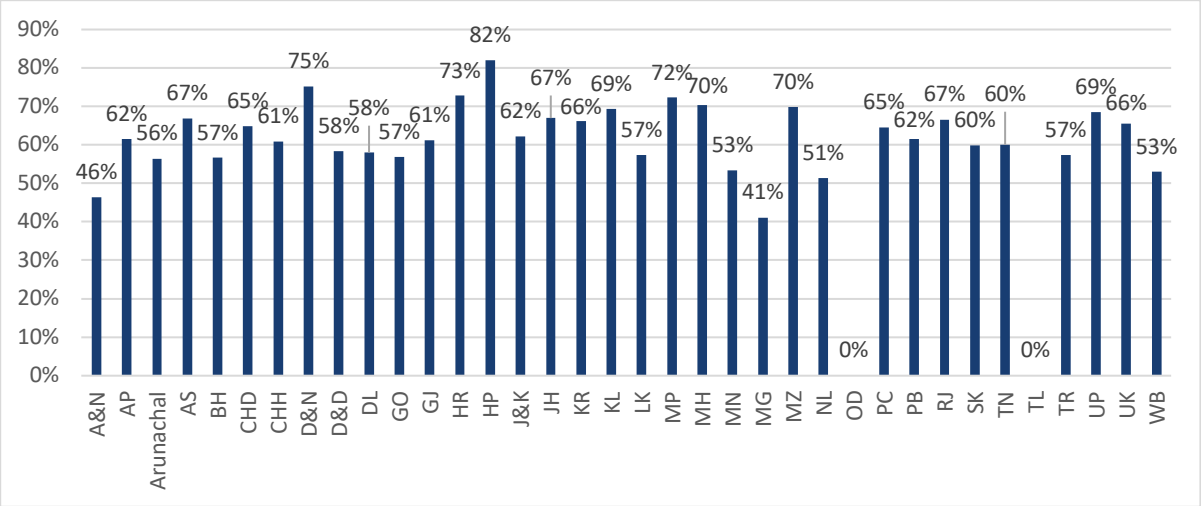
It is noteworthy then that even when according to the government data, beneficiary targets achievement till the end of January 2020 was 92% (1.43 Crore achieved against a target of 1.55 Crore over 3 years), the fund utilisation under the scheme has only been around 67% of the funds released[334], which itself is only 65% of the budgetary allocations. Government data shows that the actual expenditure for PMMVY in 2018-19 was 44% of the BE for that year, for FY 2017-18, the expenditure was 75% of the BE for that year[335], and in 2019-20, the utilisation stood at 66.7% of the BE. One of the key reasons for the underutilisation may be that some of the states – particularly Odisha and Telangana had not on-boarded the PMMVY scheme till the end of 2019; there is also the factor of unspent FY 2017-18 funds being utilised in FY 2018-19, which may have led to a sharp decline in the fund utilisation in 2018-19. The fact that even with a 92% beneficiary target achievement, the budget utilisations remains low across the country, gives MWCD the fiscal space to either increase the beneficiary net in line with the scientifically calculated potential beneficiaries (between 80 Lakh and 1.03 Crore per year), or to extend the benefits of PMMVY to two children with only a modest increase in the scheme budget envelope.

In terms of the state share of the scheme budget, based on the government data updated as on 3rd February 2020, that of the total estimated state shares of Rs. 2,855 Crore, only about Rs. 1,900 Crore has been credited by the states to the escrow accounts. Bihar (92%), Jharkhand (88%), Madhya Pradesh (89%), Tamil Nadu (87%), Rajasthan (84%), Mizoram (81%) and Tripura (82%) have contributed the most to the states' share of the PMMVY. In comparison, Telangana (0%), Odisha (0%), Manipur (18%), and Sikkim (37%) have contributed the least of the states' share to PMMVY[336]. Most of the remaining states have contributed anywhere between 50% and 60% of their state share to the escrow account.

In terms of state variation in fund utilisation, Himachal Pradesh leads in fund utilisation, with 82% of the PMMVY funds being utilised over the 3 years. Haryana and Madhya Pradesh follow with a utilisation rate of 73 and 72% respectively.

[333] Source: FY 2017-18 and FY 2018-19 – www.indiabudget.gov.in; FY 2019-20 – WCD Annual Report 2019-20
[334] Source: http://wcd.dashboard.nic.in/ Accessed on 4th February 2020.
[335] Source: indiabudget.gov.in
[336] Source: http://wcd.dashboard.nic.in/ Accessed on 4th February 2020.

Figure 71: PMMVY – Utilisation of Administrative Expenditure



Source: WCD Dashboard, data accessed 4th February 2020

A majority of states have utilised between 60% and 70% of the PMMVY funds, with Arunachal Pradesh, Bihar, Delhi, Manipur, Meghalaya, Tripura and West Bengal utilising less than 60% of the allocated funds. Telangana and Odisha show zero utilisation for PMMVY and both the states had not yet onboarded PMMVY till the end of 2019-20. Both the states have well-established Cash transfer schemes targeting the same set of beneficiaries targeted by PMMVY. It needs to be highlighted that similar to Odisha and Telangana, Tamil Nadu also has a state-funded scheme providing cash benefits to PW&LMs. However, the state has been able to integrate both PMMVY and the state scheme and has co-branded the state scheme with PMMVY, thereby increasing the coverage of the state schemes, and improving convergence of PMMVY at the ground level.

Key areas for improvement in fund utilisation are the fund components allocated for administrative expenses and flexi fund. The average utilisation of administrative expenses was only around 48% at the national level, helped mostly by Madhya Pradesh – where Administrative Expenditure stood at 285% of the allocations, and Jharkhand – where utilisation stood at 118%. If these two states are taken out, the average administrative expenditure across the country stands at only 36%. This can be attributed to inadequate hiring of staff for state and district level PMMVY cells, low spend on capacity building of field functionaries, and inadequate spend on IEC and scheme awareness. The utilisation of administrative expenses was less than 60% in 28 States/UTs out of 36, with 7 States/UTs showing almost zero utilisation of Administrative expenses. While the evaluation was not able to assess the level of staffing done under PMMVY in each state, the low levels of utilisation of administrative expenditure credibly point to significant vacancies at the state and district PMMVY cells across states. This low level of administrative expenditure also partially explains the low levels of scheme awareness across states which the primary data collection assessed at only around 53% among the eligible beneficiaries.

Similarly, the utilisation of flexi funds across states is also a key challenge. While most states have asked to be provided greater flexibility in managing and running the CSS schemes, the levels of utilisation of the flexible component of the schemes remain abysmally low at around 13% across the country. Only Mizoram (70%), Rajasthan (53%) and Lakshadweep (50%) have made concerted efforts to use the Flexi Fund to support the implementation of the scheme through the provision of Performance Linked incentives to the FLWs and for provision of DEOs to support data entry at the block level. Some of the other states which have utilised Flexi Fund include

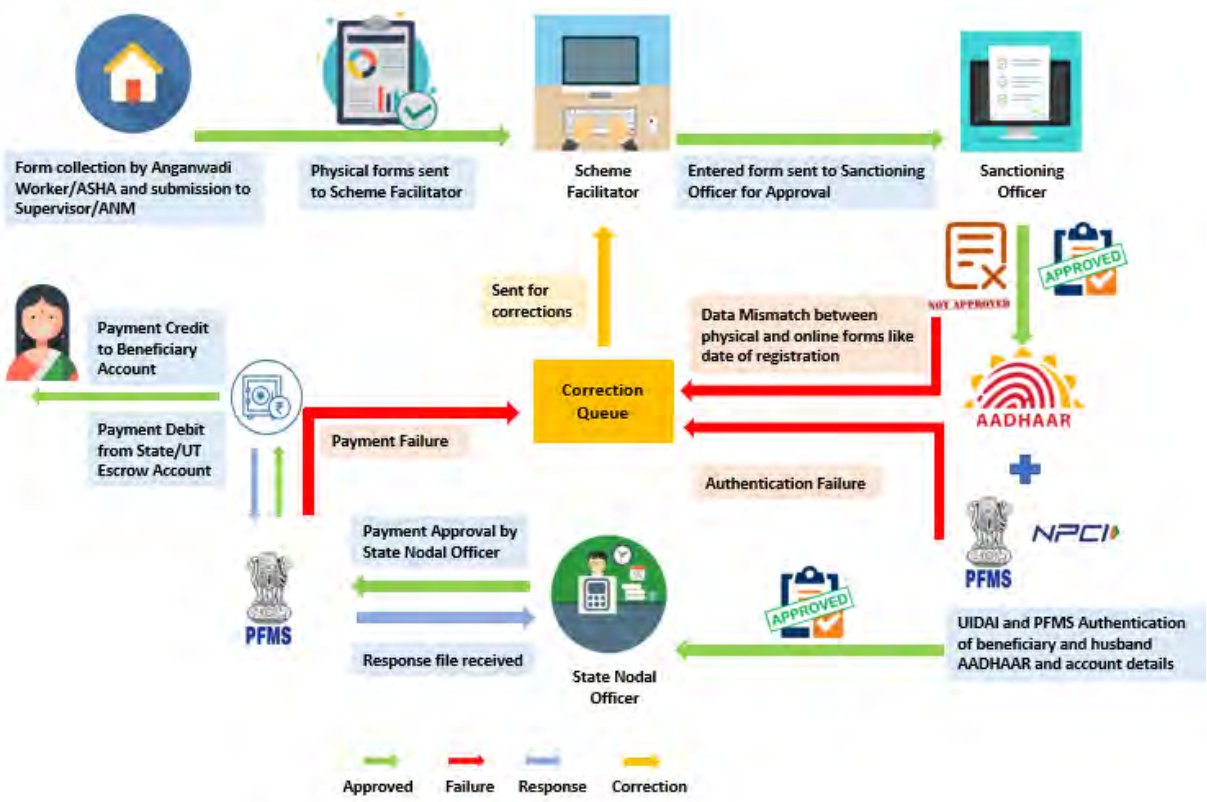
Assam (32%), Delhi (23%), Tripura (30%), Uttar Pradesh (33%), Madhya Pradesh (14%), Haryana (11%), and Andhra Pradesh (12%). 24 State/UTs had not utilised Flexi Funds.

Payment Process

Overview of the Payment Process

To receive entitlements under the programme: the beneficiary should be registered and verified under the system; conditions are met by the beneficiary, submitted to the AWW and approved by the supervisor; and the money is transferred to, and received at, the account of the beneficiary. The figure below captures the expected payment process, as envisaged by the PMMVY guidelines.

Figure 72: PMMVY Payment Process



Source: Adapted from PMMVY Guidelines

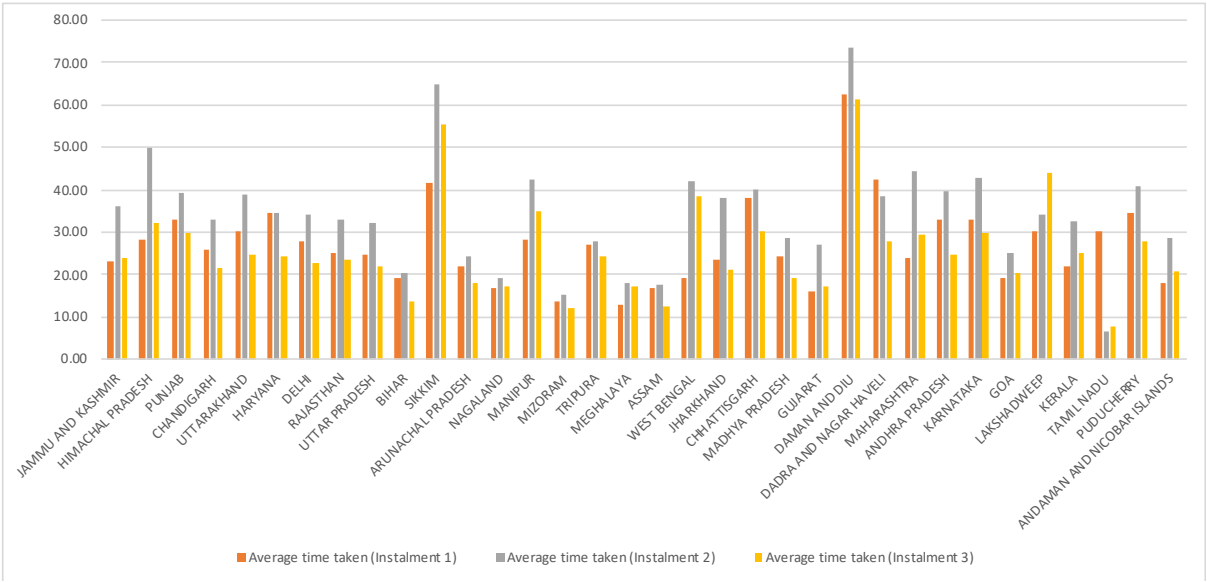
The FLW work with the beneficiary to fills in a physical form for the PMMVY instalments and collects all necessary documents. Upon verification, the forms are sent to the LS, who again verifies the forms and forwards them to the CDPO office, where the forms are entered into the online version of the form on PMMVY CAS. Once the form is entered into PMMVY CAS, it goes to the Sanctioning Officer (SO) for approval, who verifies all details and approves the record. In case of any discrepancies, the SO can send the record for correction. This record shows up in the Correction Queue and is accessible by the CDPO to make the necessary corrections. Once the form is corrected, it can be re-submitted for payment.

After the SO approves a record, it is sent to UIDAI for authentication of the beneficiary and her husband's name and Aadhaar number and PFMS for authentication of the beneficiary's name and bank account number. Upon successful authentication, the record is sent to the SNO for payment approval. Once approved by the SNO, the amount is debited from the State's Escrow account and credited into the beneficiary's account.

Payment Duration

The PMMVY guidelines state that the processing and disbursement of 3 tranches of the cash transfer to beneficiaries shall be completed well before 30 days from the date of registration, receiving Form 1-B and Form 1-C respectively. Government data shows that the scheme has done well to achieve the prescribed timelines, with the first, second, and third instalments being transferred to the beneficiaries within 27, 34 and 26 days respectively on average.

Figure 73: Average Time Taken for Payment Processing



Source: PMMVY CAS Data

In terms of states, states such as Mizoram, Tamil Nadu, Bihar, Assam, Meghalaya, and Nagaland have some of the shortest time-lags for payments across the three instalments, and Sikkim and Daman and Diu have the longest time-lags between the registration and payments. 19 out of 34 States and UTs where PMMVY is running have the average time taken for PMMVY benefits transfer less than 30 days. 13 States make payments between 30 and 37 days on average.

To further simplify the instalment payments and prevent delays, the Ministry has taken a few measures like- the beneficiary can now submit the second claim application before 180 days of LMPs which will be automatically processed on the compilation of 180 days of LMP. Also, the Ministry has advised States/UTs to utilise flexi funds for incentivising field personnel, hiring data entry facilitator and for other innovative uses.

Data Entry

The PMMVY scheme does not have provisions for data entry operators as part of the scheme design. The only two district-level HR provisions under PMMVY are for a District Programme Coordinator (DPC) and a District Programme Assistant (DPA), and the data entry in PMMVY CAS is required to be done at the block (CDPO) level. While some states have found temporary solutions for this – either using DEOs from other schemes or using flexi-fund to hire DEOs – this continues to be a problem in scheme implementation. Based on learnings from some states, the MWCD has issued guidance to the States to utilise the Scheme Flexi Fund for hiring Data Entry Operators where needed.

Box 54: Learnings from States: Use of flexi-funds to support PMMVY data entry

Discussions with states highlighted that many states have started to use the flexi-funds to support data entry under PMMVY. Among other states, Rajasthan has been innovatively using PMMVY flexi funds to support data entry under the scheme. Rajasthan has hired data entry operators under the scheme in all blocks with a performance-linked incentive mechanism. The block-level DEOs are paid a fixed monthly fee of Rs. 8,000 which covers the first 200 beneficiary applications. For each application on top of 200 applications, the DEOs are paid Rs. 45 per successful application (for which beneficiaries receive money). This has had a significant impact in improving beneficiary coverage in Rajasthan, with the state lagging in beneficiary coverage in the first year of the scheme. However, since the introduction of performance incentives for DEOs, the state has been able to leapfrog in terms of beneficiary numbers' achievement. Experience from Rajasthan has also led to some other states, particularly Mizoram to utilise flexi funds to improve beneficiary coverage through improved data entry provisions as well as incentivising.

Awareness of payment

To inform the beneficiaries of the payment being made, SMS integration has been made with the PMMVY CAS. An SMS in the local language is sent to the beneficiary on the credit of funds to the account of the beneficiary. This SMS is sent to the mobile number provided by the beneficiary at the time of enrolment in the scheme. Apart from this, the list of beneficiaries whose payments have been credited is made available at the Block level which can be further distributed up to field functionary level so that the status can be made available to the beneficiary.

Programme Monitoring

Under PMMVY, Review Meeting as well as workshops are conducted regularly for monitoring and review the implementation of the scheme in all States/ UTs. A review is also undertaken through video conferences with all the States/UTs periodically to monitor the progress. NITI Aayog has also been mandated to undertake quarterly concurrent monitoring of the scheme. To undertake this, NITI Aayog undertakes regular field and is supported by Development Partners to understand Governance issues and get field level feedback. Even though monitoring of the scheme is strong at the national level, discussions with state officials highlighted that they had limited access to scheme related data, which was a key barrier for the states to effectively monitor the scheme. The data access is available at the CDPO or central level, making it difficult for officials within the state or district cell to adequately analyse and engage with real-time data on the progress of the scheme. Several state government officials highlighted that allowing access to more granular data at the state level with an easily navigable system would help officials understand the scheme better and adapt targets accordingly.

Programme monitoring by Frontline Workers

There is limited clarity on monitoring structures once the AWW enrols a beneficiary. Implementation Guidelines mention that AWWs are required to maintain a PMMVY Register and submit a PMMVY Monthly Progress Report to their Supervisors, to document the scheme implementation and progress in their catchment areas. It was observed that AWWs kept a rough register for the scheme where they noted relevant details for registered beneficiaries, as per instructions from Supervisors – however, the format for this was not standardised across AWCs. Findings show that monitoring takes place in the form of supervisors verifying the registers while visiting the AWCs and inquiring about updates on enrolment, form submission and payments during periodic meetings/baithaks organised at the block-level ICDS office.

Box 55: Learning from the States: Technical Support for PMMVY through Development Partner

PMMVY was ICDS Rajasthan's first brush with the mechanics of a universal cash transfer scheme. It came in with new guidelines, stringent monitoring by the Centre and a brand-new software that operated independent of ICDS's core reporting apps. Rajasthan's diverse geography- from swathes of the Thar Desert on the sparse western frontier to populous districts in the east- affects staff availability and ICDS reach. While most frontline workers are in place, they lack adequate supervisory support from the middle tier.

Nature of Support

Technical assistance resources were embedded in the district ICDS offices, with an exclusive focus on PMMVY to augment ICDS' supervisory structure. ICDS Rajasthan placed these resources through a strategic partnership with Children Investment Fund Foundation. 33 District Implementation Support Managers across all the districts of the State were deployed by IPE Global Limited, CIFF's Partner agency in Rajasthan as district representatives of the Technical Support Unit (TSU).

The DISMs worked at close quarters with the district ICDS administration and were placed directly in ICDS offices. They assisted in the following activities:

- Maintain the AWC master data on PMMVY-CAS in line with approved AWCs in each district
- Conduct trainings at sector and project levels on PMMVY scheme and its software
- Cascade suitable advisories received from the State Office on software and guidelines
- Drill down monitoring to every AWC in their district through offline means (phone checks/ visits to AWCs/ daily reporting systems)
- Maintain a regular check on hard copy form submissions at project offices
- Troubleshooting PMMVY-CAS related issues
- Resolve grievances received on RajSampark for PMMVY payment related queries
- Liaise with related line departments for any issues in compliance documents (Health, Statistics etc)
- Conduct periodic performance checks through visits at AWCs and project offices
- Monitor community-based events for PMMVY
- Support project offices in calculating incentives for frontline workers and data entry agencies

As DISMs were placed since January 2018, they also assisted district offices in rolling off National Nutrition Mission or POSHAN Abhiyan (launched in March 2018) across the state, DISMs were supported by a 3-member State TSU team deployed at the State ICDS office. The State TSU worked closely with the State Nodal Officer and State PMMVY Cell in ensuring regular monitoring, disbursement, and documentation of project milestones.

Highlights

While PMMVY guidelines have provisions for hiring of District Project Coordinator (DPC) and District Project Assistant (DPA) as part of the district PMMVY Cells, the decision to place an additional TA resource proved to be a prescient move by the State Govt. It worked in the State Government's favour for the following reasons:

Timely placement of PMMVY TSU	DISMs were hired and placed by January 2018, within a month of PMMVY being launched in Rajasthan. This provided a quality assured resource right from the start of the scheme, leading to expedited update of Anganwadi master data on PMMVY CAS, ready trainers for granular trainings (district to sector level) and a district level counter for scheme FAQs. As against this, hiring of ICDS contractual staff for PMMVY was trickier due to Financial Year closing and related fund lapse. By early April 2018, hiring was completed only in a handful of districts.

Programmatic steering by ICDS	As the Technical Support Unit was managed administratively by IPE Global, it freed up ICDS's bandwidth to programmatically steer the services of the DISMs towards specific areas of concern. DISMs worked directly under the Deputy Directors in each district and could be directed to the projects/ blocks requiring most attention as per ICDS' assessment.
Centralized recruitment and resource management	Rajasthan chose to decentralize the hiring of DPC and DPA to each district; this led to varied quality of recruitment across the districts. Sparsely staffed district offices (with no accountants) had a tough time floating the tender and finding good resources for the PMMVY cell. The guidelines allowed for INR 35,000/month and INR 20,000/month for the DPC and DPA, respectively. Payment released by hired agencies to these resources were even lower. By year two of implementation, Rajasthan had DPCs and DPAs in only 26 out of the 33 of the districts, with high attrition. Throughout this period, between January 2018 to January 2020, DISMs remained the most stable resources for PMMVY.
In-district resource for PMMVY-CAS FAQs	Digital literacy was a major challenge in the scheme; having a strong TSU resource helped in troubleshooting issues related to PMMVY-CAS within the district and escalating pressing, unresolved issues to the State office
Stable and embedded resources	External consultants such as DISMs were also unaffected by staff transfers, a standard practice among government resources, or even by yearly fund sanctions through which DPC/DPA are provisioned. Their stability compounded their role as keepers of institutional memory in each district.

Recommendation

For a State with varied staff availability in district and block offices, there is merit in selecting a centralized Technical Support Unit to catalyse scheme implementation. Such a TSU will work under the programmatic direction chosen by the State Government and administratively monitor personnel located in the district offices. From the Rajasthan experience, strong State leadership, complemented by decentralized and stable resources in each district, can lead to a remarkable difference in performance. This model helped Rajasthan in transitioning from the bottom of the PMMVY ranking table in early 2018 to being among the top 3 States in the country by September 2019.

Rajasthan's period of strong performance was a result of mission mode steering by the ICDS Directorate, which were granularly monitored and supported by the TSU. There is a noticeable dip in performance across the districts since tenure end of the TSU in January 2020. While some of this can be attributed to delayed digitization of PMMVY forms due to COVID-19 lockdown, discontinuation of district TSU support has led to implementational delays within the State. DPCs and DPAs are not centrally managed, as they are hired at the district level and this reflects in delayed or unstable recruitment, low institutional memory and consequently, lag in performance. Therefore, we recommend a concurrent TSU model under active State leadership.

Convergence

Given that the PMMVY scheme converges with the Janani Suraksha Yojana (JSY) being implemented by the MoHFW, and in some cases, the PMMVY scheme is being implemented by the Health Department, the need for convergence between the two ministries/state departments is very important for the smooth implementation of the scheme. One of the issues noted by the MWCD is the issue of data sharing between the two ministries' MIS/data management systems. Even though since July 2018 provision in PMMVY-CAS has been made to collect JSY data, there is no automated mechanism for updating the PMMVY-CAS database using the digitised records of JSY in the RCH portal of MoHFW and/or the records of DBT payments. According to the MWCD

officials, MoHFW has clarified that the RCH system does not have the required information for capture of the JSY data at the central level. The MWCD has undertaken drives to manually update the JSY records in PMMVY CAS in 2019 and 2020, however, the absence of dedicated DEOs has made it difficult for the states of being able to manually update the JSY data, which included extensive backlogs. Till 10th June 2020, JSY data for 50% of the beneficiaries who have received 3rd instalment has been captured in PMMVY-CAS.

In theory, the PMMVY CAS and MoHFW's HMIS provide a good opportunity to share data and reduce the need for manual feeding of data and multiple applications to be made by the beneficiaries. However, MWCD officials informed that such discussions have already been had with the MoHFW, and the absence of a common identifier in both schemes prohibit the sharing of data across the two platforms.

3.3.2.4. Sustainability

The evaluation finds the sustainability of the PMMVY scheme to be 'Satisfactory'. The PMMVY scheme operationalises the provisions of the National Food Security Act, which make the provision of the Maternity Benefits permanent. The scheme has also put in place structures at the state and district level which are well-positioned to sustain the delivery of the scheme, with a strong monitoring process available to them through PMMVY CAS.

Currently, PMMVY is the only scheme which – in convergence with JSY – provides the NFSA entitlements to PW&LM, even though it is currently only supporting women who are first-time regnant, leaving out a large number of women who need to be covered in line with the NFSA provisions. It is expected to reduce the burden of Malnutrition facing the country through the provision of direct benefits to women, to enable them to improve their nutrition intake during pregnancy and lactation and to improve their health-seeking behaviours. While there is no publicly available data that looks at the burden of malnutrition caused by only first-time mothers and their children, given that around 39% of births in India are first-order births (NFHS 4), PMMVY is targeting improve the health and nutrition seeking behaviours of a significant portion of pregnant women.

Government data shows that the health-seeking behaviour of women, particularly around improvement in nutrition intake, institutional deliveries, improved uptake of ANCs and immunisation of new-born children have improved since the introduction of PMMVY. Between NFHS 4 (2015-16) and 2019-20, 1st trimester ANC registrations have increased from 58.6% to 70%; the percentage of women completing 4 ANCs has improved from 51% as per the NFHS 4 data to 79.4% in 2019-20; the percentage of institutional deliveries has increased from 79% in NFHS 4 to 94.2% in 2019-20; and percentage of children completing the first round of immunisation (BCG, OPV, Hep-B, DPT) has also increased[337].

The beneficiaries of PMMVY are young women who will more than likely become mothers again. It can be anticipated that improved health-seeking behaviours of mothers will impact the health and nutrition outcomes of their future children as well. Hence, it is expected that the likelihood of PMMVY scheme outcomes & outputs being maintained over the economic life of the scheme is extremely high, especially given the government's overall push to improve nutrition and maternal health outcomes in India through the POSHAN Abhiyaan and Anganwadi Services scheme.

[337] Data Sources: NFHS 4 India Factsheet, HMIS Data up to 31 December 2020

3.3.2.5. Impact

Based on the publicly available secondary data, the evaluation finds that PMMVY has been able to show an impressive impact in improving the health-seeking behaviours of its target population. While the evaluation, due to its limited scope, has not been able to attribute the improvements in early ANCs, improvement in immunisation rates, increase in the number of institutional deliveries solely to the PMMVY scheme, the scheme has contributed to improvement in these impact indicators. The evaluation also finds that the additional money available to the PW&LMs has had an improvement in nutrition intake during pregnancy, with a large majority of women reporting using the PMMVY money to buy food and medicine. This is also expected to help reduce the burden of infant under-nutrition as the literature shows a direct correlation between increased nutrition uptake by pregnant women during pregnancy to a reduction in child undernutrition. **The evaluation finds that the impact of the scheme is 'Satisfactory'.**

Given the scope of the evaluation and based on the fact that the PMMVY scheme has only been in place for 3 years, it is difficult to assess the attributable impact of the PMMVY scheme in reducing the burden of malnutrition in India. The sample size for the evaluation does not allow for a realistic assessment of the scheme impact, as the household survey sample also included a large number of women who had not availed PMMVY benefits. Even though, the evaluation has tried to look at the scheme outcomes as identified in the Output-Outcome Monitoring Framework (OOMF), as well as the findings from the secondary data available from the HMIS and PMMVY CAS to assess the improvement in the scheme outcome indicators. This section focuses on some indicators specific to conditions for incentives laid out in PMMVY. These numbers provide a sense of the current status of behaviours that the government seeks to incentivise. These include early registration of pregnancy, Antenatal Care (ANC) check-ups, birth registration, and immunisation.

Antenatal Care (ANC)

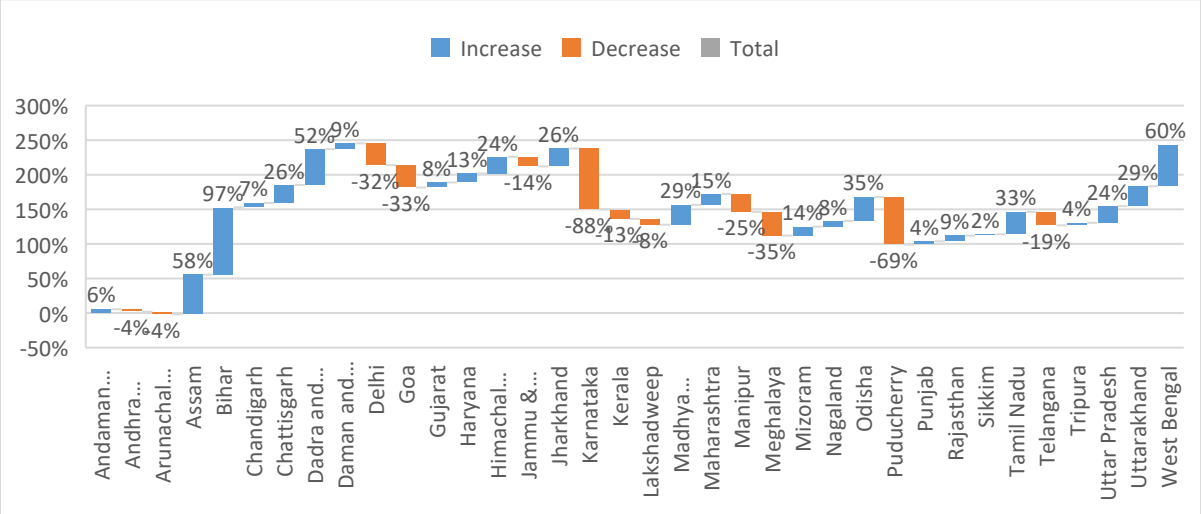
Antenatal Care (ANC) refers to regular check-ups for women during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus. GoI norms stipulate that all pregnant women should receive at least 4 ANC check-ups during their pregnancy. To incentivise ANC check-ups, PMMVY has linked the first instalment of the release of funds to early registration of pregnancy, and the second instalment to pregnant women receiving at least one ANC check-up.

According to NFHS-4 (2015-16), before the start of the programme, 85% of total pregnancies were registered for ANCs, and 58% were registered in the first trimester. Since the PMMVY scheme has been in place, the percentage of women registering pregnancies for ANC has increased to around 98% based on HMIS figures for 2019-20 till 31 December 2019. The proportion of women registering for ANC check-ups in the first trimester has also improved significantly to around 70%. The proportion has improved slightly from FY 2018-19, where the proportion of women registering for ANCs in the first trimester was around 67%.

There are state differences in this improvement in first-trimester ANCs. The proportion of women registering for ANC in the first trimester almost doubled in Bihar, from 34% in 2015-16 to 68% in 2019-20. A similar increase in first-trimester ANCs has been seen in Assam (58% increase), Dadra and Nagar Haveli (52% increase), West Bengal (60% increase) and Madhya Pradesh (29% increase). Meanwhile, Karnataka, Puducherry, Meghalaya, Delhi and Goa have seen a reduction in the proportions of first-trimester ANCs. While the increase in first-trimester ANCs cannot solely

be attributable to PMMVY without a rigorous impact evaluation of the scheme, the increase in outcome indicators of the conditions imposed under PMMVY suggests that the scheme has been able to make some impact on improving the health-seeking behaviour of first time PLWs.

Figure 74: Change in the Proportion of Women Registering Pregnancies in the First Trimester



Source: HMIS, MoHFW

There are differences in ANC coverage across social strata. According to NFHS 4 (2015-16), 16% women who gave birth in the five years preceding the survey did not receive ANC. Of the poorest, 20% women, 35% did not receive ANC, while this proportion was 5% for the richest 20 per cent. The evaluation could not find any publicly available data which could be used to assess the coverage of ANCs based on socio-economic indicators.

Immunisation

A child is considered fully immunised if they receive the required doses for polio, DPT, BCG, and a vaccine to prevent measles. Since the PMMVY scheme has been in place, the immunisation rates of children have significantly increased. According to NFHS-4 (2015-16), 92% children received the BCG vaccine, 66% received the vaccine for Hepatitis B at birth, 79% received the Polio vaccine at birth, and 78% received the third dose of the DPT vaccine. The percentage of children fully immunised stood at 62 per cent. MoHFW HMIS data shows that as on 31st December 2019, the percentage of children receiving BCG vaccine was almost 100%, 73% children receive Hepatitis B vaccine at birth, and 89% children have received polio vaccine at birth. Details of children receiving DPT vaccination was not available. The HMIS data further shows that the number of children fully immunised has increased to 83.4% compared to 62% noted in the NFHS 4. While the government data shows significant improvements in immunisation outcomes since the PMMVY scheme was introduced, it should be noted, however, that in the last few years, GoI has put in significant efforts in increasing the immunisation net through Mission Indradhanush – among other initiatives, hence the improvement in immunisation numbers cannot be attributed only to the PMMVY scheme.

Improvement in Nutrition Uptake

One of the key objectives of the PMMVY scheme is to improve the nutrition intake of the beneficiaries through the provision of money and advice on how to utilise the money. A study conducted by the NITI Aayog in 2019 showed that 41% of the beneficiaries reported that they had received counselling regarding nutrition and proper rest during pregnancy. 24% of

beneficiaries reported receiving counselling on the importance of institutional delivery (24%). The study also found that out of the beneficiaries who received money, 63% had used the additional money for food, while 17% for medicine (healthcare).

Similar findings come out of the household survey conducted as part of this evaluation. Of the 227 women who had received PMMVY benefits 50.66%, women reported using PMMVY money for buying additional food, 50.22% reported using the money for medical needs, 18.50% reported using the money for savings. Around 9.25% women reported using the money for other needs. Only 21 women out of the 227 said that they had used the money only for other uses. 46% of women reported being counselled by the AWW/ASHA on how to use the PMMVY money; 54% reported never having received any such counselling.

3.3.3. Analysis of Cross-Cutting Themes

3.3.3.1. Accountability and Transparency

PMMVY scheme guidelines[338] provide a detailed description of the activities to be undertaken to increase accountability and transparency since the scheme contains *sensitive and personal information* of beneficiary such as Aadhaar number, bank details, medical reports etc., the records of beneficiary details are *not available on the public domain*.

At the onset, the scheme's thrust on disbursing the cash amount through *Direct Benefit Transfer (DBT)* into the individual bank accounts/post office accounts of the beneficiaries *prevents leakages* and helps to avoid the levying of 'handling' or 'transaction fees' by a middleman. No disbursement is allowed in the form of cash or cheque, and the mode of money transfer is restricted to be made via banks and post offices on-boarded on PFMS. The linked account is required to be in the name of the female beneficiary, to ensure *that the woman has greater control over expenditure decisions for the money.* The scheme guidelines[339] also mention timelines for States/UTs to submit their monthly status of funds in an escrow account, Statement of Expenditure and status of physical and financial progress to the Centre- thereby creating *pathways for the transparent flow of scheme information*. Moreover, the scheme is RTI compliant.

Further, since the payment flow is largely electronic, *any record can be tracked* right from the date of its entry onto the system to the date that the payment is made. This allows for *greater transparency and reduced chances of corruption and fraud*. By leveraging the Aadhaar details of beneficiaries, PMMVY-CAS enables identification and de-duplication for unique beneficiaries throughout the country. Apart from identifying duplicate beneficiaries, PMMVY-CAS also allows beneficiaries to claim any of the three instalments from any location throughout the country. This ensures that the scheme caters to migrating citizens. In addition, the PMMVY-CAS also automatically validates the eligibility of the beneficiary by electronically processing the captured relevant data. This step ensures that the benefits are transferred only to the eligible beneficiaries. Thus, this arrangement in the scheme shall also remove the possibility of ghost beneficiaries/ multiple payments to the same beneficiary.[340] This also helps in *ensuring that beneficiaries are not paid more than once for a single scheme*.[341]

The scheme guidelines[342] offer a detailed description of the *committees to be instituted at the State, District, Project and Village levels for effective monitoring* and review of the programme. Since the monetary benefit is transferred directly to the account of eligible beneficiaries through PMMVY-CAS portal, it is accessible to functionaries at Block, District, State and National level for implementation and monitoring of the PMMVY. At Block level, digitisation/approval of the data of eligible beneficiaries under PMMVY received from AWCs/Approved Health Facilities is done for making payment to the beneficiaries bank/post-office account by Nodal Officer at the State level. This ensures the scope for cross-checking and validation of data points.[343]

By ensuring that various aspects of scheme implementation are monitored at different levels, the scheme's monitoring *framework provides opportunities for successive levels of scrutiny*- and assigns accountability across diverse stakeholders. While beneficiary level data is not available

[338] MWCD. (2017). Pradhan Mantri Matru Vandana Yojana (PMMVY) Scheme Implementation Guidelines.
[339] MWCD. (2017). Pradhan Mantri Matru Vandana Yojana (PMMVY) Scheme Implementation Guidelines.
[340] MWCD. (2020). Annual Report 2019-2020.
[341] Centre for Digital Inclusion. (2018). *Rethinking Benefit Delivery*.
[342] *Ibid*
[343] MWCD. (2020). Annual Report 2019-2020.

to the general public, it can be accessed by the monitoring committees. However, secondary research notes that better data access will help State-level officials track the implementation of the scheme and help plan resourcing more efficiently. The scheme's monitoring framework also provides bandwidth to include technical experts, NGOs and civil society groups if required, thereby ensuring in-roads for external monitoring as well.

The scheme guidelines[344] further recommend States/UTs to set up *formal grievance redressal mechanism* at Block and District level for handling complaints and taking necessary action. Further, the grievance redress mechanism is also prescribed to address complaints related to the exclusion of some beneficiaries owing to caste/class/personal bias, and thus incorporates the concerns of non-beneficiaries as well. It is noted by the evaluation, however, that in most states, there are no separate Grievance Redressal Cells for PMMVY, and that the State CM's helpline or the public grievance portals are used for recording and addressing grievances.

To avoid ambiguities and for greater transparency, the guidelines[345] recommend that entitlements under the scheme, eligibility criteria and list of beneficiaries should be pasted at the AWC level. Moreover, the guidelines recommend that PMMVY should be made an agenda point during the Gram Sabhas. However, the guidelines do not adequately highlight the frequency at which the social audit is to be undertaken. More clarity on the timelines within which the social audit is to be conducted would add greater accountability and effectiveness to this process.

Overall, there is a *clear intent to ensure accountability and transparency* within the scheme through diverse mechanisms – monitoring at various levels, cross-checking and regular record maintenance, grievance redress, social audit and evaluations.

3.3.3.2. Direct/Indirect Employment

The scheme does not have any component/strategy that fosters direct/indirect employment as it is not within the purview of the scheme's stated objectives.

3.3.3.3. Gender Mainstreaming

A major financial burden associated with pregnancy is the *loss of wages* when women workers are unable to work during their pregnancies. Informal sector employment in India does not provide maternity benefits to female workers who face pay cuts when they take leaves. This is significant since only 5.9% of India's female workforce is employed in the formal sector. Thus, the informal sector represents the mainstay of female employment, and the loss of wages associated with pregnancy affects the majority of the female workforce. [346] In this context, PMMVY is designed to provide economic incentives to partially compensate for the wage loss women experience during their pregnancies. In essence, the *cash transfer acts as a paid maternity leave*- one that helps women navigate the gendered challenges they face at workplaces that do not offer compensation or income support during pregnancies.

Furthermore, the financial costs associated with health-seeking behaviour often impede women from availing of appropriate health and nutrition services, during and after their pregnancies. Kalra and Priya (2018) note that large out-of-pocket health expenditures incurred on medicines, tests, hospital stay, and transportation at the time of pregnancy are a major source of monetary

[344] MWCD. (2017). Pradhan Mantri Matru Vandana Yojana (PMMVY) Scheme Implementation Guidelines.
[345] *Ibid*
[346] ILO (2018): "Women and Men in the Informal Economy – A Statistical Picture (Third edition)", International Labour Office.

loss for the family.[347] In 2015-16, only 21% of mothers received full ante-natal health care. For those who did not, high costs of such services were cited as the primary reason by 23.7%.[348] In this context, the PMMVY's *cash transfer is intended to encourage health-seeking behaviour among PW&LM* by providing additional support to help access and benefit from health care.

Thus, *PMMVY recognises that the pregnancy period heightens the monetary losses to the family* further, often forcing women to continue working well into the advanced stages of pregnancy and suppress health-seeking behaviour, in a bid to lower costs. Its components are directed towards *alleviating the financial losses and health costs incurred by women* in the absence of maternity leave and other benefits in the informal sector. However, PMMVY benefits remain limited to the birth of the first living child – and consequently, the financial and health costs that it seeks to alleviate during the first pregnancy are likely to continue to affect women in the subsequent ones, thereby limiting the scope of benefits.

Gender mainstreaming in PMMVY is also ensured by *instituting roles for women leaders and female implementers* during the scheme implementation. The scheme guidelines[349] suggest that wherever possible, special Women Gram Sabhas (Mahila Sabhas) should be convened by the Women Sarpanch/Panchayat member twice a year. During the Mahila Sabhas, names of the PMMVY beneficiaries are required to be informed to the community members by the Anganwadi Worker/ Member Secretary of Village-level PMMVY Steering and Monitoring Committee. Representation of women SHG federations in the Mahila Sabhas is also encouraged.

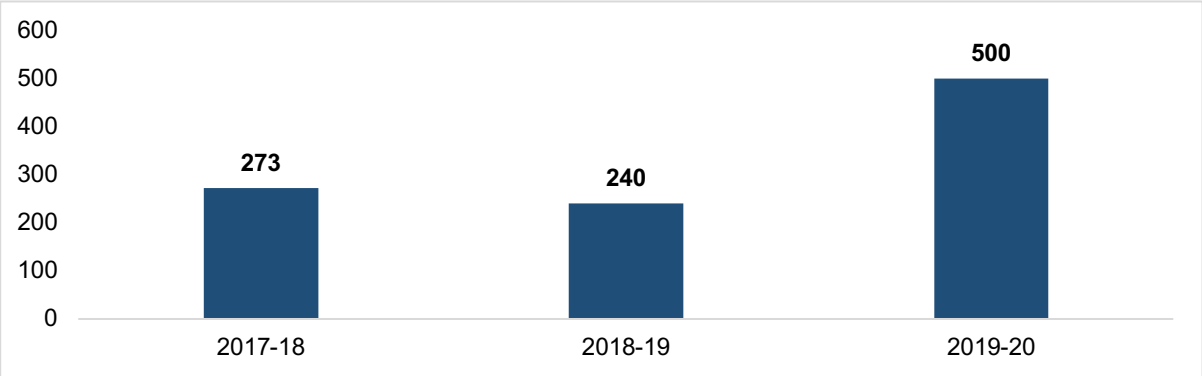
3.3.3.4. Climate Change and Sustainability

The scheme does not have any component/strategy that addresses climate change or contributes to sustainable practices since climate change is not relevant to the scheme's objectives.

3.3.3.5. Role of Tribal Sub-Plan and Scheduled Caste Sub-Plan Component in Mainstreaming of Tribal and Scheduled Caste Population

PMMVY has allocations under both the TSP and SCSP. Analysis of the scheme budget between FY 2017-18 and FY 2019-20 reveals that RE fell in FY 2018-19 but rose by more than double in FY 2019-20 for allocations under the SCSP, as shown in the figure below.

Figure 75: Revised Estimates of SCSP under PMMVY (in INR crores)

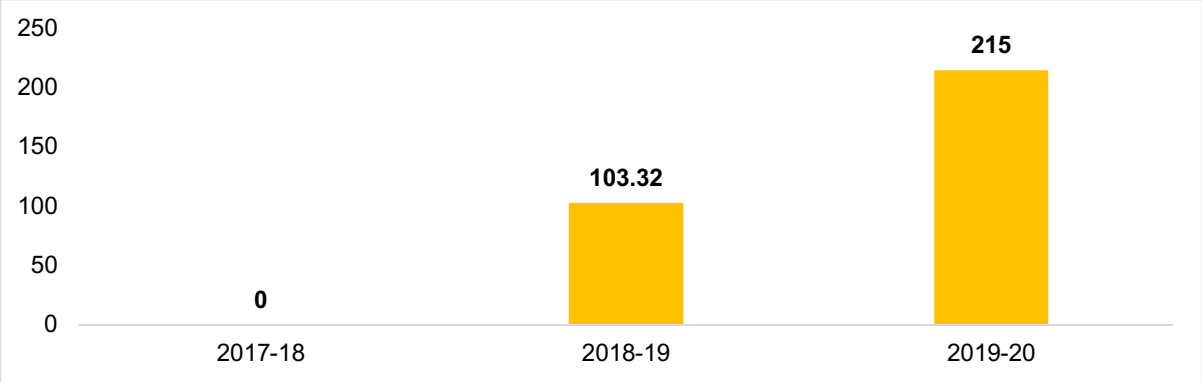


Source: www.indiabudget.gov.in

[347] Kalra, A., & Priya, A. (2019). Birth Pangs: Universal Maternity Entitlements in India. *Available at SSRN 3486671*.
[348] International Institute for Population Sciences - IIPS/India and ICF. (2017). National Family Health Survey NFHS-4 2015-16.
[349] MWCD. (2017). Pradhan Mantri Matru Vandana Yojana (PMMVY) Scheme Implementation Guidelines.

On the other hand, the RE figures for the TSP component of PMMVY have experienced a steady rise between FY 2017-18 and FY 2019-20. The scheme did not have a TSP allocation in FY 2017-18; however, since then, the budget allocations for this component have increased, as shown in the figure below.

Figure 76: Revised Estimates of TSP under PMMVY (in INR crores)



Source: www.indiabudget.gov.in

Overall, the scheme exhibits an intent to strengthen the health outcomes of ST and SC populations, exemplified by rising budget allocations for these vulnerable sections. Secondary literature notes that maternity entitlements are especially important for Dalit and Adivasi women, who are majorly employed in the informal sector and stand to lose a greater part of their income, as they largely remain uncompensated. They are also more vulnerable to pregnancy-related problems, due to poor health and nutrition as well as low purchasing power- making PMMVY all the more significant for these communities.[350]

3.3.3.6. Use of IT/Technology in driving efficiency

PMMVY is designed to reduce the time taken to process payments through *efficient and simplified workflows*.[351] The MWCD Annual Report 2019-2020[352] notes that since the scheme envisaged direct cash transfer to the beneficiaries, a *state-of-the-art fully IT-based platform* had to be created and all States/UTs on-boarded. MWCD launched PMMVY-CAS Implementation Guidelines and its User Manual on 1st September 2017.

The IT infrastructure is hosted on a NIC cloud which has allowed for easier implementation without necessitating additional infrastructure. The data upload protocols in the system have been standardised to ensure easy and uniform usage across the country. The *Public Financial Management System* (PFMS) and *Unique Identification Authority of India (UIDAI)* interfaces have been built into the system and do not require manual upload of files for processing, thereby simplifying workflows. Once a beneficiary has been registered, UIDAI and PFMS automatically authenticate the beneficiary and following authentication, PFMS automatically processes the payment. Data upload and fund disbursement are seamless and automated. This has also replaced manual reconciliation of payment files, thereby enhancing the efficiency of the processes.[353]

It has been observed that the time taken to make payments into the beneficiary's account takes about *30 days only*. This is because the *payments flow directly from the State/UT level* and do not need the CDPO's/MO's approval. In the previous model (which was mostly paper-based),

[350] Kalra, A., & Priya, A. (2019). Birth Pangs: Universal Maternity Entitlements in India. *Available at SSRN 3486671*.
[351] Centre for Digital Inclusion. (2018). *Rethinking Benefit Delivery*.
[352] Ministry of Women and Child Development. (2020). Annual Report 2019-2020.
[353] Centre for Digital Inclusion. (2018). *Rethinking Benefit Delivery*.

payments would not reach the beneficiaries on time. This meant that the beneficiaries were not able to utilise the money for the purposes that they were meant for.[354]

3.3.3.7. Innovative Practices, Technology & Know-how

Under PMMVY, major innovations are associated with the IT-based platform wherein the PMMVY-CAS records beneficiary data and eligibility fulfilment and the PFMS processes payments. With the development of state-of-the-art IT functionality, maker-checker balances have been built in the system wherein data entry and approval are separated functions to ensure cross-checking.[355] Further, the innovative PMMVY-CAS is interoperable with UIDAI and Public Financial Management System (PFMS) for authentication of unique beneficiaries and their Bank Accounts.[356] The scheme is 100% Local Government Directory (LGD) compliant with a uniform master data of all villages/towns/cities throughout the Country on one platform, i.e. PMMVY-CAS. Other innovative features such as email communication and daily reports to functionaries and Short Message Service (SMS) alerts to beneficiaries regarding payments have also been built into the system. Furthermore, all the information related to funding utilisation is available on a real-time basis at all functionary levels.[357] The innovative use of technology and digital platforms has reportedly allowed for the quick implementation of the scheme, close monitoring by Central and State governments and elimination of duplicate benefits.[358]

3.3.3.8. Stakeholder and Beneficiary Behaviour Change

PMMVY requires PW&LM to fulfil conditions relating to maternal and child health to obtain each successive cash instalment, thereby *promoting health-seeking behaviour* among the beneficiaries. To facilitate sustained beneficiary behavioural change, the scheme guidelines[359] provide a *detailed list of IEC activities*. The scheme assigns behaviour change responsibilities to the AWWs and AWHs. These ground-level functionaries are required to promote health-seeking behaviour by advising PW&LM on adequate rest before and after pregnancy, regular check-ups.

Further, *one-page pamphlets* informing the intended beneficiaries about the scheme, criterion to be met to receive the financial benefits and mechanisms to receive the money and from whom and when are also distributed to the service providers and beneficiaries. P*ublicity and mass outreach* is also done through AIR, Print Media, Regional TV channels, social media etc.

Progress on behaviour change remains *mixed*. *Registration of pregnancies has been noted to be high*. According to NFHS-4 (2015-16), before the start of the scheme, 85% of total pregnancies were registered, and 78% of them were registered in the first trimester.[360] *Birth registration has also witnessed a steady increase* over the years, with the percentage of births registered with civil authorities in India increased from 41% to 80% between 2005-06 and 2015-16.[361] However, *the proportion of women registering for Ante-Natal Care check-ups in the first trimester remains low*. Secondary literature notes that on average, in India, less than two-thirds (64 per cent) of pregnant women who registered for ANC check-ups in FY 2017-18, did so in their first trimester. The

[354] *Ibid.*
[355] Ministry of Women and Child Development. (2018). Year End Review.
[356] Press Information Bureau, Government of India. (2019). *Pradhan Mantri Matru Vandana Yojana Reaches One Crore Beneficiaries*
[357] Centre for Digital Inclusion. (2018). *Rethinking Benefit Delivery*.
[358] Press Information Bureau, Government of India. (2019). *Pradhan Mantri Matru Vandana Yojana Reaches One Crore Beneficiaries*
[359] MWCD. (2017). Pradhan Mantri Matru Vandana Yojana (PMMVY) Scheme Implementation Guidelines.
[360] Shukla, R. and Kapur, A. (2020). Pradhan Mantri Matru Vandana Yojana & Janani Suraksha Yojana (PMMVY & JSY) GoI, 2019-20. Budget Briefs Volume 11/Issue 3. Centre for Policy Research.
[361] *Ibid.*

proportion rose to 68% in FY 2018-19 and remained the same at the start of FY 2019-20 (up to May 2019).[362] Thus, while pregnancy and child registration have shown positive improvements, behaviour change towards ANCs in the first trimester still has room for improvement.

3.3.3.9. Research & Development

The PMMVY guidelines direct the National PMMVY Section/Cell to have a recurrent budget line under the heading '*Review Meetings, Research, Conference, and Workshops*', however, the guidelines do not mention any specific strategy or activities for regular learning and reflection. However, given the nature of the scheme – one that vitally seeks to transform health-seeking behaviours through economic incentives and awareness creation activities – *the potential for research is vast*. Possibilities for cross-learning – from similar cash transfer initiatives in South Asia and the world – need to be explored.

3.3.3.10. Unlocking Synergies with Other Government Programmes

At the outset, PMMVY converges with the *Anganwadi Services Scheme*, under the Umbrella ICDS, through the common implementation platform- the Anganwadi Centre. The functionaries of the Anganwadi Centre – the AWW and AWH play key roles in scheme implementation –with responsibilities including information dissemination, registration, record maintenance and promotion of health-seeking behaviour. Besides, the PMMVY also converges with the *National Health Mission (NHM)* through the common front line workers – ASHAs and ANMs tasked with identification of potential beneficiaries, verification and record maintenance, promotion of health-seeking behaviours, training, monitoring and grievance redress.

PMMVY also converges with the objectives of the *POSHAN Abhiyaan* which seeks to achieve improvement in the nutritional status of children from 0-6 years, Adolescent Girls, PW&LM in a time-bound manner during the three years. The Abhiyaan aims to reduce malnutrition in the country in a phased manner, through a *life cycle approach*, by adopting a synergised and result oriented approach.[363] Within this life–cycle framework, PMMVY is seen to address the nutritional needs of PW&LM and promote health-seeking behaviour.

Further, PMMVY converges with the JSY implemented by the Ministry of Health and Family Welfare (MoHFW) and justifies compliance with the NFSA guidelines of INR 6,000 to every PW&LM through the provision of INR 5,000 under PMMVY and additional INR 1,400 under JSY. However, studies have noted limited convergence linkages between PMMVY and JSY- there is evidence of significant numbers of PMMVY beneficiaries not being able to access JSY benefits as they had opted for delivery at a private hospital.[364]

3.3.3.11. Reforms and Regulations

As a recognition of the importance of better nutrition and health for pregnant women and lactating mothers, the *National Food Security Act, 2013 (NFSA)* included a universal entitlement of no less than Rs. 6,000 for every pregnant woman. The NFSA directed the Central Government to formulate and notify a scheme for this purpose. In 2017, PMMVY was launched for implementation across the country. The provisions of the PMMVY are seen to be deviating with the NFSA on three counts: *first*, while the NFSA entitles *'every'* woman to INR 6,000, PMMVY

[362] *Ibid.*
[363] Press Information Bureau, Government of India. (2019). Maternity Benefits under PMMVY
[364] Kalra, A., & Priya, A. (2019). Birth Pangs: Universal Maternity Entitlements in India. *Available at SSRN 3486671*.

reduces this amount to INR 5,000 and justifies it with the rationale that the *'average'* woman receives INR 6,000[365]. *Second*, JSY has a separate purposes, to encourage institutional deliveries, and cannot be regarded as substitutes for maternity entitlements. *Third*, limiting the benefits to the first live birth halves the number of beneficiaries and excludes some of the most vulnerable women from the scheme as having two children is a widespread phenomenon in the country, which is highlighted by the total fertility rate at 2.2 in 2015 (SRS 2015). Given high infant mortality rates (44 per 1000 live births) and under-five mortality rates (50 per 1000 live births) in certain pockets, women might have more than two children as an insurance measure as the survival of their children is often uncertain. Restricting the benefits only to firstborns deprives many needy mothers of getting aid during the difficult times of their pregnancy.[366]

At the same time, the scheme is seen to be compliant with the provisions of IT Act, 2000 and Aadhaar Act, 2016. Given the sensitive nature of information in the PMMVY documents (e.g. beneficiary's Aadhaar card number, bank account details etc.), beneficiary details are not available in the public domain and are only accessible by government officials for monitoring purposes. Thus, while the PMMVY provisions are seen to not fully comply with the NFSA, scheme implementation is found to be compliant with Acts protecting the personal details of citizens.

3.3.3.12. Impact on and Role of the Private Sector, Community/Collectives/ Cooperatives

Implementation of PMMVY is largely undertaken by the front-line workers such as the AWWs, ASHAs and ANMs. Apart from this, monitoring committees at various levels play key roles in progress monitoring, review, grievance redress and planning. Beyond these established mechanisms, the scheme has *limited pathways for community members, collectives and cooperatives to play a role in implementation*. The scheme guidelines[367] suggest that representatives of SHG Federations may be included in Mahila Sabhas to be held twice every year- however, this too remains limited to areas where Mahila Sabhas may be active. Furthermore, PMMVY has not explored any Public-Private Partnerships at present. The extent of private sector participation is limited to the institutional delivery services provided by government-approved private sector hospitals and health facilities to the PW&LM.

[365] Kalra, A., & Priya, A. (2019). Birth Pangs: Universal Maternity Entitlements in India. *Available at SSRN 3486671*.
[366] Vij, S. (2017). Resource Gap Analysis of Maternity Benefit Programme: A Working Paper. Centre for Budget and Governance Accountability
[367] MWCD. (2017). Pradhan Mantri Matru Vandana Yojana (PMMVY) Scheme Implementation Guidelines.

3.3.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency

Scheme coverage vis-à-vis NFSA provisions	• Due to the scheme only focusing on the first child, PMMVY leaves out more than 60% of annual pregnancies, thereby reducing the potential impact of the scheme.
	• While the NFSA entitles every PW&LM to Rs. 6,000 as wage compensation, PMMVY's entitlements are only Rs. 5,000. The scheme argues that in convergence with JSY, the Government is providing Rs. 6,000 on average. It has two key challenges:
	  ○ Firstly, the JSY has a separate mandate – if encouraging institutional deliveries – and the entitlements under it should not be clubbed with maternity benefits; and
	  ○ Secondly – even if JSY entitlements were to be considered maternity benefit – since the JSY entitlements are differential, ranging from Rs. 800 to Rs. 1,400, many women who receive Rs 800, do not end up receiving a total of Rs. 6,000.
		• **Coverage of beneficiaries under PMMVY to be increased to at least the first two live births** from the current single live birth. If the scheme were able to cover the second-order births, it would be able to ensure improvements in health outcomes for almost 70% of children born in the country each year.
		• **Entitlements under the scheme to be increased from Rs. 5,000 to Rs. 6,000 to align with the provisions of NFSA.**
			Medium-Term	**MWCD**

Low Scheme Targets	• While the annual PMMVY target is set at 51.7 Lakh beneficiaries, data shows that the actual number of eligible beneficiaries is anywhere between 75 Lakh (only Rural) to 1.04 Crore (Rural+urban) beneficiaries per year. • The targets are set by the Cabinet in discussion with MWCD, but the evaluation has not been able to identify/access the basis for the target estimates. • Even though the scheme has reached more than 90% of its target over the last 3 years, in real terms, the scheme has only been able to reach out to around 50% of the total potential beneficiaries.	• MWCD needs to **revisit the national and state targets and scientifically identify targets jointly with the state governments.** The potential tentative state-wise targets are provided following this recommendations table for (1) only first-order births; (2) 1st and 2nd order births. • Targets be revisited every year rather than being a one-time exercise.	**Short-Term**	**MWCD**

	• By setting up targets that are lower than the ideal, the government is potentially undermining its efforts to eradicate under-nutrition.			
Challenges Related to Husband's details	• Documents required for accessing the scheme include Aadhaar details for the prospective beneficiary and her husband. • Although women typically have Aadhaar cards, these usually contain father's name. As pregnancies occur soon after marriage, requiring documentary updates intensifies beneficiary challenges. • The purpose of mandating beneficiary Aadhaar updates – from father's name to husband's name – could not be established clearly in interviews with government officials.	• The evaluation recommends that the **requirement for the husband's details ID be removed entirely as a pre-requisite for receiving any instalment**. Having husband's details as a mandatory field in the Application form ends up excluding some of the most marginalised and vulnerable women, including destitute women, widows, unwed mothers and rape survivors.	**Short-Term**	**MWCD**
Lack of Data Entry Provision at the Block/ Project Level	• The PMMVY scheme has not made any provisions for data entry operators as part of the scheme design. • The only two district-level HR provisions under PMMVY are for a District Programme Coordinator (DPC) and a District Programme Assistant (DPA), and the data entry in PMMVY CAS is required to be done at the block level. • While some states have found temporary solutions for this – either using DEOs from other schemes or using flexi-fund to hire DEOs – this continues to be an important problem in the scheme implementation.	• MWCD needs to look at **making provisions in the scheme guidelines for data entry operators at the block level or provide guidance to the states on using Flexi-funds** to fulfil the data entry needs at the block level. The data entry operators could be **hired on performance-linked salaries, similar to the model being used by Rajasthan**, where the DEOs are hired for a small fixed salary but are paid based on the number of successful applications entered by them in PMMVY CAS. Successful application here refers to an application for which a beneficiary receives payment.	**Short-Term**	**MWCD for issuing Guidance. State Governments for hiring DEOs from flexi-fund**
Scope for enhanced use of Technology for beneficiary engagement	• While SMS integration is available under PMMVY currently, its use is limited to informing beneficiaries of fund transfer. • It provides PMMVY opportunities to reach the beneficiaries multiple times over the pregnancy with messages related to desired health and nutrition behaviours.	• Expanding **SMS integration** to include beneficiary **updates as and when the application moves through the process**. Currently, the SMS is sent when the payment is made, or when application for next instalment is due, but not in case the application is rejected for any reason.	**Short-Term**	**MWCD for framing guidelines. State Governments for developing content for BCC messages**

		• **SMS Integration** available under PMMVY **should also be used to inform women of healthy MIYCN behaviours.**		
		• The PMMVY scheme could **introduce a beneficiary facing app to facilitate PMMVY applications by beneficiaries** directly from their mobile phones or websites. This will reduce the workload of the AWWs as well as further the scheme efficiency.	**Medium-Term**	**MWCD**

Table 47: Proposed PMMVY Beneficiary Targets368

	Population Estimates 2017 ('000)	Crude Birth Rate	Total Births in the states per year	Annual First Order Births (PMMVY Beneficiaries)	Annual Second-Order Births (PMMVY Beneficiaries)
States	**Total**	**Total**	**Total**	**Total**	**Total**
Andaman & Nicobar Islands	394	11.7	4,610	1,798	1,521
Andhra Pradesh	51,655	16.4	8,47,142	3,30,385	2,79,557
Arunachal Pradesh	1,474	18.9	27,859	10,865	9,193
Assam	33,543	21.7	7,27,883	2,83,874	2,40,201
Bihar	1,15,957	26.8	31,07,648	12,11,983	10,25,524
Chandigarh	1,151	13.9	15,999	6,240	5,280
Chhattisgarh	27,956	22.8	6,37,397	2,48,585	2,10,341
Dadra & Nagar Haveli	483	24.5	11,834	4,615	3,905
Daman & Diu	357	24	8,568	3,342	2,827
Delhi	19,056	15.5	2,95,368	1,15,194	97,471
Goa	1,521	12.9	19,621	7,652	6,475
Gujarat	66,084	20.1	13,28,288	5,18,032	4,38,335
Haryana	27,861	20.7	5,76,723	2,24,922	1,90,318
Himachal Pradesh	7,206	16	1,15,296	44,965	38,048
Jammu and Kashmir	12,999	15.7	2,04,084	79,593	67,348
Jharkhand	36,334	22.9	8,32,049	3,24,499	2,74,576
Karnataka	64,752	17.6	11,39,635	4,44,458	3,76,080
Kerala	34,761	14.3	4,97,082	1,93,862	1,64,037
Ladakh	289	15.7	4,537	1,770	1,497
Lakshadweep	67	18.9	1,266	494	418
Madhya Pradesh	79,948	25.1	20,06,695	7,82,611	6,62,209
Maharashtra	1,19,869	15.9	19,05,917	7,43,308	6,28,953
Manipur	3,042	12.9	39,242	15,304	12,950
Meghalaya	3,161	23.7	74,916	29,217	24,722
Mizoram	1,169	15.5	18,120	7,067	5,979
Nagaland	2,108	14	29,512	11,510	9,739
Odisha	43,309	18.6	8,05,547	3,14,163	2,65,831
Puducherry	1,436	13.9	19,960	7,785	6,587
Punjab	29,380	14.9	4,37,762	1,70,727	1,44,461
Rajasthan	75,248	24.3	18,28,526	7,13,125	6,03,414
Sikkim	650	16.6	10,790	4,208	3,561
Tamil Nadu	74,989	15	11,24,835	4,38,686	3,71,196
Telangana	36,714	17.5	6,42,495	2,50,573	2,12,023
Tripura	3,914	13.7	53,622	20,913	17,695
Uttar Pradesh	2,19,051	26.2	57,39,136	22,38,263	18,93,915
Uttarakhand	10,884	16.6	1,80,674	70,463	59,623
West Bengal	95,688	15.4	14,73,595	5,74,702	4,86,286
	13,04,460		**2,67,94,233**	**1,04,49,751**	**88,42,097**

368 **Projected population Source**: MOHFW (2019). Population Projections for India and States. Report of the Technical Group on Population Projections); **Crude Birth Rate Source:** SRS Bulletin 2017. Available online at: http://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin%20-Sep_2017-Rate-2016.pdf) Percentage of women with Birth Order 1: 39%; Percentage of women with Birth Order 2: 33% (Source: NFHS 4. Available online at: http://rchiips.org/nfhs/NFHS-4Reports/India.pdf)

3.4. Scheme for Adolescent Girls (SAG)

Summary of SAG Scheme Analysis

Themes	Rating	Summary
Relevance	Average	+ SAG is an important scheme of the MWCD addressing the continuum of the under-nutrition problem + Improves the nutritional intake during adolescence and provides adolescent girls with knowledge and tools to improve health and nutrition, and enable their self-development and empowerment - Reduced beneficiary net from OOS girls in the 11-18 year bracket to 11-14 years bracket. - Most girls drop-out of school after 8th grade, by which time, most girls cross 14 years. Hence, the scheme ends up reaching out to a very small number of out-of-school adolescent girls. In Delhi, there are almost 10-11 lakh OOS AGs, but only around 2,200 AGs out of these are in the age group of 11-14 years. - There is only about 1 AG on average being benefited per AWC which limits effective implementation of scheme components such as Sakhi-Saheli groups, Kishori Diwas, group trainings, etc. - 15-18-year-old girls have one of the highest unmet need for family planning education. This entire sub-group goes unattended. - Provision of Skill Development and Vocational Training is not useful for girls under 14 years as they cannot work.
Effectiveness	Needs Improvement	+ SNP component under the scheme has been effectively operationalized, mainly because the states already have systems set up under ICDS to support this activity. - Lack of scheme awareness amongst the target beneficiaries. - SNP component is the only component which has taken off. Coverage for other components remains only around 1-2%. - Eight states and one UT have not initiated the non-nutrition component due to lack of OOS AGs in the target age-group.
Efficiency	Needs Improvement	- Limited utilization of funds by the scheme due to many states either not implementing the scheme or implementing just the nutrition component under the scheme. - Limited Capacity of AWWs to deliver non-nutrition services - AWW's education and skills are found limited to address the different needs of AGs – like education, life-skills, home-based skills, reproductive health needs etc. - 82% AGs surveyed showed interest to re-join school, and 65% of their parents were also eager, but the number of girls mainstreamed back to formal schools was found to be less.
Sustainability	Needs Improvement	- The sustainability of SAG suffers due to the low scheme coverage. - Limited capacity of AWWs hamper delivery.
Impact	Needs Improvement	- Low coverage of the scheme – only 13.5 lakh girls covered through various components – limits the scheme impact considerably.
Equity	Satisfactory	+ SAG does not discriminate based on social or economic status. + Scheme benefits are available to all girls in the target group

3.4.1. Background of the Scheme

India is home to 253 million adolescents in the age group 10-19 years in India – the highest number of adolescents in any country. Nutritional needs of adolescents require particular attention as it is an important determinant of adolescent physical growth. Inadequate nutritional intake during adolescence can have serious consequences throughout the reproductive years and beyond. It can impair the work capacity and productivity of adolescent boys and girls in their later years. An undernourished girl is at risk of developing complications during pregnancy and chances of her giving birth to a low birth weight baby increase, thereby perpetuating a vicious cycle of malnutrition and ill-health.[369]

Evolution of the Scheme

An initial foray into programming for AGs by GoI was made with the **Adolescent Girls Scheme** in 1991-92. It was operational in 507 blocks and included two sub-schemes viz. Girl to Girl Approach and Balika Mandal. Girl to Girl Approach had been designed for adolescent girls in the age group of 11-15 years belonging BPL families, and Balika Mandal was intended to reach out to all adolescent girls irrespective of income levels of the family.

Later, in 2000, the **Kishori Shakti Yojana (KSY)** was launched to empower adolescent girls to take charge of their lives. It aimed at improving nutritional, health and development status of AGs (11-18 yrs.), promote awareness of health, hygiene, nutrition and family care, providing life skills, and keeping girls in school. In 2002-03, the **Nutrition Programme for Adolescent Girls (NPAG)** was initiated as a pilot in 51 districts to address the problem of under-nutrition among adolescent girls. This scheme aimed at improving the nutrition status of Adolescent Girls (i) aged 11-15 years whose body weight was less than 30 kgs and (ii) aged 15-19 years whose body weight was less than 35 kgs. It also aimed at creating gender awareness and provide a supportive environment for the self-development of adolescent girls.

Objectives of SAG

- Enable the AGs for self-development and empowerment.
- Improve their nutrition and health status.
- Promote awareness about health, hygiene, nutrition.
- Support out of school AGs to successfully transition back to formal schooling or bridge learning / skill training.
- Provide information / guidance about existing public services such as primary health centres, rural hospitals etc.

The **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – "SABLA"** came into being in 2010. It replaced KSY and NPAG in the 200 districts, KSY continued in the remaining districts. SABLA targeted AGs in the age group of 11-18 years, both for school-going and out-of-school girls. The objectives of the scheme were to enable self-development and empowerment of AGs, improve their nutrition and health status, spread awareness on health, hygiene, nutrition, reproductive and sexual health (ARSH), and to upgrade their home-based, life and vocational skills. The scheme also mainstreams out-of-school AGs into formal/non-formal-education. In 2017-18, the **Scheme for Adolescent Girls (SAG)** was launched in additional 303 districts, aimed at 11-14-year-old, out-of-school AGs, and was expanded to most of the country country in 2018-19.

[369] https://www.prb.org/nutritionofwomenandadolescentgirlswhyitmatters/

Scheme Details

Looking at the multi-dimensional needs of out of school pre-adolescent girls and to motivate them to join the school system, the **Scheme for Adolescent Girls (SAG)** was launched in 2017 to break the inter-generational cycle of nutritional and gender disadvantage and providing a supportive environment for the development of adolescent girls.

SAG covers out-of-school girls in the age group of 11-14 years. The package of services given to adolescent girls under this scheme includes Nutrition provision; IFA supplementation; Health check-up and referral services; nutrition & health education; mainstreaming out-of-school girls to join formal schooling and skill training; life-skill education, home management etc.

Table 48: SAG Scheme Components

	Nutrition Component	Non-Nutrition Component
Provisions	Each out-of-school AGs in the age group of 11-14 years registered under the scheme will be provided supplementary nutrition under ICDS containing 600 calories, 18-20 grams of protein and micronutrients for 300 days in a year. Nutrition to be given in the form of Take-Home Ration (THR) or Hot Cooked Meals (HCM) whichever is feasible.	The scheme aims at motivating out-of-school girls in the age group of 11-14 years to go back to formal schooling or skill training under the non-nutrition component of the scheme. The other services under non-nutrition component are IFA supplementation, Health check-up and Referral services, Nutrition & Health Education, Life Skill Education and Counselling on accessing public services.
Financial Norms	Rs. 9.5/- per beneficiary per day for 300 days in a year. This would be inclusive of the cost of micronutrient fortification.	Non-Nutrition Services are provided @ Rs. 1.1 lakh per project/annum.
Funding Pattern	50:50 for States; 90:10 for North Eastern and the Himalayan States; and 100% central funding for UTs	60:40 for States, 90:10 for North Eastern and the Himalayan States; and 100% central funding for UTs
Flexi funds	10% of the total scheme outlay available as flexi-fund.	

The States/UTs could also avail the benefit of Wheat Based Nutrition Programme (WBNP) wherein wheat, rice and coarse grains are provided at BPL rates by Department of Food & Public Distribution (DFPD). Demand under the scheme projected by States based on the number of beneficiaries, number of feeding days and the recipe for nutrition is taken up by the DFPD for allocation of food grains.

Personnel: At the national level, the scheme is managed by the MWCD and at the State, District and grassroots level, the scheme is being implemented through ICDS infrastructure. At the block level, CDPO is in-charge of the scheme implementation, maintaining program data and preparing reports. At the village level, AWW acts as the scheme facilitator, assisted by AWH, Sakhi–Saheli and partnering resource persons, teachers, NGOs/CBOs, health functionaries, and skill development providers.

Programme Activities

Identification of AGs	Schedule	Community mobilisation
The AWWs undertake home visits in her area, take the help of PRIs, school teachers and other stakeholders to identify out of School Girls in the age group of 11+ to 14 years and advise the AGs to register	AGs shall be provided non-nutrition services for a minimum of five to six hours per week. The topics in the sessions shall include i) Nutrition; ii) General Health; iii) Rights and Entitlements, iv) Information about Legal	To facilitate a social behaviour change and girls' transition to adulthood after completion of the full cycle of elementary education working with the community is imperative. This involves actively working with influential community members

themselves under the scheme for availing the services.	Provisions; v) Life skills and Home skills and vi) Importance of Education for them vii) Access to Public Services.	such as PRI members, religious leaders and other community leaders and influencers. Community and institutional support to the girls are essential to facilitate their going back to school and access bridge courses.
Kishori Samuh	**Kishori Heath Card**	**Kishori Diwas**
A group of AGs shall be formed at the AWC. Kishori Samuh shall be headed by three girls, namely one Sakhi and two Sahelis, selected from the group. Identified girls, Sakhi & Saheli, shall be imparted training at the project/sector level to serve as peer monitor/educator for others. Sakhi and Sahelis will serve the group for one year (each girl will have a term of four months as Sakhi/ Saheli on a rotation basis).	The health cards for all AGs shall be maintained at the AWC. Information about the weight, height, Body Mass Index (BMI), IFA supplementation, deworming, referral services and immunisation etc. will be recorded on the card. The card shall be filled up by Sakhi and countersigned by the AWW. The card also carries important milestones of AGs life including mainstreamed back to school and the same shall be marked as and when achieved.	A special day, once in three months, is to be celebrated as Kishori Diwas when general health check-up of all AGs shall be carried out by Medical Officer/ANM. IFA and de-worming tablets to the girls will be provided on this day, as per requirement along with referral services. The day can be utilised for imparting IEC to community/parents/siblings etc. Counselling / Behaviour Change Communication (BCC) sessions with AGs and their families for promoting good practices, and motivating the girls to join the school, Personality development may be organised on this day.

Convergence: Emphasis has been made on the convergence of services under various schemes/ programmes of Health, Education, Youth Affairs & Sports, and Panchayati Raj etc. to achieve the desired impact. In particular, **three out of six services** proposed under the Scheme, i.e. (i) IFA supplementation, including the supply of IFA tablets, (ii) Health check-up and referral services, (iii) Nutrition & Health Education, are provided by establishing convergence with Ministry of Health and Family Welfare. For entry/re-entry into formal schools and motivation to do the same, coordination with the Department of School Education and Literacy under the Right to Free and Compulsory Education Act is established. Life skill education and other interventions require convergence with the National Programme for Youth & Adolescent Development (NPYAD), existing youth clubs of Ministry of Youth Affairs & Sports. PRI is involved for community monitoring and Information, Education and Communication (IEC) activities.

Training: Capacities of ICDS functionaries (District Programme Officer, Child Development Programme Officer, Supervisors and Anganwadi Workers) on the various scheme components through NIPCCD is an integral part of the scheme.

Monitoring: SAG-RRS, launched in January 2018, is a web-based online portal that facilitates the monitoring of the scheme and helps in taking corrective measures by ensuring faster flow of information, accurate targeting of the beneficiaries and reduction of leakages in the Scheme. States/UTs are mandated to send monthly reports on the implementation status of the scheme through this portal. A helpdesk has also been set up at MWCD to assist the States/UTs to send the online reports.

3.4.2. Performance of the Scheme

3.4.2.1. Relevance

The Scheme for Adolescent Girls (SAG) was designed to target the 54 lakh out-of-school adolescent girls in the age-group of 11-14 years, as highlighted in Census 2011. The scheme is managed by the MWCD, under the Umbrella ICDS programme using the ICDS machinery. The key objective of the scheme is to facilitate, educate and empower AGs to enable them to become self-reliant and aware citizens. The scheme comprises (i) nutrition component and (ii) non-nutrition component, along with strong convergence opportunities with other key departments. The scheme addresses nutrition, health and life-skills need of young girls with plans to capacitate them as Peer Educators and mobilise other girls. Though the interventions planned are relevant, but the scheme is falling short on coverage. There are very few out-of-school adolescent girls in the age-group of 11-14 years, hence the number of adolescent girls per AWC is too less. It is difficult for the AWW to plan activities and events for 2 or 3 girls. Due to which, the uptake of the scheme across the states/UTs have been varied, and the scheme in its full-form has not been rolled-out. **The evaluation finds that the Relevance of the scheme is 'Average'.**

Relevance to National Context and Policy Framework

There is a decreasing prevalence of early marriage in India (NFHS 4). However, there continues to exist pockets where under-age marriage persists. States like Rajasthan, West Bengal, Tripura, Assam, Bihar and Jharkhand still have a large number of districts which require attention. The fact that 32% of early married girls reported giving birth before the age of 19 is a cause of concern. Causes of child marriage are complex and varied, based on customs and traditions across contexts and are deeply rooted in socio-cultural norms with economic and regional factors playing a significant role.

Under the **National Health Mission (NHM)**, school children (6-10 years) and adolescents (11-18 years) have been included in the **National Nutrition Anaemia Control Programme (NNAPP)** to address iron deficiency anaemia. The CNNS reported that 39.5% of adolescent girls aged 11-19 suffers from anaemia, and 36.7% of the same group has folate deficiency[370]. Prevalence of anaemia and iron deficiency among girls increases steadily from 11 to 19 years of age, and the percentage of anaemic and iron deficient girl population is higher in the age 15 to 19 than early adolescent years[371]. The proportion of thin women is 42% for women age 15-19[372]. The adolescent population under the age group 15-18 years is not included in nutrition programme which makes them vulnerable, the inclusion of the adolescent girls under this scheme would help in targeting the population in need of such nutritional support. CNNS 2016-18 found that more than 80% adolescents in India suffering from hidden hunger, with a deficiency of one or more micronutrients such as iron, folate, zinc, vitamin A, vitamin B12 and vitamin D and a form of under-nutrition. The report also found that anaemia affects 40% of adolescent girls compared to 18% of boys and worsens as they get older.

India's national programmes have been promoting interventions like gender-transformative life skills education programmes, combining skill training with other supporting activities and peer educator programmes (SABLA) and adolescent-friendly health services and conditional cash

[370] CNNS, India Factsheet, page 8
[371] Figure 6.5 CNNS
[372] NFHS 4

transfers (RKSK). It is observed that these interventions, when implemented in small geographic settings using gender-appropriate approaches and a variety of curricula, have demonstrated positive effects on awareness and attitudes relating to health and empowerment. The risks of out-of-school girls increase as they not only miss the learning opportunities but also misses the school-based health and nutrition interventions. The objective of the government has been to bring these out-of-school girls under the ambit of nutrition, health, skill-building interventions and motivate them to return to school, if possible.

Relevance w.r.t Global Evidence

The leading cause of death for 15-19-year-old girls globally is complications from pregnancy and childbirth.[373] Some 11% of all births worldwide are to girls aged 15–19 years and the vast majority of these births are in low and middle-income countries. Globally around 21% of young women had married before their 18th birthday; around 37% of young women in sub-Saharan Africa married before the age of 18[374]. The UN Population Division puts the global adolescent birth rate in 2018 at 44 births per 1000 girls this age – country rates range from 1 to over 200 births per 1000 girls.[375] This indicates a marked decrease since 1990, which is also reflected in a similar decline in maternal mortality rates among 15–19-year olds.

One of the specific targets of the health **Sustainable Development Goal (SDG 3)** is that by 2030, the world should ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. The indicator 3.7.2 - Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group. Adolescent birth rate (also known as fertility rate) (births per 1,000 women ages 15-19) in India was reported at 13.18 in 2017, according to the World Bank collection of development indicators, compiled from officially recognized sources.

Better access to contraceptive information and services can reduce the number of girls becoming pregnant and giving birth at too young an age. Girls who do become pregnant need access to quality antenatal care. Where permitted by law, adolescents who opt to terminate their pregnancies should have access to safe abortion.

Scheme Design

According to Census 2011, around 54 lakh adolescent girls aged 11-14 years were out of school in India. Apart from the missed educational opportunity, the girls also did not receive school-based services such as mid-day meal, biannual health check-ups, biannual deworming and weekly iron-folic acid supplementation. SAG aims to provide out-of-school AGs with nutritional support, motivating girls to go back to formal schooling or skill training under its non-nutrition component. It also provides nutritional support and girls are also equipped with information on health, hygiene and guidance on existing public services.

[373] Adolescent Health Fact Sheet, WHO
[374] https://www.unicef.org/stories/child-marriage-around-world
[375] Sustainable Development Goals Indicators, Global Database https://unstats.un.org/sdgs/indicators/database/?indicator=3.7.2

Table 49: GER, Drop-out Rate and Student-Teacher Ratio

Level	GER (2016-17)	Drop-Out Rate (2016-17)	Pupil Teacher Ratio (Norm) 2015-16
Primary	Male: 94.02 Female: 96.35	Male: 6.3 Female: 6.4	23 (30 - RTE)
Upper Primary	Male: 86.90 Female: 95.19	Male: 4.97 Female: 6.42	17 (35 - RTE)
Secondary	Male: 78.51 Female: 80.29	Male: 19.97 Female: 19.81	27 (30 – Secondary level laid down in the relevant Scheme)
Senior Secondary	Male: 54.93 Female: 55.91	Male: .6.37 Female: 5.49	37
Higher Education	Male: 26.3 Female: 25.4	NA NA	30

Source: Economic Survey 2018-19

"There are very few OOS AGs per AWC, some AWCs have no registered AGs. It is very difficult to plan for these few girls. Problem of drop-outs among girls start from 15 years."
Deputy Director – ICDS, Mizoram

Primary level schooling for children is for the age-group of 6 years to 10 years, for classes I to V. Upper Primary schools have classes VI to VIII for children in the age-group of 11-13 years, while secondary education is for children aged 14-15 years in classes IX and X. The data from the Economic Survey (2018-19), shows that the bulk of the student drop-out happens in the secondary level (ages between 14-15 years). On the one hand, the scheme has expanded from 200 blocks to Pan-India, on the other hand, it is a condensed version of SABLA by reducing the age of the target group, catering to only out-of-school girls and limiting interventions like counselling on ARSH and Vocational Training.

Hence, there is a problem in the scheme design, as there is a fewer number of out-of-school girls in the age group of 11-14 years. The need for skills development, vocational training and access to public services is expected to be more for the older girls (15-18 years), as this may help in delaying the age of marriage for these girls. Though counselling girls to re-join school is an important intervention, and it should start as soon as they leave school. Similarly, capacitating girls with knowledge and skills is also important to make them self-reliant and thereby empower and motivate them so that they grow up to be women who are better equipped to make informed choices about their lives.

Complications from pregnancy, childbirth and unsafe abortion are a leading cause of death for young women aged 15 to 18. When girls give birth, there is also an increased risk of death and disability to her new-born. Adolescents have one of the highest rates of unmet need for family planning[376]. This entire sub-group of adolescents go unattended in the current scheme. The shortcoming of the scheme is already evident as there are very few adolescent girls (11-14 years; out-of-school) in the AWC. The scheme aimed to address **strategic and practical gender needs** by providing opportunities to the AGs to interact with other girls, participate in forums, form groups and learn skills. Skilling the girls would help them to engage later in productive activities when they are allowed to work and increase their confidence. But due to very few AGs in the AWC catchment area, critical interventions like peer-educators group (Sakhi-Saheli), Kishori Diwas,

[376] www.savethechildren.org

Training on life skills etc. cannot be taken-up. For instance, there are 13,72,872 operational AWCs[377] in the country, while the total annual target for out-of-school AGs (11-14 years) is 12.5 lakh, which is around 0.91 AGs per AWC.

The scheme has been designed on the basic principle of **convergence**, while WCD would cater to the nutrition needs, HFW would cater to the health and micro-nutrient needs. The School Education Department is another major stakeholder of the scheme, as drop-out girls, if interested, would be mainstreamed back to schools. Departments like PRI, Youth and Sport and others are also integrally linked. The responsibility of coordination and convergence lies with the AWW, who is also busy with other schemes; with such few girls under SAG, the AWWs end up prioritising other schemes.

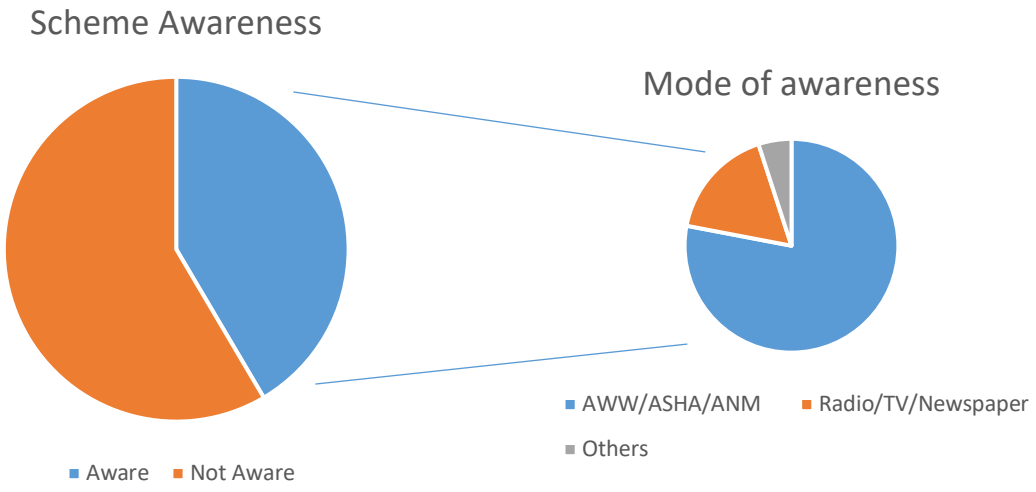
3.4.2.2. Effectiveness

The intended outcomes of the scheme are yet to be achieved as some of the states have not yet rolled it out, fully, and one major reason being too few OOS AGs per AWC. The BE for the scheme has been revised to half in 2018-19 and 2019-20; fund utilization has also been less than 50%. The activities for non-nutrition component have not been able to take-off, particularly mainstreaming back to formal schools or life-skills education. The awareness around the scheme was also less than 42 percent, though supplementary nutrition has achieved its target, the non-nutrition interventions are below the half-way mark. **The evaluation finds that the Effectiveness of the scheme 'Needs Improvement'.**

Awareness of the Scheme

Only 41.6% out of 256 Adolescent Girls interviewed knew about the scheme. More than 78% of those who were aware of the scheme had received scheme-related information from frontline workers (ASHA/ANM/AWW), and 17% got informed through radio/TV/Newspaper. 80.19% of girls knew about the services of the scheme and more than 50% of the girls who are aware of the scheme, found the scheme moderately relevant.

Figure 77: SAG Scheme Awareness



Source: Primary Data Analysis

[377] WCD Annual Report (2018-19)

Scheme Outputs and Outcomes

The current data reflects that the scheme is yet to take-off in full swing. The non-nutrition components are lagging in most of the States/UTs. Reporting mechanisms are also quite weak. Based on the MWCD data[378], 13,20,596 AGs have benefitted from the nutrition component, and 25,90,480 AGs have received services under the non-nutrition component. Apart from Sikkim, the states which have initiated scheme implementation are providing nutrition services. Eight states (*Andhra Pradesh, Assam, Bihar, Chhattisgarh, Kerala, Rajasthan, Telangana, Uttar Pradesh*) and one UT (*Chandigarh*) have started the nutrition component but have not yet initiated the non-nutrition activities. Three states (*Odisha, Tamil Nadu, Uttarakhand*) and two UTs (*Dadra and Nagar Haveli, Ladakh*) have not started the scheme. Although Jharkhand is implementing the scheme, the data is not reflected in the dashboard. The rest 17 states and 4 UTs have started implementing both the components of the scheme.

Table 49 below shows the quarterly achievement of the scheme. The data is for the first quarter, though data from 7 States/UTs are still awaited. The health department indicators – IFA distribution, health check-up and NHE – are most likely under-reported. Since the data for the second quarter was not available, the updated dashboard figures (October 2019) have been used.

Table 50: SAG Output Outcome Monitoring System

Indicator(s)	Target 2019-20	Q1 (Apr-Jun 2019)		October 2019	
		Target 2019-20	Achievement	Achievement	Achievement %
Output 1: Provision of nutritional and health supplements, mainstreaming and skilling to adolescent girls					
1.1 Number of adolescent girls registered with AWCs given:	12.5 lakh				
a) Supplementary Nutrition	12.5 lakh	300000	434082 (144.7%)	1320596	105.64%
b) IFA tablets	12.5 lakh	300000	2128 (0.71%)	528496	42.27%
c) Health check up	12.5 lakh	300000	3898 (1.3%)	452055	36.16%
d) Nutrition and Health Education	10 lakhs	250000	3568 (1.43%)	791480	79.14%
e) Counselling on home management	10 lakhs	250000	3568 (1.43%)		
f) Mainstreaming into formal/non formal education / skill training	4 lakh	100000	293 (0.3%)	43680	10.92%
i) Life skills education	10 lakh	250000	322 (0.13%)	471002	47.10%
j) Assistance accessing public services	10 lakh	250000	194 (0.08%)	330942	33.09%
Output 2: Conducting of events to provide nutrition and non-nutrition services to AGs					
2.1 Number of Kishori Diwas events held	12 events (once in a month)	3	N.A.	-	

[378] http://wcd.dashboard.nic.in/

The data shows that while the Nutrition target is achieved, and Nutrition and Health Education sessions are being regularly conducted, the health-check-up is low and not much is happening on mainstreaming girls to school.

The MWCD dashboard shows that Assam, Bihar, Chhattisgarh, Rajasthan and Telangana have not yet started the non-nutrition component, while Jharkhand, Tamil Nadu and Uttarakhand are yet to launch the scheme. Interactions with state-level officials in 11 states and 1 UT were undertaken to understand the implementation status, coverage and operational details of the scheme.

One of the key impediment for the scheme is that there are too few AGs per AWC to conduct training, educating sessions or formation of groups. Uttarakhand, for instance, has completed the survey of AGs, but none of the scheme components has been rolled-out. Out-of-school girls in Tamil Nadu, Telangana, Delhi are very few. In Delhi 4-5 AWCs have clubbed together to organise training programmes, girls were taken to banks and post offices for exposure visits in 2018-19.

AWC infrastructure also poses a problem for AGs to come, meet and discuss. It is also difficult to facilitate Sakhi-Sahelis as there are very few girls availing the scheme; the same applies to Kishori Diwas. It was pointed out in Bihar, that the educational qualification of AWWs is below secondary level, it is difficult for them to train or educate AGs so that they go back to school.

Nutrition Component: Telangana made innovations of incorporating millets, chikki etc. to attract the AGs, but since there were not enough girls in the AWCs, the state has withdrawn provision for THR and is providing hot cooked meals only. The State has made an agreement with Touchstone to provide ready-to-cook sachets, but AGs do not like to travel to AWC for meals. Delhi, Mizoram provides THR to AGs through the AWCs, though there are very few out-of-school girls, as female literacy is high in the state. In Rajasthan, 49,631 girls are receiving THR for 300 days in a year. Annual target for supplementary nutrition is 12.5 lakh, out-of-school adolescent girls, in the country, which was achieved by Oct 2019.

Table 51: Number of AGs availing SAG (19-20)

	Nutrition	Non-Nutrition
Assam	54352	0
Bihar	130222	0
Chhattisgarh	16093	0
Delhi	2280	16175
Jharkhand	0	0
Maharashtra	24478	101970
Mizoram	715	2860
Rajasthan	173591	0
Tamil Nadu	0	0
Telangana	19410	0
Uttar Pradesh	277000	0
Uttarakhand	0	0
All India	**1320596**	**2590480**

Source: WCD Dashboard; (*April – Oct 2019*)

75.29% AGs said that they had received Take Home Ration from the AWC, 35.3% said that they received THR regularly while 40% AGs said that they receive THR irregularly. 61.18% of girls consumed the THR they received. Only 60% of parents knew that the THR was only meant for their daughters. Table below shows that approximately 13.2 lakh girls received nutrition support from AWC in 2018-19, and 7.8 lakh girls have already received nutrition support in 2019-20 till October. The WCD Dashboard (last updated in October 2019) shows that 13.2 lakh girls have benefited from nutrition component.

Table 52: SAG Nutrition Services - Beneficiary Trend

	2017-18	2018-19	2019-20
Nutrition services	7,73,836	13,59,464	13,20,596
		Source: Annual Report	Source: Dashboard Oct'19

Non-Nutrition Component: Based on the Dashboard data, a little more than 26 lakh AGs received services under the Non-Nutrition component. A number of States are yet to initiate the non-nutrition component of the scheme due to the low number of out of school AGs in those states. The major non-nutrition input for Delhi is IFA distribution to adolescent girls. Maharashtra is providing NHE, life-skills training and orienting girls to access public services. Mizoram is providing basic life-skills training to girls along with IFA, health check-up and NHE.

Reporting of non-nutrition activities has been an area of concern. For instance, Jharkhand responded that 27,800 girls have benefitted from the scheme, but it is not reflected in the dashboard. The issue of non-reporting of data/delayed reporting of Data was noted in other States as well, including Rajasthan.

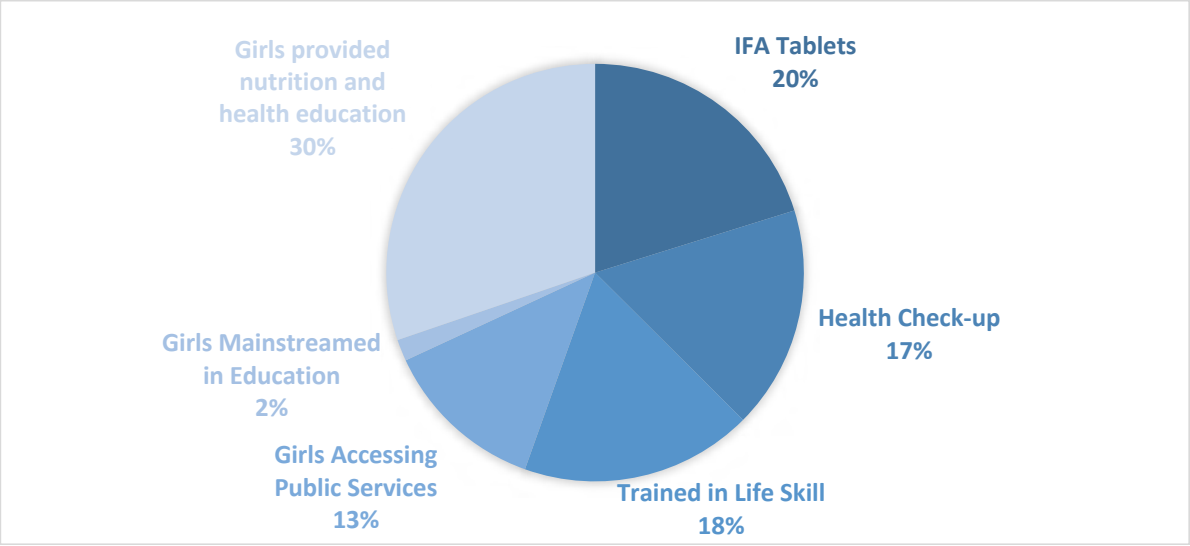
Table 53: SAG Non-Nutrition Services – Beneficiary Trend

	IFA Tablets	Health Check-up	Trained in Life Skill	Girls Accessing Public Services	Girls Mainstreamed in Education	Girls provided nutrition and health education	Total Girls reached under Non-Nutrition component
India	5,28,496	4,52,055	4,71,002	3,30,942	43,680	7,91,480	26,17,655
Assam	0	0	0	0	0	0	0
Bihar	0	0	0	0	0	0	0
Chhattisgarh	0	0	0	0	0	0	0
Delhi	12,643	807	447	230	138	1910	16,175
Jharkhand	0	0	0	0	0	0	0
Maharashtra	0	0	33,990	33,990	0	33,990	1,01,970
Mizoram	715	715	715	0	0	715	2,860
Rajasthan	0	0	0	0	0	0	0
Tamil Nadu	0	0	0	0	0	0	0
Telangana	0	0	0	0	0	0	0
Uttar Pradesh	0	0	0	0	0	0	0
Uttarakhand	0	0	0	0	0	0	0

Source: MWCD Dashboard Oct'19

The figure below shows the component-wise distribution of the same. One of the main focus of the scheme was to mainstream out-of-school girls to formal schools, that has been only 2%. The health interventions are not being adequately reported.

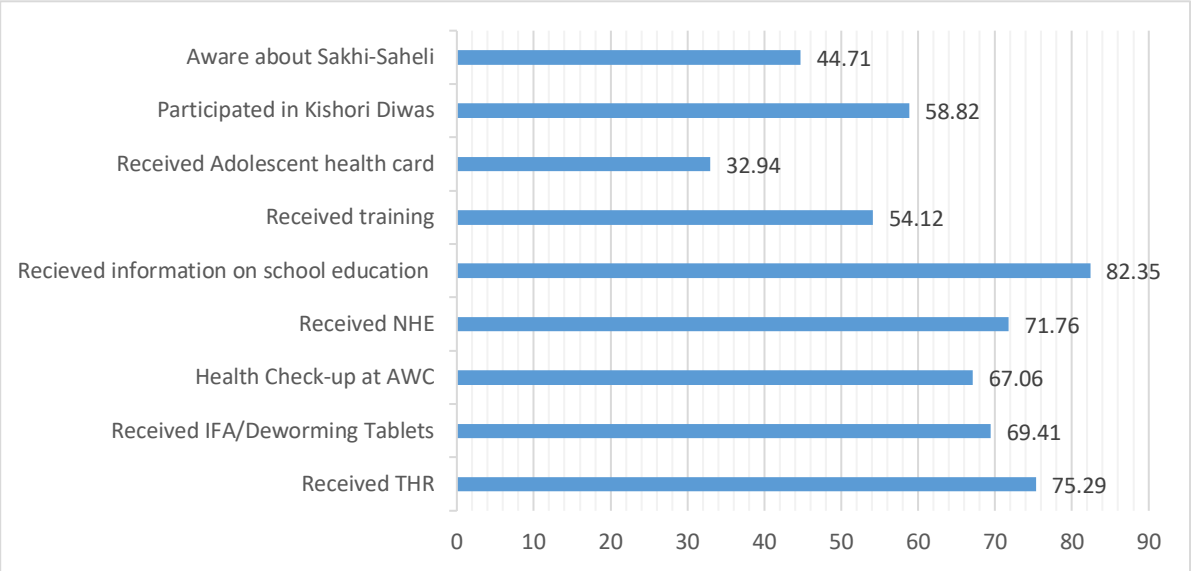
Figure 78: SAG: Performance of Non-Nutrition Interventions



53% of the girls who were aware of the scheme in the HH survey found it relevant for them. 14.8% of girls said that they did not receive any services from the AWC. 54.12% have undergone

vocational **training,** and more than 85% of them have found the training useful, and 77.6% wish to pursue a future, based on that training.

Figure 79: SAG: Services Availed by Respondents (in %age)



Source: MWCD Dashboard Oct'19

Based on the inputs received, 70 (82.4%) AGs are aware of the importance of **going to school,** and 70.6% of girls want to re-join school. Around 69% of parents are willing to send their daughters back to school. Though with such interest and willingness, only 11% of girls have been reported to be mainstreamed back to school. Only 28 (32.9%) girls have received Kishori health cards, and 50 (58.8%) had participated in Kishori Diwas.

Box 56: Evidence: Gender attitudes among adolescents may be changed through classroom discussion[379]

Women face barriers in receiving an education, accessing health care, participating in the labor force, and having full autonomy over decisions like marriage and childbirth. Researchers are considering the role of cultural norms in perpetuating gender inequality and evaluating programs that aim to change attitudes towards gender roles. In Haryana, India, a series of interactive classroom discussions about gender equality, delivered to students in classes 6-8, over two and a half years, increased students' support for gender equality and led students to enact more gender-equitable behaviour. However, behaviour change was more pronounced for boys, perhaps because girls faced more constraints to changing behaviours.[380]

According to 179 AWWs who were interviewed, 65 AWWs said that they do not conduct Kishori Diwas with the main reason being enough beneficiaries not available. Among those 114 AWWs who organize Kishori Diwas, 54.2% organize once a quarter. 30.7% of AWWs have initiated the Sakhi-Saheli process.

3.4.2.3. Efficiency

The scheme is using the existing ICDS platform and its human resources. Although 95% of AWWs are in place, there is a dearth of lady supervisors (LS), with 38% vacancies. The scheme also entails the services of ANM and ASHAs. Around 78% of respondents said that the Information

[379] Abdul Latif Jameel Poverty Action Lab South Asia (J-PAL SA). 2020. "Women And Child Development Evidence Summary note for DMEO, Niti Aayog" Custom Report. Last modified September 2020.
[380] Dhar, Diva, Tarun Jain, and Seema Jayachandran. "Reshaping Adolescents' Gender Attitudes: Evidence from a School-Based Experiment in India." NBER Working Paper No. 25331, December 2018.

about the scheme was received from AWW/ANM/ASHA. Fund utilisation has been around 47% in 2018-19 and only 24% until December (2019-20). The scheme's efficiency suffers due to limited capacity of AWWs to deliver non-nutrition services. AWW's education and skills are found limited to address the different needs of AGs – like education, life-skills, home-based skills, reproductive health needs etc. The household survey of OOS AGs shows that almost 70.6% girls interviewed showed interest to re-join school and 69% of their parents were also eager, but less than 10% of the AGs surveyed girls have been mainstreamed back to formal schools. **The evaluation finds that the Efficiency of the scheme 'Needs Improvement'.**

Since 2010, SABLA was implemented in 205 districts in India, Scheme for Adolescent Girls was launched in 2017 with plans to expand in a phased manner. In the first phase (2017-18) the scheme was extended additional 303 high burden districts with revised financial norms under National Nutrition Mission (NNM), and in the second phase (2018-19) the scheme was extended with revised financial norms to all the districts of the country.

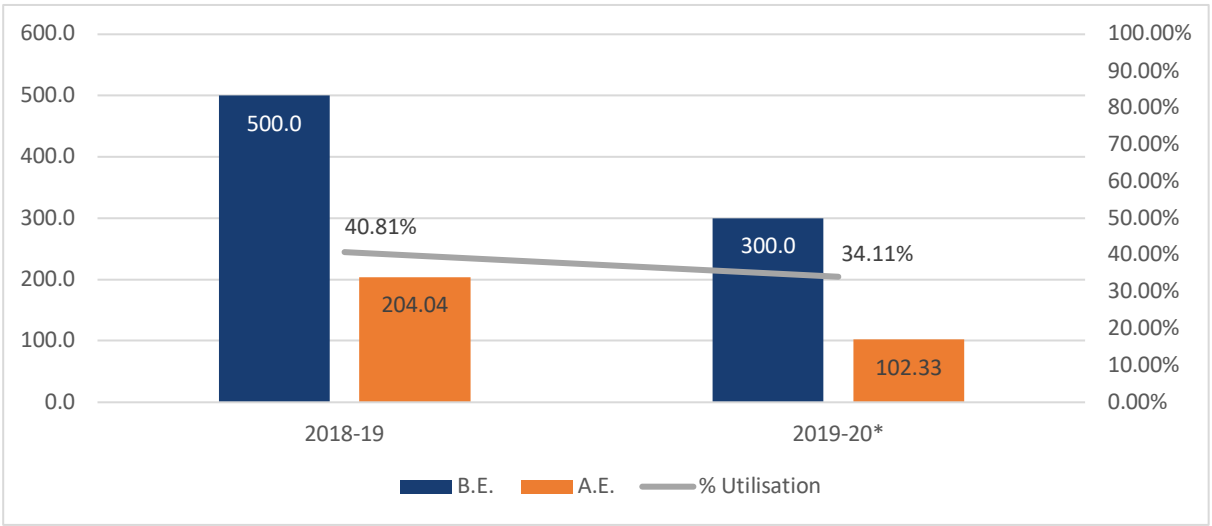
Fund Utilisation

"SABLA had been a much better scheme"

State-level respondents of ICDS from the states of Bihar, Mizoram, Chhattisgarh, Rajasthan

The MWCD is responsible for budgetary control and administration of the scheme at the Centre level. The funds are to be released to State Government/UT in two instalments by the MWCD. The State/UT to ensure the State share as per funding pattern decided for the scheme and release the funds received from MWCD and the State share to the concerned DPOs within 15 days from the receipt of funds from the Government of India/State Government (for State share). The Fund utilisation for the SAG has remained low, with the utilisation in 2018-19 being just over 40% and in 2019-20 (till 30.11.2019) being 34% as shown below. Over the two financial years, the scheme's utilisation has been 38.3%.

Figure 80: SAG Fund Utilisation (In Rs. Cr.)



Source: MWCD Annual Report 2019-20 | *Rupees in Crore*

Further, against the A.E. of around Rs. 306.36 Cr., over 2018-19 and 2019-20, the ministry had received UCs for only Rs. 120.83 Cr[381]., which is only around 39.44% of the A.E.

[381] WCD Annual Report 2019-20

The key reasons for low utilisation of funds include the fact that some states are yet to on-board the scheme; and the unspent FY 2017-18 funds of SABLA which were also utilised in FY 2018-19, which may show a lower utilisation in 2018-20 than what actually happened.

State-wise, the fund utilisation for 2019-20 (till December 2019) is low. Nagaland (100%), Uttar Pradesh (61%), Gujarat (39%) and Madhya Pradesh (33%) have utilised the scheme funds on Nutrition. Table 53 below shows a varied utilisation of financial resources (*for Nutrition component*) in three FYs. In the first year (2017-18), Telangana's utilisation rate was 940.5%, and Uttar Pradesh was 126.6%, and Delhi used 116%. A state like Mizoram (100%), Maharashtra (88.4%), Bihar (68.5%), Chhattisgarh (64.5%) and Tamil Nadu (60.9%) used the funds, unlike Assam, Rajasthan and Uttarakhand. States like Assam, Jharkhand, Rajasthan, Tamil Nadu and Uttarakhand did not receive any funds in 2018-19, among them Jharkhand, Telangana, Uttar Pradesh and Uttarakhand did not spend on the scheme in 2018-19; Bihar over-spent around 2690.6%, Maharashtra and Mizoram utilised 68% and 58% respectively. Assam, Rajasthan and Tamil Nadu utilised some funds though they did not receive any in that FY. In 2019-20, UP has utilised 61% of the funds they received.

Table 54: SAG Fund Utilisation – State wise

States	Fund released (2017-18)	Fund Utilised (2017-18)	Number of AGs (2017-18)	Fund released (2018-19)	Fund Utilised (2018-19)	Number of AGs (2018-19)
Assam	341.92	0.00	0	0.00	774.51	54352
Bihar	4003.74	2742.76	396805	25.54	686.12	130222
Chhattisgarh	2792.61	1795.87	13673	724.75	61.70	16093
Delhi	490.19	570.32	3383	320.48	0.78	2180
Jharkhand	1495.55	154.54	63515	0.00	0.00	0
Maharashtra	3995.68	3530.70	45898	3536.78	2715.98	24478
Mizoram	123.95	123.95	897	69.32	69.32	715
Rajasthan	39.38	0.00	0	0.00	59.39	173591
Tamil Nadu	3196.22	1945.25	2337	0.00	32.28	0
Telangana	81.40	765.58	0	107.49	0.00	19410
Uttar Pradesh	4486.13	5681.34	0	1000.35	0.00	277000
Uttarakhand	3.30	0.00	2842	0.00	0.00	0
All India	**44,629.53**	**40,181.23**	**7,73,836**	**20,403.88**	**9,825.01**	**13,59,464**

Source: WCD Annual Report | (*Rupees in lakhs*)

The variation among the sampled states is wide. Fund utilisation in 2018-19 has been low. In the year 2018-19, utilisation has been only 47% funds under the nutrition component, whereas 110% of funds were utilised Non-Nutrition component.

Program Monitoring

Program monitoring is one of the weakest elements of the scheme. Although the online MIS portal SAG-RRS is available (launched in January 2018 with help-desk facility for states / UTs), but data from states are not being received timely. As of 31/03/2020, Quarterly Progress Reports (QPRs) of only the first quarter has been made available, and the Dashboard was last updated on 18/10/19. Data for the non-nutrition component is hardly being reported.

There are few operational issues. For instance, the SAG-RRS only registers the names of girls who have Aadhaar cards. Jharkhand has registered around 27800 girls, whereas the SAG-RRS have only 16531 girls registered in the portal. Moreover, Older AWWs and LSs are finding difficulty in using new-age technologies like smart-phones etc. to punch-in performance data, a lot of their time goes in accessing the help of Supervisors in doing so.

3.4.2.4. Sustainability

The entire range of scheme interventions has not been implemented in most states due to low target per AWC. Activities like Kishori Samoohs (groups for AGs), Sakhi-Sahelis (peer educators) and Kishori Diwas (a designated day for AGs) are not being undertaken; similarly, organising training programs have also been difficult. These are affecting the outputs and outcome of the scheme. Moreover, considering that other programs are continuously aspiring and working towards increasing enrolment of girls to formal schools, the target population of this scheme is likely to decrease with time. **The evaluation finds that the Sustainability of the scheme 'Needs Improvement'**.

The following table is an attempt to show the variations in the implementation of the scheme across the selected states and UTs.

Table 55: Variation in implementation of SAG across States

State / UT	Brief overview
Assam	The only nutrition component is operational. Funds are lying unspent in the state, as it is not clear on how to spend it and on what.
Bihar	The scheme being implemented across the state, but very few AGs per AWC. Girls usually drop-out after 14 years. THR and non-nutrition interventions are being given.
Chhattisgarh	Being implemented in all 27 districts. Monitoring and reporting have been highlighted as a key challenge. SNP is happening as that is the incentive to bring girls to the AWC.
Delhi	Only 2200 AGs in the specified age-group. SN through THR is being provided. Training is being organised by clubbing 4-5 AWCs together. Exposure visit has been conducted. Counselling on anaemia and sanitary napkins have been provided. It is planning to target AGs from migratory population
Jharkhand	The scheme is implemented in all 24 districts. The beneficiary survey has been completed, and 27800 beneficiaries have been identified. Sakhi-Saheli activities cannot be done due to a smaller number of girls per AWC. Better convergence with the health department is required for availability of IFA tablets. The LS is facing difficulties in using SAG-RRS, as some of them are technologically challenged.
Maharashtra	Around 57203 girls are receiving SNP in the state. Training fund is provided to only those projects where the number of AGs are greater than 30. Funds have been provided to only 149 projects.
Mizoram	The state has 2244 AWC and even by utilising 100% of the funds received in 2017-18 and 2018-19, only 897 and 715 AGs have benefitted respectively from the scheme. Kishori Diwas, Sakhi-Saheli could not be undertaken with such few beneficiaries. Some training on stitching and embroidery skills was undertaken. Currently, there are only 1113 out-of-school AGs in the state, and the Directorate has planned to validate it with the Education Department.
Rajasthan	Around 49000 AGs have been registered for SNP. Services are being documented in Cards and Registers. Detailed implementation plan for non-nutrition activities has been planned.
Tamil Nadu	Only 3000 out-of-school girls in the state. Hence it became very difficult to implement the scheme.
Telangana	The survey has been completed, only 5000 such girls in the state. Innovation for SNP through THR was made using millets, chikki, etc., but due to lack of girls per AWC, the state has decided only HCM for the ones attending the centres. Residential training was planned for the girls, but due to the unwillingness of the parents, this could not be taken up.
Uttar Pradesh	The scheme is implemented in all 75 districts of the state. Girls receive raw materials of 600 calories and 18 grams protein per day, consisting of chana, desi ghee etc. Kishori Diwas is held on the 8th of every month. Sakhi-Saheli activities are in full swing. Health check-up is being done in every 3 months height, weight and BMI check-up are done and recorded in AG health cards. Various skill development training is being undertaken. AWCs are located mostly in School premises. Hence there is a good

	interface with teachers. Also, good convergence is with health, PDS and PRIs. Monthly block convergence meetings are being held regularly. AWWs use games like snakes and ladders to disseminate important information to the AGs. More funds need to be allocated for Sakhi Saheli activities, and there is a requirement for more IEC materials. 25 Sakhi-Saheli groups have been formed.
Uttarakhand	The survey has been completed, the scheme not yet rolled-out

Bihar, Mizoram, Rajasthan, Chhattisgarh, Delhi and Uttar Pradesh suggested that the scheme should be extended to older adolescent years, as there was less number of target beneficiaries per AWC to undertake the full range of services of the scheme and providing livelihood, skills training would be beneficial to 15-18 years out of school girls. Most of the States felt that SABLA was a better scheme as it targeted the entire AGs group (11-18 years). The expansion of the age-limit of SAG can be considered for the sustainability of the scheme.

3.4.2.5. Impact

The scheme aims at a high level of development objective; wherein out-of-school girls are mainstreamed into formal institutions, they attain better life-skills and are aware of health, nutrition and public services. The girls also to attain improved social skills so that they manage their lives responsibly. The scheme has been able to reach out to and provided nutrition support to about 13.2 lakh AGs in 2018-19 and around 25 lakhs through non-nutrition interventions. These girls have been positively benefited from the program. Training on life-skills is a difficult area and a challenge for the AWW to arrange such events with her limited capacity. The evaluation finds the Impact of the scheme '**Needs Improvement**'.

Out of the 255 adolescent girls surveyed as part of study, 41.57% of them were aware of the scheme, and among them, 80.19% knew about the services of the scheme, and 88.68% said that the services were relevant for them.

- **Supplementary Nutrition:** Around 75% of girls said that they have had received THR from AWCs, while 30 (35.29%) girls regularly receive THR. Out of the ones who have received any THR, 81.25% consume the food themselves. Only 60% of parents knew that the THR distributed is only meant for their daughter's consumption.
- **IFA Supplementation:** Around 69% of adolescent girls said that they had received IFA tablets and de-worming tablets from AWC.
- **Health Check-up and Referral Services:** 59 (69.41%) girls said that their height and weight was checked during health check-up, and they received IFA and de-worming tablets. Around 67.06% said that the health check-up was organised at the AWC. 52.94% confirmed accessing health and referral services, and only 32.94% of adolescent girls had received health cards from AWC, out of that, 14.29% of adolescent girls cards were never updated. Only 37.65% girls have said to have received disposable sanitary napkins from AWC, while 44.71% said that they had not received any menstrual hygiene products from AWC. Around 56% girls said that they use purchased sanitary napkins, while 20.75% uses cloth or towels.
- **Nutrition and Health Education (NHE):** Around 61 (71.76%) girls said that they had received NHE from AWCs and 67.06% girls said that they had received counselling and awareness on ARSH, 40(47.06%) girls said that personnel from health department or NGOs came to AWCs to impart training on these issues. Only 32 (37.65%) girls said that they were shown videos on Nutrition and Health, ARSH, Childcare practices etc. on a phone/tablet.

- **Mainstreaming to school:** 70 (82.35%) were made aware of the importance of school, and 70.59% of them wanted to re-join school. 69.09% of the parents were willing to send their daughters back to school.
- **Training:** Only 46 (54.12%) AGs received vocational training under NSDP, of which 44 (95.65%) found the training useful and will pursue work related to their training.
- **Kishori Diwas:** 50 (58.82%) girls said that they attended Kishori Diwas. The main reasons for not attending Kishori Diwas was (i) required services were not provided (20%) (ii) Kishori Diwas was not held (42.86%) and (iii) family restrictions (25.71%).
- **Kishori Health Cards:** Only 32.94% girls said that they had received the Kishori Health Card from AWCs. Out of the 28 girls, 13 (46.43%) said that their cards were updated in the last 0-3 months, 7 (25%) said that their cards were updated in 3-6 months, 3 (10.71%) said that their cards were updated last in 6 months and 4 (14.29%) girls said their cards were never updated.
- **Sakhi-Saheli:** 38 (44.71%) were found aware of Sakhis/Sahelis, and 31 (81.58%) of those who were aware were themselves Sakhi/Saheli. Out of them, 58.06% conduct programs aimed at changing young men's gender-related attitudes and promoting safe behaviour etc. 22.58% undertake educational activities (like role-plays, games and interactive activities), 16.13% are involved in creating platforms to engage young women in discussion, debate and critical thinking, while 3.23% participate in the day to day activities of AWC like pre-school education, growth monitoring, SNP, and help AWW in other activities.
- **Anganwadi Services:** 65.88% girls said that they were satisfied with AWC services, while 7.06% said that they were not satisfied, around 27% said that they were neither satisfied nor dissatisfied with the services. 70.91% of parents found the services of the AWC satisfactory and 74.55% said that they would continue to send their daughters to the AWC. Only 27.27% said that they were neither satisfied nor dissatisfied with the services. Only 29.41% AGs knew that there was a grievance redressal system available.
- **Engagements of Panchayats:** PRI members consulted during the primary survey commented on the contribution made by Anganwadi-based services on adolescent girl schemes. More than 46.23% of the PRI respondents felt that the contribution of Anganwadi services was very high in mainstreaming drop-out adolescent girls to formal school, while more than 64.15% said that the contribution of Anganwadi services in overall awareness on adolescent health was also very high. More than 75% said to have been involved in AWC activities in the last 3 months, but only 43.90% recalled helping in organizing VHSNDs. Only 33.96% said that awareness level of village members on Scheme for Adolescent Girls was high, but more than 78% were not aware of any training /other programs being conducted for AG's at the AWC.
- Among the parents of adolescents, 63.64% said that they would give their daughters in marriage when they attain the age-group 19-21 years while 21.82% still feel that they should be married-off by 15-18 years. Only 14.55% parents said that the age of marriage should be around 22-25 years.

Box 57: Evidence: Programmes that enable girls to stay in school can delay pregnancy[382]

Increasing schooling for girls may reduce childbearing by three channels:

- Changing adolescent girls' time use patterns
- Adolescents may choose to invest in more education and avoid pregnancy in order to earn higher future wages
- Helping adolescent girls better process their decisions related to sexual behaviors and childbirth

[382] Abdul Latif Jameel Poverty Action Lab South Asia (J-PAL SA). 2020. "Women And Child Development Evidence Summary note for DMEO, Niti Aayog" Custom Report. Last modified September 2020.

In Ghana[383], women, who were randomly assigned to receive scholarships for secondary school, were married later and were 18 percent less likely to have had an unwanted pregnancy by age 25. In Kenya[384], providing girls in upper primary school with free school uniforms reduced the rate of adolescent pregnancy by 17 percent. Strengthening beliefs that good educational and economic opportunities exist for girls and young women and improving their access to these opportunities can help them overcome societal pressures, stay in school, delay marriage, and therefore delay pregnancy.

3.4.2.6. Equity

The Scheme aims to cover all out-of-school Adolescent Girls in the age-group of 11–14 years. There is an absence of data and literature on the inclusion of all vulnerable groups as beneficiaries of the scheme. The target beneficiaries for this scheme is low; all states are yet to complete the baseline survey to determine the actual number of eligible beneficiaries for the scheme and validate the results with the Education Department data. Once this is determined, it may show whether eligible girls have not been covered through the scheme. 58.4% of out-of-school adolescent girls said that they were not aware of the scheme. Hence it is evident that all eligible girls were not covered in the scheme. 6% of girls said that they did not attend Kishori Diwas due to the distance of AWC from their residence. Home-visits of AWW is a crucial program input area. She has to make home-visits regularly and talk about the different schemes and services that the AWC offers so that the people come to know about newer schemes.

Functionaries in Bihar said that they ICDS workers did not discriminate among beneficiaries, based on caste divisions, but at times, beneficiaries chose not to avail services, citing the caste position of the Anganwadi Helper (AWH). In a city like Delhi, it was observed that there were very few out-of-school girls registered in the AWC for services. On the one hand, there are many schools, and the urban enrolment and retention rates are usually higher than the rural set-up. But on the other hand, it was also pointed out that out-of-school girls work as domestic help and earn reasonably, and it is most unlikely that they would come to AWC to avail services. The department in Delhi plans to target and cover the large number of migrant workers who reside in the city.

Box 58: Evidence: Programs aimed at increasing school participation tend to help the disadvantaged gender most[385]

In most evaluations, girls' enrollment and attendance rates are typically lower than those of boys prior to program implementation, but in two evaluations, boys started with lower attendance rates. In these cases, the programs which were offered to all students led to greater improvements for boys than for girls. In Nicaragua[386] and Colombia[387], boys had considerably lower attendance rates at baseline than girls. In these cases, impacts of CCT programs for boys were larger than for girls. Successful programs aimed at increasing participation in general tend to help the disadvantaged gender most, likely because the most marginalized students are particularly sensitive to the costs and perceived benefits of education.

[383] Duflo, Esther, Pascaline Dupas, and Michael Kremer. "The Impact of Free Secondary Education: Experimental Evidence from Ghana." Working Paper, October 2019
[384] Duflo, Esther, Pascaline Dupas, and Michael Kremer. 2015. "Education, HIV and Early Fertility: Experimental Evidence from Kenya." American Economic Review 105(9):2757-2797.
[385] Abdul Latif Jameel Poverty Action Lab South Asia (J-PAL SA). 2020. "Women And Child Development Evidence Summary note for DMEO, Niti Aayog" Custom Report. Last modified September 2020.
[386] Maluccio, J., & Flores, R. (2005). *Impact evaluation of a conditional cash transfer program: The Nicaraguan Red de Protección Social*. Intl Food Policy Res Inst.
[387] Barrera-Osorio, Felipe, Leigh L. Linden, and Juan Saavedra. "Medium-and Long-term Educational Consequences of Alternative Conditonal Cash Transfer Designs: Experimental Evidence from Colombia." NBER Working Paper, March 2017.

3.4.3. Analysis of Cross-Cutting Themes

3.4.3.1. Accountability and Transparency

SAG incorporates mechanisms for ensuring accountability and transparency at various levels. The scheme guidelines[388] mandate *Steering and Monitoring Committees* be set up under ICDS to review and monitor the progress of the Scheme and strengthen coordination and convergence between departments concerned. The scheme guidelines also provide a detailed description of the composition of the monitoring committees to be instituted *at the National, State, District, Project and Village levels*. These committees are required to consider the bottlenecks faced in the implementation and suggest appropriate mechanisms for improving the implementation.

In addition, project wise, the guidelines prescribe formats for physical and financial progress reports to be submitted on a quarterly/annual basis. The *chain of reporting is clearly defined* wherein the reports are to be consolidated by the CDPO and sent to the State Government through the DPO. The State/UT, in turn, sends consolidated reports to the Ministry. *Clarity on the formats* to be used for monitoring scheme progress, as well as on the reporting hierarchy enhances the accountability within the scheme. The scheme guidelines also require registers to be maintained at the AWC by AWW with the assistance of Sakhi/Saheli. However, data from the MWCD Annual Report 2018-19[389] revealed that on average, there is only about 1 AG being benefited by the scheme per AWC. Thus, in many cases, components like the Sakhi-Saheli groups are non-functional, and monitoring at this level is not undertaken.

In 2018, the scheme launched a web-based online monitoring system called the *Rapid Reporting System (RRS)* for monitoring the scheme.[390] The SAG-RRS captures details of the adolescent girls benefitting from the scheme. The details of beneficiaries are broadly are of two types – their details and their monthly progress report, *to ensure transparency in the entire process* and ensure the nutritional well-being of the adolescent girls of our country.[391]

Data on the SAG-RRS is disaggregated at various levels like Block, District, State levels and finally at the National level.[392] Further, the SAG-RRS allows for data entry and monitoring of data by specific roles: Supervisor, Chief Development Programme Officer (CDPO), District Programme Officer (DPO), State Officers (SO) and GoI officers.[393] The user manual for the SAG-RRS provides a detailed description of the responsibilities to be undertaken by each of the functionaries. Moreover, the SAG-RRS requires the data points to be captured through MPRs and dashboards at multiple levels, thereby strengthening channels for cross-checking and verification of data points. However, data from the States is observed to be reported with significant delays. The dashboard was last updated on 18th October 2019, meaning that Quarterly Progress Reports of only the first quarter have been made available. Further, there are gaps in reporting data for the non-nutrition component.

The scheme guidelines[394] also mention that the scheme is to be evaluated periodically to assess the impact and take corrective measures. In line with this, the *Evaluation of Centrally Sponsored Schemes in the Women and Child Development Sector* (this document) contributes to the

[388] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.
[389] Ministry of Women and Child Development. (2019). Annual Report 2018-19.
[390] Press Information Bureau, Government of India. (2018). *Rapid Reporting System for the Scheme for Adolescent Girls launched.*
[391] Ministry of Women and Child Development. (2020). Annual Report 2019-20.
[392] *Ibid*.
[393] Scheme for Adolescent Girls. (2018). *Scheme for Adolescent Girls Rapid Reporting System (SAG - RRS) Instruction Manual.*
[394] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.

transparency of the scheme. Further, the scheme guidelines[395] mandate that *audit* shall be done as per Comptroller and Auditor General of India norms. The guidelines[396] also make provisions for social audit by external agencies involving Gram Sabha. However, the scheme guidelines do not mention the frequency at which the audits or social audits are to be undertaken. Greater clarity on the timelines within which these exercises are to be undertaken will help to enhance the accountability within the scheme.

Overall, there is a clear intent to ensure accountability and transparency across scheme operations. However, gaps in implementing these mechanisms persist – manifest in the delays in reporting on the SAG-RRS, and the non-functioning of ground-level mechanisms like peer-monitoring. While provisions such as evaluations and audits provide pathways for external lenses to review the scheme progress, lack of clarity on the frequency of these exercises undermines the scheme's transparency and accountability.

3.4.3.2. Direct/Indirect Employment

The scheme does *not have any component/strategy that fosters direct/indirect employment* as it is not within the purview of the scheme's stated objectives. In its prior form – SABLA – the scheme targeted AGs in the age group of 11-18 years in two groups – (i) 11-15 years and (ii) 15-18 years, both for school-going and out-of-school girls. The provisions of SABLA included vocational training for girls aged 16 and above. However, with SABLA being reengineered as SAG- the focus has been restricted to out-of-school girls in the age group 11-14 years, and *interventions such as vocational training have been largely limited*.

While skills training and vocational education remain a part of the Non-Nutrition Component, they are not seen to be of much use for girls under 14 years as they are not allowed to work as per the legal framework of the country and hence cannot undertake paid internship/ apprenticeship. In essence, while the scheme guidelines[397] mention career counselling, skilling and vocational training as activities to be undertaken- these are activities geared more towards building capacities in AGs rather than actively facilitating employment or income generation.

3.4.3.3. Gender Mainstreaming

The life-cycle approach for holistic child development *remains unaddressed if adolescent girls are excluded* from the developmental programmes aimed at human resource development. SAG recognises that adolescence is a crucial phase in the life of woman, one that has key implications on her physical, mental, emotional and psychological well-being. The scheme also recognises that *adolescent girls face significant disadvantages in achieving nutrition and education outcomes*.

Secondary literature notes that apart from domestic work and sibling care, child marriage often impact girls' education in particular.[398] Furthermore, research indicates that *parents tend to think that education is not as necessary to important in the case of girls*. So, gender inequality is a factor in children, often girls, being out of school.[399] In response to this, SAG seeks to facilitate entry/re-

[395] *Ibid.*
[396] *Ibid.*
[397] *Ibid.*
[398] Social and Rural Research Institute. (2014). *National Sample Survey of Estimation of Out-of-School Children in the Age 6–13 in India*.
[399] *Ibid.*

entry of OOS into schools by mobilising the community, strengthening convergence with the Department of Education, and by ensuring that education of AGs is a community priority.[400]

Prevalence rates for anaemia are high among AGs in India due to prevalent '*son preference*' and *gendered access to food within households* that do not prioritise the nutrition of AGs. Further, under-nutrition in AGs increases the risk of developing complications during pregnancy and the chances of her giving birth to a low birth weight baby increases, thus perpetuating a vicious cycle of malnutrition and ill-health. SAG recognises the gendered barriers to nutrition that AGs face and seeks to mitigate the same by ensuring the provision of nutritious food to AGs, coupled with correct and relevant information on nutrition and health.[401]

Thus, SAG ensures gender mainstreaming by recognising two critical areas wherein AGs face gendered challenges: nutrition and education, and by addressing the same through targeted, gender-sensitive interventions.

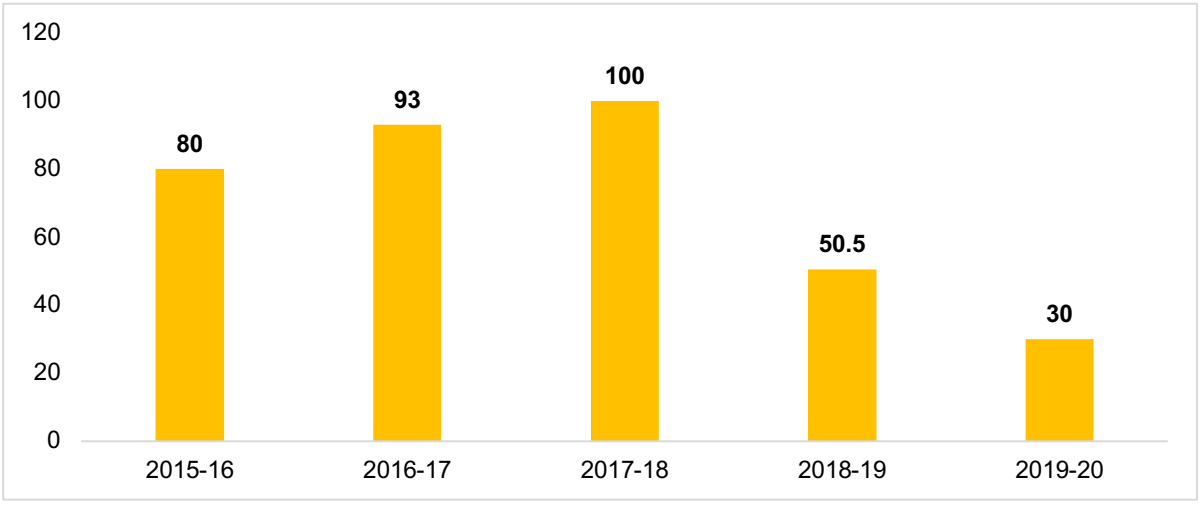
3.4.3.4. Climate Change and Sustainability

The scheme does not have any component/strategy that addresses climate change since climate change is not relevant to the scheme's objectives.

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

SAG has allocations under both the Scheduled Caste Sub-Plan (SCSP) and the Tribal Sub-Plan (TSP). Analysis of budget allocations from FY 2015-16 and FY 2019-20 reveals a rising and then steadily falling allocation of funds under SCSP for SAG. Between FY 2015-16 and FY 2017-18, the Revised Estimates (RE) under SCSP have risen steadily. However, in FY 2018-19, a sharp drop has been observed in the allocations, a trend that has continued well into FY 2019-20 as well.

Figure 81: Revised Estimates of SCSP under SAG (in INR crores)[402]



Source: Union Budget

Funds have come to be allocated under TSP since FY 2018-19. Trends in RE have witnessed a decline between FY 2018-19 and FY 2019-20, with the allocations falling from INR 21.5 crore to

[400] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.
[401] *Ibid.*
[402] Ministry of Finance, Government of India. (2019). *Expenditure Budget 2019-20*.

INR 17 crore in the two years[403]. Apart from this, the scheme guidelines[404] do not mention any specific mechanisms to ensure the inclusion of beneficiaries from Scheduled Castes or Scheduled Tribes. Thus, while the scheme has allocations under the SCSP and TSP- thereby highlighting the intent to include vulnerable groups- trends in allocation across both plans have shown a downward trend over the last few years, revealing a lack of prioritisation of these vulnerabilities.

3.4.3.6. Use of IT/Technology in Driving Efficiency

The major technological intervention in SAG comes through with the development of the *Rapid Reporting System (RRS)*: an online web-based monitoring system that was developed in collaboration with National Informatics Centre (NIC) in 2018.[405] The SAG-RRS was developed with the intent to monitor the scheme and take corrective measures, thereby ensuring faster flow of information, accurate targeting of the beneficiaries and reduction of leakages.[406] The RRS requires States/UTs to send the report under Scheme for Adolescent Girls through http://sag-rrs.nic.in. Login and Password being used under RRS-ICDS would be used as login details for this URL also. Further, a help desk has been set up at MWCD to assist the States/UTs to send the online report under SAG.[407]

While the RRS has been developed to drive efficiency in scheme processes, delays continue to be noted with respect to data reporting. The SAG dashboard has not been updated since 18th October 2019 and therefore Quarterly Progress Reports of only the first quarter are available currently. Data reporting for the non-nutrition component is replete with gaps. Delays and gaps in data reporting can be traced back to the lack of capacity of ground-level functionaries in the face of technological interventions. There is evidence of older AWWs facing challenges in using new-age technologies like smartphones to punch in performance data. Thus, a significant portion of their time is spent in accessing the help of Supervisors, thereby reducing the efficiency in scheme operations.

In sum, while the scheme has taken positive steps towards technology-driven interventions for monitoring and review, functionaries have not been adequately trained to fulfil their tasks on these IT-based platforms. Thus, significant delays continue to persist, and the scheme's intent to enhance efficiency through technology-based solutions remains unfulfilled.

3.4.3.7. Development, dissemination & Adoption of Innovative Practices, Technology & Know-how

SAG does not have any specific budgetary allocation for fostering innovation. The scheme guidelines *do not provide a specific strategy for developing or implementing innovative practices,* nor are there mechanisms in place to encourage local-level innovation. Within the scheme, the main innovation comes with the development of the online web-based monitoring system – the SAG-RRS. However, ground-level functionaries have been noted to face challenges in adopting this technology-driven method of monitoring. Moreover, there have been significant delays in the submission of data by States/UTs, thus revealing that the use of innovative methods has not been uniformly effective. Further, SAG *does not have a stipulated mechanism for recording details of*

[403] Ministry of Finance, Government of India. (2019). *Expenditure Budget 2019-20*.
[404] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.
[405] Press Information Bureau, Government of India. (2018). *Rapid Reporting System for the Scheme for Adolescent Girls launched.*
[406] Ministry of Women and Child Development. (2020). Annual Report 2019-20.
[407] *Ibid.*

innovations or best practices, *nor does it have set pathways to cascade learnings* from innovations in one area to other areas. However, State level innovations have been noted such as Telangana incorporating millets, chikki etc. in the SNP package to attract more adolescent girls to the AWCs.

Thus, SAG at present *does not have any financial provisions or design level features to fuel innovation*. Moreover, the scheme lacks channels to communicate information on innovative practices across various levels. While local-level innovations have been noted to take place, the scheme should look to give innovation an impetus in a more systematic manner.

3.4.3.8. Stakeholder and Beneficiary Behaviour Change

SAG envisions a multi-sectoral IEC campaign to fuel behaviours towards better education and nutrition for adolescent girls. Community mobilisation is envisaged through activities like mid-media activities, kala jatthas and street plays.[408] The scheme guidelines[409] mandate key roles to be played by front line workers to spread awareness and encourage positive behaviour change at the community level. During home visits, AWWs are required to explain the benefits of education to the families of adolescent girls and counsel them on the need to sustain schooling for adolescent girls. Synergies with the Department of Education are envisioned, to disseminate information/guidance on entry/re-entry into formal schools. Opportunities for school authorities to interact with out-of-school adolescent girls are also detailed in the guidelines which recommend having pre-decided days to address the beneficiaries on the benefits of education, skilling and enrolment in schools.

To nudge behaviours towards better health and nutrition for adolescent girls, a special day called the *Kishori Diwas* is mandated to be celebrated once in three months at the AWC. On this day, health check-ups of the AGs by the Medical Officer/ANM, as well as distribution of IFA and deworming tablets, are planned. The scheme guidelines[410] state that this day can be used for conducting counselling/ Behaviour Change Communication (BCC) sessions with AGs and their families for promoting good practices and motivating the girls to join the school. Teachers may also be invited for promoting education and re-entry into schools, and personal development may also be organised on this day.

While the scheme guidelines make provisions for stakeholder and beneficiary behaviour change, primary data reveals gaps in their effectiveness. At one level, SAG suffers from low coverage with approximately 0.91 AGs per AWC[411] , and due to low participation levels, it is not possible to conduct the *Kishori Diwas* component effectively in many AWCs. Results of the household survey revealed that only a little over half (52.8 per cent) of the SAG beneficiary respondents had participated in a *Kishori Diwas* event. According to the 172 AWWs who were interviewed, 60 AWWs said that they do not conduct Kishori Diwas with the main reason being the non-availability of sufficient beneficiaries. Further, of those who organised the event, the majority (55.2 per cent) claimed to organise it once in a quarter, rather than every month as mandated by the scheme guidelines. Long-distance from the home to the AWC was mentioned as one of the reasons for not attending the Kishori Diwas event. Apart from this, the lack of appropriate qualification of AWWs has posed concerns for training girls or motivating families to send AGs back to school.

[408] Press Information Bureau, Government of India. (2020) *Empowerment of Adolescent Girls.*
[409] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.
[410] *Ibid.*
[411] Ministry of Women and Child Development. (2019). Annual Report 2018-19.

Secondary literature reveals that the scheme's behaviour change components have been mixed. In a study[412] conducted on the utilisation of AWC services by AGs in Rishikesh, 75% were consuming citrus fruits most of the days in a week. The consumption of green and leafy vegetables was also found to be high. However, less than half (48 per cent) perceived anaemia to be a serious condition. Further, knowledge of sign and symptoms, consequences of anaemia, preventive measure were present in 38 per cent, 33 per cent, and 30% participants respectively.

In sum, SAG makes diverse provisions for fuelling individual and community behaviours towards better life outcomes for AGs. However, limited implementation of some of these components – due to lack of adequate participation, insufficient training of functionaries and logistical bottlenecks – undermine the effectiveness of the scheme's behaviour change strategy. Gaps in implementing the scheme's behaviour change components are manifest in low levels of awareness among AGs regarding potential health risks and consequences.

3.4.3.9. Research & Development

At present, SAG *does not have any specific budgetary provisions focussed on research and development activities*. Further, the scheme *does not have a pre-decided approach for systematic learning or reflection*. Given the multi-sectoral nature of SAG interventions, the scheme should look to undertake research studies periodically. It should focus on expanding the pathways to facilitate learning better by creating linkages with the private sector and research institutions and foundations.

3.4.3.10. Unlocking Synergies with Other Government Programmes

The SAG design explores synergies with other government programmes and Departments in many ways. The first level of convergence is manifest in the shared implementation platform with the *Anganwadi Services* scheme: the AWC. The AWC provides a platform for many of the SAG activities: health check-ups, distribution of IFA and deworming tablets, counselling sessions etc. Further, the scheme also converges with the objectives of the *POSHAN Abhiyaan* which seeks to achieve improvement in the nutritional status of children from 0-6 years, Adolescent Girls, PW&LM in a time-bound manner during three years.

The SAG guidelines[413] mandate that Non-Nutrition Services will be provided @ INR 1.1 lakh per project/annum to out of school adolescent girls of age 11-14 years by establishing convergence with concerned Departments. Given the *multi-sectoral nature of interventions* envisioned, the scheme guidelines mandate convergence of services with various schemes/ programmes of Health, Education, Youth Affairs & Sports, Panchayati Raj, etc.

- Linkages with the *Ministry of Health and Family Welfare* play a significant role in scheme implementation with three out of the six services (IFA supplementation, including the supply of IFA tablets under the *National Health Mission*, Health check-up and referral services, Nutrition & Health Education) being provided through convergence with this line Ministry.[414]
- To help realise the scheme objectives on education, synergies with the *Sarva Shiksha Abhiyaan* (under RTE Act) of the *Department of School Education and Literacy* are unleashed. Through this linkage, coordination with key officials, technical experts and ground-level functionaries

[412] Khapre, M. P., Kishore, S., & Sharma, A. (2019). *Utilisation of ICDS program by adolescent girls and implementation barriers in Urban Rishikesh, India*. Journal of Family Medicine and Primary Care, 8(11), 3584.
[413] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.
[414] Ministry of Women and Child Development. (2020). Annual Report 2019-20.

are made possible to ensure entry/re-entry into formal schools and motivation to do the same.[415] A major emphasis of this convergence is on enabling, facilitating and motivating out-of-school adolescent girls to enrol for schools or skill training.[416]

- SAG converges with the *National Programme for Youth & Adolescent Development (NPYAD)*, as well as existing youth clubs of *Ministry of Youth Affairs & Sports* for life skills education.[417]
- Linkages with the *Ministry of Panchayati Raj* are established by way of PRIs being involved for community monitoring and Information, Education and Communication (IEC) activities.[418]

While *convergence forms the basic principle* of SAG, the responsibility of establishing this convergence on-ground is vested with the AWW. Competing commitments arising from the responsibilities of other schemes coupled with low coverage of AGs in the scheme leads to AWWs often prioritising SAG less. This is evident from the execution of the nutrition component vis-à-vis the non-nutrition component.

Secondary literature also confirms *gaps in convergence*. In a study[419] of the use of ICDS services by AGs in Rishikesh, it was found that only 7.75% AGs had ever visited the AWC for one or other services. About 3.75% and 3.25% had visited for supplementary nutrition and iron-folic acid supplementation, respectively. Further, *2% and 0.25% of participants visited AWC for health education and vocational training*. The reason for non-participation was found to be a lack of awareness of services available in AWC. All of the AGs were aware of AWC and its location, but few were aware of services provided for them. The AGs perceived the AWC to be only limited to preschool children. The study emphasised that adolescents need to be reached in their own environment, i.e. through family, school, or community for creating awareness and demand. In sum, the scheme is designed to ambitiously converge with several schemes within and outside MWCD. However, the AWW is the only functionary to facilitate the on-ground convergence, which puts limits on the synergies that can be realised.

3.4.3.11. Reforms and Regulations

Through its thrust on facilitating the entry/re-entry of OOS adolescent girls into schooling, SAG complies with *Right of Children to free and Compulsory Education Act (2009)* which makes elementary education a Fundamental Right and a state responsibility to ensure that all children aged 6-14 years complete elementary education. The scheme targets AGs in the age group 11-14 years, thereby securing the right to education for a vitally disadvantaged group.

Furthermore, the scheme also strengthens the implementation of the *Prohibition of Child Marriage Act (2006)*. The scheme recognises while child marriage has been declining over the years, under-age marriage continues to be a significant challenge in States like Rajasthan, West Bengal, Tripura, Assam, Bihar and Jharkhand which still have a large number of districts which require attention. Given that child marriage is rooted in deep-seated norms, SAG seeks to address the same through awareness campaigns and community mobilisation. Further, by facilitating access to education and skilling, the scheme creates alternate pathways for AGs to lead self-reliant and empowered lives, thereby lowering the likelihood of AGs being forced into child marriage.

[415] *Ibid.*
[416] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.
[417] Ministry of Women and Child Development. (2020). Annual Report 2019-20.
[418] *Ibid.*
[419] Khapre, M. P., Kishore, S., & Sharma, A. (2019). *Utilisation of ICDS program by adolescent girls and implementation barriers in Urban Rishikesh, India*. Journal of Family Medicine and Primary Care, 8(11), 3584.

3.4.3.12. Impact on and Role of the Private Sector, Community

SAG envisions *unique pathways for the participation of community structures and community influencers* in scheme implementation. At one level, the scheme guidelines suggest that PRIs be involved in scheme promotion activities such as encouraging community participation in Kishori Diwas, fuelling community monitoring, and implementing IEC activities. The PRI members are also mandated to be part of the Monitoring Committees at all levels. The Gram Panchayat is required to facilitate girls to get back to school and bridge education by liaising with the Panchayat, SSA functionaries and teachers.[420]

The scheme design also provides implementation opportunities for other *community structures* such as women's self-help groups, School Management Committees (SMC), youth networks, volunteers such as NSS and NYKS, Child Protection Committees (CPC) to support girls' education.[421] Further, the scheme guidelines also mention mechanisms for peer-monitoring through the '*Sakhi-Saheli'* groups; however, the evaluation has noted that many of these groups are non-functional due to inadequate AGs being covered by certain AWCs.

At another level, the scheme provides pathways for *female role models* (college going girls from the village, women police officers from the district, state-level sportswomen, women from the village who are now working in other professions) to motivate out-of-school girls to pursue education.[422] The scheme mandates working closely with *community influencers* such as PRI members, religious leaders and other community leaders to facilitate a social behaviour change and girls' transition to adulthood and their marriage after attaining the age of 18 years and after completion of the full cycle of elementary education.

While the pathways for community structures and influencers to implement the scheme are well established, *how the private sector can participate have not been discussed in the scheme guidelines*. Going forward, the scheme should look to explore ways in which private sector inputs can be leveraged to improve scheme outcomes – particularly through specialist consultations to develop IEC material and to gain community trust. In a scheme targeting adolescent girls, mobilising communities and engaging with parent groups is key to fuel behaviour change and minimise opposition. In such a context, the scheme should look to involve non-governmental entities such as NGOs with a long-term presence in an area to gain credibility, since access to AGs is largely restricted by parental control. Further, involving external stakeholders in the implementation structure will help to ease the implementation pressure on the existing government functionaries (i.e. the AWWs), and help realise convergence gains better.

[420] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.
[421] *Ibid.*
[422] Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines.

3.4.4. Issues, Challenges and Recommendations

Issue/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Limited Target Population and coverage of scheme activities	• Majority girls drop-out of school at the secondary level (14-18 years) but SAG focuses only on girls in 11-14 age group, excluding most of the OOS girls. • SAG benefits only around 12.5 lakh AGs (less than 1 AG per AWC on an average) per year across the country hindering effective implementation of the scheme components such as Sakhi-Saheli Samoohs, celebrating Kishori Diwas, conducting training, etc. remain under-utilized. • Lower uptake of skill development and vocational training among girls under 14 years as they are not allowed to work as per the legal framework of the country and hence cannot undertake paid internship/ apprenticeship.	• It is essential to **reinstate the provisions made under the erstwhile SABLA scheme** to cover OOS girls from 11 years till attainment of 18 years to ensure inclusion of all potential beneficiaries. SAG can be rolled-out through two sub-groups: ○ 11-18 years with a focus on motivating out-of-school girls to go back to formal schooling ○ 15-18 years with a focus on ARSH, livelihood training, skills building and vocational training. ○ SNP to all beneficiaries as currently envisaged	**Medium-Term**	**MWCD**
Limited awareness regarding the scheme	• Village level HH surveys highlighted that only 41.5% of girls were aware of the scheme. • AWWs have played a significant role in raising awareness about the scheme as highlighted by the primary study.	• **Use of other channels of awareness generation can** include (i) role-plays, nukkad nataks in the community by school-going children about the benefits available under the scheme (ii) dissemination about the scheme through the gram sabhas (iii) promotion through word of mouth messaging by SHG members and AGs already enrolled in the scheme; • **Strengthening Kishori Diwas and Sakhi-Saheli Samoohs** by increasing target population and coverage	**Short-Term**	**MWCD and State Governments to develop implementation plans**
Limited capacity of AWWs	• Education and skills of AWWs are often found limited to address the needs of Adolescent Girls, including training them in life-skills and	• Given the workload and limited capacities of AWWs, their primary role can be restricted to identification and enrolment of OOS AGs under the scheme, provision of nutrition as well as overall monitoring and follow-up of services received by AGs	**Medium-Term**	**MWCD and State Government**

	addressing their sexual and reproductive health needs	under other programmes. **The remaining components need to be delivered in convergence with schemes/programmes of other ministries.** • IFA supplementation, Health check-up and referral services, Nutrition and Health Education, can be offered by ASHAs/ ANMs as under AWS scheme. • For entry/re-entry into formal schools, teachers/counsellors of nearest senior secondary school can be engaged to counsel AGs and their parents. They could also connect them to government's remedial programmes remedial Instructional Aides Programme or alternative learning programmes.[423] • For life-skills and other interventions, OOS AGs registered under the scheme, need to be included as a mandated target beneficiary group under the National Programme for Youth and Adolescent Development (NPYAD).[424] This will ensure that they participate in all activities under the scheme. • Programmes for job-oriented skills for AGs aged 15-19 years can be undertaken at the block level, by the staff of the training centres run by MSDE and MoRD, to inform them about the available courses, support structures and prospects. • **AWWs to monitor and ensure effective service delivery to all enrolled OOS AGs and seek regular feedback to ensure grievance redressal if any, by informing authorities at the district level.**		

[423] https://innovate.mygov.in/wp-content/uploads/2019/06/mygov15596510111.pdf
[424] https://yas.nic.in/sites/default/files/NPYAD%20Scheme%20Guidelines%202014-15.pdf

3.5. National Crèche Scheme (NCS)

Summary of National Creche Scheme Analysis

Themes	Rating	Positives	Issues/Challenges
Relevance	Satisfactory	+ NCS aligns well with SDGs focused on ending hunger (2.1 and 2.2), children's access to ECD (4.2) and women's empowerment (5c). + Increasing women's labour force participation by 10 percentage points could add $770 billion to India's GDP by 2025. + With the advent of nuclear families and in the context of increasing job-related migration, provision of childcare facilities has gained significant impetus in providing women with support structures and to enable them to participate in the labour market.	
Effectiveness	Needs Improvement	- Low coverage of the scheme with only 6701 operational Creches. - Significant decline (42%) in the number of Creches and beneficiaries since the restructuring of the scheme from CS to CSS in 2016-17. - Only 8% of the respondents in the primary survey were aware of the scheme or Creches in their vicinity. - Delayed payments from the state governments to NGOs since the restructuring of the scheme. - Limited monitoring at the state and central level due to staff engagement in the implementation of multiple schemes. - Lack of use of IT in scheme monitoring.	
Efficiency	Needs Improvement	- Outdated cost norms for rent, SNP, and other components of the scheme. - High attrition and low motivation of Creche Workers and helpers due to low honorarium. - No budgetary provisions for training and capacity building of staff under the scheme.	
Sustainability	Not Sustainable	- Duplication of most of the services offered under AWS scheme leading to lower prioritization and reluctance of state governments to invest in two schemes with similar target beneficiaries and components. - AWCs with greater coverage can be more efficient platforms to deliver Creche services in remote areas.	
Equity	Needs Improvement	+ Primary data shows that the scheme is roughly equally accessed by people belonging to different caste groups. - Even though the scheme recommends flexible timing, in practice, the creches are usually open from 9 am to 5 pm. In urban areas, this ends up excluding the children of household helps who are required to leave for work early in the morning, or the children of commercial sex workers, who may require Creche and boarding facility for their children outside of normal work hours.	

3.5.1. Background of the Scheme

The Government of India implemented the Scheme of Assistance to Voluntary organisations for running crèches for Children of Working and Ailing mothers in the fifth plan period (1974-1979) and set up the National Crèche Fund in 1994. In the year 2006, the government merged the existing two interventions and launched the Rajiv Gandhi National Crèche Scheme for children of working mothers as a Central Sector Scheme. The scheme was implemented to offer improved quality and reach of day-care services/crèches for working women among all socio-economic groups both in the organised and unorganised sectors. National Creche Scheme (NCS) was launched as a Centrally Sponsored Scheme in 2017 to provide day-care facilities to children (6 months to 6 years) of working mothers.

The stated objective of NCS is to support the improvement of nutritional and health status of children and to promote their physical, cognitive, social and emotional development. The scheme also plays an important role in empowering women to go out and participate in the labour force. NCS provides a support system to women working in the unorganized sector, not covered under any legislation and takes care of their children's needs through trained creche workers. It also attempts to educate and empower parents and caregivers for better childcare.

The main components of the scheme include:

i. Day-care including sleeping facilities for children (aged 6 months to 6 years) of working women employed for a minimum of 15 days in a month or 6 months in a year.
ii. Early stimulation for children below 3 years and PSE for 3 to 6 years old children
iii. Supplementary Nutrition (to be locally sourced)
iv. Growth Monitoring
v. Health Check-up and Immunisation

As per the scheme guidelines, the number of children in the crèches should not be more than 25. Of these, at least 40% of children should, preferably, be below 3 years of age. Provisions for adequately qualified and trained creche workers (required minimum qualification Class XII (intermediate)) and helpers (required minimum qualifications Class X (matriculation)) have also been made for each crèche to provide day-care facilities and supervise the functioning of the crèche. The age limit for both the categories is 18-35 years at the time of appointment.

S. No.	Age Group of children	Number of children to be enrolled	Number of Creche Worker	Number of Creche Helper
1	6 months to 3 years	10 (preferably)	01	01
2	3 years to 6 years	15		
	Total	25	01	01

User charge: Rs. 20 from BPL families, Rs. 100 from families whose income is up to Rs. 12,000 per month and Rs. 200 from families whose income is above Rs. 12,000 per month.

The fund sharing pattern amongst Centre, States and organisations/institutions running the crèches for all recurring components of the scheme is 60:30:10 (for States), 80:10:10 (for NER and the Himalayan States) and 90:10 (for UTs).

3.5.2. Performance of the Scheme

3.5.2.1. Relevance

NCS aligns well with SDGs focused on ending hunger (2.1 and 2.2), children's access to ECD (4.2) and women's empowerment (5c). With the increase in nuclear families as well as job-related migration, NCS is potentially well placed to respond to the needs of working women and to enable them to venture out for work. Secondary data reveals that increasing women's labour force participation by 10 percentage points could add $770 billion to India's GDP by 2025. **The evaluation finds the relevance of the scheme to be 'Satisfactory'.**

Global Context

NCS contributes to the following SDG targets:

2.1: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious round.

2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older person.

4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

5c: Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

According to a European Union (EU) study, countries invest in childcare services to positively influence female participation in the labour force. An alternate hypothesis also states that affordable and quality childcare services significantly reduce the cost of having a child[425], in terms of career opportunities, thereby improving economic growth and female workforce participation. According to a World Bank study, employees commented on the absence of high-quality care for young children as one of the key reasons' women elect not to return to work after the birth or adoption of a child (IFC, World Bank 2019).

National Context

Increasing women's labour force participation by 10 percentage points could add $770 billion to India's GDP by 2025[426]. Despite growing urbanisation and industrialisation in India, we still lag in the labour force participation rate of women. Rural women are leaving India's workforce at a faster rate than urban women. Keeping in mind the fertility rate of India, low labour force participation rate for women in India is due in part to lack of proper caregiving alternatives in the country. Children who used to grow up in the secure and warm laps of their grandmothers are now confronted with an insecure and neglected environment.

It has also been noted that women are compelled to take career breaks during the initial years of childbirth. This results in gender pay disparity between men and women. The economy also suffers when women are unable to fully participate in paid labour. Developing strategies that

[425] The provision of childcare services: A comparative review of 30 European countries', European Community Program for Employment and Social Solidarity, PROGRESS (2007–2013).
[426] Woetzel, J., Madgavkar, A., & Sneader, K. (2018). The power of parity: advancing women's equality in Asia pacific. *Shanghai: The McKinsey Global Institute Report*.

support parents, especially women, to be successful at work is one of the top focus areas of employers' as childcare provisions are an important benefit to consider. According to a 2013 survey of 330 human resources professionals (Bright Horizons/ NHRD, 2016), more than half (59 per cent) the respondents identified a workplace crèche as 'very effective' in supporting the retention of women. According to another study, 97% of the respondents stated that they would use a crèche if it were made available (Sharma et al., 2013; Das et al., 2017).

Further, early childhood is a time of remarkable brain development that lays the foundation for later learning, and any damage or impoverishment suffered at this stage is likely to be irreparable. The need for childcare services to support ECD has been emphasised in the National Policy for Children, 1974, National Policy for Education, 1986, National Policy for Empowerment of Women, 2001 and the National Plan of Action for Children, 2005.

The needs assessment of Creches undertaken by the MWCD in 2011 revealed that there was significant demand for creches, with up to 87% respondents – working in occupations such as domestic work, agricultural labour, tea-plantations, brick-kilns, home-based artisans and construction workers – finding it difficult to both work and take care of children due to time-pressures, work distractions, and fear of children being unsafe and neglected (MWCD 2011).

The NCS with its stated objectives to cater to the needs of children of working mothers and to offer women the necessary childcare support to enhance their participation in the labour force is well aligned with the SDG targets and national priorities.

3.5.2.2. Effectiveness

Since the restructuring of the scheme from central sector to CSS, there has been a significant decline (42%) in the number of creches, and currently, only 6,701 creches are functional across the country. There is also a lack of awareness about the scheme at the grassroots level, and no separate budgets are allocated towards IEC and awareness generation under the scheme. Primary data highlights out of a total sample of 1304 eligible women with children in the age group 6 months to 6 years, only 8% were aware of the scheme and the creches running near them. Coverage and uptake of the scheme also vary across states due to reasons such as (i) reluctance of states to implement a scheme similar to AWS scheme, (ii) delays in payment to NGOs, (iii) differing family structures and (iv) capacity of NGOs to open and run creches. Quality of services provided at creche continues to suffer, especially in terms of provision of SNP and adequacy of space at the centres. Monitoring of the scheme is not prioritized at the block and local level due to multiple monitoring responsibilities of the staff under various schemes. At the national level, lack of sufficient staff in the monitoring cell hinders scheme's effectiveness. There is also an absence of IT-based MIS to capture the actual number of functional crèches and beneficiaries being reached on a real-time basis. **Due to these challenges, the evaluation finds that the effectiveness of the scheme 'Needs Improvement'.**

As per the data shared by the MWCD, the scheme's performance on the output indicators of OOMF has been satisfactory, i.e. 99 per cent. However, for the outcome indicators, the targets for the period 2019-20 have been set, but no data has been made available.

Table 56: Output Achievement of the Scheme

Output	Indicator(s)	Target Number 2019-20 Q1	Achievement Q1	Per cent Achievement
	1.1 Number of functional crèches	8000	7930	99%

1. Number of functional crèches	1.2 Percentage of vacancies at the level of crèche worker and crèche helper	0%	0%	0%
	1.3 Number of crèches with functional toilets	8000	7930	99%
	1.4 Number of crèches with drinking water supply	8000	7930	99%

Source: MWCD

Table 57: Outcome Indicators of the Scheme

Outcome	Indicator(s)	Target 2019-20
1. Children covered under the crèche scheme	1.1 Number of children covered under the National Crèche Scheme	200000
2. Working parents provided day-care facilities enabling them to work	2.1 Number of parents (mother or father) provided with day-care facilities	200000

Source: MWCD

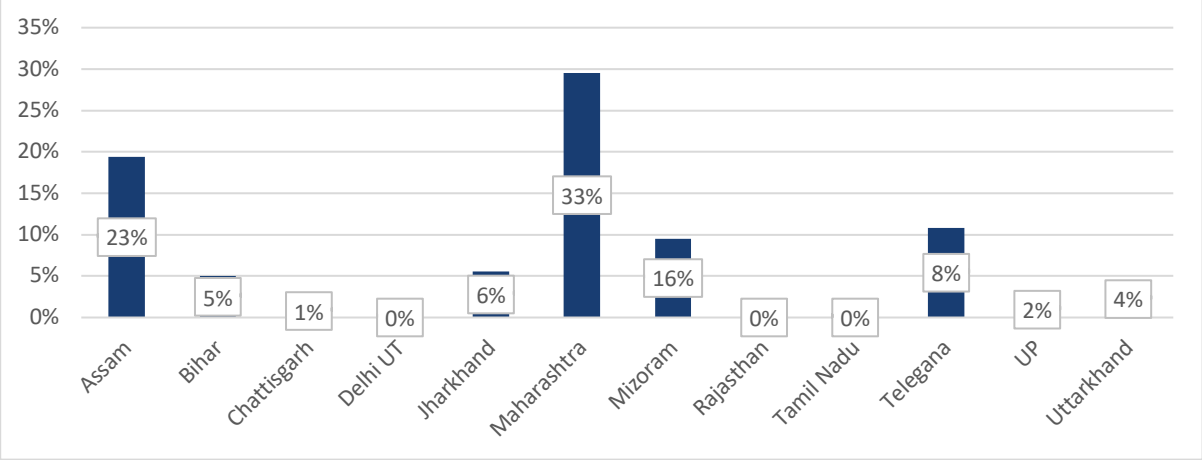
The evaluation notes that the OOMF does not include key indicators such as nutritional intake by crèche children, frequency of training and capacity building of crèche workers, etc. (Table 56).

Scheme Awareness

The evaluation revealed that the awareness of NCS at the ground level was extremely low. In the village level HH survey, out of the total 1304 respondents, only 8% were aware of the scheme and the availability of a creche in their vicinity. None of the respondents in Delhi, Rajasthan and Tamil Nadu were aware of the Scheme (Figure 82).

Interviews with National and State level officials pointed towards challenges in awareness generation due to lack of budgetary provisions for IEC under the scheme. They stated that it is the sole responsibility of the NGOs to create awareness about the scheme and the crèches in their catchment area. Besides, it was underscored that word of mouth publicity for reaching out to potential beneficiaries had had a significant impact on the uptake of the scheme.

Figure 82: Beneficiary Awareness – NCS



Source: Primary Data Analysis

Coverage of the Scheme

There has been a significant decline in the number of functional crèches, since the conversion of the scheme from a central sector to a centrally sponsored scheme in 2017. Between FY 2016-17

and FY 2019-20, around 43% crèches were discontinued, from 11,666 in 2016-17[427] to 6,701 in 2019-20[428], with a subsequent fall in the reported number of beneficiaries from 2,90,925 in 2016-17 to 1,67,525 in 2019-20. This can be attributed to effective monitoring of crèches by States post transfer of the scheme and discontinuation of non-functional or crèches with a smaller number of beneficiaries, as underscored during KIIs with State-level officials in Delhi, Rajasthan, Maharashtra, and Tamil Nadu.

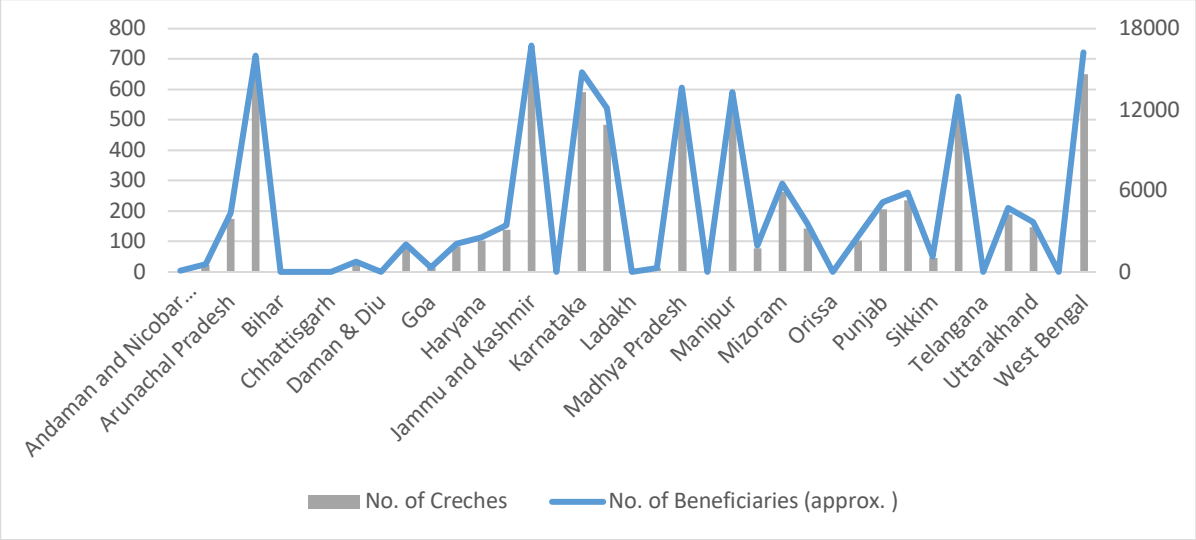
> "After inspecting 93 functional crèches, 12 centres were discontinued due to (i) non-receipt of the grant by NGOs in the scheme's transfer period and (ii) a low number of beneficiaries."
>
> State-level official, Delhi

Table 58: Decline in the number of Creches

	2016-17	2019-20	% Reduction
No. of Creches	11,666	6,701	42.55%
No. of Beneficiaries	2,90,925	1,67,525	42.41%

The number of crèches and number of beneficiaries varies across States with wide disparities. The figure below shows that States/UTs such as Bihar, Chandigarh, Jharkhand and Chhattisgarh have no crèches functional under the NCS compared to other states such as Assam, Jammu & Kashmir and West Bengal which over 600 crèches each.

Figure 83: State Wise Data on Number of Crèches and Number of Beneficiaries for NCS



Source: MWCD Dashboard

Reasons for disparities in the performance of different States were noted during interaction with National level officials. They stated that Odisha and Jharkhand have better and more effective state-funded facilities and therefore are not keen to implement the National Crèche Scheme. Performance and uptake of the scheme also largely depends on the efforts put in by the States. For instance, Himachal Pradesh follows an innovative approach to offer quality services to all children in the age group 6 months to 6 years by pooling in resources from all the schemes for the given target group and using it for establishment and maintenance of crèches under the scheme along with implementing other similar interventions for children.

Primary data also highlights variations in scheme uptake across States. In Delhi, Telangana and Uttar Pradesh, all respondents who were aware of the scheme, were accessing the crèches. In

[427] https://pib.gov.in/newsite/PrintRelease.aspx?relid=160666
[428] MWCD Dashboard, accessed 18th June 2020

contrast, none of the respondents aware of the scheme was accessing the services in Chhattisgarh and Uttarakhand (Table 58).

Table 59: Respondents accessing the scheme

States	Total Respondents aware of crèches	Respondents accessing crèches
Assam	17	5
Bihar	3	2
Chhattisgarh	1	0
Delhi	1	1
Jharkhand	8	6
Maharashtra	29	13
Mizoram	28	2
Rajasthan	0	0
Tamil Nadu	0	0
Telangana	13	13
Uttar Pradesh	1	1
Uttarakhand	2	0

Source: Primary Data Analysis

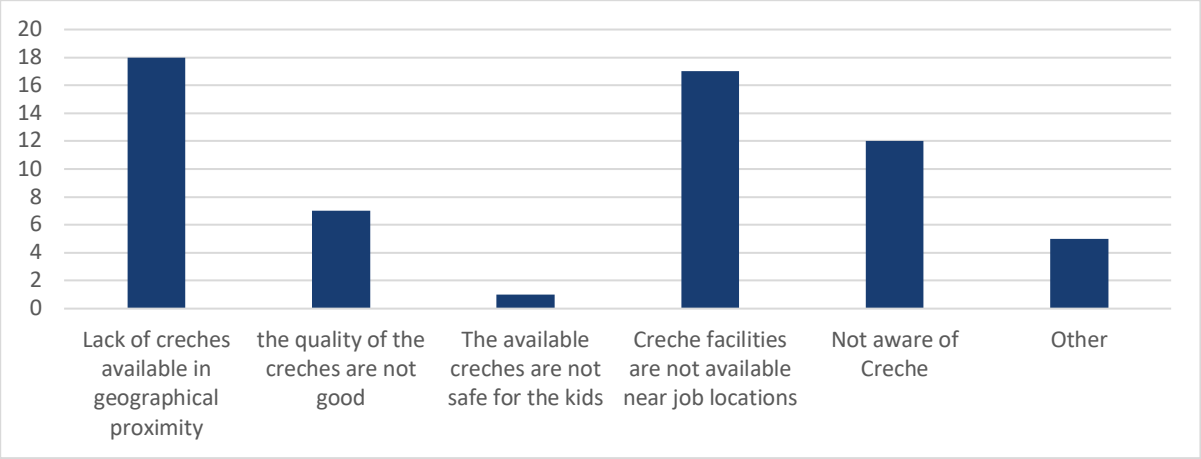
State-level officials during KIIs revealed the following key factors leading to limited coverage and lower uptake of the scheme:

- **Issues with the design of the Scheme**: Officials in Bihar, Jharkhand, Rajasthan, and Delhi highlighted that they do not feel the need of having separate crèches, and AWCs can run as AWC-cum-crèches. Officials in Rajasthan mentioned that since the approval for the establishment of crèches relies on a minimum of 10 eligible beneficiaries, it reduces the possibility of establishing the centre in the first place.
- **Pending payments**: Officials highlighted that since the conversion of the scheme from Central Sector to CSS, many payments owed by the Central government to the NGOs got stuck. As a result, the state governments had to spend considerable time in budgeting and clearing the outstanding balances, which led to longer delays in releasing funds to the NGOs. The NGOs highlighted similar issues as they stated that payments from the state government are received after significant delays – at times up to 1 year and that they preferred working directly with the central government, which had a much faster payment cycle.

> "The scheme was working wonderfully, and we were able to use the funds in quite a novel way. However, since early 2017, the scheme has been transferred to the state. Post that we have not received any funds for the past year and a quarter."
>
> Representative of Chaitanya Mahila Mandal (an NGO), to India Spend

- **Differing family systems:** Officials in Uttarakhand stated that wherever joint family system persists need for crèches is limited. In contrast, officials in Delhi mentioned that since the majority population in the lower-income groups live in nuclear families, it is common practice for them to rely on crèches as safe spaces for their children.
- **No provision for rent and utilities in the scheme guidelines**: Officials highlighted that the scheme guidelines do not have a provision for rent for creches, and there is an expectation that the NGOs will open creches in their premise. However, this assumption makes it difficult to increase the coverage of the scheme beyond certain areas where the NGOs already have their premises. A lack of rent provision means that in certain pockets where there are no NGOs with adequate space to open a creche, it is difficult to meet the demand for childcare centres.

Figure 84: Major Reason for Not Accessing the Crèches



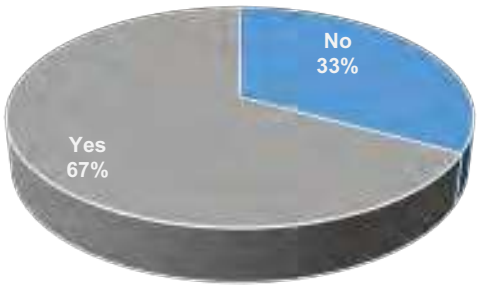
Source: Primary Data Analysis

Village level HH survey data indicates that lack of crèches available in geographical proximity was one of the main reasons behind beneficiaries' inability to access the scheme. The same was validated in KIIs with State-level officials who asserted that the existing mismatch in terms of areas where the creche services are required and where they are currently available lead to limited uptake of creches. Officials in Rajasthan mentioned that there is a greater demand for crèches in areas where industries are located, and women need support in caregiving services. However, there is an absence of crèches in these areas. This is in line with the finding that even though the government has been able to set up almost 14 Lakh AWCs, the number of creches remains low at just 6,701. The non-functioning creches were closed by many state governments without any systematic needs' assessment, keeping in view, equitable distribution of crèches across geographies and population. This led to a mismatch between the demand and availability of functional crèches negatively impacting the coverage and uptake of the scheme.

Quality of Services

It is mandated that **food must be provided to children with adequate nutritional value and that there should be diversity in the food according to age groups of children viz. 6 months to 3 years and 3 years to 6 years**. However, according to primary data, only 51% of respondents reported receiving food at the crèches (Figure 85). A study in Madhya Pradesh further noted that no separate food is prepared for the younger children visiting the Crèche. The food that is provided for the older 3-6 years old was made available for, the younger children as well. While on some days this food is appropriate for younger children, (for example on days that *daliya* (porridge) or khichdi and *kadhi* chawal was served), there are days when food like *poori sabzi* was served making it difficult for young children to consume. Also, in many creches, no separate food is made available in the afternoons. Leftover food from the morning is served if children stayed beyond lunch (World Bank, 2017).

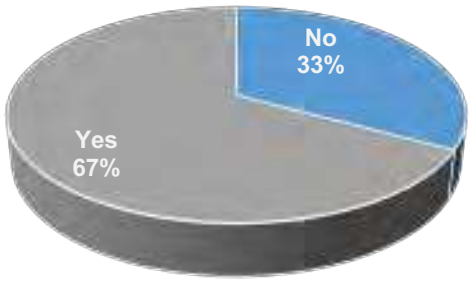
Figure 85: Children who were able to access food at crèches



Source: Primary Data

Das et al. (2017) indicate that the guidelines for **adequate space** are also not followed. Scheme guidelines assert that each crèche centre should have at least two rooms/a large hall for children to rest and sleep along with a play area. However, the study notes that most of the centres were running in one single room and did not have sufficient space to conduct outdoor activities. It further underscores that parents prefer to avail quality services offered at private crèches for the care and development of children over the low quality of services offered at government-run crèches. Of the States in which the scheme was functioning well, the officials mentioned that if the scheme promises to provide state of the art centres, the uptake of the scheme can improve significantly.

Figure 86: Use of Audio-Visual Materials for Interactive Learning



Source: Primary Data

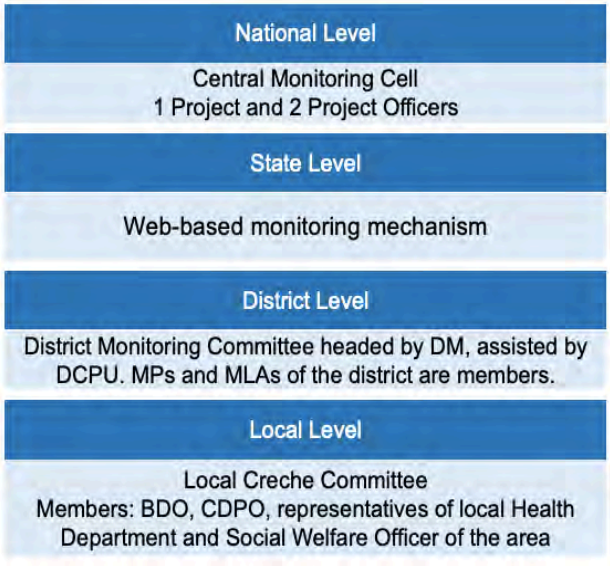
The objective of a **child's cognitive development** remains incomplete if they receive inadequate assistance in this regard from the crèches. Of the 11 States and 1 UT selected for study, the respondents in only 5 States and 1 UT could provide feedback on the use of audio-visual material for interactive learning at crèche centre. Figure 86 captures that only 67% of respondents mentioned that they were able to use audio-visual material at crèche centres.

Programme Monitoring

As per the scheme guidelines, regular and strict monitoring needs to be conducted at different levels to ensure effective implementation of the scheme and delivery of quality services to all beneficiaries (See figure 87).

KIIs with block-level officials revealed that monitoring of the scheme had suffered greatly especially at the local level due to multiple monitoring responsibilities of CDPO under flagship schemes like AWS, PMMVY and POSHAN Abhiyaan. This takes up most of their time, and they are left with little or no time to effectively monitor the Creches. Even while preparing Monthly Progress Reports, they overlook monitoring of the quality of services being provided or the beneficiary perception regarding the usefulness of the crèches.

Figure 87: Scheme Monitoring Mechanism



Source: Scheme Guidelines

> "We do not get time to monitor the Creches as we have been given the responsibility of many central and state-run schemes. We receive monthly reports from creche workers to prepare the MPRs, but we do not visit the centres. It would be better if the Creche were close to the AWCs, this would enable us to visit the creches while visiting AWCs."
>
> CDPO, Rajasthan

An absence of MIS and the requisite staff was highlighted during KIIs with National level officials, and it was stated that the Ministry solely relies on excel based MPRs from states to be able to do any effective monitoring of the scheme. Additionally, as mandated, the Ministry has a monitoring

cell comprising of a program manager and 2 program officers. However, it was underscored that the small team finds it difficult to effectively monitor approximately 6701 creches spread across 36 states.

The study also noted that the MWCD dashboard indicates approximate figures for the beneficiaries reached. For instance, the reported number of crèches, i.e. 6,701 is multiplied by 25 which is the maximum number of children that a crèche can have at any given point, to reach the figure of 1,67,525 beneficiaries. Officials at the National level underscored that these are the cumulative numbers that they have received from the states. This indicates that data on the actual number of beneficiaries in each Centre as well as the total number of beneficiaries availing the scheme is not being collected.

3.5.2.3. Efficiency

The efficiency of the human resource employed under the scheme continues to be limited due to lack of training and capacity-building mechanisms. The implementing agencies have been made responsible for undertaking regular staff training from their resources. However, due to limited finances and lack of initiatives, only a few trainings have been conducted so far. The study also highlights a significant mismatch between the remunerations of the creche workers and helpers vis-à-vis their qualification and skills. In terms of financial efficiency, the allocation and utilization of funds have declined significantly post the conversion of the scheme from the central sector to a centrally sponsored scheme in 2017. However, in the current FY2020-21, allocations have been increased by Rs. 25 crores. **The evaluation finds that the overall efficiency of the scheme '<u>Needs Improvement</u>'.**

Human Resources

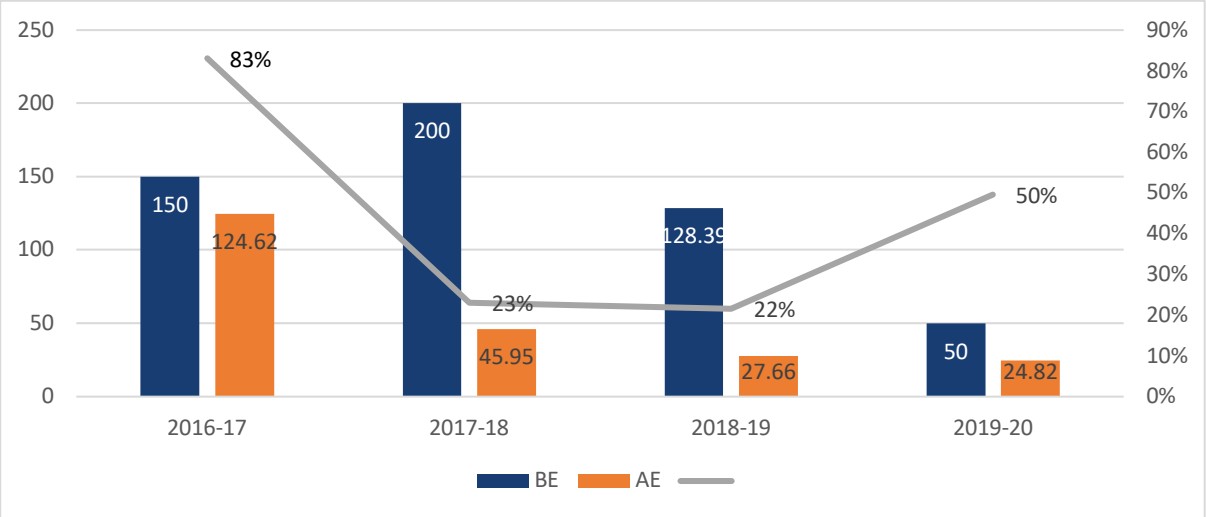
In addition to the provision of custodial care to children, crèches contribute to physical and psychological development of the child. It should thus be recognised that running of a crèche is not an unskilled job but requires proper and appropriate training. It, therefore, becomes imperative that all crèche workers and helpers be specially trained in childcare to ensure high standards of service delivery. However, KIIs with National level officials revealed that only one such training had been conducted at the National level so far while the Ministry is pushing for more training. According to the scheme guidelines, the implementing agencies have to undertake training for crèche workers and helpers from their resources. However, State level officials emphasised that due to limited finances and lack of initiatives from the agencies, only a few trainings have been conducted so far. They further expressed that the funds for training by implementing agencies should also be allocated under the scheme.

Remuneration of crèche workers and helpers vis-à-vis their qualification and skills is another critical area of concern. As mandated, a creche worker should have cleared Class XII, and a helper should have cleared class X. However, their remunerations, i.e. Rs. 3,000 and Rs.1500 respectively are quite low, given their qualifications and skills. This was also supported by National level officials who stated that an AWW puts in 4 hours of work and receives Rs.4500 whereas a Crèche worker puts in 8 hours and receive Rs. 3000. Even after additional state contributions towards honorarium of AWWs and creche workers, officials in Rajasthan expressed that their total remunerations, i.e. Rs. 9000 and Rs. 6000, respectively are quite low, leading to lack of motivation and interest among currently employed as well as eligible staff.

Financial Resources

An analysis of the allocation and utilization of funds at the National level underscores that between FY 2016-17 and 2017-18, the allocation of funds increased from Rs. 100 crores to Rs. 150 crores, respectively. However, a steady decline emerges post-2017, from Rs. 200 crores (in FY 2017-18) to Rs. 50 crores (in FY 2019-20). In FY 2020-21, allocations have increased by Rs. 25 crores compared to the previous year.

Figure 88: Fund Allocation and Utilisation Trend under the Scheme (in Rs. Crores)



Source: MWCD Annual Reports & www.indiabudget.gov.in

The conversion of the scheme from a central sector to centrally sponsored scheme w.e.f 01.01.2017, led to the requirement of States contribution into the scheme finances. Due to the irregularity of State contribution, utilization of funds has seen a sharp decline from approx. Rs. 125 Crore in 2016-17 to around Rs. 28 Crore in 2018-19. Since the scheme being made a CSS, the scheme has seen a significant decline in the numbers of operational creches across the country due to discontinuation by the States. This has been detailed in the analysis in the previous section (Table 57). The state-level analysis further highlights that till 2017-18, grants were released across all 37 states. However, post the restructuring of the scheme as a CSS, only 11 states received funds for the year 2018-19[429]. This was mainly because most of the states had pending un-utilised funds from the previous years. In 2019-20 also, grants under NCS were released only in 17 States/UTs due to previous unutilised amounts.

3.5.2.4. Sustainability

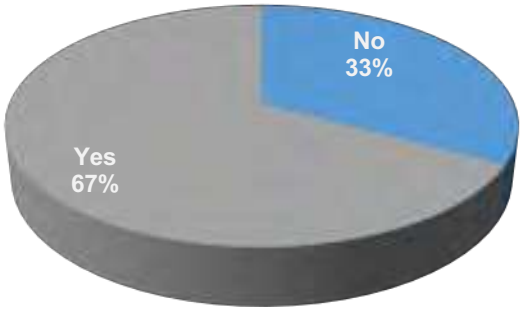
The aims and objectives of the scheme align well with the international commitments and national priorities. However, the target beneficiaries and components of the scheme mirror those of the AWS scheme, a flagship scheme of the ministry. 6701 crèches as against 14 lakh AWCs highlight the glaring difference in the scale of both the schemes. Officials in majority states emphasised that they prefer to run AWC-cum-crèches instead of separate stand-alone crèches as it increases their financial, HR and administrative burden attributed to the implementation of an additional scheme. Therefore, given the duplication of the scheme design and non-prioritization of the scheme by the states, **the scheme in its current form is found to be 'Not Sustainable'**.

[429] Lok Sabha Unstarred Question No. 5702 due on 26.07.2019 on National Crèche Scheme raised by Shri V.K. Sreekandan, Dr. G. Ranjith Reddy

While the evaluation finds the objectives of NCS to be relevant to the needs of the women in the country and line with the policy priorities, the scheme is not sustainable as the target beneficiaries, and the scheme components mirror those of the AWS, a flagship scheme implemented to address the needs of children in the age group 6 months to 6 years with a coverage of 14 lakh AWCs compared to 6701 crèches. Both the schemes support early childhood development of children through the provision of Pre-School Education, supplementary nutrition in the form of Hot Cooked Meals and Take-Home Rations, growth monitoring and health check-ups and immunization.

The evaluation also notes that MWCD has already recognised this overlap and that efforts are being made to improve the efficiency of the scheme through convergence with AWCs[430]. Under the restructured ICDS scheme, the Ministry approved 5% of the AWCs to be converted to AWC-cum-Creches, with the states made responsible for choosing the AWCs to be converted to AWC-cum-Creches. Discussions with officials in different states revealed that the idea of AWC-cum-Creches was quite popular among them and that many states preferred to run all the Creches in the AWCs itself, rather than having a separate creche scheme and separate centres which add to the States' administrative, HR and monitoring burden. They also highlighted that due to limited staff, administrative requirements under NCS are not prioritized as it draws administrative resources away from the flagship schemes like the AWS, PMMVY, and POSHAN Abhiyaan. In Uttarakhand and Rajasthan, the officials suggested that AWCs should be converted to AWC-cum-crèches with increased working hours. The evaluation, however, highlights that this does not come without significant improvements and provisions for greater flexibility under the AWS scheme.

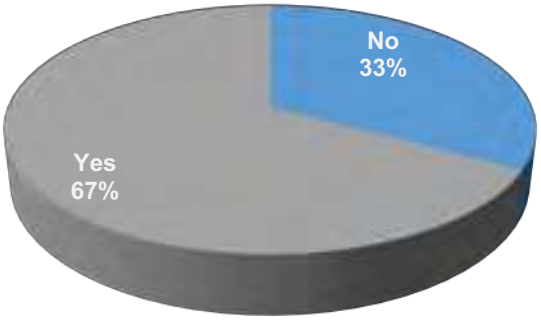
Figure 89: Beneficiary perceptions about improvement in child Health



Source: Primary Data

MWCD officials also expressed their apprehensions regarding provisions of low financial allocations towards running crèches (Rs.1,52,600 offered annually for running a crèche with 25 children) augmented with lack of contributions from the State governments, making it difficult to sustain the existing centres. Since 40% budget under the scheme has to be contributed by the states, the latter complain about lack of funds and are reluctant to invest in setting up crèches as they argue that services offered under NCS and AWS are similar and that a significant share of funds is being allocated under AWS.

Figure 90: Perceptions about improvements in Women's Labour Force Participation



Source: Primary Data

The duplication of scheme design and low priority is given to the scheme by the State governments hinder the long-term sustainability of NCS as a stand-alone scheme.

[430] http://loksabhaph.nic.in/Questions/QResult15.aspx?qref=22181&lsno=16

3.5.2.5. Impact

Village level HH surveys conducted as part of the study reveals that 67% respondents perceived that the scheme positively impacts their child's health and reported that it encourages women to join the labour force (Figure 89 and 90).

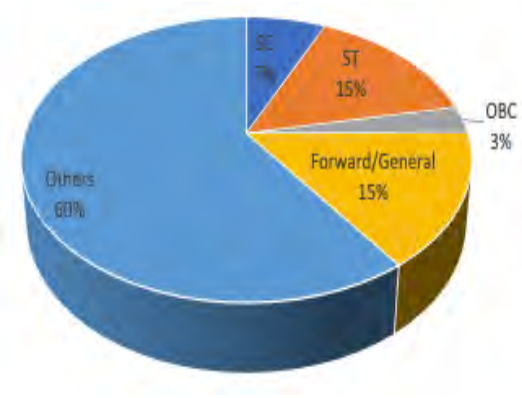
However, it is difficult to assess the actual impact of the scheme on children enrolled in the crèches as there is an absence of indicators as well as data on improvement in their nutritional and educational levels as well as their mothers' participation in the labour force.

3.5.2.6. Equity

The scheme aims to offer nutritional, health and educational support to children in the age group 6 months to 6 years of all women working in the unorganized sector irrespective of their caste, income, religion etc. Primary data highlights that the benefits offered under the scheme are accessed by individuals belonging to different caste groups. **Thus, the performance of the scheme in terms of equity is '<u>Satisfactory</u>'.**

NCS is a women-centric scheme, and hence 100% funds allocated under the scheme are accounted under the gender budget. The scheme has no separate budget allocation for Tribal Sub Plan. Village level HH survey data highlights that the scheme is almost equally accessed by people belonging to different caste groups (Figure 91).

Figure 91: Access of Crèche Facilities by Different Caste Group



Source: Primary Data

3.5.3. Analysis of Cross-Cutting Themes

3.5.3.1. Accountability and Transparency

Accountability and transparency are two important elements of good governance. Transparency is a powerful force that, when consistently applied, can help fight corruption, improve governance and promote accountability. Accountability and transparency are not easily separated as they both encompass many of the same actions; for instance, public reporting. Regarding NCS, the data available in public domain provides details about creches opened in the country and the number of beneficiaries of the scheme. However, the dashboard of the scheme does not detail about the trends of beneficiary's participation over the years and the dashboard does not provide information beyond the State level. It is difficult to trace beneficiary level data from NCS dashboard.

Regarding monitoring of Creches, the field officers have been directed to visit the crèches twice every year as far as possible but once every year positively. Based on the reports of the field officers, the crèches are continued, discontinued and also asked for improvement in different areas. The grantee NGOs are also asked to have a close watch on the implementation of the programme through their Managing Committee members and to regularly supervise the functioning of the crèches. Despite having well- structured guidelines, the data sources confirm otherwise. The Planning Commission's evaluation of NCS suggested ways to improve monitoring and evaluation for the scheme: Monitoring of crèche centres requires intensive and more frequently by a team of officials, people's representatives, local development activists and subject experts. Thus, it is imperative to develop effective monitoring and supervision mechanism or effective monitoring and supervision of the crèche centres.

Accountability can only be held when there is a transparent mechanism in the public domain to understand the different features of the scheme. Here comes the role of citizen charter, which explains in detail to the different stakeholders about all the nuances of the scheme. The citizen charter of NCS lacks such detailing and is hence not capable of providing a transparent way to the scheme stakeholders to ensure accountability within the scheme.

3.5.3.2. Direct/Indirect Employment

The National Creche Scheme (NCS), by design enables labour force participation of women through provision of child care during the workday. However, there is an absence of credible evaluation study done either by the Ministry or by an external agency on the impact of Creche Scheme on the ECD of enrolled children or the incomes or labour participation of their mothers. Given these data limitations, the evaluation is not able to assess the contribution of the NCS at generating indirect employment or labour force participation.

In addition to this, the Creche Scheme is required to hire a Creche Worker and a Creche Helper for running every Creche. Given that as on date, there are 6,701 Creches running under the scheme, the Scheme's potential contribution to Direct Employment is around 13,400 jobs. It should, however, be noted that the Creche worker's and helper's remuneration, i.e. Rs. 3,000 and Rs.1500 respectively are quite low, given their qualifications and skills.

3.5.3.3. Gender Mainstreaming

The role of women as caregiver and bread earner for the family has burdened her with dual responsibility. It is, therefore, important to ensure that the responsibility of caregiving is shared so that women continue to enjoy financial independence. To empower women by providing day-care facilities to their children, NCS was launched. 81% of India's workforce is employed in the unorganised sector (90% of all female workers). They comprise farm labourers, construction workers, domestic helpers--anyone with a casual, non-contractual relationship with their employer. Devoid of any legal protection or social security benefits, working mothers under informal employment are unable to demand or access day-care facilities their organised sector counterparts are entitled to under the Maternity Benefit Act, Factories Act and other laws. The 2006 National Crèche Scheme, previously known as the Rajiv Gandhi National Crèche Scheme, and its network of neighbourhood crèches were set up for such workers, who are unable to rely on family members or their employer's help for childcare.

The gender friendly plan present of NCS allows women to leave their children in creches for up to 7.5 hours which are the normal working hours. However, what is interesting to question here is that on one end, the scheme provides support to working mothers, especially those belonging to the informal sector. But on the other end, the women working in the scheme as a day-care worker are unable to ensure their financial security, for they receive an honorarium and not salary, which increases their financial vulnerability. Gender budgeting is actively practised in the scheme as the entire budget of the scheme falls under gender budget. However, the budget allocation to NCS has decreased over the year, even though there is a strong need felt for such institutions as India's female labour force participation rate is falling.

3.5.3.4. Use of IT/ Technology in Driving Efficiency

The information technology has played a very important role in the past 3 decades in the way the government of India is running its programme and managing its administration. Extensive use of technology is visible in most of the government departments. However, National Crèche Scheme lacks on this aspect. The use of technology is almost invisible to on-ground data collection in the scheme. Currently, the MWCD does not use any IT system for monitoring NCS, and whatever monitoring happens, is based on excel based MPRs which are not received regularly from the states. At the national level, there is a very small team which is responsible for monitoring and managing the scheme in 36 states and across 7,000 crèches.

3.5.3.5. Stakeholder and Beneficiary Behaviour Change

National crèche scheme work was launched with a dual objective of providing caregiving support to mothers and nutrition to children. Change in attitudes of people towards working women is one of the key aspects that led to the need for this scheme. The primary respondent survey of government stakeholders of the scheme mentions that awareness generation and sensitisation of beneficiaries towards scheme is not part of the scheme. The awareness of the scheme at present takes place through words of beneficiaries. The crèches are therefore functioning well in areas where their need is felt more, and hence beneficiaries are talking about. For example in metropolitan cities like Delhi and Mumbai, the women from poor household income rely more on creches as the household setting is majorly urban, but this not true for small towns and cities like Dehradun where children still live in joint family and the need of outside help for caregiving is not felt so.

3.5.3.6. Unlocking synergies with other government programmes

As ICDS and National Crèche Scheme are national programmes to address the multiple health, nutrition and educational needs of children under 6 years, strategies should be adopted to universalise the programme with quality as a guiding principle. Greater convergence between the ICDS and National Rural Health Mission and Sarva Shiksha Abhiyan for prevention and management of malnutrition is imperative. Crèches and maternity entitlements along with the focus on infant and young child feeding and outreach to children under the age of 3 years, are to be ensured.

Community action should be encouraged with the active involvement of civil society organisations for community mobilisation and participation in monitoring and evaluation of child-centred schemes. The existing network of community-based organisations such as Women SHGs, Community Development Societies, Mahila Swasthya Sangh, Women Associations, etc. should be involved in community mobilisation and effective implementation of the scheme. There should be more emphasis on the convergence of resources, schemes, programmes, Departments and agencies for providing benefits of other social development schemes being implemented by other Departments and Ministries of Central and State government.

3.5.3.7. Reforms and Regulations

Women working in the organised sector can avail day-care facilities for their children which their employers are obliged to provide under various legislations, (Factories Act 1948, Mines Act 1952, Plantation Act, 1951, Inter-State Migrant Workers Act, 1980 and NREGA 2005 make provision of day-care mandatory). On the other hand, the need of the children of the women working in the unorganised sector remained largely unaddressed. The need for child care services has been emphasised in the National Policy for Children, 1974, National Policy for Education, 1986, National Policy for Empowerment of Women, 2001 and the National Plan of Action for Children, 2005. When Rajiv Gandhi National Crèche Scheme was implemented in the year 2006, it addressed this need for child care services for children whose mothers were engaged in the informal sector. Since then the scheme has seen witnessed lot of urns from being a central sector scheme to centrally sponsored scheme since 2017.

The NGOs which are implementing agencies under the National Crèche Scheme are to be registered under the Societies Registration Act. The secondary literature confirms that most of the NGOs are registered under Societies Registration Act, and there has been no problem in this aspect: The respondents were asked that whether they have registration of their organisations under Societies' Registration Act. Most of the respondents reported that their organisations are registered under

Societies' Registration Act. However, a large proportion of respondents in Andhra Pradesh (32 per cent) and Karnataka (15.4 per cent) reported that their organisations are registered under other Acts[431].

The major reforms and acts which developed the scheme are mostly in place. These reforms and regulation set the change of wheels in action and contribute to the efficient implementation of the scheme.

[431] Planning Commission (2013). Evaluation of Rajiv Gandhi National Crèche Scheme: Planning Commission

3.5.3.8. Role of Civil Society Organisations and NGOs in the Scheme

The present scheme provides assistance to NGOs for running crèches for children in the age group of 6 months to 6 years and provides assistance to ensure sleeping facilities, health-care, supplementary nutrition, immunisation etc. for running a crèche for 25 children for eight hours, i.e. from 9.00 A.M. to 5.00 P.M. The Government assistance can only be on a limited scale and should not induce too much dependence on the part of the voluntary institutions on such help, and the efforts of the voluntary sector should be to utilise the Government assistance towards snowballing resources for widening the scope of the programme with increasing voluntary contributions. The government recognises the need for more crèches and day-care facilities and realises that, as the scheme comes to be implemented not only would the children looked after properly, but their parents would have greater freedom to work without norms and that would lead to an increase in their efficiency.

The role of NGOs and CSO are important in the implementation of NCS. Further, there is some efficient creche facility run by the private sector like Mobile Creches based in Gurugram, Haryana. The lessons can be drawn from such agencies for ensuring smooth implementation of NCS and providing support to working mothers.

3.5.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Low Coverage of creches	• No scientific needs assessment on demand for crèches has been undertaken based on the geography and population in the area, leading to a mismatch between availability and demand. • Minimum requirement of 10 children to set up a new crèche limits coverage.	**To increase the coverage of crèches, plug infrastructural gaps and enhance community participation along with addressing local needs, the following three types of models for running crèches** are recommended. **Model A: AWC-cum-crèches** All AWCs to be run as AWC-cum-crèches, with increased timing, personnel and infrastructure. This will include employing one crèche worker and one creche helper at an honorarium of Rs. 5000 and Rs. 3000, respectively. For the provision of additional space of 6-8 sq. ft. (Total: 150-175 sq. ft.) per child, wherever required cost-sharing between the Centre and the State need to be 75:25. Besides, infrastructure enhancement of the AWCs can also be undertaken in a PPP mode with private sector organizations contributing or undertaking complete revamp of the existing centres as their CSR initiative (For details see Vedanta's contribution in Rajasthan; Refer Box 19). The centre can be open for at least 8 hours per day. Timings need to be set as per the requirements of the mothers.[432] Besides covering all 14 lakh AWCs in a phased manner, parallel stand-alone crèches can also be instituted in both rural and urban areas as per demand. **Model B: Community-led child-care centres** Suggested model to enhance community participation in the implementation of the scheme has been drawn from community-led childcare centres, i.e. SEWA's Sangini Child Care centres and Nutrition-Cum-Day Care Centres (NDCCs), Andhra Pradesh[433] [434]. The model includes engagement of NGO/CSOs working at the grassroots level, in selecting women with the required qualifications to become creche workers and helpers. Selected women can be enabled to open childcare cooperatives to own and run the crèches for women working in the	Three-phased implementation of the models. Phase 1 (Short-Term): 115 aspirational districts Phase 2 (Medium-Term): 225 new districts Phase 3 (Long-Term): 300 districts	Suggested models can be discussed by the Central government with the States and implemented as pilot in the Aspirational districts. Overall planning and needs assessment can be initiated and monitored by a childcare division under the AWS scheme and the States can oversee the implementation of the models.
Infrastructural Gaps	• Inadequate space and insufficient availability of SNP (only 52 % of respondents reported receiving food at crèches).			
Low Community Participation and sensitivity to local contexts	• Declining community participation in scheme implementation due to low quality of services offered, low scheme awareness and other constraints. • Scheme design does not take into account local needs and lived realities and experiences in rural and urban contexts.			

[432] Extracted from https://icds-wcd.nic.in/icdsimg/icds_english_03-12-2013.pdf and https://wcd.nic.in/sites/default/files/Need%20Assessment%20of%20Creches%20-%20Final%20Report%20%281%29.pdf
[433] https://apolitical.co/en/solution_article/this-indian-womens-union-invented-a-flexible-childcare-model
[434] https://www.worldbank.org/en/news/feature/2012/03/27/community-run-centers-improve-nutrition-for-women-and-children

		informal sector as well as homemakers. Members of the cooperative can also undertake a preliminary needs assessment for setting up for the required number of children. Mothers/parents of children can also become shareholders in the cooperatives as a community-led childcare models have shown that when parents are involved in the management of the centres, they trust that their children will be well cared for. Further, to eliminate the stereotype associated with care-work, men can also be encouraged to become creche workers and helpers. **Model C: Urban Creches** In urban areas, on-site makeshift crèches at construction sites, factories etc. need to be established, after conducting an in-depth needs assessment regarding the estimated number of children at the site and distance from the nearest AWC. These centres need to address childcare needs of migrant mothers. Builders/Private sector organizations operating the construction sites/factories, can be approached to contribute partially or fully towards setting up and running of these centres (Learnings drawn from Mobile Crèches)[435]. For women engaged in employments such as domestic work and street vending, creche centres need to be setup in their localities. Under urban crèches, civil society organizations like Akshaya Patra Foundation can be involved to provide cooked meals to the children. For health-related components, possibilities of on-ground convergence with medical practitioners of the nearby dispensaries/U-CHCs/U-PHCs can be explored.		
Limited Scheme Monitoring	• Limited staff at the national level to monitor the scheme. • Delayed information from States on scheme indicators. • Absence of data on the number of scheme beneficiaries.	Need to **develop an MIS for the scheme at the National level** to capture the number of functional crèches and beneficiaries, employment status of mothers, centre-wise output indicators related to children offered SNP, ECCE, growth monitoring and health check-ups and outcome-related indicators including weight, height and learning outcomes of children. Data on these indicators need to be collected and updated annually on the MIS and trends emerging thereof need to be analysed. Additional trained staff can be hired to operate and manage the MIS developed.	Short-Term	Development of MIS and staff hiring by the Central Govt; Collation and verification of data at State and District level

[435] https://www.mobilecreches.org/

Limited Capacity of creche workers	• Hiring guidelines for creche workers do not mandate the requirement of previous training. • No systematic on-the-job training to workers on the use of innovative learning and play materials.	**Training for Creche worker and helpers** A training course can be included under the skill development programmes of MSDE and MoRD including PMKVY and DDU-GKY, among others for creche workers and helpers. Men/women who complete the training can be directly placed at the creche centres functioning under the scheme. Alternatively, training modules in line with the ILA model under POSHAN Abhiyaan can be developed, and induction training for Creche workers and helpers can be undertaken at the cluster level. Refresher training can be conducted every two years at the district level to update the knowledge levels of the workers and helpers regarding innovations and improvements in learning and play-materials.	Medium-Term	Convergent training plans to be developed by the Central Government and on-ground convergence to be ensured by the State and District level
Out-dated Cost Norms	• Out-dated cost-norms for infrastructure maintenance. • Low honorariums for Creche Workers (Rs. 3000p.m.) and Helpers (Rs. 1500 p.m.) looking to the qualification and skills required for the job. • No provision for rent and utilities in the scheme guidelines.	**Revisions of cost norms** There is a need to revise the honorariums of creche workers and helpers in line with their qualifications and required skill sets. Provisions for rent and utilities need to be included for crèches run in a rented premise. Suggested figures for revised cost norms are presented below.	Medium-Term	Revised cost norms to be devised and implemented by the Central Government

No.		Current Expenditure Ceiling	Current annual provision	Recommended Expenditure Ceiling	Recommended Annual Provision
Honorarium					
1.	Creche Worker	Rs. 3000/month	Rs. 36,000	Rs. 10,000/ month	Rs. 1,20,000
2.	Creche Helper	Rs. 1,500/month	Rs. 18,000	Rs. 3,500/ month	Rs. 42,000
3.	Doctor	Rs. 250/visit per quarter	Rs. 1,000	Rs. 500/ month	Rs. 6,000
Supplementary Nutrition for 26 days per month					
4.	Supplementary Nutrition for 26 days per month	Rs. 12 per child per day for 25 days	Rs. 93,600	Rs. 12 per child per day for 25 children and Rs. 17 per day for malnourished children	Rs. 96,720
Other Items					
5.	Medical Kits	Rs. 500/ six months	Rs. 1,000	Rs. 500/ six months	Rs. 1,000
6.	PSE Kits	Rs. 2,000/ year	Rs. 2,000	Rs. 3,000/ year	Rs. 3,000
7.	Monitoring by independent agencies (once a year)	Rs. 1,000 per creche per visit	Rs. 1,000	Rs. 1,000 per creche per visit	Rs. 1,000
8.	Rent	Rs. 0	Rs. 0	Rural/Tribal: Rs. 3,000/month Urban: Rs. 5,000/month Metropolitans: Rs. 10,000/ month No rent if the creche is in a community space	Rural/Tribal: Rs. 36,000 Urban: Rs. 60,000 Metropolitans: Rs. 1,20,000
9.	Miscellaneous (Charges for Water, Electricity, & Cleaning)	Rs. 0	Rs. 0	Rural/Tribal: Rs. 800/month Urban: Rs. 1,000/month Metropolitans: Rs.1,200/ month	Rural/Tribal: Rs. 9,600 Urban: Rs. 12,000 Metropolitans: Rs. 14,400
Total Annual Provision		**Rs. 1,52,600**		**Rural/Tribal: Rs. 3,14,320 Urban: Rs. 3,40,720 Metropolitans: Rs. 4,03,120**	

3.6. Child Protection Scheme (ICPS)

Summary of CPS Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ The Juvenile Justice (Care and Protection) Act is the core guiding Act for the Integrated Child Protection Scheme, and the ICPS scheme guidelines fit the JJ framework well. + In India, child rights, protection from abuse and exploitation are intimately linked to poor socioeconomic conditions which affect a large number of children, and relevance of the Scheme arises from this need for protection of these children.
Effectiveness	Needs Improvement	+ 723 DCPUs have been constituted across the country and all the States and UTs except for Ladakh, have constituted their own SCPS and State Adoption Resource Agency (SARA). + The ChildLine helpline services are available in 579 districts (over 75% of the country is covered); Calls to ChildLine for assistance have increased exponentially to over 90 lakh calls. - 25% CCIs across the country not registered under the JJ Act. - Poor infrastructure of CCIs- About 50% of the country's CCIs do not have sick rooms, 64% do not have visitors' rooms, 35% (one-third) of the CCIs/homes do not have their kitchen and about 10% do not have separate toilet facilities for children. - Focus is more on institutional care and not on other forms of alternative care such as sponsorship, kinship care or foster care - Only about one-third of the CNCP beneficiaries have been supported through sponsorships as against the MWCD target. - Per child cost norms for Sponsorship are low and only for 3 years - Inadequacy of linkages between TrackChild Portal and statutory bodies such as JJBs and CWCs - State Adoption Agencies need scaling-up as per state requirements - Limited resources under ChildLine to identify, monitor and build capacities of partners. - Greater focus on rehabilitation than on preventive measures. - Low awareness levels regarding child protection services amongst the beneficiaries and community members.
Efficiency	Needs Improvement	- Low salary structures, contractual nature of hiring of employees under various departments of ICPS- leads to low motivation. - Need for a qualified human resource at both the State and the CCI level - There is a lack of budget provisions related to per-child cost-norms for components such as child-care institutions and Childline.
Sustainability	Needs Improvement	- Delivery of services under the scheme suffer due to the unconcerned and apathetic attitudes of child protection officials - Primary data reveals a lack of training for CCI staff across India. - Lack of periodic monitoring of CCIs limits the quality and sustainability of services offered in the institutions
Equity	Average	+ The Scheme focuses on children from the most vulnerable and marginalised sections of society. - There is a need for extending protection services to neglected groups of vulnerable children, such as children with disabilities and victims of substance abuse - Lack of systematic vulnerability mapping of children across states, limiting the scheme's coverage to all sections of the CNCP.

3.6.1. Background of the Scheme

Child protection deals with reducing the vulnerability of a child from any risk or danger to his/her life and childhood. Almost 39% of India's population, with an estimated 26 million children are born every year. India is home to almost 19% of the world's children. It is estimated that around 170 million children in India are vulnerable to experiencing difficult circumstances. The extent of the problem is that around 11 million children live on the streets in India (UNICEF Consultation). They are exposed to health hazards, harassment and exploitation. In India, over 12 million orphaned and abandoned children and around 90 million child labourers (age group 5-14) in India (NSSO). The number of juvenile delinquents increased from 17,203 to over 30,000, and more than one-third of the country's population (440 million) is below 18 years. Census 2011 estimated that around 40% i.e. 170 million of these children require care and protection, which highlights the extent of the problem. In a country like India with its multicultural, multi-ethnic and multi-religious population, the problems of socially marginalised and economically backward groups are immense. Within such groups, one of the most vulnerable section is children.

A huge number of children in the country need care and protection for uncontrolled families, extreme poverty and illiteracy result during the early formative years. The urban underprivileged, migrating population and rural communities are particularly affected. There are child labourers, employed in menial work, and these children are specifically subject to all forms of abuse, including substance abuse & exploited as child labourers. Children are also vulnerable to crimes such as commercial and sexual trafficking and natural calamities. Addiction to illicit drugs among children below 18 years age is also a growing trend in India affecting the social, financial and mental health of a large number of families. Children in India are also victims of harmful home-based violence arising from superstitions, such as child sacrifices, or child marriages. In large cities, there are street children (abandoned and often homeless) - the most vulnerable among children in difficult circumstances/special categories who suffer from destitution, neglect, abuse and exploitation. These children have to fight for survival day after day, finding food, looking for a safe place to spend the night, protecting themselves against the violence that constantly threatens them.

Thus, in India, the number of children needing care and protection is huge and increasing. In a study of community intervention efforts for protecting vulnerable children in both rural and urban areas, Seth argues that uncontrolled families, extreme poverty, illiteracy result in the provision of very little care to the child during the early formative years. As per the study, the term "protection" readily relates to protection from all forms of violence, abuse, and exploitation. The paper asserts that the 9th ISPCAN Asia Pacific Conference of Child Abuse & Neglect (APCCAN 2011) conference outcome document "Delhi declaration" re-confirmed & pledged a resolve to stand against the neglect and abuse of children and to strive for the achievement of child rights and the building of a caring community for every child, free of violence and discrimination. It urged and asserted the urgent need to integrate principles, standards and measures in the national planning process to prevent and respond to violence against children (Seth, 2013).

"There has always been a wide array of schemes, acts and laws under different ministries and departments, for the protection and development of children. The year 2009 saw the launch of a national scheme named ICPS that brought all child-related schemes, acts and laws under one umbrella with a detailed structural plan for inter-departmental coordination and overall monitoring-review of services that are mandated to be provided through the single window of

ICPS. The scheme has brought-in aspects of rehabilitation and sustained support for growth and development of children. This was an imperative step in guaranteeing protection to children in India" (Human Liberty Network, 2019)[436]

Scheme Details

"The Integrated Child Protection Scheme (ICPS) has significantly contributed to the realisation of the State's responsibility for creating a safety net that will efficiently and effectively work towards protecting children." (ICPS Guidelines, GoI). Based on the cardinal principles of "protection of child rights" and "best interest of the child", ICPS aims at achieving its objectives of transforming the living conditions of millions of marginalised children living in difficult circumstances, as well as to reduce vulnerabilities to situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children from their families (ICPS Guidelines, GoI).

In partnership with the different State Governments/UT Administrations, the scheme, since its launch in 2009, has strengthened prevention of child rights violation; enhanced infrastructure for protection services; provided financial support for implementation of the Juvenile Justice (Care and Protection of Children) Act, 2015; increased access to a wider range and better quality of protection services; increased investment in child protection and is continuously drawing focus on the right of all children to be safe (MWCD).[437]

The objectives of the scheme (ICPS Guidelines[438]) are to:

(i) institutionalise essential services for child protection and strengthen structures for emergency outreach, institutional care, family and community based care, counselling and support services at the national, regional, state and district levels;
(ii) enhancing capacities at all levels, of all functionaries including, administrators and service providers, members of allied systems including, local bodies, police, judiciary and other concerned departments of State Governments to undertake responsibilities under the ICPS;
(iii) to create a database and knowledge base for child protection services, including MIS and child tracking system in the country for effective implementation and monitoring of child protection services;
(iv) to undertake research and documentation; to strengthen child protection at family and community level, create and promote preventive measures to protect children from situations of vulnerability, risk and abuse;
(v) to ensure appropriate inter-sectoral response at all levels, coordinate and network with all allied systems;
(vi) to raise public awareness, educate public on child rights and protection on situation and vulnerabilities of children and families, on available child protection services, schemes and structures at all levels.

The scheme aims to create a safe and enabling environment for children that would help them reach their full potential.

The key services provided by the scheme include:

- Open shelters for children in urban and semi-urban areas
- Emergency outreach services through the Childline 1098 helpline

[436] Human Liberty Network. 2019. Report of study on Integrated Child Protection Scheme (ICPS). Link: https://www.humanlibertynetwork.org/wp-content/uploads/2019/10/Final-report-of-ICPS-study.pdf
[437] *Retrieved from* http://cara.nic.in/PDF/revised%20ICPS%20scheme.pdf
[438] Ibid.

- Family-based non-institutional care through sponsorship, foster care, adoption and after-care
- Institutional care through children's homes, shelter homes, observation homes, special homes and specialised homes for children with special needs
- Grant-in-aid for specific need-based or innovative projects

The scheme focuses on three specific categories of children: children in need of care and protection (CNCP); children in conflict with the law (CCL); and children in contact with law

The scheme also extends support to other vulnerable groups of children who require care and protection like children of migrant families, children of families at risk and children of socially excluded groups like scheduled castes, scheduled tribes, other backward classes, child drug and substance abusers, child beggars, children infected with HIV/AIDS, working children, and the like.

3.6.2. Performance of the Scheme

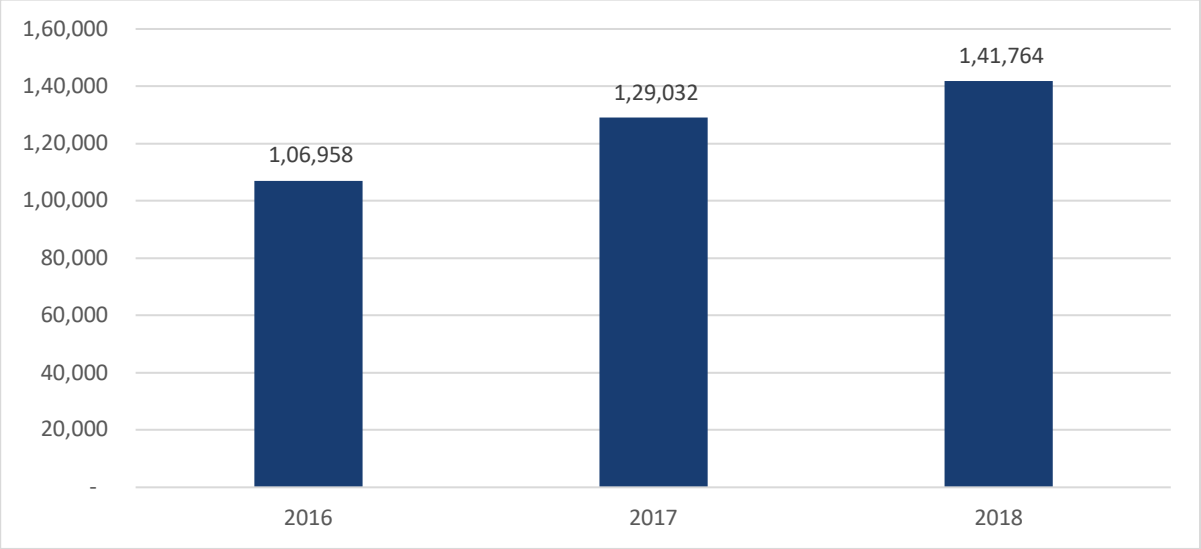
3.6.2.1. Relevance

The CPS scheme managed by MWCD plays an imperative role in protecting the most marginalised and vulnerable sections of the child population from abuse, exploitation and violence. In India, child rights, protection from abuse and exploitation are intimately linked to poor socioeconomic conditions in a large population base, and the relevance of the Scheme arises from the need to protect affected children. The Juvenile Justice (Care and Protection) Act is the core guiding Act for the Integrated Child Protection Scheme, and in this regard, the ICPS scheme is found to be relevant. **Overall, the evaluation finds that the Relevance of the scheme 'Satisfactory'.**

Relevance Scheme with respect to the National Context

Seth argues that in India, child rights, protection from abuse and exploitation are intimately linked to poor socioeconomic conditions in a large population base (Seth, 2013). The relevance of the Scheme arises from the need for a scheme which is primarily aimed at the protection of children; for this, one may refer to the data of Crimes against Children in India. The NCRB Data shows a steady increase in the rate of crime against children, with a 32.5% increase in the incidence of Crimes against Children between 2016 and 2018 (NCRB).

Figure 92: Crime Against Children (IPC+SLL) – 2016-2018



Source: National Crime Records Bureau Data, 2018

"While this rise in numbers might have been the result of increased awareness among the people at large and the law enforcing agencies in recording crimes, it also indicates that children have become increasingly exposed to the risk of becoming victims in recent years." (CRY Report, 2017). As per the CRY Report published in 2019, Kidnapping and abduction continue to be the most prevalent crimes against children, accounting for 42% of the total crimes reported. Other major crimes against children include violations of the Protection of Children from Sexual Offences (POCSO) Act, rape, sexual assault and procuring of minor girls.

The CRY analysis points to an urgent need for increased attention to the issue of child protection given the increasing rate of crime against children. It is from this vulnerability factor of children towards various forms of abuse and exploitation that the Scheme becomes extremely relevant for their protection.

Scheme design

The Juvenile Justice (Care and Protection) Act is the core guiding Act for the Child Protection Scheme and covers two categories of children- Children in Conflict with Law (CCL) and Children in Need of Care and Protection (CNCP). The definition of CNCP includes a wide range of children, including "orphans, abandoned children, destitute children, working and street children or the girl child" (Vesvikar and Sharma, 2016). Within the juvenile justice system, the state undertakes the care, protection, development and rehabilitation of both CICL and CNCP through the institutionalisation of these children, which, Kumari (2004) notes, serves to fulfil a 'protective' function.

The child protection mechanisms adopted by the Indian state are geared towards protecting children who are identified as vulnerable, with the idea of protection defined as the state machinery providing for basic safety and care for children. The Protection of Children from Sexual Offences (POCSO) Act, 2012, the Prohibition of Child Marriage Act (2006), the Child Labour (Prohibition and Regulation) Act (1986/2016), etc. are few of these critical child protection laws. The ICPS is an integrated approach of all the legal instruments for the protection and rehabilitation of children.

The Scheme design is in line with the provisions of the JJ Act as it focuses on children in need of care and protection and children in conflict as defined under the JJ Act, and on children who come in contact with the law. The ICPS also provides for preventive, statutory and care and rehabilitation services to any other vulnerable child including children of potentially vulnerable families, children of socially excluded groups, families affected by discrimination, children infected or affected by HIV/AIDS, orphans, child drug abusers, trafficked or sexually exploited children, and the like. (ICPS Scheme Guidelines[439]). The JJ Act, 2015 mandates the State to provide a safety net of services along with institutional and non-institutional support to children in distress. ICPS has been designed to support the States/UTs, and in this regard, and fits well with the national policy context of protection of children.

[439] http://cara.nic.in/PDF/revised%20ICPS%20scheme.pdf

3.6.2.2. Effectiveness

A review of the scheme guidelines, policy mapping and analysis report (Save the Children 2016) and other relevant documents (Seth 2016, Kumari 2016, Bajpai 2006, National Plan of Action for Children 2016) find that the implementation of ICPS has resulted in credible improvements in funding and monitoring of childcare institutions (CCIs), as well as in the functioning of statutory bodies like CWCs and JJBs. However, its reach continues to be limited, as highlighted in the study. For instance, CNCP comprises 0.5% of India's urban child population, which implies there are approximately 642,000 such children in the country. Open shelters in urban and semi-urban areas have been established under ICPS to provide care in a non-institutional setting for difficult-to-reach categories of CNCP. However, they also have very limited capacity and are only able to reach out to a small fraction of the population of vulnerable urban children. Occupancy rates in open shelters in states covered in the study was close to or more than 100 per cent, reflecting significant demand for such shelters. The aims of the scheme were meant to be much broader than merely ensuring proper functioning of CCIs and statutory bodies. However, it emerges that crucial aspects of the scheme such as foster care, sponsorship programmes and aftercare for older children remain underdeveloped. There has also been a lack of focus on the training and sensitisation of functionaries and awareness generation activities. As a result, despite its commendable aims, the ICPS lacks a structured mechanism to reach out to children in need of care and protection through proactive and sustained efforts for their identification, rescue and rehabilitation. **Overall, the evaluation finds that the effectiveness under the scheme 'Needs Improvement'.**

Performance of Statutory Mechanisms and Child Care Institutions

Under ICPS, the statutory mechanisms, as per the Juvenile Justice (Care and Protection of Children) Act, include Child Welfare Committees (CWC), Juvenile Justice Boards (JJB), State Child Protection Societies (SCPS) and District Child Protection Units (DCPU). Every state is mandated to have an SCPS, and every district should have a CWC, JJB, and DCPU. The coverage of the CPS statutory bodies is shown in Table 59 below.

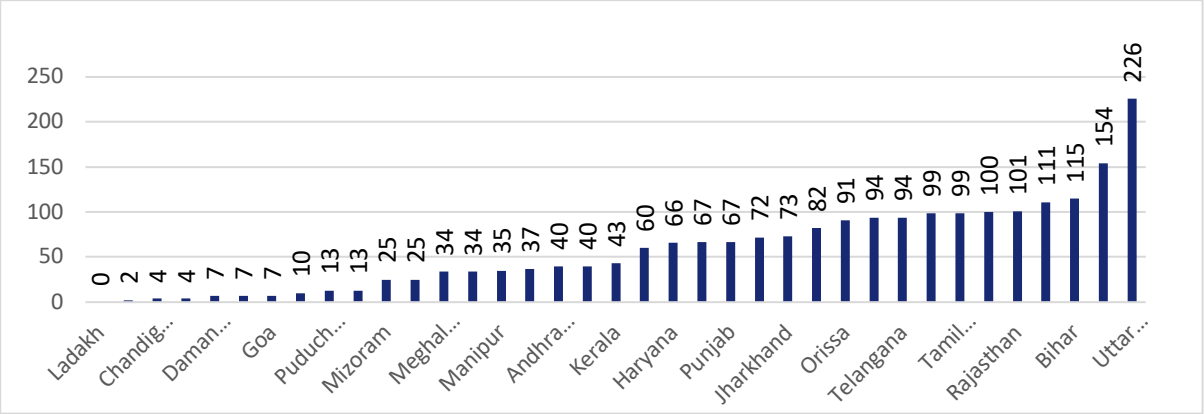
Table 60: Coverage of Statutory Structures under CPS

S. No.	Statutory Structure	Coverage
1.	Number of Child Welfare Committees (CWCs)	710
2.	Number of Juvenile Justice Boards (JJBs)	703
3.	Number of State Child Protection Societies	35
4.	Number of District Child Protection Unit (DCPUs)	723
5.	Number of Special Juvenile Police Units (SJPUs)	1770
6.	Number of State Adoption Resource Agency	35

Source: MWCD Dashboard

Figure 93 below shows the state-wise cumulative number of statutory bodies constituting of Child Welfare Committees (CWC), Juvenile Justice Boards (JJB) and State Child Protection Societies (SCPS) and District Child Protection Units (DCPU) in chronologically ascending order with Ladakh being the state with no provisions of statutory bodies to Uttar Pradesh having the highest number. The WCD data also reflect that 723 districts have constituted District Child Protection Units (DCPU) across the country and all the States and Union Territories except for Ladakh, have constituted their own State Child Protection Societies (SCPS) and State Adoption Resource Agency (SARA). However, these figures do not adequately indicate the wise state performance as the number varies according to the population size and number of districts per state.

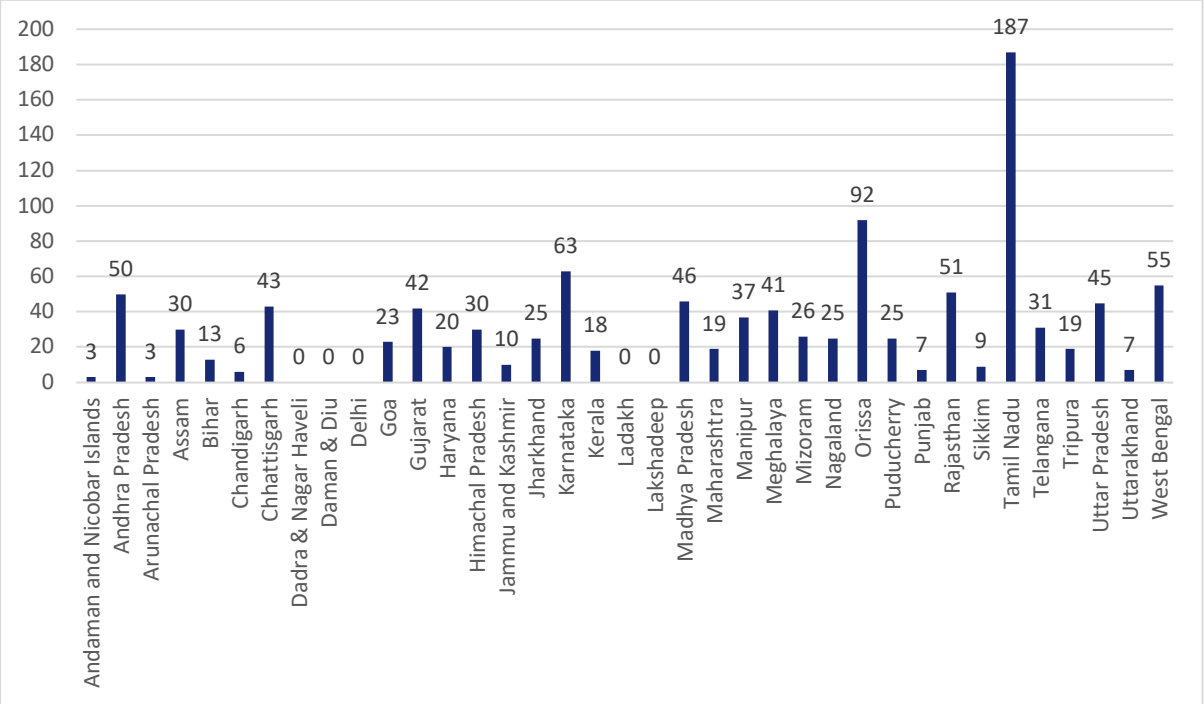
Figure 93: State-Wise Cumulative Number of Statutory Bodies



Source: WCD Dashboard

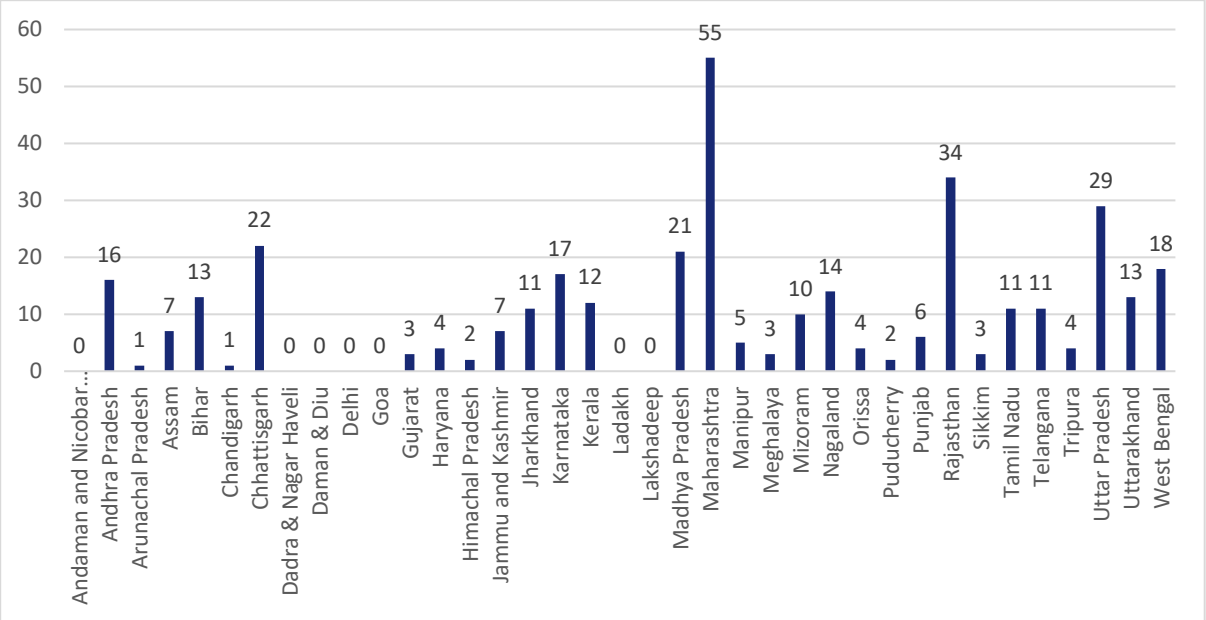
The state-wise number of homes for children in need of care and protection and children in conflict with law is indicated in Figures 94 and 95 below. As shown in the figures above, states such as Dadar and Nagar Haveli, Daman and Diu, Ladakh and Lakshadweep do not have such homes. Other than this, Maharashtra is the only state which has a higher number of homes for children in conflict with the law than CNCP. Also, some of the larger states such as West Bengal, Odisha, Madhya Pradesh and Maharashtra have a large number of children in need of care and protection but have a lower number of protection homes as compared to other states. Therefore, there is a need for better scaling of homes as per the states' number of children in need of such care facilities.

Figure 94: State-wise Number of Homes for CNCP



Source: MWCD Dashboard

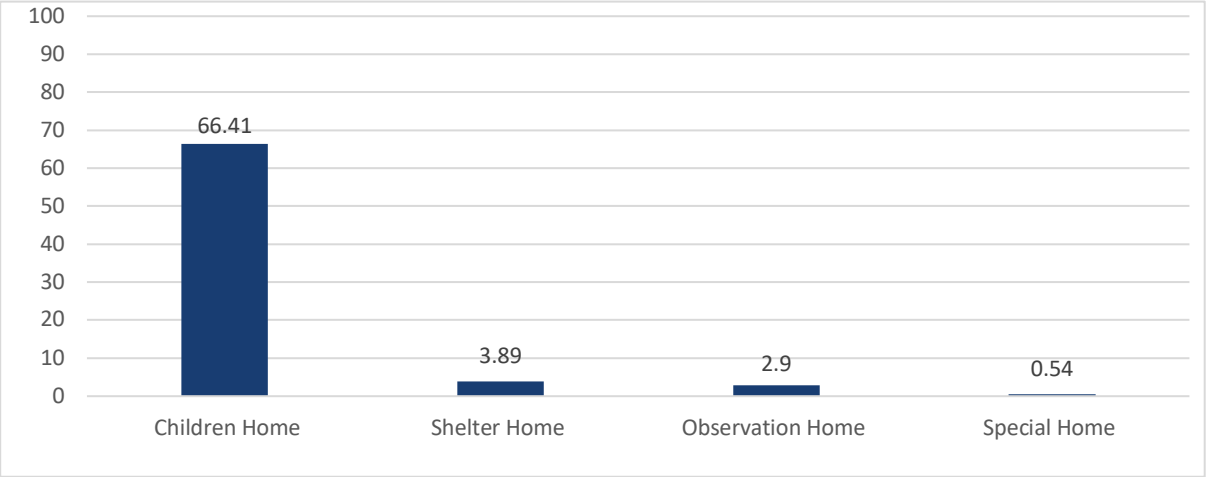
Figure 95: State-wise Number of Homes for CCL



Source: MWCD Dashboard

Based on the MWCD data, the nationwide figure reflects that among the total Homes mapped (9589 Homes), 66.4% (6368) are Children Homes, 3.9% (373) are Shelter Homes, 3.5% (336) are Specialised Adoption Agency, 2.9% (278) are Observation Homes, and 0.5% (52) are Special Homes.

Figure 96: Percentage of Different Homes Across India



Source: MWCD Data

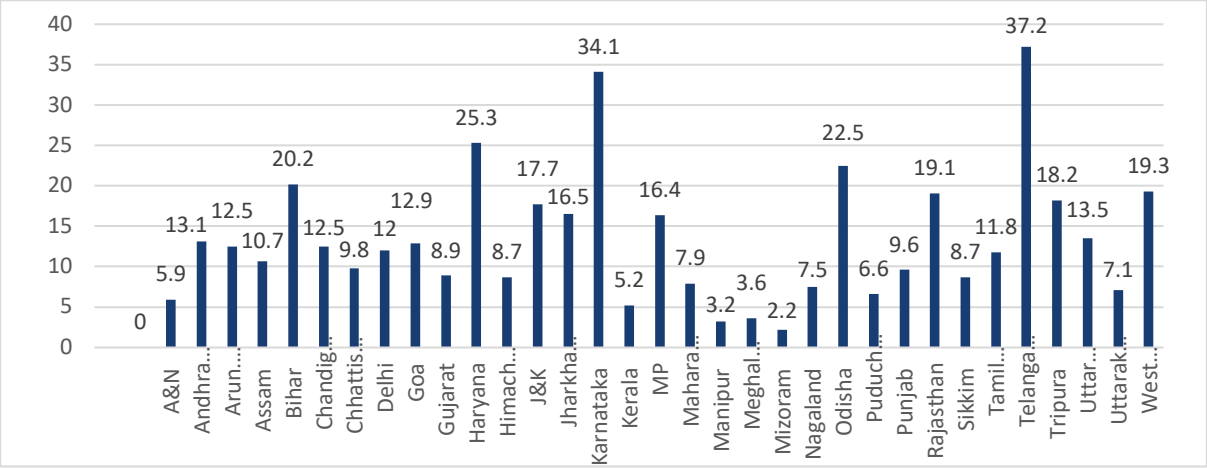
Out of 9,589 CCIs/Homes mapped by the MWCD Committee report[440], 8,744 (91%) CCIs/Homes, were being run and managed by NGOs, whereas, 845 (9%) CCIs/Homes were managed by the government. This indicates the need for more government engagement in the running of the homes, the protection of children being the State's responsibility. Also as seen in the figures above certain states have a high number of children who need care and protection and subsequently do not have the required number of homes in the State and some other states have a high number of

[440] Report of the MWCD Committee For Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and protection of Children) Act, 2015 and Other Homes (https://wcd.nic.in/sites/default/files/CIF%20Report%201_0_0.pdf)

these homes. The ratio of children versus the number of home further strengthens the idea that there is a need for rationalisation of CCIs/Homes that requires systematic planning.

Figure 97 below shows the percentage of CCI/Homes having a greater number of children than its capacity. States such as Kerala (5%), Puducherry (7%) and Manipur (3%) have a significantly smaller percentage of homes that are keeping children over and above their capacity. This is because these states have a high number of homes and care facilities. However, in states like Haryana (25%), Karnataka (34%), and Telangana (37%), a high number of CCIs were found to be overcrowded. This may have an adverse impact on the quality of services provided to the children living in these homes due to over-crowding.

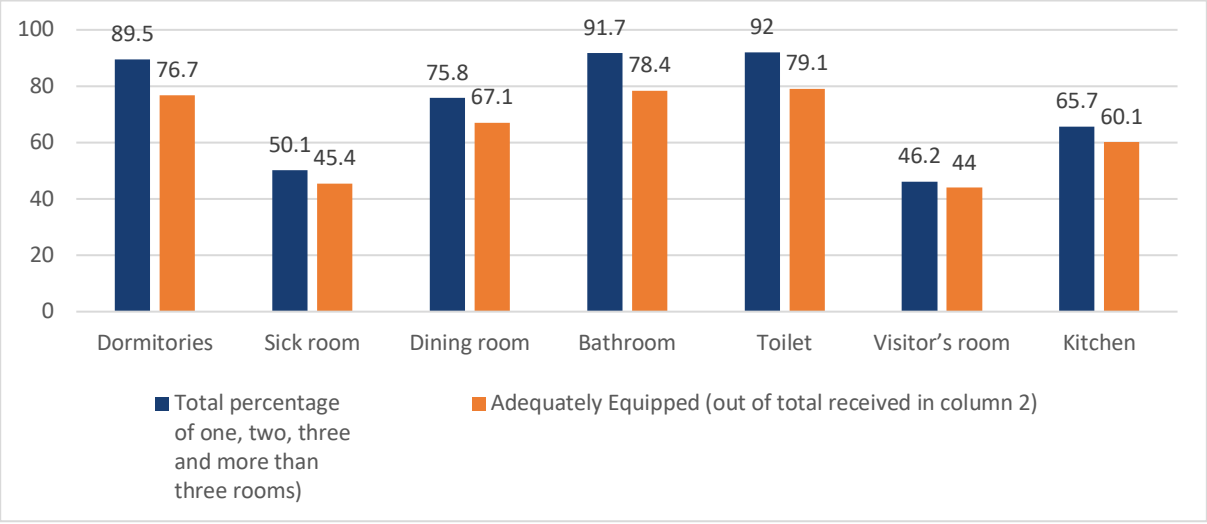
Figure 97: Average no. of children per CCI/Home



Source: MWCD Data

Infrastructural facilities across CCIs: Various kinds of infrastructural facilities available in CCIs/ Homes, such as classrooms, dormitory, counselling room, recreation room, sick room, library, visitors' room, vocational training workshop room, dining hall, storeroom, record room, office room, staff residence, bathroom, toilets/latrines and rooms dedicated for the sitting of the members of CWC/JJB also play a key role in ensuring access of services to child beneficiaries.

Figure 98: Percentage of CCIs/Homes with Adequately Equipped Basic Facilities



Source: MWCD Data

The above figure shows that many CCIs states are not adequately equipped with infrastructural facilities. About 50% of the CCIs do not have sick rooms, 64% do not have visitors' rooms and

35% (one-third) of the CCIs/homes do not have their kitchen. Even in instances where they do have facilities such as dining rooms, kitchen, toilets and dormitories, a higher percentage is not well equipped with the necessary facilities. About 10% of the CCIs/Home across the country did not have their separate toilet facilities for children. This presses the need for better infrastructural facilities across CCIs in India (MWCD, 2018).

During the primary data collection, the infrastructural and basic facilities across 11 states namely Assam, Bihar, Delhi, Chhattisgarh, Maharashtra, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, Jharkhand and Uttar Pradesh were evaluated. The assessment was done on various indicators on infrastructural and basic facilities. The facilities available varied from one CCI to another across states. It was observed that CCIs in most states had a dormitory, dining room, kitchen, store, sick room, play-ground and recreational space. However other infrastructural facilities such as a common room were absent in four states, and there was no fire-exit in any of the CCIs visited except for the one in Maharashtra. Basic facilities such as drinking water supply and the toilet were available in all CCIs.

Table 61: Infrastructural Facilities in States

States	AS	BH	CH	DL	MH	RAJ	TN	TS	UP	JH	UK
Dormitory	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Common Room	No	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes
Dining Room	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kitchen and Store	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sickroom	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Fire Exit	No	No	No	No	Yes	No	No	No	No	No	No
Playground	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Recreation room	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes

Source: Primary Data Analysis

Table 62: Basic Facilities in States

States	AS	BH	CH	DL	MH	RAJ	TN	TS	UP	JH	UK
Drinking-Water Supply*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bathroom**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Toilet**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Washbasin***	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
House Keeping staff	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Source: Primary Data Analysis

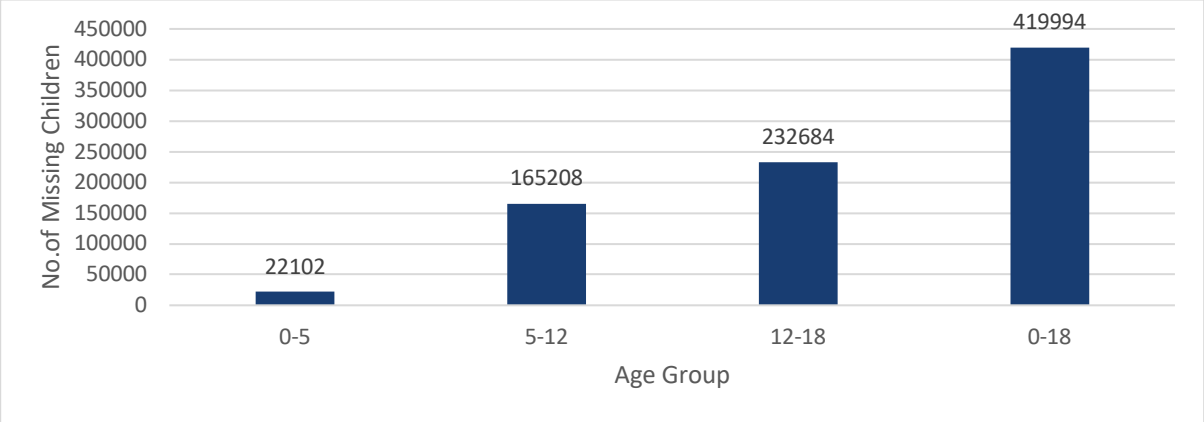
Registration of CCIs: Even though registration is mandatory as per both the JJ Act and the ICPS Scheme Guidelines, MWCD data suggest that only 32% (3,071) of the total CCIs/ Homes across the country were registered under the JJ Act in 2018. This number grew to 74.4% (7039) by 31 January 2020. While there has been a significant movement in getting CCIs registered under the JJ Act – with the registration more than doubling in the last 2 years, there is still some way to go. More than 25% of CCIs/Homes remained outside the purview of the Act. Standards of Care and protection in such unregistered institutions remain unmonitored, which is an issue of concern. In States including Chhattisgarh, Himachal Pradesh, and Meghalaya, a high percentage of childcare homes and institutions remain unregistered.

Status of Missing Children in India

"Across the country, hundreds of children disappear daily, and a large number of them continue to remain missing. In the absence of any technical and monitoring mechanism, the law enforcement agencies do not have any information on the whereabouts of the children that go missing." (Shakti

Vahini)[441] This group of missing children is also the most vulnerable to other forms of crimes, abuse and violence such as sexual exploitation, trafficking and the like. WCD data indicates that the total number of missing children as on March 2020 stands at 3,69,710 out of which 2,55,695 have been traced. The total number of found children stands at 2,92,449 in India.

Figure 99: Age-wise number of Missing Children in India



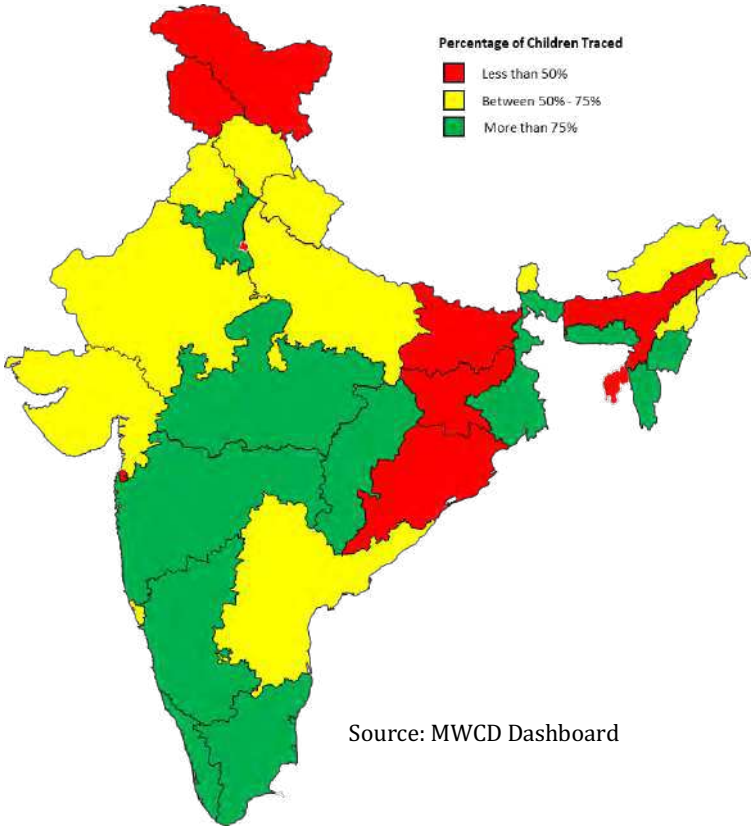
Source: MWCD Dashboard

The age-wise distribution of the number of missing children in the country is shown in Figure 99. It can be observed that the highest number of missing children belong to the age group of 12-18 years numbering more than 2.3 Lakhs. This calls for focused efforts in the prevention of children going missing in this particular age group.

Figure 100 shows the state-wise percentage of missing children who were traced, as per the MWCD data[442], Madhya Pradesh, Maharashtra, Andhra Pradesh, Kerala, West Bengal, Haryana and Chhattisgarh have been able to trace more than 75% of their missing children. States like Manipur and Lakshadweep have no missing children as per the data.

Other states like Rajasthan, Gujarat, Punjab, Himachal Pradesh, Uttarakhand, Arunachal Pradesh, Sikkim, Goa, Telangana and Andhra Pradesh traced about 50 to 75% of

Figure 100: state-wise percentage of missing children who were traced



Source: MWCD Dashboard

[441] https://trackthemissingchild.gov.in/trackchild/readwrite/News_Clippings/NATIONAL_LEGAL_RESEARCH_DESK.pdf
[442] http://wcd.dashboard.nic.in/

their missing children. Lastly, States like Jammu and Kashmir, Bihar, Jharkhand, Odisha, Assam, Nagaland, Tripura and Delhi could trace less than 50% of their missing children.

The output indicators' data provided by MWCD showcased that less than one-third of the CWCs, JJBs, and CCIs were consistently updating data of children on the TrackChild portal. Similarly, only about a third of the police stations were making entries of missing/recovered children and an abysmally low rate of 21% of children are being matched through the portal. The scaling of efforts needs to be prioritised in states with the high vulnerability of children going missing.

Therefore, scaling up of efforts in tracking the cases of missing children, especially in the states recording a higher percentage of missing children by updating and increasing the effectiveness of the tracking mechanism, emerges essential.

Non-Institutional Care

Non-Institutional Care comprises of forms of alternative care other than institutional care and mainly comprises of Sponsorship, Foster Care and Adoption. The Sponsorship scheme suits well to the Indian context as it allows the child to stay with the family while his/her economic, social and educational needs are fulfilled. Experts suggest that kinship-care and adoption are also suitable given our country's socio-economic fabric. Other forms of alternative care such as foster care require focused efforts along with awareness generation to be effective in the Indian context.

Sponsorship: The Sponsorship Manual states that it is a process of support given to a child to enable the child to achieve the maximum of their potential despite the lack of advantages. These may be in terms of social, economic or other obstacles to the development of the child. The process is continued until the child becomes self-sufficient. This could mean financially supporting the education, health or security of the sponsored child or in some cases all of these. This could also mean contributing more widely to the child's community developing and indirectly helping an individual child. The government aims at sponsorship that ensures that the child continues to stay with his/her family of any sort (either with parents or other relatives or in foster care) and is never institutionalised" (Sponsorship Manual, CASP, 2014).443 The financial norms of the Sponsorship programme under ICPS are as follows:

- Rs. 2169 per child per month for a maximum of 2 children per family
- The ratio between Centre and State Government is 75:25, as mentioned under the ICPS budget.
- Duration – Maximum three years or up to 18 years, whichever is earlier (other than exceptional circumstances).

As per the MWCD, a total of 23,184 Children were covered under ICPS for Sponsorship during F.Y. 2019-20. However, the low cost norms for sponsorship make it difficult for the MWCD to provide an adequate number of sponsorships. The per-child cost of Rs. 2,169 per month is low, given the child's nutritional, educational and development needs, and a maximum period of 3 years is insufficient to support the child's development curve. The same was confirmed by MWCD officials who suggested that the per-child cost norms need to increase and needs to be provided until the child attains the age of 18 along with after-care support mechanisms.

The MWCD officials further stressed that they see the non-institutional care mechanisms such as sponsorship as one of the most important aspects of the scheme since it allows the child to live with the family while his/her economic, social and educational needs are fulfilled. This way, the

443 https://www.caspindia.org/wp-content/uploads/2016/07/Sponsorship-Manual_2014.pdf

family is strengthened, and the child does not have to be separated from the immediate family. Therefore, there should be no cap on the number of children who may receive sponsorship support in each state/district. While expressing concern over fixing targets for the number of children per state who may receive sponsorship support, a leading child protection practitioner from Save the Children, India stated that—

> "Sponsorship, overall, has increased but foster care programmes have not been rolled out. In states like Tamil Nadu has many children eligible for sponsorship but since districts have fixed targets, they are not able to provide it. There again budget allocation should be revised based on demand or local conditions. Whoever is eligible should be sponsored rather than fixing a target… There are a number of districts where more children are vulnerable would need more."

Foster Care: India has a well-developed and strong family system. In situations where parents are unable to take care of children due to illness or any other reason, children are in many cases taken care of by the joint family, i.e. by the kins/relatives. Thus, the effort is to not institutionalise such informal family systems embedded in our socio-cultural but to extend support and support the child through kinship care. However, in cases, where the child does not have the option of family-based care, foster care can be used as an alternative form of care which provides the child with a similar family-like environment. The Guidelines for Foster care aim to protect the well-being of children who are deprived of family care or who are at risk of being so. Despite the need for such a form of alternative care, foster care has not been implemented successfully in India due to several limitations. The reasons mainly are attributed to lack of awareness regarding this form of alternative care, the requirement of additional resources and a greater number of foster families and lack of focused efforts by the State.

The Chairperson for Centre of Equity and Justice for Children and Families, Tata Institute of Social Sciences, Mumbai explained the phenomenon further by stressing on the present needs in the Indian context and the importance of sponsorship and foster care to go hand in hand—

> "To work in India first, foster care as a viable alternative has to come much more into discussions. In a children's home you can have two staff or three staff even for 50 children. Now for foster care, you may need five to 10 foster parents for those 50 children, so immediately we need many more people who will be willing to come forward and become foster parents. Now, the western context has shown that foster care also need not be the only solution because Western context has shown it has not worked well for all children. So at the core of it is that when a child comes out of the child's own family, all of these are substitute measures including foster care, it is that foster care because it is smaller in numbers, it would not be so depersonalized children will get better care and protection. So, first is awareness."

> "Second is very consciously increasing the numbers of foster families. See we will have a lot of awareness and foster care if you do not have enough foster families where these children will go. When very viable alternative where you can help children continue to remain in their families is sponsorship. And where a lot of NGOs and a lot of civil society organisations are doing sponsorship, it's not really reaching out to all children. Sponsorship, according to me, is very viable because the child continues to grow and remain in the same family. And through sponsorship, you can also elevate the level of the family also. So, it's not just about giving some money for school and education, through sponsorship actually are making an entry point into the choice. So, during my time, sponsorship was something NGOs and civil society today it's a mandate of the Act. So, I feel foster care and sponsorship both have to be promoted equally."

The need for spreading awareness about these alternative forms of care and protection was noted by stakeholders across various national and state-level KIIs. Many of the KIIs also revealed that the focus should shift more towards sponsorship and kinship care instead of foster care as it is

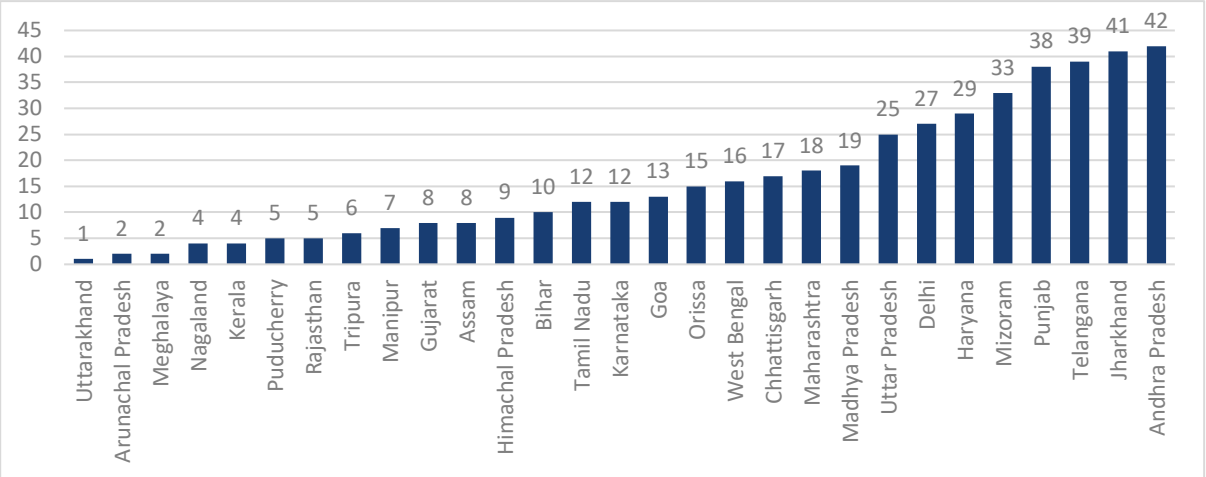
more suited to the Indian Context. Foster care also needs additional resources (both financial and human resources) and operational mechanisms to be functional in India.

Adoption

India has experienced real changes in the field of adoption in recent years. Karthik et al. (2018) suggest that amid the social changes in the 1950s, India centred around discovering homes for relinquished, dejected, ill-conceived and surrendered children. These children were regulated and in the long run, sent for residential and between nation adoption. The residential adoption in India picked up in the late 1980s. From that point onwards, vital changes have occurred in the field of adoption mainly in terms of well-formulated guidelines around adoptive practices in India along with an increase in the level of awareness (Karthik et al. 2018).

The role of the Specialised Adoption Agency (SAA) becomes imperative in the context of adoption, and Figure 101 indicates the state-wise occupancy per Specialised Adoption Agency (SAA). It indicates the state-wise number of children per SAA. It has been observed that some states have a proportionately higher number of children for adoption per SAA compared to others. For instance, states such as Telangana, Jharkhand and Andhra Pradesh have 39, 41 and 42 children per SAA respectively. On the other hand, Uttarakhand, Arunachal Pradesh, Meghalaya, Nagaland, Kerala, Puducherry and Rajasthan have less than 5 children per SAA. This indicates a need for systematic planning and balancing of SAAs with a minimum number of children to be mandated per SAA.

Figure 101: State-wise Occupancy per SAA



Source: MWCD Dashboard

The scheme guidelines mandate uploading and updating the Child Study Report (CSR) and the Medical Examination Report (MER) with relevant details online. The study conducted by the MWCD in 2018[444] indicated that at the national level out of 336 SAAs mapped, only 230 were preparing CSR and 229 were preparing MER. Besides the report further stated that administrative functions carried out by SAAs, reporting of illegal adoptions and procurement of children is an extremely sensitive issue that calls for diligence and pro-activeness. The percentage of CCIs/Homes that lodge complaints against illegal adoption was highest in Andhra Pradesh at

[444] Report of the MWCD Committee For Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and protection of Children) Act, 2015 and Other Homes (https://wcd.nic.in/sites/default/files/CIF%20Report%201_0_0.pdf)

75%, followed by West Bengal at 68% and Delhi at 62.5% whereas the lowest percentage was seen in Chhattisgarh at 9.1%. 9.3.

SAAs have responsibilities towards children, biological parents and the PAPs by providing counselling services and assistance at all times to help at various stages of adoption. SAAs are also required to help in preparing the parties involved in adjusting to a new life avoiding disruptions and to deal with root searches. However, the MWCD Report (MWCD Committee Report, 2018[445]) showcased that this was not being diligently done by over 40 % of the SAAs. The report also stressed the need for a regular enquiry conducted before and after adoption, and in this regard, Haryana and Punjab were the only two states that performed as per the norm.

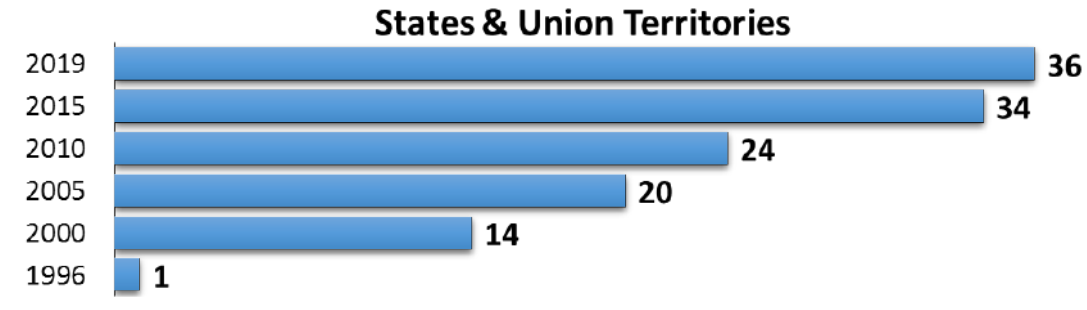
ChildLine

ChildLine is the crucial link between children in need of care and protection and available services. This is India's only 24-hour, toll-free, emergency phone outreach service, exclusively for children in need of care and protection linking them to long-term services for their care and rehabilitation. Any child or concerned adult can call 1098 and access the ChildLine service any time of the day or night. ChildLine's primary aim is to help a child who has fallen out of the family, community and social safety net to be safe again, to provide emergency /immediate response and connect the child to available long-term services. The aim is also, through outreach, to identify vulnerable children and prevent them from becoming unsafe by connecting them with available services.

"ChildLine services" are defined in the Juvenile Justice (Care and Protection of Children) Act, 2015, (thereby doing it a statutory service) as *"ChildLine services means a twenty-hour emergency outreach service for children in crisis which links them to emergency or long term care and rehabilitation services"(*Section 2 (sub-section 25), JJ Act).

According to the data provided by MWCD, ChildLine services are available in 579 districts (over 75% of the country is covered), and 130 Railway ChildLines are in place. ChildLine official data shows that the calls to ChildLine for assistance have increased exponentially from 38 lakh calls and over 1 lakh direct intervention calls in 2013-14 end, to over 90 lakh calls and 2,96,302 (approx.) direct interventions including protection from abuse interventions such as that of trafficking, sexual abuse, child marriage, child labour, corporal punishment, physical abuse etc. consequently demonstrating the increased awareness and faith in 1098. Over 96,000 children have been assisted since inception from June 2015 by Railway ChildLine.

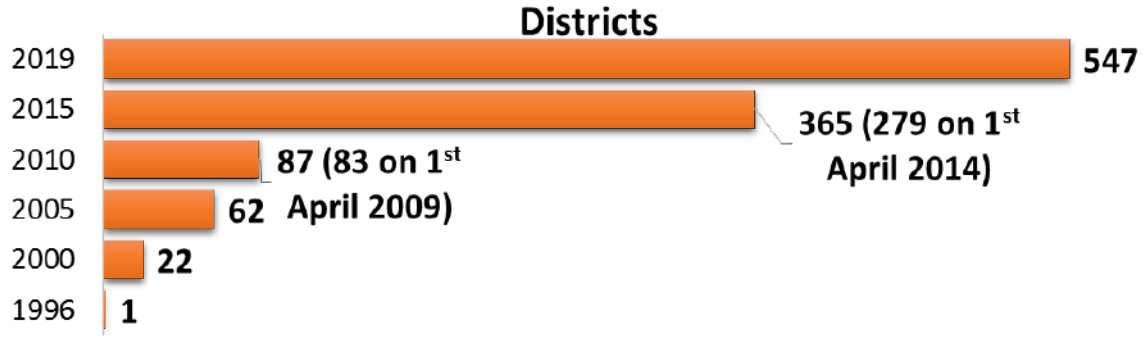
Figure 102: Expansion of ChildLine Services in States and UTs from 1996-2019



Source: ChildLine, India

[445] Ibid.

Figure 103: Expansion of ChildLine Services in Districts from 1996-2019



Source: ChildLine, India

ChildLine follows a unique Public-Private Partnership (PPP) model between the Government of India, Department of Telecommunications, Voluntary agencies, Academic institutes, the corporate sector, children and the community. An initiative of the Ministry for Women and Child Development supported under the Child Protection Services scheme (CPS) and also a Social Franchising model wherein over 900 local NGO units to reach a child in need within 60 minutes.

Figure 104 shows the increase in partnership with ChildLine Services from 1996 to 2019.

Figure 104: Increase in partnership with ChildLine from1996 to 2019

Source: ChildLine, India

Despite ever-increasing access and impact shown by ChildLine, there are major challenges which were revealed during discussions with ChildLine officials during field visits to various ChildLine offices as well as the ChildLine headquarters. These include:

- **Difficulties in expansion and programme management.** The resources are inadequate to identify new partners, monitor existing partners, induct and build capacities of staff and partners. There is a dearth of State level Offices, and more numbers are needed for more efficient advocacy and coordination with States.
- **Rapid exodus of experience and knowledge due to pay scale issues.** ChildLine is no longer able to attract proficient and skilled staff at current pay scales and norms under ICPS. Some salaries are below minimum wages. For example, the salary for the field staff operating in railway stations, transit points, etc. is just Rs 8000 per month even in urban areas such as in Delhi, which the staff recorded as insufficient for their day-to-day expenses. This meant that staff retention would below, and they would leave for better work and pay opportunities.
- **Need to upgrade current systems** for grant and partner management, data management and case management and focus on awareness & knowledge building, data mining needed.

- **Training and Capacity Building.** A growing number of child sexual abuse cases and other forms of violence against children also leads to a growing demand for professionally trained human resources. Therefore the capacity building is a must which the Childline officials were reported saying was not being provided periodically by the Centre.

Therefore, ChildLine has shown improved performance and promise over the years with the number of increases in the number of calls and cases where they have provided assistance and referral services. However, addressing the key gaps mentioned above in the ChildLine services may increase the effectiveness of its functioning.

Prevention

Child abuse may have long time ramifications on the life of the child even when he/she grows up to be an adult. Prevention of abuse or exploitation or violence against children is therefore as important as providing for rehabilitative services.

In her paper, Landgren contended that "Children's protection from violence, exploitation, and abuse is weak in much of the world, despite near-universal ratification of the Convention on the Rights of the Child. Often, improved legislation is not accompanied by significant changes in state or private practices and capacity. The types of programmatic response supported have tended to be curative rather than preventative, addressing symptoms rather than the underlying systems that have failed to protect children". She proposes a conceptual framework for programming, identifying elements key to protecting children in any environment as well as the factors that strengthen or undermine the protection available. Using this shared platform for analysis, human rights and development actors can bring greater coherence to activities that strengthen child protection (Landgren, 2005).

A Save the Children (STC) Report suggests that abuse and neglect are defined as "injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child". This abuse can be of several kinds according to the World Health Organisation (cites the STC study) – physical, mental, emotional, psychological or in the form of neglect or exploitation. It brings about circumstances causing harm to a child's health, welfare, and safety. Child abuse, in its various forms, can be found everywhere in India and wiping out child abuse in India, requires a complex strategy that will require multi-stakeholder support (Save the Children). For the ICPS to function well, not only is it important to protect children from these atrocities and given care, but it is also important for the State to actively work towards prevention of the abuse and exploitation. (Save the Children).

Thus, it becomes imperative that preventive strategies are undertaken to protect children from lifelong trauma and exploitation. A leading child rights academic from TISS, Mumbai stated that—

"If we look at the understanding of child protection in the Indian context, you have a whole aspect of preventive work and an aspect of addressing or mitigating violence, exploitation, abuse and negligence. So, any area of work for children these 4 becomes vital for us and all the difficulties and challenges based by children in India and globally we will find that these are 4 critical areas impacting lives of children. So, if we have to do anything pan India, the preventive aspect of work has to be as prominent and as strong as redressal. Currently redressal work is strong because when we have no option, the children who are victim or survivor of crimes done against them, there is a need of simultaneous redressal along with strengthening the preventive aspect. We have to give a lot of redressal to such children but until and unless we start preventive programs through parenting sessions, training programs in schools, it is not enough to make children aware about their rights. Rights comes with responsibilities and child rights have to be brought at central stage, it has to become everyday language to emphasise preventive measures."

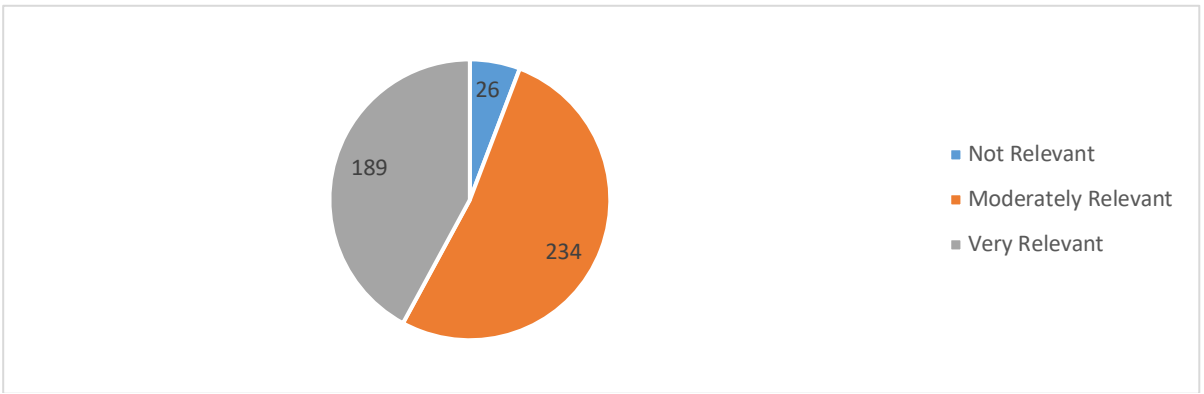
Various National level with KIIs with leading academics and child rights practitioners echoed the importance of prevention aspect of the scheme. For prevention of child abuse to take place, a few key suggestions were stressed upon:

- Raising awareness on ChildLine for a child or an adult to contact them in case there is any sign that the child's rights are going to be violated followed by immediate investigation and intervention in the situation at hand.
- Ensuring periodic vulnerability mapping is done to identify the specific protection services required by different groups of children in need of care and protection.
- Focusing on creating awareness and sensitisation about the scheme and child rights by leveraging programmes like BBBP for prevention of female foeticide and other forms of exploitation of the girl child.

The interviewees in the national level KIIs echoed that sensitisation regarding the various atrocities on children along with raising awareness regarding the provisions under the scheme to combat child exploitation/abuse is key to prevention of violations of child rights.

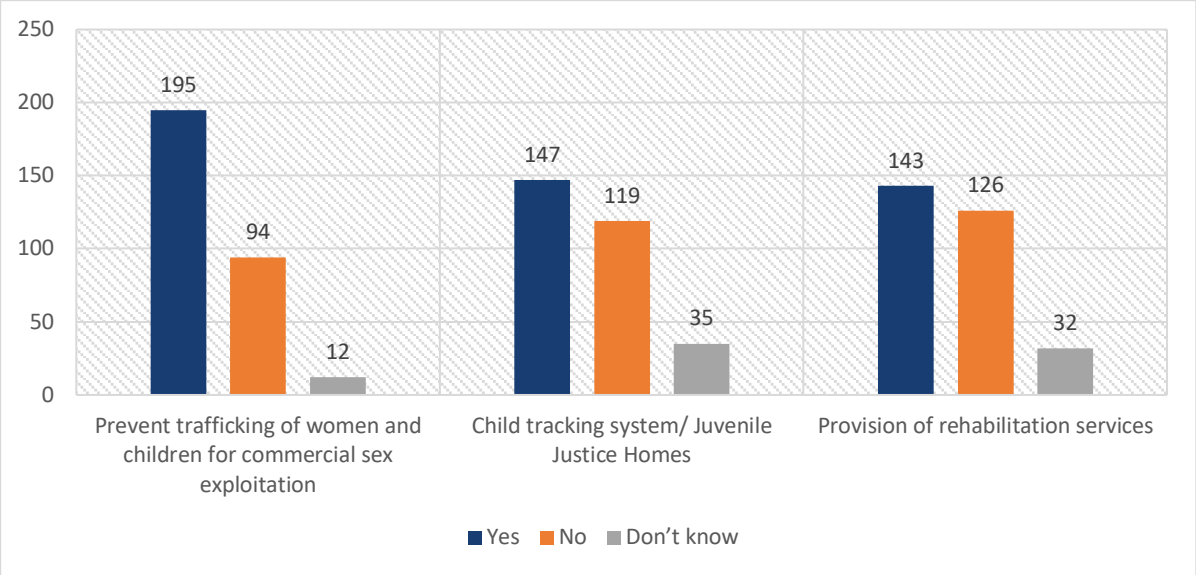
Awareness about the scheme: An analysis of the patterns and trends of the awareness and changes in beneficiary behaviour of the community which the scheme targets to benefit the most, has been undertaken. Awareness level of the scheme amongst the target beneficiaries also reflects the scheme's performance and effectiveness. In Figure 105, it is seen that majority of the respondents believed that the scheme is either moderately relevant or not relevant at all. About 52.12% of those interviewed deemed the scheme moderately relevant, and 5.79% stated that the scheme is not relevant. This may also be a reflection of a lack of awareness of what the scheme entails.

Figure 105: Beneficiaries' perceptions on the relevance of ICPS



Source: Primary Data Analysis

Figure 106: Beneficiaries' awareness of Services Provided under ICPS



Source: Primary Data Analysis

Similarly, as can be seen in Figure 106, the awareness of certain child protection services such as the child-tracking system (Track-child), Homes and other rehabilitative measures was quite low. This indicates the need for better awareness and sensitisation approach by the State for educating beneficiaries on ICPS, which would in-turn also positively impact the protection of children in the community.

After-care

After Care programme is for children without family or children who leave institutional care after they complete 18 years of age to sustain themselves during the transition from institutional to independent life, the aftercare programme enables children to adjust to society and stand on their feet. When asked about the after-care provisions present under the Scheme, the MWCD officials responded that:

> "There are provisions in ICPS scheme, but these provisions do not work adequately. People/states shy away from spending money on this scheme they feel it is a centrally sponsored one and do not want to invest own funds. But states which invest own funds like Maharashtra and Odisha are doing great work in after-care. Under after-care, many children want to go for higher education and are not content with only minimal skill-based training. Their aspirations, we are not able to meet with the fund provisions of the scheme. To meet such aspirations, local level managers should do something."

> "We can only provide scope in this scheme, but centre can never provide 100% for the scheme. However, this time we would add some options for after-care. As of now, there are provisions for after-care like children can stay at any place out of home till the age of 21 where they can learn to be self-dependent. Basically, states which have the motivation to work for this cause are doing well but this cannot be said for all states. But the scheme or act design provides for a lot. We just need to flesh it up and converge."

Dutta (2018)[446], in his study on social reintegration of young Indian girls about to leave their residential care homes, assesses the level of preparation by capturing the perception of readiness

[446] Dutta, S. (2018). Preparation for social reintegration among young girls in residential care in India. International Journal of Child, Youth and Family Studies, 9(2), 151-170.

of 100 girls in institutions whether they expect to complete higher education, and whether they believe they have acquired such skills as searching for a job, managing finances, problem-solving, and maintaining satisfactory relationships. Dutta also explores the impact of different factors, such as the present age of the girls, their self-esteem, and the availability of support networks, on the preparation for their social reintegration. Overall, the findings of the study revealed that the girls felt better prepared with life skills and access to housing after leaving care but were not so hopeful about their psychological well-being and ability to access higher education, social support, employment, and financial independence. Factors such as age, educational qualifications, self-esteem, and availability of support while in care had a positive relationship with their preparation for social reintegration. Interestingly, the girls' level of preparation varied significantly across the eight residential care homes studied. (Dutta, 2018).

Therefore, After-care programmes under ICPS is of significance to empower young adults to face the challenges of life after leaving institutional care is a must. The interviews with MWCD officials also revealed that counselling and life skill education is very important to help young adults to cope with these challenges and must be given regularly in coordination with the District Child Protection Unit (DCPU) and CWCs.

An official from the WCD Department, Delhi stated that— although all children residing in child care institutions or in need of care and protection must be given access to after-care services till the age of 21 years, it becomes all the more important for children with disabilities and girl-children to receive these services after attaining the age of 18, till the age of 21 years or beyond, owing to the increased discrimination or vulnerability that they face. Children with disabilities should be given skill-based training and education, aimed at their mainstreaming.

The performance detailing i.e. the analysis of after-care services received by child beneficiaries and their perceptions regarding the After-care programmes, could not be undertaken as part of this study. This is because interactions with child beneficiaries who had left the CCI and were now availing of after-care provisions under the ICPS Scheme, were not undertaken due to time constraint.

3.6.2.3. Efficiency

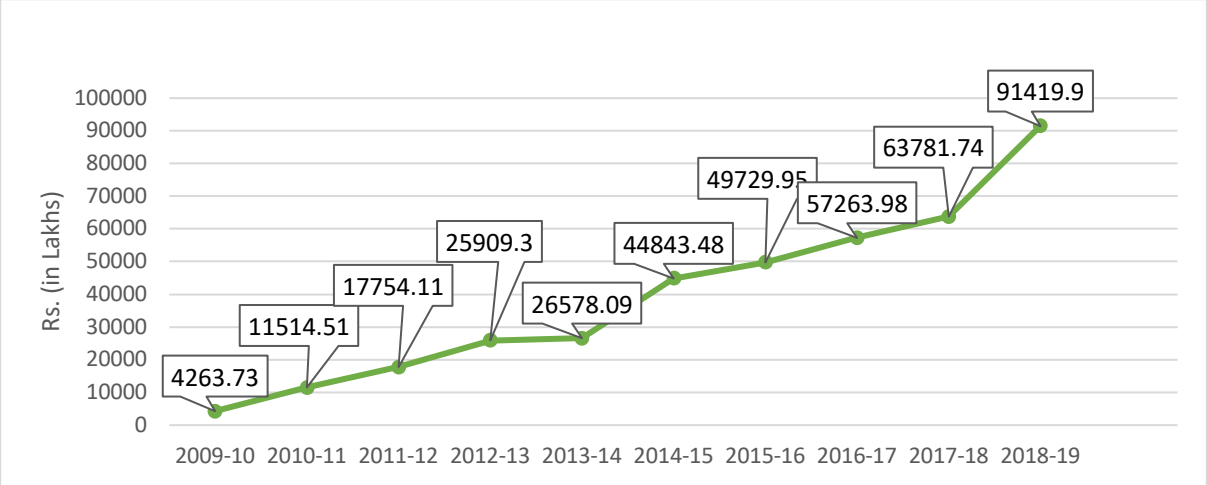
Even though the fund component has increased under ICPS, the challenge lies in the efficient and equitable allocation of resources for extending child protection services to children and increasing the salaries of the child protection officials working under various departments of ICPS. The challenges of low staffing, the inadequate salary of the existing staff and that of contractual positions result in the lack of accountability of the staff which needs to be addressed. **The evaluation finds that the efficiency component of the Scheme 'Needs Improvement'.**

Financial Performance

Funds released under ICPS

Investing in the development of children necessitates spending on the aspect of child protection. A year-wise comparison is shown in Figure 107. Based on child budgeting data provided by MWCD, the total release of funds for ICPS has shown a steep upward trend over the years. The fund allocation for ICPS increased from 2009-10 to 2012-13 by 508% (by almost 5 times). However, it only increased by 2.5% from 2012-13 to 2013-14. In 2018-19 the budget for ICPS again increased by 244% when compared to the budget of 2013-2014.

Figure 107: Year-wise Funds Released under ICPS

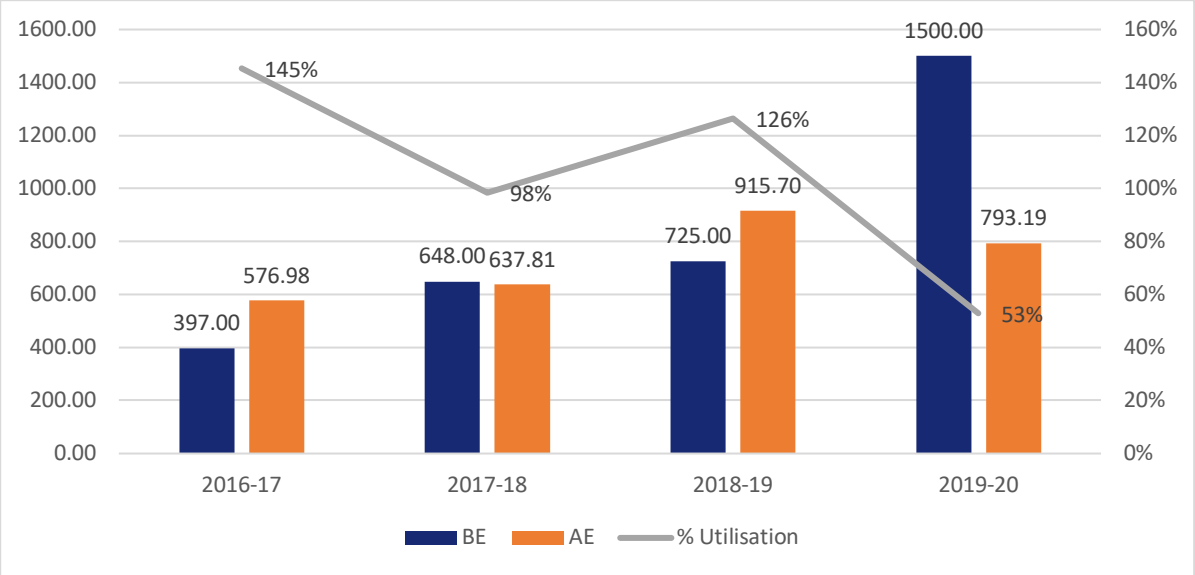


Source: MWCD Dashboard

Fund Utilisation

Over the period 2016-17 to 2019-20, the Scheme's fund utilisation has remained high, with the utilisation crossing 100% in 2016-17 and 2018-19. In 2019-20, the scheme's budgetary allocation was significantly increased to Rs. 1,500 Cr. – an increase of more than 100%. Till 31 Dec, 2019, the scheme's utilisation for the year stood at Rs. 793 Cr, which is expected to cross Rs. 1,000 Cr. by March 2020.

Figure 108: ICPS Fund Utilisation



Source: Union Budget

Low Salaries Employees Under ICPS

The increase in funds was not, however, reflected in the increase of salary structures of employees under different departments under the ICPS. Regarding funds, ChildLine officials reported that the staff's salary was highly inadequate and that additional trained and skilled professionals could not be hired at the present pay scale. An official from the WCD Department, Delhi too raised a similar concern whereby quality staff could not be retained due to the low pay scale and contractual hiring. This led to skilled professionals leaving the job the moment they get a better opportunity. Retaining quality staff thus posed a major issue in attaining the desired efficiency of the scheme. While making an extremely important observation, she pointed out —

> "ICPS has contractual staff and in cases of contractual officers the government is very cautious while giving money in their hands. The funding is very limited, for e.g. only 1000 rupees are to be given for transportation, the outreach worker has to work in the community. There should be regular staff which could be held accountable."

One of the ChildLine officials was also quoted stating that—

> "the ICPS budget must be increased significantly and the ChildLine salaries need to be more competent otherwise how will you get quality staff to work for you? The CSRs should start putting money on issues related to that of protection of children."

A suggestion was thus made during various national level KIIs for improving the fund flow for improving the efficiency of child protection services as well as the staff's salary, i.e., CSRs start pitching in money for various child protection issue in India, and there should be a separate and mandatory head for that under every CSR budget.

An official from MWCD reiterated that one of the major barriers in the Scheme is the lack of funds for officials' salaries. The official was quoted saying*:*

> "Of course, there are barriers. Primarily in terms of lack of availability of funds. The intangibility of the problem is challenging as how do you define how big is the problem of protection of children. The state as a guardian is responsible for care and protection of children. 30 k is the annual income which is less."

Budget Provisions for Extending Protection Services to Children

The KIIs at the national and state level suggested that the dearth of funds had a direct effect on other aspects of the functioning of the scheme as noted in various national level KIIs— *"In terms of institutions, Childline and WCD studies revealed dearth of the budget provision related to per-child cost. It is severely low. Even today, such payments are made based on budget revisions of 2013. It needs to be reviewed every 2 to 3 years."* He was further quoted saying—

> "The ICPS budget must be increased significantly for that. It also needs to increase funding for community based programmes like foster care plus kinship care which must be encouraged by increasing the budget of Rs. 2000 per month per child to Rs. 5000 per month at least for kinship care and probably only then the child's need would be taken care of."

The evaluation observed that the efficiency with respect to funding allocation and spending differs from one district and State to the other and also between different CCIs of the same district/state. In one of the CCIs of Uttar Pradesh for instance, the CCI management stated that the funds come on time and MIS data is maintained for the same. Similarly, in another CCI Korba district of Chhattisgarh, the management recorded no big challenge with regards to budget deficiency. On the other hand, CCIs in a few other States reported that the fund flow was irregular and inadequate at times. In Madhepura district of Bihar, the state level WCD officials reported that DCPU needed more budget allocation to carry out its day to day operations. In Munger district of Bihar, it was reported by the WCD Department that they had only 10 lakhs of funding for ICPS which was inadequate for efficient functioning. Similarly, in Uttar Baster Kanker district of Chhattisgarh and the state of Tamil Nadu, WCD officials highlighted insufficiency of the budget.

In another instance, one of the CCIs in Jharkhand, the management reported that the funds were running low, and it took them about one year to get reimbursements for the expenses incurred by them. The FCRA was also creating objections in the CCI to procure funding from foreign sources since the shelter home is being run by a Christian missionary organisation, and they avail their funding from abroad. The low salary norms were also highlighted by the Management, as some of the workers, including the security guard, get only Rs 6000/- per month, which is lower than the minimum wage.

Therefore, even though the fund component has increased under the Scheme, the challenge lies in its efficient and equitable allocation of resources for extending child protection services to children and increasing the salaries of the child protection officials working under various departments of ICPS.

Human Resources

Need for Qualified Human Resource at State and Centre Level

The institutional surveys conducted in Delhi, Chhattisgarh, Bihar, Telangana and Maharashtra indicated that a few important personnel to be available under the CCIs were not duly appointed in Delhi, Raipur and Patna. Delhi's CCI did not have a Resident Superintendent or an Official Assistant cum DEO in its official positions whereas the absence of IT staff was noted in both

Raipur and Patna. Also, it was noted that Telangana and Maharashtra had duly filled all their staff positions.

Table 63: Staff Positions in the Different States

Staff position	Resident Superintendent	Counsellor/ Psychiatrist	Medical Doctor/Part-time	Official Assistant cum DEO	Guard/Watchman	Librarian	IT staff
Delhi							
Chhattisgarh							
Bihar							
Telangana							
Maharashtra							
Assam							
Jharkhand							
Rajasthan							
Tamil Nadu							
Uttar Pradesh							
Uttarakhand							

Source: Primary Data Analysis

From the Field level data collection, it was further ascertained that many states did not have the required number of staff for catering to the different needs of the children in CCIs. For instance, in a CCI in Gopalganj district of Bihar, there was a shortage in staffing with a need for trained staff in managing children with special cases. Similarly, in an Uttar Pradesh CCI, the ratio of staff members to that of the number of beneficiaries was relatively low. In Jaisalmer the seat of the psychologist/counsellor was vacant, and although NGO's were working in collaboration with the concerned CCI, there were still human resource shortages. In Korba district of Chhattisgarh, the need for skilled human resources for computer operating was stated by the CCI, and there was a major shortage of staff in a CCI in the Uttar Baster Kanker district of Chhattisgarh.

The Ministry also stated that there was a shortage of human resource by stating the excessive overlap between their functions. One of the officials argued:

> "So, we also suffer from lack of resources and there's so much workload. There is so much additional work like handling so many court cases etc. The scheme never had dedicated resources working on it. The division, which was looking after JJ act, started looking after this also. Same people are going to courts, getting releases and doing monitoring as well. So, none of us feel that we are able to accomplish regularly what we ought to. Although we have put systems in place like a good renumeration etc. but PMU has really suffered due to lack of human resources. One Joint Secretary, one under-secretary and two ASO are the only ones regularly working and we all have additional responsibilities as well."

Similarly, ChildLine officials echoed the same by stating—

> "There are 75000 children staying in shelter homes who need adequate attention now. The older they grow, more difficult would be for us to work with them. So, we need people, professionals and teams to do that kind of work. So, lack of Human Resource is a big crisis. Currently, with the kind of resources we have, we are only able to provide knee-jerk reactions to problems. It is not that work is not happening. ChildLine is doing great work wherein there are 116 centres of ChildLine at railway stations across India. There were about 1 crore calls last year. But we need resources in terms of funding and trained professionals in the workforce".

Therefore, low staffing results in inefficiency of the Scheme's functioning. The MWCD Committee Report 2018[447] also reported a shortage of adequate staffing both as per the norm and as per sanction across all the CCIs/Homes in India. The data in the report showcased the existence of numerous vacancies for staff in the CCIs/Homes. The fact that some States had high vacancies raises serious concern regarding the standards of care within their CCIs/Homes.

Lack of Accountability of Child Protection Officials

KIIs at the State and National level revealed that there is an increase in the number of cases of abuse being reported, which calls for accountability. At the same time, it was also observed that one needs motivation and incentives and a good HR policy for accountability. The KIIs revealed that spending on HR helps in retaining good staff and optimising the work of their organisation. A respondent was quoted saying—

> "There has to be zero tolerance for any kind of violence, these basics are non-negotiables in child protection sector, and they have become part of the schemes and policies in operational terms. To ensure zero tolerance to violence at a childcare home and to operationalize this one has ensured that the probation officers are trained well to work on rehabilitation of the child. Technological enablement has to be ensured, so that the connectivity with authorities is any part of the country is easy and these authorities should also have trained personnel."

The lack of accountability amongst the child protection staff was also recorded by the MWCD report (2018) The report stated that in States/UTs like J&K and Chandigarh, over 90% of CCIs/Homes had staff staying within the campus, while in States/UTs like Madhya Pradesh and Himachal Pradesh, less than 50% of CCIs/Homes reported that senior managers stay within the campus. There were many CCIs/Homes where the superintendent did not stay within the CCI, for which no suitable reason was found. It also raises the additional question of care and protection of children in the absence of the supervisor at night (MWCD Committee Report, 2018[448]).

A leading child protection expert argued that—

[447] Report of the MWCD Committee For Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and protection of Children) Act, 2015 and Other Homes (https://wcd.nic.in/sites/default/files/CIF%20Report%201_0_0.pdf)
[448] Ibid.

> "…the flagship ICPS got introduced in 2009-10, and if you go to the states, there is huge gaps in infrastructure of DCPC, Village Level Child Protection Committees, Block Child Protection Committees set-up and you also do not see the human resources in place. And if we compare this scheme with DCPC and VCPC, the most challenging has been the placement of human resource as none of the states have placement of more than 2-3 personnel in their units. For example, the budget revised estimate has been 700, 800 crores, now its 925.
>
> ICPS is an umbrella scheme with multiple verticals like the ChildLine etc. The idea was to bring different child protection programmes as verticals under a single unit. So, like even payment of child welfare committee would come under the scheme. But to that end, there needs to be an ample amount of human resources placed under the scheme which is currently not there and is a big flaw in scheme implementation. It's a human centric scheme because all costs would go towards managing human resource be it statutory bodies or the 16-member team at District Child Protection Unit (DCPU). The lack of human resource in terms of empaneled counsellors. Many institutions do not have empaneled counsellors. Certain procedures are also missing like provision of having a children committee."

It was also noted that the lack of commitment and accountability was also due to positions being contractual. An official from the WCD Department, Delhi was quoted saying—

> "CWC believes that DCPOs is there to serve them. Since it's a contractual officer he is not as much in power. He should be belonging to such a post that he is a capable enough fulfil his responsibilities under the policy."

In terms of the motivation level of human resource, one major barrier was the salary structure. This was highlighted across states during field-level data collection. In an Uttar Pradesh CCI for instance, the CCI management reported that the salary structure needs revision to increase the motivation level of the staff, salary needs to come timely as the staff reported that it was not receiving salary since the past three months and there was no increment in the salary of employees for a very long time. The management of one of the Bihar CCIs also reported that the jobs in the CCI were immensely demanding, compared to which the salaries were not commensurate. The challenges of inadequate salary and that of contractual positions must be dealt with to increase the level of accountability and motivation amongst the child protection staff.

3.6.2.4. Sustainability

The key components for ensuring the sustainability of the ICPS are monitoring, training and capacity building. Child protection is a human-resource intensive area which needs professional expertise and sensitivity to deal with child protection issues, and thus, training and capacity building is key. Moreover, both the ICPS guidelines and JJ Act emphasises a lot on periodic and rigorous monitoring. However, a serious gap was noted with regards both wherein periodic and regular monitoring and training, and capacity building exercises were not taking place as noted during primary study. **The evaluation finds that the Sustainability component of the Scheme 'Needs Improvement'.**

Need for Training and Capacity Building of the Child Protection Staff: The key components for ensuring the sustainability of the Integrated Child Protection Scheme are monitoring, training and capacity building. As recommended by the KIIs (stated in the above sections), child protection is a human-resource intensive area which needs professional expertise and sensitivity to deal

with child protection issues, and thus training and capacity building is key. Bajpai states in a study that a major irritant in the effectiveness of this law is the unconcerned and apathetic attitude of officials responsible for the implementation of the scheme. The lack of training in handling the affairs relating to children on the part of such officials is found to be a decisive factor, asserts Bajpai. Also, as noted in a Save the Children Report, there is no mechanism to measure and compare the performance of CCIs. Therefore, there is no way of knowing the quality of performance of these segments of juvenile justice. (Bajpai, 2006; Save the Children, 2016).

The need for a dedicated division for Child protection capacity building was echoed by government and non-government respondents, who suggested that there needs to be a team of ICPS trained and qualified professionals working on child protection issues and funds should be allocated for the same. Some respondents also suggested introduction of incentive mechanisms to improve the delivery of the scheme.

> "Within NIPCCD, there needs to be dedicated division for Child protection capacity building. Considering individual care plan (ICP), drawing from experience how ASHA works on incentive basis, why do not we create a cadre of empanelled people (on incentive basis) who are given responsibilities of conducting ICPs and social investigation reports. Regarding child protection, the role of counsellor is very important. There is a severe lack of counsellors currently. The department needs to start with preparing a cadre of trained counsellors maybe by tying up with academic institutes like Rehabilitation Institute of India. There should be a national level of database on human resources which shows the status of vacancies in DCPUs as well as other statutory bodies. It would be essential for monitoring as there is no MIS data present on the total number of children in need of ICPS."

At the field level too, the need for such training was noted during FGDs. CCI management in UP reported that there were no skill-development training taking place in the home due to which the officials were not able to interact and engage properly with the girls residing in the home. Most of the girls were not interested in participating in the daily activities that were conducted in the CCI.

The lack of training for the staff was also reported across various CCIs in India during the field level data collection. In a Delhi CCI, a special need for training of staff to deal with children with special needs and requirements was stressed upon by the Management. In most districts of Bihar, the CCIs management reported the lack of periodic training mechanisms in the homes. In Rajasthan, the management in CCIs in most districts pointed out to the lack of training and monitoring mechanisms. The staff of the CCI in Bhilwara stated the need for capacity building. They stated that training if and when provided was only for higher officials and not for the ground-level workers who were in actual work with and are in day-to-day contact with the children. In Jaisalmer, the CCI management stated that the CCI staff was prejudiced towards the children (belonging to backward communities) residing in the home and needed to be sensitised for working with them and handling the issues of children.

Need for adequate monitoring mechanisms: A child protection expert from a leading INGO also pointed out the lack of monitoring mechanisms in existing CCIs—

> "… there is a lack of monitoring and supervision support in the institution care mechanism like how to conduct social audit in CCIs, who will monitor etc."

The MWCD officials confirmed the same and highlighted that even though the Juvenile Justice Act (2015) mandates all procedures including monitoring, however, vacancies and limited HR capacity hampers the scheme monitoring.

> "Same people are going to courts, getting releases and doing monitoring as well. So, none of us feel that we are able to accomplish regularly what we ought to. Although we have put systems in place like a good renumeration etc., but PMU has really suffered due to lack of human resources. One Joint Secretary, one under-secretary and two ASO are the only ones regularly working and we all have additional responsibilities as well."

The field-level data collection revealed that monitoring mechanisms differed from one CCI to the other in different districts and states. Monitoring in the Jaisalmer CCI was done through an online database periodically. In Jhalawar and Kota districts of Rajasthan; however, the CCIs reported that there were no formal channels of monitoring and that monitoring used to take place through WhatsApp groups. In Madhepura, Bihar, monitoring in a CCI was done through home-verification, and case follow-up wherein outreach workers tracked children through their care plan.

The KII with the MWCD officials revealed that the ICPS guidelines and JJ Act emphasise a lot on periodic and rigorous monitoring which the Ministry looks into. However, these audits are generally ignored as the CCIs are scarred that their name might get disrupted if something comes out. The Ministry is now planning to institutionalise awards to create a pull factor to show that these particular homes are doing well. This is to encourage the ones doing good work so that more are inspired to follow suit. The scheme was formulated in a manner that it required project monitoring unit and people to be hired on contract for it. However, the evaluation notes that there is a serious gap when it comes to the training of existing staff or monitoring of homes.

3.6.2.5. Impact

The Impact of the Scheme can be assessed through the improvement in the quality of life of children it aims to benefit and positively influence. The evaluation could not undertake a comprehensive assessment of the impact of the Scheme due to a lack of available secondary evidence. While there has been some form of positive development with regards the attention that now child protection as a sector has received, there is still a need for focused attention, institution strengthening and an increase in financial investments in child protection.

All children have specific needs and rights. It is a well-established fact that children have unique vulnerabilities owing to specific needs and demands at different stages of growth until the time they reach adulthood. Every child who comes in contact with the juvenile justice system is a child in difficult circumstances who have fallen out of the protective net at some point and has been robbed of an opportunity of a safe and secure childhood. Kamarkar argued in a paper that children who fall into the category of 'Children in Need of Care & Protection' and get into institutional care, bring with them the experiences of being orphaned/abandoned/lost, a past full of deprivation and trauma difficulties emanating from physical, sexual and emotional abuse, lack of basic life skills. Therefore, they intrinsically face the need for attachment, communication & behavioural modification, development of social skills and education. They need utmost care and careful handling (Karmakar, not dated). In this regard, it is imperative to assess the impact of child protection services on the most vulnerable group, i.e., children living in institutional care.

As per qualitative insights collected by conducting FGDs with children residing in institutions, most children in the states surveyed reported that they were satisfied with their environment

and did not wish to leave. In many of the CCIs visited, such as in Jharkhand, Bihar, Delhi and Uttar Pradesh, the children were satisfied and had no complaints as such. However, there was an exception in the state of Chhattisgarh, where the girls stated that the staff behaved insensitively towards them by regularly bringing up their past and taunting them so that they return to their homes. They also complained of inedible food, strict punishment for non-compliance with rules, lack of access to all the washrooms. The residents of the Chhattisgarh CCI also highlighted that the counsellors did not take their problems seriously and did not intervene when the children needed help and that instances of fights and stealing among the residents were a regular occurrence. They feared punishment from the superintendent if it came out that they had complained against the staff leading to non-disclosure of issues. In Bihar, the children expressed a desire to go back to schools and for a place to play outdoor sports.

The MWCD Committee Report[449] assessed the impact of the scheme on the lives of children residing in CCIs/Homes and strongly recommended the need for these homes to be actively involved in networking, coordinating and linking with various professionals, institutions and community-based organisations that have expertise in the concerned areas to provide a wide range of services to its children. The Report further mentioned that at the national level, data highlighted that linkages of CCIs/Homes with external professionals/ institutions/community-based organisations were not that encouraging. The analysis showcased that for 'mental health services' only 33.2% of CCIs/Homes had the necessary linkages; 38.3% for 'educational services'; 27% for 'vocational training'; 49.4% for 'recreational services'; 22.4% for 'health services'; 16.7% for 'legal services'; while only 8.3% of CCIs/Homes had necessary linkages with 'de-addiction services'. The report also observed from the data that CCIs/Homes of Delhi, Mizoram, West Bengal had relatively better coordination & linkages with CWC, JJB, CHILDLINE, DCPU, DSFAC, for restoration and rehabilitation of children (MWCD Committee Report, 2018[450]). The report stressed the need for such support services and coordination for maximising impact.

While there has been some form of positive development with regards the attention that now child protection as a sector has received, there is still an imperative need for focused attention, institution strengthening and an increase in financial investments in child protection. There's a need to facilitate convergence between government and civil society to generate sensitivity regarding child rights issues, awareness and capacity building of officials in the child protection system like police, child welfare committees to facilitate the creation of a conducive and a safe environment to facilitate the protection of children. Therefore, to maximise the impact of the Scheme, coordinated and convergent action, supported by institution strengthening and affirmative action is required.

3.6.2.6. Equity

The scheme's focus is naturally inclined towards children who belong to the most vulnerable and marginalised sections of the society. In this regard, ICPS is meant for all children in need of care and protection irrespective of their socio-economic backgrounds. However, the evaluation noted that mapping of child vulnerable population (as also mandated by both the JJ rules and the ICPS guidelines) had not taken place across all Indian states and districts. This may result in a lack of

[449] Report of the MWCD Committee For Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and protection of Children) Act, 2015 and Other Homes (https://wcd.nic.in/sites/default/files/CIF%20Report%201_0_0.pdf)

[450] Report of the MWCD Committee For Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and protection of Children) Act, 2015 and Other Homes (https://wcd.nic.in/sites/default/files/CIF%20Report%201_0_0.pdf)

coverage of children belonging to remote/backward areas by the Scheme. Also, there are a few sections of the child population in dire need of care and protection, such as that of children with disabilities and substance abuse victims whose needs are not well catered to by ICPS. There is a need to extend protection services to these groups of CNCP. **Overall, the evaluation found the Scheme's equity aspect of being 'Average'.**

The Scheme is meant for all children in need of care and protection irrespective of socio-economic background. The scheme's focus is naturally inclined towards children from the most vulnerable and marginalised sections of the society. There is absence of data on coverage of the scheme with regard to caste and economic background of scheme beneficiaries.

A few instances with regards the "equity" aspect of the Scheme were noted in CCIs in Rajasthan. In Bhilwara district of Rajasthan, for instance, the children belonging to the scheduled caste/tribe category were considered to be the most vulnerable by the CCI management interviewed due to the group's lack of access to protection services. It was stated that the coverage is mostly restricted to urban and semi-urban areas or in rural areas close to urban areas and that remote areas were mainly left out due to low levels of awareness. This indicates for a need for mapping of vulnerable populations of children who do not have access to ICPS services and targeted awareness and sensitisation amongst them. In Jaisalmer district of Rajasthan, it was specifically noted by the child protection officials that vulnerability mapping was not conducted yet.

Many KIIs with national and state-level stakeholders confirmed that one way the scheme can ensure its reach and coverage to the most marginalised sections of child population is by undertaking vulnerability mapping across every district, block and state in India. The officials of MWCD confirmed that the process of mapping is underway and further stated that—

> "We intend to develop a central database of Children on various parameters of vulnerability so that we can assess both the needs of specific groups of children and the progress made. For example: if I want to ensure sponsorship-based card for children in various states, I need to ensure that the money is not going waste. Therefore, I need a technological solution to capture the information about all the beneficiaries. I will know that this particular child is from this particular village and will help me map the progress."

A leading Child Rights INGO representative stated that the DCPUs need to conduct a district child need analysis for a district child protection plan. He was quoted saying—

> "Not all districts have done that. 2-3 lacs are the amount that is allocated for district need analysis which is too less for mapping child vulnerabilities of an entire district. In many places there is lack of coordination between education department, labour department and DCPU. Education department conducts out of school surveys, labour department conducts child labour surveys. Coordination with DCPU can be really helpful. But there need to be guidelines present making such coordination mandatory."

He suggested that the budget allocation should be revised based on demand or local conditions and whoever is eligible should be sponsored rather than fixing a target as there are several districts where more children are vulnerable and would need more economic resources. Moreover, children belonging to backward areas or remote locations may be left out of the Scheme's coverage if not mapped properly. Thus, to maximise the equity aspect of the Scheme, one must keep in mind that child vulnerabilities are mapped systematically and in coordination with various departments.

Need for extending protection services to neglected groups of vulnerable children: KIIs at the national and state level echoed that there are a few sections of the child population in dire need of care and protection such as that of children with disabilities and substance abuse victims whose needs are not well catered to by ICPS. This is in contradiction to ICPS guidelines which acknowledges that all categories of children in need of care and protection under the JJ Act, 2015 merit support under the scheme. Also, the scope for situational analysis and need mapping is provided in the scheme guidelines. As also noticed by the evaluation in visits to CCIs, provisions for these groups of children were either missing or inadequate. Leading child protection academic from TISS, Mumbai stated that—

> "There is a requirement for intersectoral coordination. Disability as a sector comes under a different Commissioner in a different body altogether. So, the skills to deal with children with disability is not there. Sometimes disabled children are abandoned by their families, and tracking the family becomes very difficult. In addition to children with disability, children with addiction also need special care and attention. Easier access to drugs has become a very serious issues and drugs are now coming to our schools also. So, children with addiction, children with disability, children with mental health, we need to identify early. This needs training of staff to identify signs of distress, identify signs of mental disturbance, etc."

The KIIs confirmed that care institutions were not adept at attending to the needs of these groups of children and were lacking in the required infrastructural facilities and trained staff who have the technical know-how and sensitivity to deal with children with mental/physical disabilities, child victims of substance abuse and the like. Hence, the evaluation noted that the mapping of child vulnerabilities along with extending protection services to the neglected groups of vulnerable child population would go a long way in ensuring the Scheme's equity.

3.6.3. Analysis of Cross-Cutting Themes

3.6.3.1. Accountability and Transparency

The recent initiative by the MWCD to enhance access to scheme related data and ensure accountability and transparency on their part includes the rolling out of the MWCD dashboard[451]. Data on key indicators is available on this publicly accessible dashboard.

Data is available on the total number of homes, open shelters, specialised agencies and the total number of beneficiaries corresponding to these homes at the state as well as the national level. The number of statutory bodies constituted in each state is also provided, such as the total number of Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), State Child Protection Societies (SCPS), District Child Protection Units (DCPUs) and State Adoption Resource Agencies (SARA). Data on adoption and missing children is also available on the dashboard.

However, it has been observed that there were a few gaps in terms of lack of monitorable figures on the reach and uptake of other components of the scheme such as prevention, after-care, sponsorship, foster-care, number of rescued and rehabilitated children, follow-up mechanisms and referral services. Another major gap is the lack of mapping exercises of state-wise number of children who need care and protection.

Another component of the scheme under which information is available in the public domain is the TrackChild Portal[452]. TrackChild portal provides an integrated virtual space for all stakeholders & ICPS bodies which includes Central Project Support Unit (CPSU), State Child Protection Society/Units and District Child Protection Units (DCPU), Child Care Institutions (CCIs), Police Stations, Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), etc. in the 35 State/UTs. It also provides a networking system amongst all the stakeholders and citizens to facilitate tracking of a "Child in distress". It requires data entry and updating at various levels such as Police stations, Child Care Institutions (CCIs)/Homes, Shelters, Child Welfare Committees, and Juvenile Justice Boards etc. (MWCD Annual Report 2018-19).

A separate missing children photograph gallery is available wherein the photographs are divided into different categories of missing children, female, male, all missing and the like. Alongside there is a separate recovered children gallery wherein those children recovered and currently staying with the police or in Child Care Institutions are put up in various categories. Separate logins are available for different stakeholders such as the police, CWC member, JJB member, CCI member, etc. to ensure privacy and protection of children.

[451] http://wcd.dashboard.nic.in/
[452] https://trackthemissingchild.gov.in/trackchild/index.php

Monitoring Framework

The present scheme guidelines define monitoring protocols in detail. Besides, the Ministry has developed output and outcome monitoring indicators for the ICPS scheme for increasing the scheme's transparency. Majority indicators about the provision of care, protection and rehabilitation services, statutory support services and service delivery structures, highlight satisfactory performance, i.e. more than 95% achievement of indicated targets for Q1. For instance, the given target figures for (i) constitution of CWCs (725), JJBs (725), SCPS (36) and DCPUs (725); (ii) total number of operational shelters for girls and boys (360) who are in conflict with the law and (iii) the number of Ministry assisted Homes, Specialised Adoption Agencies (SAAs) and Open Shelters through State Governments/ UT Administrations (2100), have been significantly matched. Less than one-third of the CWCs, JJBs, and CCIs are consistently updating data of children on the TrackChild portal. Similarly, only about a third of the police stations are making entries of missing children, and only around 21% of children are being matched through the portal.

3.6.3.2. Direct/Indirect Employment Generation

The Scheme mandates the hiring of staff of various professional expertise under the different components of the scheme, thus contributing to the overall employment generation both at the state and national level. The scheme enlists in detail the positions to mandatorily be filled in CCIs such as the position of a Resident superintendent, counsellor, medical doctor, Office assistant cum DEO, guard/ watchman, IT staff, etc.

During institutional visits it was observed that many of the positions were lying vacant. The dearth of human resources was observed through field visits and echoed in KIIs with various state and national level nodal officials. The Ministry confirmed the same by stating the excessive overlap between their functions. One of the officials argued-

> "So, we also suffer from lack of resources and there's so much workload. There is so much additional work like handling so many court cases etc. The scheme never had dedicated resources working on it. The division, which was looking after JJ act, started looking after this also. Same people are going to courts, getting releases and doing monitoring as well. So, none of us feel that we are able to accomplish regularly what we ought to. Although we have put systems in place like a good renumeration etc. but PMU has really suffered due to lack of human resources. One Joint Secretary, one under-secretary and two ASO are the only ones regularly working and we all have additional responsibilities as well."

Similarly, ChildLine officials echoed the same statement-

> "There are 75000 children staying in shelter homes who need adequate attention now. The older they grow, more difficult would be for us to work with them. So, we need people, professionals and teams to do that kind of work. So, lack of Human Resource is a big crisis. Currently, with the kind of resources we have, we are only able to provide knee-jerk reactions to problems. It is not that work is not happening. ChildLine is doing great work wherein there are 116 centres of ChildLine at railway stations across India. There were about 1 crore calls last year. But we need resources in terms of funding and trained professionals in the workforce".

If at all the vacant positions are adequately filled up along with creating important positions at the state and national level for effective monitoring and functioning of the scheme, then the scheme can significantly contribute to employment generation at both the local and national level.

3.6.3.3. Gender Mainstreaming

The Scheme is meant for all children in need of care and protection irrespective of their gender. The scheme's focus is naturally inclined towards children from the most vulnerable and marginalised sections of the society. As of now, there is no information about the gender-wise coverage of the scheme in different states.

However, the scheme guidelines take cognisance of the discrimination that a "girl-child' faces in addition to the discrimination that children of all ages and genders are vulnerable to. The ICPS guidelines under the theme of "Advocacy, Public Education and Communication" undelines the importance of advocacy and communication on issues around discrimination of a child based on her gender and state that:

> "Certain child abusive practices are supported or accepted by society in the name of tradition and culture: child marriage, child labour, female foeticide/infanticide, gender bias among others. Very often mere formulation of legislations and policies are not enough to change mind-sets. What is required is a concerted all round effort to raise public awareness, point out the ill effects and gradually bring about social transformation. The role of advocacy, public education and communication is all about changing mindsets at all levels."

The Program Manager (Training, IEC & Advocacy) as per the ICPS guidelines shall be responsible for all IEC and Advocacy programs of the State Child Protection Society. He/she shall coordinate all awareness generation activities on child protection issues to change social attitudes and traditional practices like child marriage, female foeticide, discrimination against the girl child, etc. at the state and district levels with the support of Program Officer (IEC & Advocacy) and the District Child Protection Units.

Other provisions under the scheme, keeping-in-mind the gender-specific needs of the child are:

- While selecting the staff for a girl's home, every effort shall be made to appoint female personnel, especially at leadership and decision-making levels as well as those interacting with the girl children.
- Separate observation homes for girls and boys
- While children of both sexes below 10 years can be kept in the same home, separate bathing and sleeping facilities should be maintained for boys and girls in the age group of 5-10 years
- Separate children's homes for boys and girls in the age group of 7-11 and 12- 18 years
- Separate shelter homes for girls and boys (separate shelter homes for girls above the age of 10 years and boys in the age groups of 11 to 15 and 16 to 18 years)

It was however noted, that there were no additional provisions for meeting the requirements of another gender, i.e. transgender children who are vulnerable to various forms of abuse and exploitation. Therefore, the inclusion of transgender children is recommended both in the scheme guidelines as well as its implementation.

3.6.3.4. Climate Change

Overall there is an absence of resilient climate policies and disaster risk reduction plans in the scheme design and implementation framework. However, the scheme guidelines mention a few areas wherein climate and disaster specific interventions are highlighted, which are:

- The scheme guidelines mention that efforts are to be made to ensure either foster care or sponsorship for children affected by disaster and natural calamities.
- Under the General Grant-In-Aid for Need-Based/ Innovative Interventions (ICPS Guidelines): While an attempt has been made to incorporate all major interventions/services for all children in difficult circumstance into the ICPS, the Ministry recognises the specific needs of a district/city and maybe initiated as pilot projects. This component can be used for post-disaster rehabilitation work. The guidelines further state that the scheme shall provide flexibility to the State Governments to initiate innovative projects on issues/risks/ vulnerabilities, which are not covered by the existing programs of this scheme. The SCPS has a general grant-in-aid fund under which such projects can be supported.

3.6.3.5. Use of IT/Technology in Driving Efficiency

Child protection being a specialised field, technological solutions are required to strengthen the implementation of the scheme's different components. Components, where technological solutions must be effectively employed, is the Track-child portal which is a web-based tracking mechanism of missing children. It can also be used to strengthen the monitoring mechanisms at the state/local level, especially in child care institutions.

KIIs with the state-level officials during institutional visits revealed that there is an increase in the number of cases of abuse being reported, which calls for accountability and effective monitoring. For this, it was recommended that technological enablement is ensured so that the connectivity with authorities and monitoring is any part of the country is easy.

Such technological solutions are also imperative to collect data and create a knowledge base of child vulnerability and protection issues which would further guide key policy-making decisions at the central and state level. The nodal scheme official of MWCD also confirmed the same -

> "This time our plan is that we intend to decide a central database of children on various parameters of vulnerability so that we can assess both the needs of specific groups of children and the progress made in each and every aspect. For example: if I want to ensure sponsorship based card for children in various states, I need to ensure that the money is not going down the drain. Therefore I need a technological solution to capture the information about all the beneficiaries. I will know that this particular child is from this particular village and will help me map the progress."

3.6.3.6. Development, Dissemination & Adoption of Innovative Practices, Technology & Know-How

The scheme aims at using innovative child-friendly approaches and outreach activities for ensuring the protection of children. For this purpose, there is a general grant-in-aid for need-based/ innovative interventions.

While an attempt has been made to incorporate all major interventions/services for all children in difficult circumstance into the ICPS, the Ministry recognises the importance of supporting need-based/innovative intervention programs. For such purposes, the grant aid for innovative interventions must be utilised. As per the scheme guidelines, the scheme shall provide flexibility to the State Governments to initiate innovative projects on issues/risks/vulnerabilities, which are not covered by the existing programs of this scheme. The State, Child Protection Society, shall have a general grant-in-aid fund under which such projects can be supported. NIPPCD is the official designated agency for research, knowledge development and dissemination of innovative solutions to strengthen the protection of children.

One example of these innovative solutions is the emergency outreach service through a 'Mother NGO'. This is a 24/7 emergency phone outreach service for children in crisis which links them to emergency and long-term care and rehabilitation services. The service can be accessed by any child in crisis or an adult on their behalf by dialling a four-digit toll-free number (1098). Established by the Government of India in 1999, this service has been extended in 280 cities across the country. To create a protective environment for children in all parts of the country, ICPS envisages the expansion of this service to all districts/cities. Besides, facilitating such expansion, the 'Mother NGO' is also responsible for undertaking process documentation, research, awareness campaigns and advocacy on issues related to strengthening Childline service

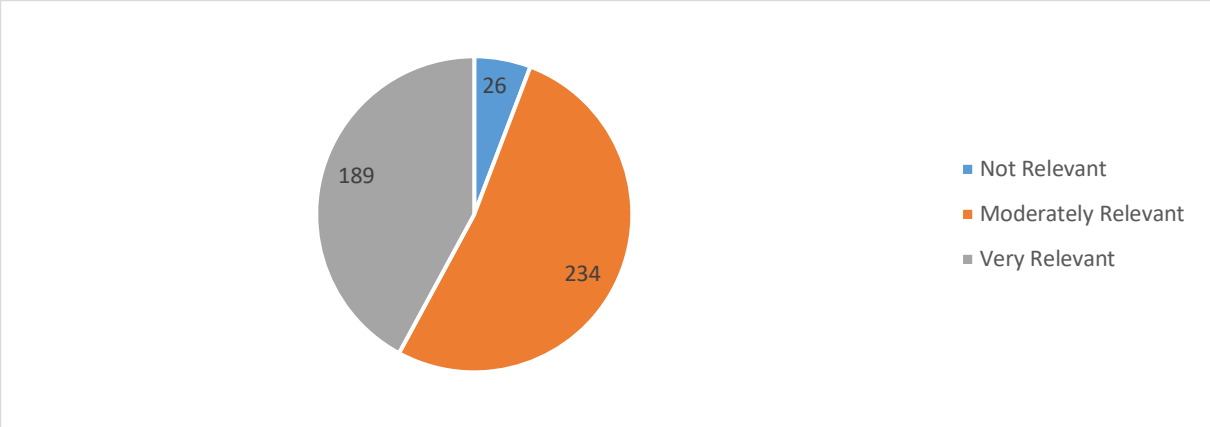
in the country. At present Childline India Foundation (CIF) is the 'MOTHER NGO' managing this service as Childline. The Ministry may also select any other NGO of repute as 'Mother NGO' for various regions of the country to facilitate implementation.

ChildLine follows a Public-Private Partnership (PPP) model between the Government of India, Department of Telecommunications, Voluntary agencies, Academic institutes, the corporate sector, children and the community. Childline works through a Social Franchising model which reaches a child in need within 60 minutes through its network of over 900 local NGO units.

3.6.3.7. Stakeholder and Beneficiary Behaviour change

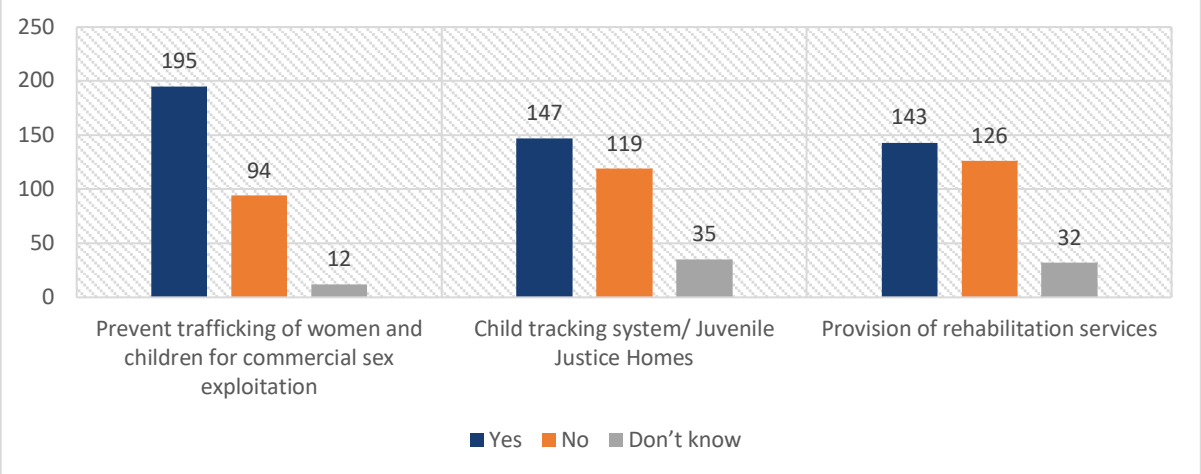
The scheme aims at the awareness of the target communities regarding the various components of the scheme. For example, under the ChildLine, an annual amount of 50 Lakhs is fixed for conducting awareness activities. The Scheme's impact on beneficiary behaviours can be assessed by analysing the patterns and trends of the awareness and changes in beneficiary behaviour of the community which the Scheme targets to benefit the most. In Figure 109, it is seen that majority of the respondents believed that the scheme is either moderately relevant or not relevant at all. About 52.12% of those interviewed deemed the scheme moderately relevant, and 5.79% stated that the scheme is not relevant. This may also be a reflection of a lack of awareness of what the scheme entails.

Figure 109: Beneficiaries' Perceptions on the Relevance of ICPS



Source: Primary Data Analysis

Figure 110: Beneficiaries' awareness of services provided under ICPS



Source: Primary Data Analysis

Similarly, as seen in Figure 110, the awareness of certain child protection services such as the child-tracking system (Track-child), Homes and other rehabilitative measures was quite low. This indicates the need for better awareness and sensitisation approach by the State for education beneficiaries on ICPS.

While there has been some form of positive development with regards the attention that now child protection as a sector has received, there is still an imperative need for raising awareness on child protection issues along with ICPS and its benefits. The scheme aims at raising awareness of the target communities regarding the various components of the scheme. However, further efforts are required in this respect

3.6.3.8. Research & Development

The scheme guidelines mandate the need for carrying out vulnerability assessment across states and consecutively assigning a team of professionals to carry out such researches. The guidelines state:

(i) Carrying out need-based research and documentation activities at state-level for assessing the number of children in difficult circumstances and creating State-specific databases to monitor trends and patterns;
(ii) Research and training institutions: To research the situation of children in India and capacity building of existing human resource as well as support creation of a team of professionals.

3.6.3.9. Unlocking Synergies with Other Government Programmes

The Scheme aims to complement existing child development programmes such as that of ICDS, nutritional and educational programs by highlighting the issues w.r.t to the protection of children and an emphasis is made on convergence with line departments, agencies, organisations and all stakeholders for enabling a protective environment for children with specific services under the scheme. These constitute of:

(i) Rescue by railway police/labour department/childline service; (ii) First level intervention by social worker of childline; (iii) medical check-up by district health department; (iv) tracing of family with the help of police; (v) creation of the Child Welfare Committee (CWC); (vi) placement of the child with a "fit person" from civil society or "fit institution": a) Monitoring by the Home Management Committee- constituted of the members of the civil society b) Placement of child in a family environment through adoption/ foster care with the help of SAA, CWC, SARA, CARA and District Courts, in cases where biological parents of the child cannot be traced c) Educating (including Bridge Education) with the help of Education Department specially with the help of Sarva Shiksha Abhiyan and National Open School d) Regular health check up by Health Department e) Legal support by Law Department and CWC f) Counselling and guidance from Social Workers g) Vocational training with the help of ITIs, Jan Shiksha Sansthan and Polytechnics h) After care in cases where child cannot be repatriated (vii) Repatriation of the child with help of police/labour department officials/PRIs.

3.6.3.10. Impact on and Role of the Private Sector, Community/ Collectives/ Cooperatives

The scheme guidelines state the following on the role of civil society organisations & individuals:

a) Voluntary sector: to provide vibrant, responsive and child-friendly services for detection, counselling, care and rehabilitation for all children in need; to awareness-raising, capacity development, innovations and monitoring.
b) Research and training institutions: To research the situation of children in India and capacity building of existing human resource as well as support creation of a team of professionals.
c) Media and advocacy groups: To promote the rights of the child and child protection issues with sensitivity and sustain a media discourse on protection issues.
d) Corporate sector: To partner with government and civil society initiatives under the scheme; financially support child protection initiatives; and contribute to Government efforts to improve the situation of children of India by adhering to the laws around child protection.
e) Community groups and local leaders, volunteers, youth groups, families and children: To provide a protective and conducive environment for children, to act as a watchdog and monitor child protection services by inter-alia participating in the village and block-level child protection committees.

A specific recommendation was made during various national level KIIs that CSR funds should be leveraged by the Ministry for various child protection issue in India and that there should be a separate head for child protection under every CSR budget.

3.6.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Status of Child Care Homes	• Visits to Homes & care institutions revealed that they are inadequate for the rehabilitation of children with special needs due to inadequacies in infrastructure and staffing.	• Ensure that infrastructure and staffing in all homes meet the specific protection needs of different groups of vulnerable and marginalized children. Employ special educators, build ramps, etc. in all homes.	Long-term	**MWCD**
Shift of focus from "institutionalisation" of CNCP to alternative forms of care	• Currently, there is an increased focus on institutional care rather than sponsorship, kinship care, foster care or adoption, which are closer to the structure of a 'family.'	• Develop awareness and systemic focus on alternate models of care among State/UT officials, CCI Staff, and CWCs. • Sponsorship budget allocation to be revised to make this a sustainable and feasible option for the alternative care of children. • Sponsorship and Foster Care be promoted based on the need of the child rather than to meet district and state targets. • Ensure setting up of statutory bodies like CWCs, JJBs, SAAs where they are not present, with appropriate infrastructural and staffing mechanisms.	Long-term	**MWCD**
Challenges in the efficient functioning of ChildLine	• Inadequate support and awareness among allied systems regarding ChildLine create hurdles in expansion due to unavailability of funds.	• Increase budget allocation for the ChildLine to identify new partners, monitor existing partners, and to induct and build capacities of existing staff and partner organisations. • A strategic plan of action to be prepared by MWCD for increasing awareness about ChildLine amongst both allied CPS systems and targeted beneficiaries and stakeholders.	Mid-term	**MWCD**
Unavailability of CPS to all groups of the vulnerable child population	• ICPS is often not able to reach sections of the child population in dire need of care and protection services such as those affected by natural calamities or conflict situations	• Focusing on grassroots community mobilisation for the protection of children. Raising awareness and empowering families and communities to take collective action against child labour, child marriage and other issues concerning child rights violations. • Address exclusion of vulnerable families (out of school children and children without parental care)	Mid-term	**MWCD**

		to service provision and enhance access to social protection schemes; • Data on various child rights violation issues, the functioning of statutory bodies and performance of staff under ICPS must be made available in the public domain for better knowledge management and subsequent action.		
Issues with human resource efficiency	• Lack of trained human resources in the states harms the scheme's effectiveness and efficiency. • Low salary of the officials leads to lack of motivation – only Rs. 14000 per month mandated under the scheme for counsellors and social workers which requires professional skill-set.	• Scale-up training and capacity building of DCPOs, DMs, Police officials, Child care institution staff, etc. for increasing sensitivity and awareness towards child protection issues. • Develop E-learning modules for training of ICPS Staff. The E-learning modules can be developed in line with the Incremental Learning Modules (ILA) under the ICDS scheme for decentralisation and cost-effectiveness of training programmes. Modules to be developed on different scheme component operationalisation (by various staff) on an annual refresher training basis. • In partnership with leading universities and research institutes, new education programmes must be started, and existing ones strengthened which offer courses in aspects of child protection, child psychology etc. This would help create a pool of qualified and trained professionals with skills to handle complexities concerning the protection of children. Tie-ups with major social science institutes in India such as TISS, NIMHANS, etc. in this regard is suggested.	Mid-term	**MWCD and States/UTs**
Monitoring Mechanisms	• Lack of monitoring of CCIs due to dearth of staff at the National/State level.	• Employ staff at the national level for monitoring CCIs. A real-time IT-based monitoring system should be put in place. • A more rigorous child tracking mechanism must be established entailing multi-level checks and balances from when the child comes in contact with the crime/abuse/exploitation till the time the child comes in contact with the protection system. A better tracking mechanism would help fight the	Mid-term	**MWCD and States/UTs**

		problematic state of missing children. The Track-Child Portal should effectively monitor the movement of the child at various stages of the system so that the rights of the child are not further violated in the process. Therefore, an end to end online solution for maintaining a database must be provided. • Regular and stringent monitoring by the MWCD to see that all CCIs are registered under the JJ Act, are equipped with adequate infrastructural facilities, etc. • Create a database and grading system of all CCIs in India and grade their performance as per the ICPS guidelines and JJ norms. Accordingly ensure focused efforts, monitoring, inspections and concurrent social audits for the homes ranking lower in the grading scale. Use third party evaluation for the grading activity of CCIs/homes.		

4. Scheme Level Analysis: Mission for Protection and Empowerment of Women

"WOMEN EMPOWERMENT IS CRUCIAL TO INDIA'S GROWTH. DAYS OF SEEING WOMEN AS 'HOME MAKERS' HAVE GONE, WE HAVE TO SEE WOMEN AS NATION BUILDERS!"

Hon'ble Prime Minister Narendra Modi

Women constitute around 49% of India's people and are the critical foundation for national development – at present and in the future. More inclusive growth must begin with women – breaking an intergenerational cycle of inequity and multiple deprivations faced by women and girls, as related to poverty, social exclusion, and gender discrimination. This intergenerational cycle of multiple deprivation and violence faced by girls and women is reflected in the adverse trends shown in some critical indicators such as an adverse 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, an increasing incidence of violence against women (Kaur, Ahuja and Kumar, 2019)[453], both at home and in public spaces and a declining labour force participation of women (Deloitte, 2018)[454].

The Constitution of India conveys a powerful mandate for equality and rights of women in its Preamble, Fundamental Rights, and Duties and also provides for specific provisions for affirmative actions. India is also a signatory to a number of UN Conventions, primarily Convention on Elimination of all Forms of Discrimination against Women (CEDAW), Beijing Platform for Action and Convention on Rights of the Child where the commitment of the nation to protect and empower its women and girls is quite pronounced. The endorsement by India, of the ambitious 2030 Sustainable Development Goals (SDGs) has put further impetus to India's efforts in addressing the key challenges such as poverty, gender equality, and VAW, which is critical for the global success of the goals as well (Draft National Policy for Women, 2016).

India articulated its commitment to eliminating violence against women and girls through policies and laws such as the National Policy for the Empowerment of Women, 2001 and the Protection of Women from Domestic Violence Act (PWDVA), 2005. A policy commitment to ensuring safety, security and dignity of women and girls was reaffirmed 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. Most recently, the National Health Policy has made specific reference to supporting women in distress. It stipulates that public hospitals are to be made more women-friendly, that staff are to be oriented to be more gender-sensitive, and that healthcare for those who have experienced violence is to be "provided free and with dignity in the public and private sector". The MWCD also developed a Draft National Policy for Women in 2016, updating the National Policy for Women Empowerment (2001), reflecting the gains India had made since the launch of the 2001 policy, and contextualising the country's priorities in the new, digital world. For some reason, the Draft Policy was never finalised, and the latest national policy for women remains the two-decade-old 2001 policy.

[453] Kaur, B., Ahuja, L., & Kumar, V. (2019, February). Crime Against Women: Analysis and Prediction Using Data Mining Techniques. In 2019 International Conference on Machine Learning, Big Data, Cloud and Parallel Computing (COMITCon) (pp. 194-196). IEEE.
[454] Deloitte. (2018). Empowering women and girls in India for the Fourth Industrial Revolution.

Over the last couple of decades, India has taken strong strides in women empowerment, and its consistent efforts to reduce gender equality resulted in improvements across various indicators of women empowerment. There have been marked improvements in perception of working women, her participation in household decision-making, her access to finance and credit, her freedom of movement, etc. (NFHS 4: 2015-16). As per NFHS 4 (2015-2016), Fifty-three% of women have a bank or savings account that they themselves use; 46% of women have a mobile phone that they themselves use; Two-thirds of women who have a mobile phone can read text messages. It found that women's autonomy had increased since NFHS 3 with around two-third of currently married women participate in making decisions about their own health care, major household purchases, and visits to their own family or relatives alone or with their husband.

Yet, the rate of improvement is decidedly slow. While there has been a growing recognition of gender rights and equality over the last couple of decades, there has also been an increase in various forms of violence against women such as rape, trafficking, dowry etc.; women workers continue to have a weak bargaining power and a large sections of women are still in the low paid informal sector. The Draft National Policy for Women (2016) notes that the feminisation of agriculture and growing number of women farmers also raises the larger issue of gender entitlements to land and assets ownership; growing urbanisation and resultant migration of women in relation to the availability of safe spaces and social security net for vulnerable women. NCRB data shows an increase in the number of crimes against women, with 3,78,277 incidents of crime against women reported in 2018, as against 3,29,243 cases in 2015, showing an increase of 14.9% (despite the fact that not all crimes against women are reported).

Despite the efforts to initiate OSCs with an integrated women's helpline, adequate prioritisation of 'prevention' of crimes against women remains a challenge. Marital violence remains widespread in India, with 29% of women aged 15–49 have experienced physical or sexual violence (NFHS 4). Help-seeking for domestic violence is also limited, with only 24% of women who had experienced violence having sought help to end the violence – a situation that reduces women's ability to prevent further violence. The lived realities of women of experiencing the various type of violence in public spaces from harassment to assault including stalking, molestation, rape etc. on an everyday basis reduces their freedom of movement and their ability to participate in public life. It limits their access to human dignity, essential services, and opportunities. It negatively impacts their health and well-being. VAW in public spaces impedes their empowerment and ability to thrive by restricting their mobility and is therefore recognised as the violation of their basic human rights (Nirbhaya Fund Guidelines, MWCD).

Ensuring women's social, economic, and political empowerment, the fulfilment of their rights, promoting their participation and leadership requires comprehensive gender-responsive measures at diverse levels, including through legal, policy and institutional frameworks. Building on the past experience of the Central Government and learning from some of the more successful initiatives of the State Governments such as the Maharashtra "Mandarina" and "Dilaasa" – a hospital-based Crisis Counselling department for women facing violence, and Gujarat's Integrated Women's Helpline, the Umbrella Scheme – "Mission for Protection and Empowerment of Women" was approved for expansion by the Cabinet Committee on Economic Affairs chaired by Hon'ble Prime Minister for the period 2017-18 to 2019-20. A financial outlay of Rs.3,636.85 crore with a Central Share of Rs. 3,084.96 crore was approved for the umbrella scheme for the three years.

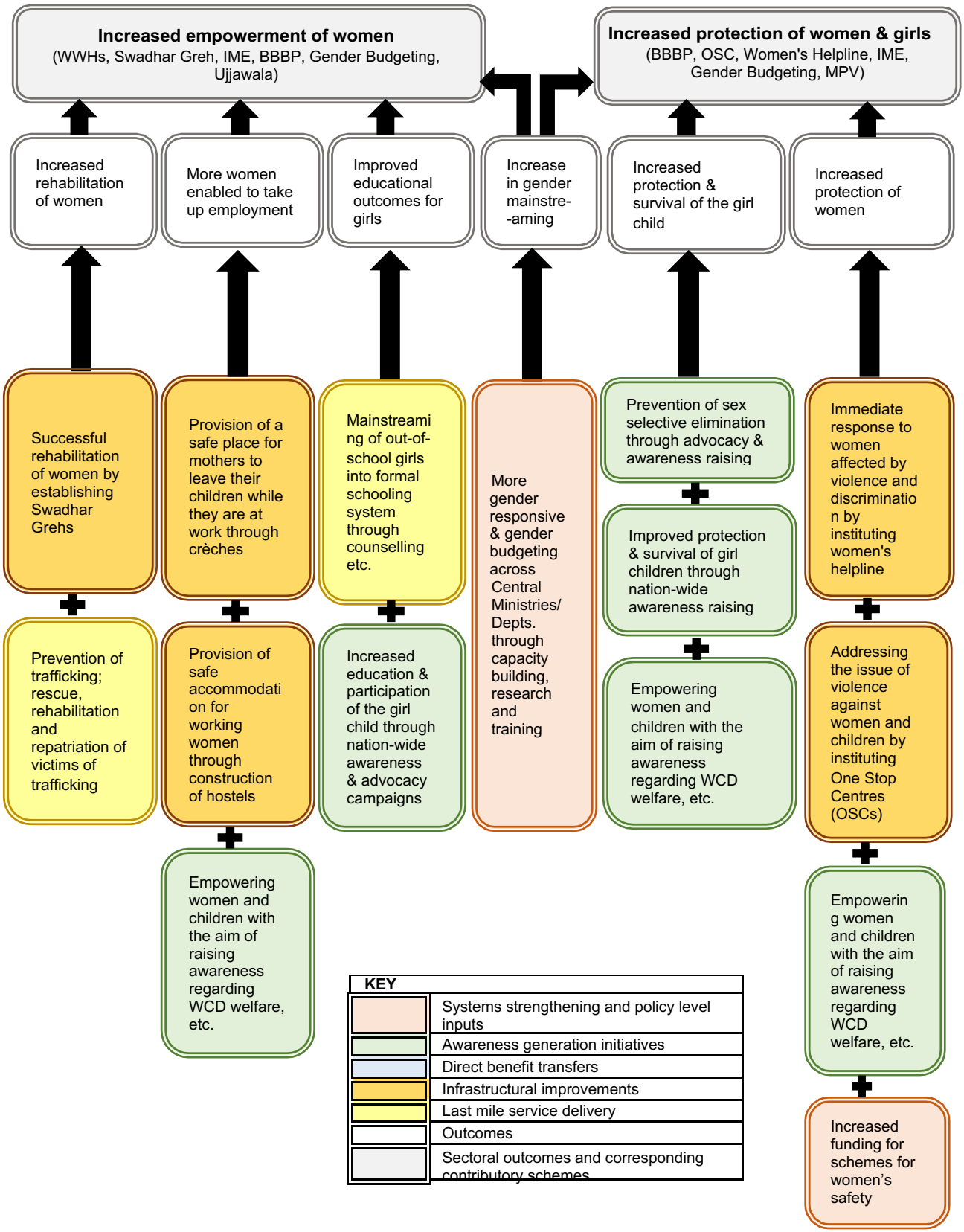
Table 64: Schemes under Mission for Protection and Empowerment of Women Umbrella Scheme

No.	Sub-Schemes	Target Beneficiaries	Objective
1.	Beti Bachao Beti Padhao	Young and newly married couples; Pregnant and Lactating mothers; parents; adolescents	Improving the declining Child Sex Ratio (CSR) by preventing gender-biased sex-selective elimination and ensuring the survival and protection of the girl child. The scheme also focuses on ensuring education and participation of the girl child.
2.	Working Women's Hostel	Working Women whose immediate family does not reside in the same area	Providing safe and affordable accommodation to working women.
3.	Gender Budgeting and Research Publication and Monitoring Scheme	All women and girls	Gender budgeting is an approach to government fiscal policy that seeks to use a country's national and local budget(s) as a tool to resolve societal gender inequality and promote inclusive development.
4.	Swadhar Greh Scheme	Women who need institutional support.	To provide shelter, food, clothing, and health as well as economic and social security for the women victims of difficult circumstances which include widows, destitute women, and aged women.
5.	Ujjawala Scheme for Combating Trafficking	Women victims of trafficking for commercial sexual exploitation	Prevention, Rescue, Rehabilitation, Re-Integration and Repatriation of trafficked victims for commercial sexual exploitation.
6.	Mahila Shakti Kendra Scheme	Rural women of all age groups	To empower rural women through community participation; Provide an interface for rural women to approach the government to avail their entitlements.
7.	One-Stop Centre	All women including girls below 18 years of age affected by violence	To provide a range of integrated services under one roof for women affected with violence such as Police facilitation, medical aid, providing psycho-social counselling, legal aid and legal counselling and temporary shelter etc.
8.	Women's Helpline	All women and girls were facing violence or seeking information about women related schemes.	To provide 24 hours emergency and non-emergency response to women affected by violence through referral service and by providing information about women welfare schemes through a single uniform number (181).
9.	Mahila Police Volunteers	All women and girls	To create and empower MPVs. MPVs act as a link between the police and the community and facilitate women in distress.

MPEW Umbrella's Contribution to Sectoral Outcomes

Mission for Protection and Empowerment of Women (MPEW) – and its constituent schemes directly contribute to the achievement of SDG Goal 5 – Gender Equality. The Umbrella comprises of chemes focused on care, protection, and development of women; improvement in declining Child Sex Ratio; ensuring survival & protection of the girl child; ensuring her education and empowering her to fulfil her potential. The umbrella also envisages creation and utilisation of additional "agents of change" such as student volunteers (under MSK) and community volunteers (under MPV) to encourage community service and gender equality, and to have a lasting impact on their communities and the nation. MPEW umbrella's contribution to the sectoral outcomes is shown in the figure 111 below:

Figure 111: Umbrella MPEW's Contribution to Sectoral Outcomes



4.1. Beti Bachao Beti Padhao (BBBP)

Summary of Beti Bachao Beti Padhao (BBBP) Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ The scheme aligns with national priorities of ending gender-based discrimination and violence and addressing the declining CSR. + Social mobilisation and communication campaigns along with monitoring of the PCPNDT Act, designed to improve SRB across the country are aligned with WHO recommendations.
Effectiveness	Satisfactory	+ The scheme has been able to generate significant mass-mobilisation to eliminate gender discrimination and valuing the girl child. + More than 60% respondents in the HH survey were aware of the scheme. + Around 96% DTFs have been formed; convergence meetings are taking place along with training, awareness campaigns and orientation sessions. + The media and advocacy campaign has received an overwhelming coverage and tremendous support from other media organisations of the MoIB, other GoI Ministries and State Departments. - BBBP is largely dependent on the District Collector's initiatives and priorities. Inputs to other partner departments are minimal.
Efficiency	Average	+ A number of innovative initiatives under the scheme. + Many private sector companies have aligned their strategy for Corporate Social Responsibility with the scheme's objectives by supporting girls for education and creating awareness. + Evidence of effective convergence with other ministries and departments to conduct joint initiatives. - BBBP scheme monitoring is weak at both state and national level. - Under-utilisation of funds allocated under the scheme - Lack of dedicated staff at the district level to implement and monitor the scheme. DLCWs under MSK, responsible for managing the BBBP Scheme only available in 191 out of 640 Districts.
Sustainability	Average	+ The scheme has received unprecedented coverage and prominence with the Prime Minister himself endorsing it. + The scheme aspires to change traditional mindsets to identify the deep-rooted problems and address them specifically, thereby ensuring sustainability of impacts. - More than half of the allocated budget has been spent on mass media activities. However, mass media alone cannot address inherent beliefs and traditions. - Mere awareness generation without providing the necessary support structures limit the sustainability of the scheme.
Impact	Satisfactory	+ A favourable trend in Sex Ratio of Birth (SRB) with concerted efforts at National, State and District levels. + Gross Enrolment Ratio (GER) for girls in secondary education has shown improvements. + Gender differentials in the under-5 mortality rate have reduced. + Improvement in the number of girls' toilet in schools.
Equity	Satisfactory	+ The scheme focuses on generating mass awareness and uses platforms and mechanisms which reach out to all the sections of the society. Since funds have been released to government agencies for publicity, it can be concluded that a large population of the country has received BBBP messages.

4.1.1. Background of the scheme

The Child Sex Ratio (CSR)[455] in India has been on the decline since 1961. The CSR, defined as number of girls per 1000 boys in the age group of 0-6 years, declined sharply from 976 in 1961 to 918 in Census 2011. Several States had CSR even below the national average of 918 including Haryana (834), Punjab (846), Jammu and Kashmir (862), Delhi (871), Rajasthan (888) and Gujarat (890) as per Census 2011.

BBBP Scheme Objectives

- To prevent gender-biased sex selective elimination
- To ensure survival and protection of the girl child
- To ensure education and participation of the girl child

These unfavourable trends in CSR are linked to the socio-cultural thread of India as traditionally, girls and women are looked upon as a burden in a patriarchal society. Even if they managed to be born, providing nutritious food, sending them to good schools and investing in them at par with the male child is still not a reality in many villages, towns and cities around the country. In most Indian families, a daughter is viewed as a liability, and she is conditioned to believe that she is inferior and subordinate to men. Sons are idolised and celebrated. The practices of gender biased sex selective elimination and strong son preference in most communities are factors contributing to this imbalance, which is also indicative of the low value and secondary status of the girl child. The pernicious trend of eliminating girls has hence, continued. Recent modern technologies like amniocentesis are used for sex-selective abortions and have exacerbated discrimination against the girl child. Several government laws and schemes have focused on curbing female infanticide and incentivising investing in girls, but little seems to have changed. Even with an increase in awareness, and education; the child sex ratio in the country remains an area of concern[456].

Declining CSR is a major indicator of women's disempowerment as it reflects both, pre-birth discrimination manifested through gender-biased sex selection, and post-birth discrimination against girls[457]. Recognising the need for coordinated and convergent efforts to ensure survival, protection and empowerment of the girl child, the **Beti Bachao, Beti Padhao (BBBP)** scheme was launched in January 2015. The scheme is jointly implemented by MWCD, MHFW and MHRD. It was first launched in the 100 most affected (low CSR) districts of the country and gradually expanded to all districts in a phased manner between January 2015 and March 2018.[458]

Table 65: Phased implementation of BBBP[459]

Phase I (2014-15)	BBBP scheme was launched in 100 districts for focused intervention and multi-sectoral action. These districts were identified based on low CSR as per Census 2011 covering all States/UTs as a pilot with at least one district in each State. The criteria/norms for selection/identification of first 100 districts are as follows: • 87 Districts have been selected from 23 States/UTs having CSR below the National average of 918. • 8 Districts have been selected from 8 States/UTs having CSR above National average of 918 but showing a declining trend.

[455] Child Sex Ratio (CSR) is defined as number of girls per 1000 of boys between 0-6 years of age.
[456] Mathur, K. (2008). Body as space, body as site: Bodily integrity and women's empowerment in India. *Economic and Political Weekly*, 54-63.
[457] https://wcd.nic.in/bbbp-schemes
[458] https://wcd.nic.in/guidelines/bbbp-guidelines
[459] Ibid.

	• 5 Districts have been selected from 5 States/UTs having CSR above National average of 918 and showing improving trend so that other parts of the country can learn from them.
Phase II (2015-16)	The scheme was expanded to an additional 61 districts covering 11 States for creating awareness and advocacy about the issue considering the criticality of the issue and performance of the scheme on the ground.
Scale-up (March 2018)	Based on the successful implementation in 161 districts, the Cabinet approved the expansion of BBBP which would include Multi-sectoral intervention in 244 districts (in addition to existing 161 districts) and Alert District Media, Advocacy and Outreach in 235 districts, thus covering all the 640 districts (Census 2011) of the Country to have a deeper positive impact on CSR.

Scheme Components[460]

The nation-wide campaign was launched for celebrating Girl Child and enabling her education. The campaign aimed at ensuring that girls are born, nurtured and educated without discrimination to become empowered citizens of this country with equal rights.

Advocacy and Media Campaign on BBBP	Multi-Sectoral intervention in selected Gender Critical Districts (lowest CSR)
• A **360° media approach** has been adopted to create awareness and disseminating information about the issue across the nation, including radio spots/ jingles in Hindi and regional languages, television publicity, outdoor and print media, community engagement through mobile exhibition vans, social media and field publicity. • **Awareness generation** through SMS campaigns, Mailers, Hand-outs, Brochures and other IEC material in English, Hindi and regional languages has been adopted. • **Social Media Platforms** such as MyGov, MWCD Website, Facebook, YouTube etc. are being used.	• Multi-sectoral actions have been planned in the selected 405 districts (including existing 161 districts) covering all States/UTs focusing on schematic intervention and sectoral actions in consultation with MHFW and MHRD. • **Review of measurable outcomes and indicators** from concerned sectors, States and districts are being compiled for urgent concerted multi-sectoral action to improve the CSR. • A **flexible framework for multi-sectoral action** is being adapted and contextualised by State Task Forces (STFs) for developing, implementing and monitoring **State/District Plans of Action (DAP)** to achieve the State Specific Monitorable Targets. State/ Districts similarly develop their plans responsive to different State/District contexts.

Core Strategies[461]

As the issue of declining CSR is complex and multi-dimensional, a multi-sectoral strategy which is governed by the core principles of respecting, protecting and fulfilling the rights of girls and women, including ending gender discrimination and violence has been adopted. The core strategies are as follows:

- Implementing a sustained mass media advocacy outreach campaign with a 360° media approach to create equal value for the girl child and promote her education.
- Placing the issue of decline in CSR/SRB in public discourse, the improvement of which would be an indicator of gender balance.
- Focusing on districts and cities low on CSR for intensive and integrated action.
- Adopting innovative interventions by the districts as per their local needs, context and sensibilities.

[460] As included in BBBP Scheme Guidelines (https://wcd.nic.in/guidelines/bbbp-guidelines)
[461] Ibid.

- Strengthening capacities of PRIs/ULBs/Elected Representatives/Grassroot workers as catalysts for social change, in partnership with local community/women's/youth groups.
- Engaging with Communities to challenge gender stereotypes and social norms.
- Facilitating service delivery structures/schemes and programmes are sufficiently responsive to issues of gender and children's rights.
- Enabling Inter-sectoral and inter-institutional convergence at District/Block/grassroot levels.

4.1.2. Performance of the scheme

Since 2018-19, all 640 districts (as per census 2011) of the country have been covered under BBBP scheme. Out of 640 districts, 405 districts are covered through Multi-sectoral intervention, Media and Advocacy and all 640 districts covered through Alert Media & Advocacy outreach.

4.1.2.1. Relevance

In line with the international commitments and rights of the girl child to life, survival, protection, education and participation underscored in SDGs, CRC and CEDAW, BBBP scheme as a unique initiative for dealing proactively with discrimination against the girl child has been significantly relevant. Further, it also addresses the need for urgent action against all-time low CSR as highlighted in Census 2011. It also aims to monitor progress in GER of girls at secondary education level and minimise gender differentials in U5MR. The scheme has received a lot of impetus as the Prime Minister launched it. The scheme elements of social mobilisation and communication campaigns along with monitoring of the PCPNDT Act, designed to improve SRB across the country are also well-aligned with WHO recommendations. **The evaluation finds the relevance of the scheme to be 'Satisfactory'.**

Relevance w.r.t Global Context

WHO recommends that the natural SRB is 105 boys to every 100 girls[462], and it is best to have equal numbers of men and women in society. When the sex ratio becomes wildly skewed, due to population experiments and malpractices, there is a serious shortage of women. This has several adverse consequences, including trafficking of women, increased violence against women, social instability, labour market distortions, and economic shifts[463]. For decades, in many parts of India, SRB has been significantly higher than 105. Looking at the increasing number of families in India, using sex-selective abortion to choose boys over girls, prompted the implementation of the Pre-conception and Pre-Natal Sex Determination Technologies (PCPNDT) Act that made it illegal to screen the sex of the foetus and conduct sex-selective abortions and the launch of BBBP that aims at celebrating the birth of the girl child by preventing gender-biased sex selective elimination.

In keeping with the international commitments highlighted in targets of SDG Goal 5 (Gender equality), i.e. end all forms of discrimination against all women and girls everywhere (Target 5.1), eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation (Target 5.2) and eliminate all harmful practices, such as child, early and forced marriage (Target 5.3), BBBP scheme addresses the targets mentioned above.

The objectives of the scheme are also well-aligned with international conventions. This includes, (i) Article 6 of UNCRC[464] that states, every child has a right to life and governments must do all they can to ensure that children survive and develop to their full potential, (ii) Article 2 of CEDAW[465] that mandates condemning discrimination against women in all its forms and (iii) Article 10 of CEDAW that states appropriate measures should be taken to eliminate

[462] http://origin.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/
[463] You Should Be Worrying about the Woman Shortage, Heather Barr, *Acting Co-Director, Women's Rights Division,* 2019. Human Rights Watch
[464] https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?_ga=2.162610296.571243807.1586419117-2092886258.1586419117
[465] https://www.ohchr.org/documents/professionalinterest/cedaw.pdf

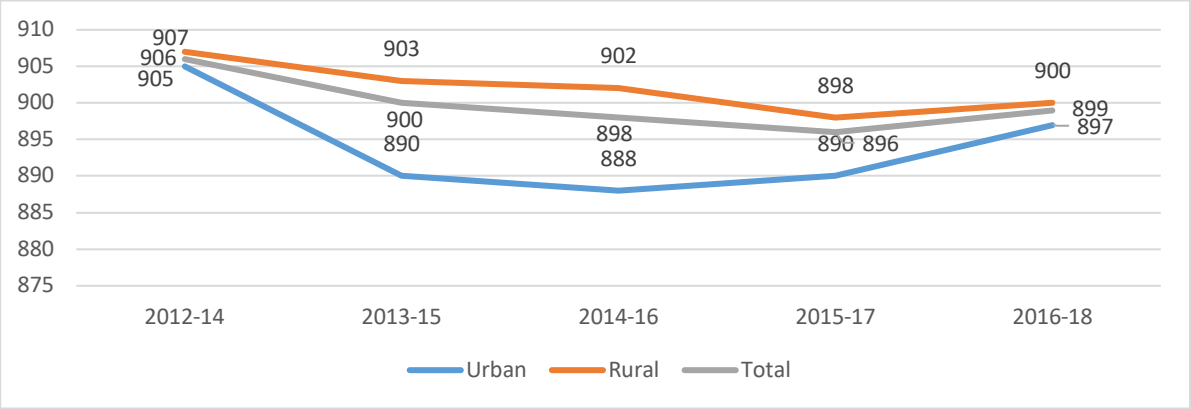
discrimination against women to ensure equal rights with men in the field of education and ensure the reduction of female student drop-out rates.

Relevance w.r.t. national context and policy framework

Women and children constitute around 70% of India's population and are the critical foundation for national development. 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 inter-generational cycle of multiple deprivation and violence faced by girls and women is reflected in the adverse and steeply declining CSR 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[466].

SRS (2018) showed that SRB has improved by 1 point to 899 in 2016-2018 from 898 in 2014-2016. Chhattisgarh has reported the highest SRB (958) while Uttarakhand, the lowest (840). SRS (2018) data showed that in India, rural areas have a better track record when it comes to the birth of a girl child, as shown in Figure 112. The survey shows that SRB in rural India was 900 in 2016-18 while the figure for urban India was 897 and the all-India figure was 899. Among the 22 large states, in 18 states, rural areas had a better SRB than their urban counterparts. For instance, Chhattisgarh has the best SRB, but it also has the highest disparity in rural (976) and urban (881) areas. Hence, 95 fewer girls were born (per 1,000 boys) in urban areas of Chhattisgarh as compared to rural areas. Similar patterns are seen in most of the States, with Chhattisgarh is followed by Karnataka, Delhi and Odisha in terms of rural-urban divide in SRB, with a difference is 79, 78 and 65 respectively. Uttarakhand has the lowest SRB in urban areas (810), followed by Delhi (841), Haryana (847), and Gujarat (865) (SRS, 2018).

Figure 112: Trends in SRB (SRS 2018)



Source: Sample Registration Survey, 2018

Ending gender-based inequities, discrimination and violence is stated as a priority in the Twelfth Plan (2012-17), and improvement in the adverse and steeply declining CSR is recognised as an overarching monitorable target in the Twelfth Plan for women and children.

Enrolment in educational institutions has increased over the years, while more number of girls are enrolled early, there exists a disparity in the kind and type of education between boys and

[466] NAVDISHA- National Thematic Workshop on Best Practices for Women and Child Development | National Conference for Child Survival & Development

girls receive, even in the early stages of life. The ASER 2019 "Early Years" report[467] highlights some concern areas. More than 90% children in the 4-8 age-group are enrolled in some type of educational institution, at least 25% of school children in the 4-8 age group do not have age-appropriate cognitive and numeracy skills, making for a massive learning deficit at a very early stage. Many Indian parents choose government schools for girls in the age group of 4 to 8 years while they favour private schools for boys; the children attending Anganwadi centres have lower cognitive skill and foundational ability than their counterparts in private LKG/UKG classes.

NFHS 4 recorded 38.4%, 21% and 35.7% of children below 5 years suffer from stunting, wasting and underweight respectively (corresponding figure for NFHS 3 were 47.9%, 19.8% and 42.5% respectively). Prevalence of severe acute malnutrition (SAM) in India is 7.5%. NFHS IV also found that in India in 2015-16, 56% of 6- to 59-month-old children were anaemic – a decrease of only 13.5 percentage points since the NFHS-3 study conducted in 2005-06.

India is also among the few countries in the world where, in 2018, the mortality under-five years of girls, exceeded that of boys, according to the 'Levels & Trends in Child Mortality' report by the UN inter-agency group for child mortality. BBBP is relevant in the national context as it was launched to address the declining CSR and related issues of women's empowerment by changing the mind-sets of the community towards valuing girl child. The key elements of the scheme include nation-wide awareness and advocacy campaign and multi-sectoral action to eliminate sex-selective elimination and ensure protection, education and participation of girls in society.

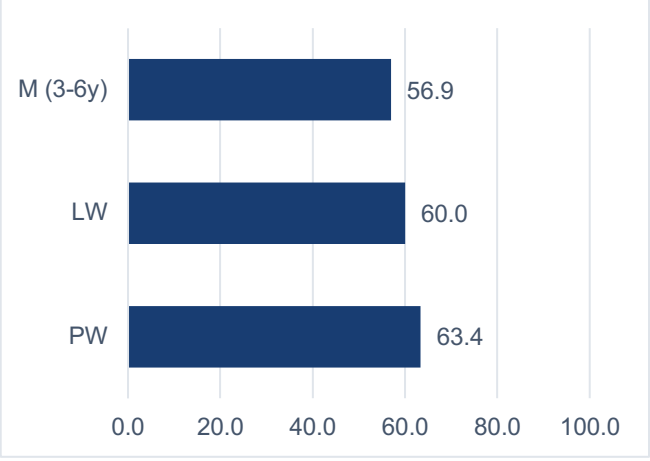
4.1.2.2. Effectiveness

The scheme has been able to generate a significant mass-mobilisation to eliminate gender discrimination and valuing the girl child. The primary survey found that the awareness of the scheme was also high, with more than 63% of respondents aware of the scheme and its objectives. More than 96% DTFs have been formed; convergence meetings are happening along with training, awareness campaigns and orientation sessions. The scheme has undertaken large scale mass-media and community mobilisation and sensitisation activities with several innovative events and mechanisms to engage the community. The scheme has been able to develop many good practices and community-level initiatives. **The evaluation finds the effectiveness of the scheme to be 'Satisfactory'.**

Awareness of the Scheme

The primary survey conducted as part of this evaluation in 12 states /UTs captured views of 669 Pregnant Women (PW), 765 Lactating Women (LW) and 787 mothers of 3-6 year-olds about their knowledge on BBBP scheme; 424 (63%) PW, 459 (60%) LW and 448 (57%) mothers of 3-6 years stated that they were aware of the scheme. The awareness about the scheme was found to be quite high, more than 50% across different groups, with currently PW

Figure 113: BBBP Scheme Awareness (in %age)



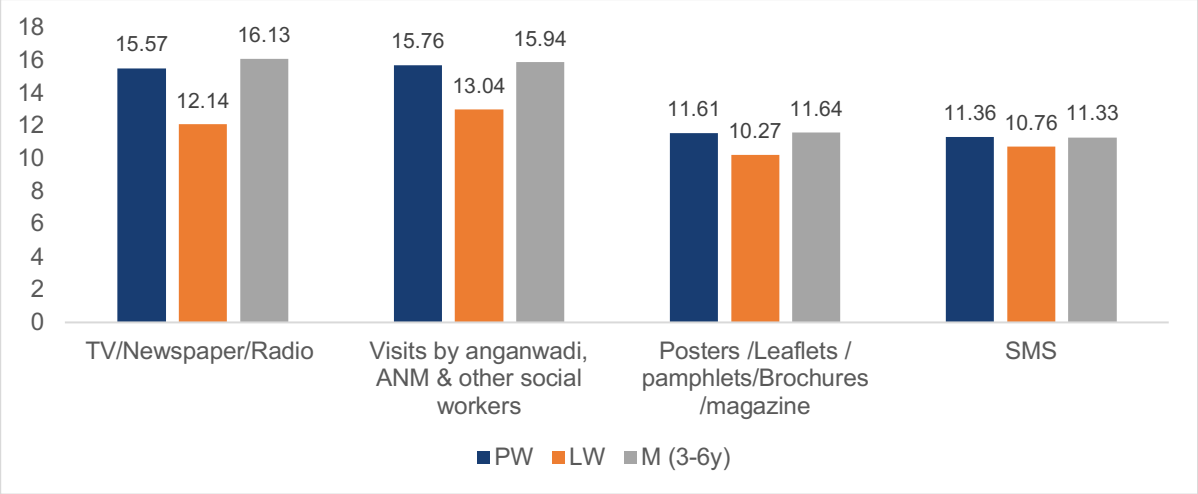
Source: Primary Data Analysis

[467] https://img.asercentre.org/docs/ASER%202019/ASER2019%20report%20/alldistricts_mainfindings_aser2019final.pdf

having more awareness than mothers of young children.

During the field survey, the respondents were asked to cite the various sources through which they became aware of the BBBP scheme. Multiple responses from pregnant women, lactating women and mothers of 3-6-year-old children were received. Data reveals that respondents followed BBBP's advertisements on television and radio and received messages from AWWs, ASHAs and ANMs. The women also acknowledged viewing posters and leaflets and receiving text messages.

Figure 114: BBBP - Modes of communication



Source: Primary Data Analysis

Institutional Setup

The current implementation status in terms of the required institutional structure has been highlighted in the table below.

Table 66: BBBP Institutional Structure

Institutional Structure	Target	Achievement
SRCW	33 States (States implementing MSK)	27 States
STF	All states and UTs	All States and UTs except West Bengal have constituted the State Task Force headed by Chief Secretary/ UT Administration
DTF	405 Districts	390 Districts
DLCW		DLCW is now functional in 191 districts in 19 States/UTs.
BLC	All Blocks of 405 Districts	BLCs have been constituted by 12 States/UTs namely, Andaman & Nicobar Islands, Arunachal Pradesh, Chhattisgarh, Goa, Gujarat, Haryana, Lakshadweep, Maharashtra, Nagaland, Punjab, Madhya Pradesh and Uttarakhand.
Source: Information on STF, DTF and BLC – PIB (11/07/2019)[468] | Information on SRCW and DLCW – MWCD Annual Report 2019-20		

State Task Force (STF) – All states except West Bengal have formed STF or similar convergence review team, which reviews inter-departmental programs and usually meets once a year.

State Resource Centre for Women (SRCW) – SRCWs under the MSK Scheme is expected to

[468] https://pib.gov.in/Pressreleaseshare.aspx?PRID=1578356

function as the State BBBP PMU to provide technical and coordination support for implementation and monitoring of the State action plan. Currently, the SRCW have a limited role as the implementation and activity plans are made at the district level. Designing and developing State Activity Plan for BBBP are not being undertaken currently. On most occasions, reports from districts do not reach State HQ, and it becomes difficult to coordinate and monitor activities related to the scheme. In Bihar, for example, the SRCW consultants are being used for providing operational support to a number of schemes, and are not being able to do much on BBBP.

District Task Force (DTF) – The DTF is responsible for effective implementation, monitoring and supervision of the District Action Plan[469]. Technical support and guidance for the formulation and implementation of Action Plan in the district are provided by District Programme Officer (DPO) in the District ICDS Office. MSK/District Level Centres for Women (DLCW), wherever functional, provides technical and coordination support to DC/DM on implementation of BBBP.

During the discussion with national-level officials, it was highlighted that the DTFs prepare Annual Implementation Plans and share with the National team. WhatsApp groups and Twitter accounts are being used for dissemination of information at various levels. Video Conferencing with district counterparts is held for discussion and consultations. District Collectors are often occupied with other administrative affairs and are not able to prioritise activities under BBBP. While DLCWs are available under the MSK scheme to monitor and manage the BBBP scheme at the district level, the DLCWs are only available in 191 out of 640 districts, with no staff available at district level for coordination, monitoring and reporting in the remaining 450 districts.

Scheme Coverage

As part of the primary study, 11 States and 1 UT was visited. The coverage of the scheme in terms of the number of districts covered under multi-sectoral interventions and advocacy and media campaigns have been detailed in table 66 below.

Table 67: BBBP Intervention Districts[470]

States / UTs	Multi-Sectoral Intervention Districts	Advocacy and Media Campaign Districts	Total no. of Districts
INDIA	**405**	**235**	**640**
Assam	3	24	27
Bihar	17	21	38
Chhattisgarh	2	16	18
Delhi	9	0	9
Jharkhand	12	12	24
Maharashtra	31	4	35
Mizoram	2	6	8
Rajasthan	33	0	33
Tamil Nadu	11	21	32
Telangana	8	2	10
Uttar Pradesh	68	3	71
Uttarakhand	13	0	13

Performance of the scheme in select states

The performance of the scheme in the selected States/UTs was assessed during interactions with State-level officials, DC/DMs and FGDs with community members. Findings from the interactions

[469] As included in BBBP Scheme Guidelines (https://wcd.nic.in/guidelines/bbbp-guidelines)
[470] Rajya Sabha Unstarred Question No 791

have been highlighted in table 67 below.

Table 68: BBBP – Insights from the States

States / UT	Highlights
Assam	3 out of 27 districts are implementing multi-sectoral activities. SRB has increased from 922 (2015-16) to 936 (2018-19). Education of the girl child has improved. BBBP focuses more on education than preventing gender biased sex selective elimination.
Bihar	17 out of 38 districts are implementing multi-sectoral activities. SRB has decreased from 928 (2015-16) to 915 (2018-19). Activities are planned in the District Action Plan, directly under the DC/DM, and it is challenging for the state to monitor and coordinate activities. Designed activities are district-specific, and there is no state-level communication plan. The Bachao part is addressed through the PC&PNDT Act, awareness and promotion, but there is no data about the 'Padhao' part, for instance, AWC enrolment data is not available. The activities do not address the core social determination issues. There is hardly any effort to change the age-old mindsets. Continuous engagement needs to take place with husbands, mothers-in-law, and family members. In villages, families continue to have more children in their desire to have a male child. Girls are viewed as a burden; dowry and social stigma are associated with the birth of girls.
Chhattisgarh	Out of 18 districts, Rajgarh and Bijapur have been selected for multi-sectoral activities. SRB has increased from 931 to 959 (28 points) between 2015-16 to 2018-19, though in 2017-18 it recorded 961. STF is functional, and Rajgarh district has bagged national performance awards several times. The two districts have good convergence mechanisms. During field level interactions, villagers said that practices like female infanticide and foeticide have reduced. Awareness of the scheme amongst villagers was significant. Most girls attend school but are also married-off early.
Delhi	All 9 districts are implementing multi-sectoral activities. SRB has increased from 904 (2015-16) to 920 (2018-19). Better targeting of the audience needs to be done at the district level. The critical target audience should include (i) girls and boys at marriageable age and (ii) youth as they can become change-makers. But currently, the focus on both these groups is minimalistic. Initiatives to effectively monitor the PCPNDT Act are performing well, and the required number of STFs and DTFs have been formed. Education of girls has improved.
Jharkhand	12 districts have been selected for multi-sectoral actions and 12 for media and advocacy. SRB has decreased from 924 to 921 (-3 points) between 2015-16 to 2018-19. The state has created the posts of "Awareness Activists" in all districts selected and monitored by the District Task Force. The state is aligned with training and orientation, and there is also a State Task Force, which is aligned with MSK. For monitoring SRB, Guddi-Gudda boards have been installed in all panchayats and are updated on the birth of a child in the area. This information is then sent to the District HQ for monitoring. Foeticide has gone down so has drop-out rates of girls, but child marriages still take place. Special focus is being given to the tribal areas of the state.
Maharashtra	31 out of 35 districts are implementing multi-sectoral activities. SRB has increased from 924 (2015-16) to 930 (2018-19). Girls are also going out of the villages to study/work. Infrastructure like roads, hostels etc. needs to be improved to enable more girls to study outside the villages.
Mizoram	2 out of 8 districts are implementing the multi-sectoral activities. SRB has increased from 955 (2015-16) to 958 (2018-19), but it had risen to 980 in 2016-17. Son preference is not a problem in the state, but SRB has gone down, which is a matter of concern. Awareness campaigns in schools and colleges are being held. State functionaries are not directly involved. Sex-selective abortions do not pose an issue in the State. STF meetings are held annually to discuss fluctuations in SRB. A favourable outcome of the scheme is that education of the girl child has received more prominence and has increased girl's enrolment in schools.
Rajasthan	All 33 districts of the state are designated for multi-sectoral actions. SRB has increased from 929 to 947 (18 points) between 2015-16 and 2018-19. Convergence at the district level and below is a challenge. According to an official, gender biased sex selective elimination has gone down, but very moderate level changes have taken place in terms of valuing a girl child. In an FGD conducted in Lasudiya Shah village in Jhalawar district,

	participants revealed that they had not heard about the BBBP scheme. PRI representatives of the village reported that 70% of the girls in the village attended school. Daily wage workers/labourers take their children along with them to work-sites and do not send them to school. Monitoring of the scheme is an issue due to lack of human resources.
Tamil Nadu	11 districts out of 32 districts are implementing the multi-sectoral plan. SRB had increased to 12 points from 935 (2015-16) to 947 (2017-18) but has declined to 936 in 2018-19. Most of the 11 districts are doing well, 4 Districts have been felicitated for outstanding work under BBBP. The increased role of the health department has helped achieve positive progress in BBBP implementation in districts. STF and other convergence mechanisms are in place at the state level. During village-level interactions, respondents stated that a greater number of girls attend school and girls in some households are viewed as 'assets. But the CDPO from Madurai pointed out that the decrease in SRB is a concern and specific targeted interventions will be required to address the same.
Telangana	8 out of 10 districts in the state are implementing the multi-sectoral plan. SRB for the state had declined by 22 points from 947 (2015-16) to 925 (2017-18), but it improved to 943 in 2018-19. 2 out of 8 Districts have been felicitated for outstanding work under BBBP. State-level orientation programme and convergence meetings at State and district level are organised. Mass media and public awareness campaigns are held. IEC programs with other departments are facilitated. Radio is used for advertisement, Telegu film personality has been selected to be a brand Ambassador. The BBBP logo has been incorporated in WCD department material, government correspondence and emails. The convergence committees at the state and district level have worked well. In districts, girl childbirths/birthdays are celebrated at ward/AWC level every month with the participation of public representatives. Felicitation of parents who give birth to a girl child at the hospital are organised every month. The National girl child day celebrated throughout the state. The PCPNDT act has been implemented very well; State officials conduct training of the district level officials and other functionaries on PCPNDT Act. Several public figures have been engaged in promoting the scheme.
Uttar Pradesh	68 out of 71 districts in the state are implementing the multi-sectoral activities. SRB has increased from 902 to 918 (16 points) between 2015-16 to 2018-18. Seminars are being organised to sensitise district functionaries. Recently, January 20 – 26 was observed as BBBP week. Awareness is being generated in all districts using street plays, wall paintings, radio jingles and various community/regional programs.
Uttarakhand	All 13 districts in the state have been selected for multi-sectoral actions. SRB has increased from 906 to 938 (32 points) between 2015-16 to 2018-19. A comprehensive strategy to place out-of-school girls in school or train them with life-skills has been launched as part of the "Beti Padhao" initiative. Very strict monitoring of the PCPNDT Act has been undertaken as part of "Beti Bachao" actions. Initiatives like "*Betiyon ke beech mein*" by departmental officials are undertaken to sensitise girls about girl-centric schemes and facilities. Religious leaders have been involved in spreading the message of BBBP. There is a positive change with the decline in female foeticide and an increase in attendance of girls in schools. Monitoring of the scheme is an issue, and implementation of the scheme depends on the priority of the DM / DC. STF and DTFs have been formed, but not put to use.
	Source for SRB Data: HMIS, MoHFW[471]

Advocacy and Media Campaigns

A **Nation-wide Campaign** focusing on addressing socio-cultural beliefs designed with the underlying theme of positive reinforcement of the girl child was launched in 2015. The campaign aimed at ensuring girls are born, nurtured and educated without discrimination, and they grow as empowered citizens of the country.

[471] http://164.100.24.220/loksabhaquestions/annex/173/AU3230.pdf

"**Beti Bachao Beti Padhao Week - The Daughters of New India**" is observed as a mark to Celebrate Girl Child and Enable her Education around the week of International Girl Child Day (i.e.11th October) – celebrated every year to promote empowerment of girls and reinforce gender equality.

To bring visibility and create awareness on valuing of the girl child, MWCD proposed to celebrate "**Beti Bachao Beti Padhao Week**"- as to mark National Girl Child Day (i.e. 24th January 2020). The celebration commenced on 20th January and concluded on 26th January 2020. The weeklong special campaign carried out various activities in a campaign mode, creating awareness and sensitising people of the district about the value of girl child.

Digital platform – BBBP has been using social media platforms to share and disseminate activities and achievements.

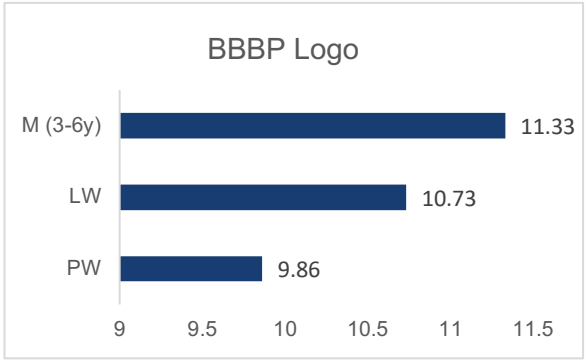
- **District WhatsApp groups** have been created where districts share their events and activities with others.
- Pictures and videos are shared on the Facebook Page: https://www.facebook.com/ministryWCD/photos/a.477612152383665/1873657959445737/?type=3&theater
- Access to motivational videos is available on BBBP YouTube Channel www.youtube.com/user/BetiBachaoBetiPadhao,and MWCD Website https://wcd.nic.in/media/video-gallery .
- The activities are also promoted/disseminated through MWCD's Social Media Handles.

The BBBP Logo, designed through a national competition in 2014, is a copyrighted image of MWCD and is used in all communication activities across the country.

In December 2017, the **Spot BBBP Logo Contest** was organised by MWCD, inviting people to share photographs of the BBBP logo that they spotted at unique locations and send it with a tagline. This was done to engage with a larger audience, thereby encouraging a positive mindset change in society through BBBP.

The field survey undertaken as part of this evaluation also highlighted that a lesser percentage of respondents knew about the logo of BBBP. Only 10% pregnant woman, 11% lactating woman and another 11% mothers of 3-6 years old said that they had seen it and remembered the logo.

Figure 115: BBBP Logo awareness (in %age)



Source: Primary Data Analysis

Brand Visibility of BBBP logo: All government buildings, public offices, official/public vehicles, public transport, school buses are using BBBP logo All states in India uses the BBBP logo in all government premises. **Telangana, for instance, uses the logo in all government correspondence.**

Table 69: BBBP Media, Advocacy and Outreach activities[472]

2018-19	2019-20
• **Radio** – Campaign through, 155 Pvt. FM Stations, 94 Community Radio Stations and 304 stations on All India Radio (AIR) platform. • **Television** - Campaign through 73 Pvt. TV Channels and 25 channels of Doordarshan Platform. • **SMS Campaign** - Reached out to 26.90 Cr subscribers during two month long Campaign from July-August. • **Social Media** – Active Presence on Social Media Pages and 57 Social Networking Sites. • **Digital Cinemas** - Campaign through 8555 digital cinema screens across the Country. • **Special Campaigns/drives** like BBBP Week-The Daughters of New India during special days. • **Field Publicity** – Awareness Programmes performed by professional troupes through Song & Drama Division, MoIB.	• MWCD distributed saplings with the message of Beti Bachao Beti Padhao to all the Member of Parliament (Lok Sabha and Rajya Sabha) • Ms. Mary Kom, Hon'ble MP Rajya Sabha gave her Audio Visual byte for BBBP video advertisement without any charge. • Cinema halls have displayed/installed standees, posters or on screen BBBP message without any cost to government. • Sponsorship Campaign during Feature Films, Laptop & Mug Branding and Scroll Messages through Doordarshan platform during January, 2020 to March, 2020 to ensure greater outreach of the scheme in the country.

Multi-sectoral interventions

Out of the 405 districts implementing Multi-Sectoral intervention under BBBP Scheme, the following initiatives have reported during the FY 2018-19[473]:

- 2212 Media/Awareness campaigns were conducted;
- 2,76,036 awareness activities were organised through various mode such as Nukkad Natak, puppet shows, magic shows, street plays, community meetings, etc.

To raise awareness through community mobilisation at the Gram Panchayat level, a one week programme was conceptualised as an innovative effort in District Bandipora, J&K to raise awareness among the masses through community mobilisation on issues like girls' education, female literacy, dropouts who are girls, etc. The community was also sensitised about re-enrolling girls who have dropped out and conducting School Management Committee (SMC) meetings to discuss girls' education and on-the-spot re-enrolment of dropouts. Special features of the programme were the nomination of female BBBP Ambassadors for every Panchayat from among female staff itself like teacher, headmistress, lecturers, etc. from the Education Department.

Innovative Interventions at the District Level

The multi-sectoral initiatives in districts have been focused on engaging communities for behaviour change, improvement in SRB, promoting institutional deliveries, birth registration, celebration of the girl child, reversing the social norms, drives for getting girls back to schools and preventing child marriage[474]. Some of the innovative interventions are as under:

Visibility of the issue in Public Domain

- **Guddi-Gudda Boards**: To display data related to the birth of girls and boys in prominent public places such as Panchayats, Anganwadi Centres, Health Centres and Block offices, Guddi-

[472] Information from PMU-BBBP
[473] WCD Annual Report 2018-19
[474] https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1523059

Gudda boards have been installed across all 640 districts. They help in promoting and building discussions around the issue of CSR and value of girl child during panchayat meetings.

Box 59: Digital Guddi-Gudda Boards[475]

MWCD has adopted the 'Digital Guddi-Gudda Board' as a Best Practice under BBBP scheme on the occasion of Digital India Week in July 2015. The digital Board has been popularised in the district of Jalgaon, Maharashtra and works as a platform for dissemination of IEC Material on BBBP as well as updating monthly birth statistics. The digital board displays audio-video material, including still frames for disseminating information. The Board is displayed at important state offices including that of the Chief Minister, district-level offices, Zila Panchayat offices, primary health centres and other public places frequently visited by the common man.

Breaking gender stereotypes & challenging son-centric rituals

- Celebration of Birth of Girl Child, dedicating special day on the value of girl child, linking Sukanya Samriddhi accounts with the birth of girl child and felicitating parents, plantation drives symbolising nurturing and care for the girl child, prevention of child marriages. **Example: Lakshmi Pujan** (Delhi), **Nanhe Chinh** (Panchkula, Haryana), **Kuan Pujan** (Haryana), **Themed Wall Painting Competitions** (Nainital, Uttarakhand), **Swagatam Nandini** (Katni, Madhya Pradesh), **Balika Manch** (Warangal, Telangana)
- **Local Champions:** Some districts have catalyzed the potential of **local champions on BBBP** who are chosen from diverse fields of sports, academics, writers, lawyers, students etc. District Administration selects the local champions as role models excelling in different fields. These local champions are entrusted to work in each block to sensitise the community about the importance of gender equality and empowerment of women as well as spreading the message of BBBP. The local champions are mobilising youth from gram panchayats and villages to work as community volunteers under BBBP.
- **Reward & Recognition:** Felicitation of Best Panchayats, Parents for valuing their daughters, Community Members, Local Champions for their exemplary work, meritorious girls **Example:** Nagaland, Jammu (J&K), Gandhinagar (Gujarat), East Kameng (Arunachal Pradesh)
- **Disseminating messages through religious fora** in Firozpur, Punjab on saving the girl child and promoting their participation in education. The participants that gathered in various Gurudwara Sahibs were motivated to avoid gender biased sex selection elimination and foster an environment that promotes the enrolment of girls in schools as well as the right age for marriage. Similar activities were undertaken in Senapati District of Manipur, where interventions were undertaken to sensitize Christian religious leaders on the issues faced by women and girls, and about the falling SRB.
- **Beti Bagicha, Hardoi District, Uttar Pradesh:** Encouraging families to celebrate the birth of a girl by planting a tree in her name in a designated public space set aside by the Gram Panchayat. The district has drawn a parallel between a nascent plant and the growth of a girl child with the intention of creating an emotional connect through the activity.

Enabling Girl's Education: Through Enrolment Campaigns focusing on girl education

- **"School Chalein Hum"** by Jalgaon, Maharashtra
- **"Aao School Chalein"** by Sikar, Rajasthan
- **"Apna Baccha Apna Vidyalaya"** and "**Collector ki Class"** by Jhunjhunu district, Rajasthan
- **Career Counselling Guide** by Sirsa, Haryana

[475] https://wcd.nic.in/sites/default/files/DigitalGuddiGuddaBoard_0.pdf

- **Udaan Initiative** by Mansa district, Punjab
- **Vidya Vahini** by Kaithal, Haryana**:** A subsidised monthly bus-pass service catering to female students of colleges and universities.
- **'Protsahan'** by Hamirpur, Himachal Pradesh: counselling meritorious girls within the District of Hamirpur on future career options and paths they can take in order to achieve their goals.
- **Shuchita–Five-S** by Ashoknagar, Madhya Pradesh: The Shuchita – 'Five-S' (Swachhata, Suraksha, Swasthya, Sammaan and Swavlamban) campaign aims to integrate the development of school-going and non-school going adolescent girls and reduce the drop-out rate among girls by educating them on Menstrual Hygiene Management (MHM). This convergent intervention is reaching out to girls, conducting health and myth busting consultation camps, manufacturing and selling sanitary napkins through SHGs, equipping select schools with vending machines and incinerators and holding motivational and confidence building seminars. Phase I involved reaching out to girls in 11 secondary schools and 28 girls hostels.

Box 60: Evidence: Gender attitudes among adolescents may be changed through classroom discussion[476]

Women face barriers in receiving an education, accessing health care, participating in the labor force, and having full autonomy over decisions like marriage and childbirth. Researchers are considering the role of cultural norms in perpetuating gender inequality and evaluating programs that aim to change attitudes towards gender roles. In Haryana, India, a series of interactive classroom discussions about gender equality, delivered to students in classes 6-8, over two and a half years, increased students' support for gender equality and led students to enact more gender-equitable behaviour. However, behaviour change was more pronounced for boys, perhaps because girls faced more constraints to changing behaviours.[477]

Prevention of Child Marriage: Campaigns are being undertaken by States and Districts to prevent Child Marriage.

- **Preventing Child Marriage through School Management Committees (Bijapur, Chhattisgarh):** Since there is a direct correlation between child marriage and school attendance, the district organised meetings between SNCs and community leaders to establish a clear link between child marriage and girls dropping out from school. Mass awareness campaign was held in schools and the local markets by community means through plays, nukkad nataks and puppet shows on the prevention of child marriage and completion of minimum education for girls. SMCs ultimately help in encouraging families to educate their daughters and delay marriage.
- **Nayagarh Story**: Notapalli village is declared Child Marriage free village. This has motivated other gram panchayats to pass similar resolutions to prevent child marriage in their respective panchayats and villages. Through BBBP initiatives, schools have become an important platform for preventing child marriage. Attendance of girls in schools has improved.
- **Child Marriage Prohibition Rath (Nayagarh, Odisha)**: In order to change mindsets, the District Administration decided to hold a Child Marriage Prohibition Rath. It was organised to move through the villages, Gram Panchayats and Blocks of Nayagarh District to generate awareness over a period of one month. Different local cultural activities, i.e. Palla, Daskathia, Ghuduki, etc. were also organised at the village level to promote awareness.

[476] Abdul Latif Jameel Poverty Action Lab South Asia (J-PAL SA). 2020. "Women And Child Development Evidence Summary note for DMEO, Niti Aayog" Custom Report. Last modified September 2020.
[477] Dhar, Diva, Tarun Jain, and Seema Jayachandran. (2018). "Reshaping Adolescents' Gender Attitudes: Evidence from a School-Based Experiment in India." NBER Working Paper No. 25331.

Strengthening Capacities

In 2019-20, 1308 training programmes were undertaken at the district level with various stakeholders and 1,42,638 participants were oriented and sensitised; and 23,622 capacity building training programmes for 3,81,336 frontline workers viz. ASHA, AWWs were organised in the 405 districts identified for multi-sectoral interventions[478]. A National Conference on BBBP was organised for the 244 new districts on multi-sectoral interventions and orientation on the Scheme to ensure effective implementation in these districts[479].

Convergence

2019-20, 1803 convergence meetings were held with the line department and various stakeholders (MWCD, Annual Report, 2019-20). A one-day National Level Training for State Nodal Officers/SRCW consultants of MSK and BBBP Scheme was held for all States/UTs in August 2019 in New Delhi. More than 60 participants from 26 States/UTs participated in the program. The participants comprised officials (nodal officers of MSK and BBBP) from DWCD/Social welfare from 27 States/UTs Admin and SRCW consultants. The objective of the national-level training was to strengthen/expedite the implementation of the MSK Scheme and to facilitate convergence with BBBP Scheme (MWCD, Annual Report 2019-20).

Box 61: Best Practices under BBBP

Daughters Club (Hoshangabad, Madhya Pradesh): This initiative supports the formation of an association of parents, who (a) have daughters and (b) do not plan to have more children. The Administration acknowledges members of the Club with a 'Gourav Patra' and 'Tulsi Pot' on public platforms /events in recognition of their promotion of the girl child

Una Utkarsh (Una, Himachal Pradesh): The District Administration of Una has undertaken an innovative experiment whereby DC Cards are issued to parents who have only daughters, intending to provide 'priority' in availing government schemes/benefits.

FootGal (Churachandpur, Manipur): To generate awareness, the District Administration organised a 10-day event called FootGal in which 240 high school girls participated in 24 teams at the District level. Foot Gal is a term coined the District Administrations to encourage girls to play football. District Anthem '*The Golden Girl That She Is*' was launched and played throughout the tournament to boost the confidence and morale of the girl child. BBBP logo and messages on 'Save the Girl Child' campaign were prominently displayed on billboards, banners and posters across the town and inside the venue culminating in taking BBBP message forward.

Honouring panchayats that achieve a comparatively higher Sex Ratio at Birth (Kapurthala, Punjab): The District administration selected 80 villages across 5 blocks of Kapurthala District having a low Sex Ratio at Birth (SRB), and focused activities were undertaken with regular monitoring. Out of 80 villages, Sarpanches from 60 villages were recognised and honoured with trophies and certificates at the District level by Members of the Legislative Assembly and government officials for their outstanding efforts and work at the grass-root level. Although concerted efforts have been made under the scheme, a few bottlenecks limit the effectiveness of the scheme components. Firstly, there has been no systematic study focused on understanding the social conditioning/determining factors that give rise to son preference in a given community. Communication initiatives sometimes do not target the right group of beneficiaries; for instance, there is an opportunity window to discuss the equal value of children with new couples, which is rarely done. According to National level officials, the performance of the programme is driven by the level of the initiative taken by district-level officials. Some districts have been proactive and organises a number of events like nukkad natak etc.

[478] MWCD Annual Report, 2019-20
[479] https://pib.gov.in/PressReleasePage.aspx?PRID=1531377

Source: MWCD Annual Report, 2019-20

4.1.2.3. Efficiency

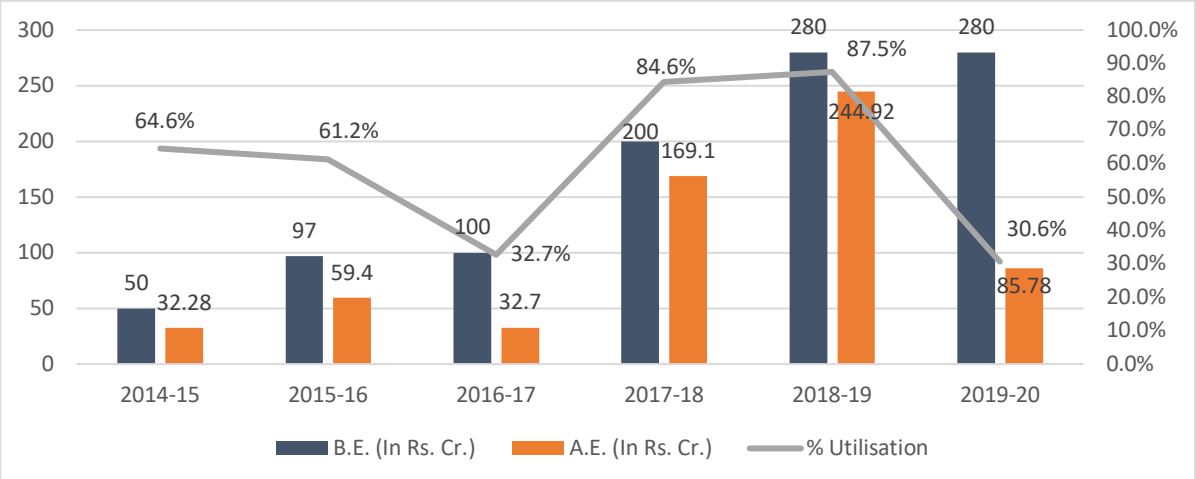
A large portion of the budget has been spent on media activities, and there has been no assessment conducted for the communication initiatives. Since the scheme's launch in 2015 till 2019-20, out of its total allocation of Rs. 1,007 Crore, the scheme has only been able to utilise around 62.4% (Rs. 628.4 Cr.) of the budget. During this time, the expenditure on mass-media activities has remained high, compared to multi-sectoral initiatives. Based on the available data, between 2014-15 and 2018-19, of the total AE of approx. Rs. 550 Cr., around 69% was spent on mass media and advocacy efforts, and only around 30% was spent on multi sectoral initiatives. The evaluation finds that in the first five years of the scheme, the focus has been on advocacy and dissemination of information, with on-ground interventions playing a secondary role. A key reason for the same is the lack of demand for funds for multi-sectoral interventions from the districts. In most cases, the Districts are able to claim (and spend) only the first tranche of Rs. 25 Lakh each year, which leads to the low utilisation of funds meant for district level multi-sectoral activities. The lack of available resources at the district level has led to this poor fund demand and utilisation at the district level. Only 191 districts out of 640 currently have an operational DLCWs under the MSK Scheme (which act as BBBP-PMUs at district level), and even where these DLCWs are in place, they are responsible for multiple other women-centric schemes in addition to the BBBP Scheme. Given this burden of multiple responsibilities, the DLCWs' efficiency and effectiveness for the BBBP scheme suffers. In terms of scheme monitoring, the BBBP scheme has a robust online monitoring platform which is being used to undertake near real-time monitoring of the scheme. **The evaluation finds the efficiency of the scheme to be 'Average'.**

Fund Utilisation

Under the BBBP Scheme, 100% financial assistance is offered for the district level component of the scheme. The grant-in-aid is released by MWCD directly to the DC/DM of the selected district.

The Scheme has struggled with fund utilisation since its inception. Since the scheme's launch in 2015, a total of Rs. 1,007 Crore has been allocated to the BBBP Scheme. However, in this period, the Scheme has only been able to utilise Rs. 628.4 Crores, thereby pegging the overall scheme utilisation to around 62.4% over the last 5 years. Year-wise fund utilisation is shown below.

Figure 116: BBBP – Fund Utilisation



Source: 2014-17: www.indiabudget.gov.in; 2017-18, 2018-19, 2019-20: WCD Annual Report 2019-20

Even though the fund allocation has increased from 50 Crore in 2014-15 to 280 Crore in 2019-20, the fund utilisation stood at 61% in 2015-16 but fell sharply to around 33% in 2016-17. The utilisation in 2017-18 and 2018-19 was comparatively high at 85% and 87% respectively, but the utilisation has yet again fallen drastically in 2019-20 to just around 30% in 2019-20.

The BBBP funds are directed to two main streams (i) Mass Media activities covering all 640 target districts; and (ii) Rs. 50 Lakh per annum to 405 districts for on-ground multi-sectoral interventions. Table 69 below shows the difference in the release of funds (i) for multi-sectoral activities and (ii) media activities. The figures highlight a significant difference in expenditure media activities and multi-sectoral interventions.

Table 70: BBBP – Budget for media activities (In Rs. Cr.)

Financial Year	Funds Allocated (B.E. in Rs. Cr.)	Total Funds Released (A.E. in Rs. Cr.)	Funds Released for multi-sectoral activities (405 Districts) (in Rs. Cr.)	Funds released for Media activities (640 Districts) (in Rs. Cr.)	% of media expenditure to total expenditure
2014-15	50.00	32.28	13.37	18.91	58.58%
2015-16	97.00	63.62	39.08	24.54	38.57%
2016-17	100.00	32.70	2.90	29.79	91.1%
2017-18	200.00	169.10	33.20	135.71	80.25%
2018-19	280.00	244.92	69.27	175.65	62.7%
2019-20	280.00	85.78	--	--	--
Total	1,007.00	628.40	165.74	384.60	

Sources: Lok Sabha Unstarred Question No. 40 (21/06/2019)[480], Annual Report 2019-20

Between 2014-15 and 2018-19, the BBBP scheme received Rs. 727 crores of budgetary allocation, of which Rs. 542.62 Crores was utilised. The expenditure for media activities stood at Rs. 369.08 Cr. which is almost 70% of the total expenditure for the period. The Multi-sectoral interventions amounted for just over 30% of the expenditure.

Even though the budget for Multi-Sectoral Interventions for 405 districts stands at just over Rs. 200 crore (based on Rs. 50 Lakh per district per annum) – a majority of the scheme's budget allocation – the expenditure for this component has remained significantly under-utilised in the last two years. As is visible from the table above. This can be attributable to the low demand for funds from districts under BBBP as highlighted by National level officials.

> "Rupees 50 lakhs are released annually, in two instalments for each of the 405 districts for multi-sectoral interventions and media and advocacy. In recent years, it has been observed that the districts are not coming forward for the second instalment of the funds, implying that the districts are able to spend a maximum of Rs. 25 lakh per annum only, this is also validated through the figures of fund utilisation prepared by the MWCD."
>
> MWCD Official

It should also be noted to until recently, the BBBP Scheme did not have any state or district level resources to drive the scheme's planning and implementation at the district level. The Mahila Shakti Kendra (MSK) scheme, launched in 2017-18 puts in place the DLCW, which – as part of its broad mandate – is also expected to act as the district level PMU for the BBBP scheme. Unfortunately, as on 31st March 2020, the DLCWs had been operationalised in only 191 districts,

[480] http://164.100.24.220/loksabhaquestions/annex/171/AU40.pdf

which leaved a majority of BBBP districts still without a strong district level anchor to drive the multi-sectoral interventions.

Funds allocation across States

States like Delhi, Maharashtra, Rajasthan, Uttar Pradesh and Uttarakhand have been receiving more funds than others. Along with these states, Bihar, Jharkhand, Tamil Nadu and Telangana received more funds in 2018-19. In five years (2015-16 to 2019-20), Uttar Pradesh has received 14% of the total funds released, followed by Maharashtra and Rajasthan at 7% points. States like Madhya Pradesh, Punjab, Haryana, Gujarat and Jammu and Kashmir have also received a significant amount of funds.

Table 71: BBBP Funds Released to the States

States/UT	Fund released to States (Rupees in lakhs)				
	2015-16	2016-17	2017-18	2018-19	2019-20*
India	3908.71	290.07	3318.41	8072.94	3354.72*
Assam	8.45	-	2.77	12.73	61.37
Bihar	8.45	-	20.71	395.51	10.70
Chhattisgarh	44.79	-	36.91	36.53	15.17
Delhi	231.27	-	97.85	119.14	70.99
Jharkhand	39.83	-	-	313.36	40.18
Maharashtra	370.88	-	295.38	513.99	184.18
Mizoram	44.79	-	32.5	100.00	25.00
Rajasthan	357.47	36.09	245.69	553.22	112.95
Tamil Nadu	23.04	-	30.88	429.60	134.10
Telangana	44.79	-	11.32	192.88	126.47
Uttar Pradesh	429.73	-	601.75	1243.15	299.76
Uttarakhand	133.5	-	101.81	281.61	206.22
Sources:	PIB, July 2019 [481]			WCD Dashboard	Lok Sabha Unstarred Question No. 4149[482]

Scheme Monitoring

For an extensive review and regular monitoring of the scheme, an online MIS has been developed by MWCD[483]. All districts implementing the scheme can access the MIS with district-specific username and password. The online monitoring portal (http://www.bbbpindia.gov.in/) is being used by districts for reporting. Most of the state officials highlighted that there is no designated staff for BBBP, and district functionaries find it difficult to use the online monitoring portal owing to their excess workload under various schemes. They further stated that States face difficulties in regularly reviewing and monitoring the activities or budget utilisations under the scheme due to lack of corporation from the districts.

Direct video conferencing with districts has been one of the main channels of communication for the national team to conduct a review and receive an update on the scheme. The national-level officials shared that there are WhatsApp groups in all districts where grassroots level workers continuously update about the activities they are undertaking. Higher officials are also included in the group, which motivates the personnel working for the scheme as well as act as an efficient platform for sharing of creative ideas across districts. Half-yearly reports are received from the districts on the health indicators that are reviewed at the centre level.

Though the district administration is being motivated to achieve the targets and goals of the BBBP

[481] https://pib.gov.in/Pressreleaseshare.aspx?PRID=1578356
[482] http://164.100.24.220/loksabhaquestions/annex/172/AU4149.pdf
[483] Link to the BBBP MIS portal: http://www.bbbpindia.gov.in

campaign through timely and increased utilisation of funds, however, lack of information on the total number of events, the total number of people reached-out, assessment of communication activities continues to be a lacuna. As a scheme primarily focusing on communication outreach programmes, the need to develop a functional monitoring framework emerges as essential to determine whether the targeted beneficiaries are effectively reached.

District authorities under the scheme are required to effectively monitor and ensure that the use of sex-determination tools by families and doctors leads to stringent legal action against them. However, the CAG Report (2014-16) highlights that none of the gender-critical districts in Haryana has an anonymous online complaint portal that was mandated to be made functional by September 2014. Only seven complaints regarding unregistered doctors operating ultrasound machines and illegal activities under the PCPNDT Act were received during 2014-16. Further, as per the report, the district PCPNDT cells were to be strengthened with technical staff and equipment. However, no action had been initiated in this regard. Field inspections and monitoring were to be carried out every three months in all districts by the State Inspection and Monitoring Committee. Nonetheless, no inspections were conducted, and out of the mandated five meetings of the committee, only one was held in 2015-2016.

In Telangana, the PCPNDT act has been implemented well. The State officials conducted training to the District-appropriate authority officers and other functionaries on PCPNDT. There has been a lot of push in restricting counter-sex selective measures through monitoring and surveillance. States and districts are undertaking training and monitoring visits, but reporting is not regular. Information stays with the District Collector and the Health Department.

4.1.2.4. Sustainability

The scheme has received unprecedented coverage and prominence with the Prime Minister himself endorsing it and mentioning it in his national addresses. It aspires to change traditional mindsets, for which a Behaviour Change Communication (BCC) strategy is required, to identify the deep-rooted problem and address it specifically. Mass media may be one of those activities, but it alone cannot address inherent beliefs and traditions. More than half of the allocated budget has been spent on mass media activities. Mere awareness generation without providing the necessary support structures limit the sustainability of the scheme. **The evaluation finds that the sustainability of the scheme is 'Average'.**

BBBP was planned to implement a sustained social mobilisation and communication campaign to create equal value for the girl child and promote her education and place the issue of decline in CSR/ SRB within the public discourse for good governance by focusing on gender critical districts and cities. However, the scheme has advanced as a district-based programme, with small, local arrangements and activities. Most activities are incentive-based and symbolic and do not address deep-rooted social determinants.

With the launch of BBBP, there is increased discussion at the State and district levels about SRB, and it is closely monitored. However, deeper socio-cultural and economic factors associated with the girl child including perceptions of families that girls are a burden and '*paraya dhan'* (someone else's property), and expenditure on nurturing and educating them is wasteful, are yet to be adequately addressed, as evident from the primary survey findings. This will require an extensive problem analysis at the district level as a few promotional events cannot change age-old mindsets.

The Beti Padhao part has improved through BBBP, but there is a long way to go to achieve Beti Bachao in India. Nearly 12% of women have undergone sex-determination tests and women have said that they are taunted in their family and neighbourhood when they borne girls. Detrimental factors that are associated with the birth and nurturing of a girl child are (i) she will have to be married-off, (ii) which will entail dowry, (iii) even if she earns money, that will benefit her in-laws and (iv) some education will fetch a better groom and (v) sons take care of parents and can conduct last-rites.

"The neighbours taunt me as I have three daughters..." said a mother from Uttar Pradesh. Another woman said that girls are being sent to school because "some education helps in arranging marriages."
"Foeticide and infanticide were quite common, but now people are afraid of being arrested, said an officer from Telangana. Child trafficking and abandoning are common, he said.
An officer from Assam said, "tighter control of PCPDNT act is required, as there is low awareness that sex determination before birth is a crime."
"Girls are considered to be a burden; dowry during the marriage is a grave concern." "The birth of a girl is not a joyous occasion." "People in villages still try for 3-4 kids to have a son." – responses from different people during the FGDs in Bihar.
"I would list child marriages as one of the most pressing concerns in the panchayat", PRI member Kanker district, Chhattisgarh.
"Inequality in the education of girl child persists", PRI member Simdega, Jharkhand.
FGD in Lasudiya Shah village in Jhalawar district in Rajasthan revealed that no one had heard about this scheme.
"Dowry is a constant source of concern for parents." – respondent from Uttarakhand

These have been some of the common voices from different districts and states of the country. Though almost all discussions have concluded that there have been observable changes in the community – like lowering of sex determination tests and gender-biased sex selection and

elimination, a greater number of girls attending schools than before, few households not discriminating between the boy and the girl child in terms of food given. But marriage seems to be the only goal for a girl child, and it is important to have a son to continue the family.

It is also true that the BBBP scheme on its own cannot address gender inequality in Indian society. Though HMIS data shows significant improvement in India's sex ratio at birth, the SRS 2018 data reveals that has only increased by 1 point since 2012-14. In terms of educating the girl child, data shows that school enrolment has increased. Enrolment, however, is only the first step towards education. Successful education depends not just on enrolling in school but attending classes and learning before graduating. Latest data from ASER shows that a large proportion of school-going boys and girls still struggle to read or perform basic arithmetic calculations, pointing to deeper issues in India's education system. The scope of BBBP should go beyond awareness generation to creating an enabling environment for women and girls as a whole. Promotion of schemes that provides economic empowerment, promoting and providing skill development to enhance economic avenues for them.

4.1.2.5. Impact

While the CSR figures – which are the ultimate objective for the BBBP Scheme will only be available in the 2021 Census, the BBBP Scheme has been able to show significant improvements in the Sex-Ratio at Birth (SRB) numbers. The MoHFWs HMIS data shows that SRB has shown an increase across the country, with the SRB increasing from 918 in 2014-15 to 931 in 2018-19. The scheme started with 100 critical districts and then extended to 61 more districts. The scheme has been able to showcase community-level initiatives across the country on girl empowerment, participation, girls' education and against child marriage. In terms of girls education, the Gross Enrolment Ratio (GER) for girls in secondary education has also shown improvements. Gender differentials in under-5 mortality rate (U5MR) has lessened. There has also been an improvement in the number of girls' toilet in schools. **The evaluation finds the impact of the scheme to be 'Satisfactory'.**

Strong son preference has led to 'missing girls" (gender-biased sex selection and elimination) or "unwanted girls" (having a girl child, instead of a boy – hence less nutrition, health, education) in India. The BBBP scheme was a long-overdue intervention to ensure the basic survival of girls in a highly discriminatory environment.

An analysis of the BBBP 2018-19 Annual Report and MWCD data reveals that there have been improving trends in BBBP indicators. Impact across various BBBP Indicators between 2014-15 and 2018-19 is highlighted below:

i. Improving trend in SRB is visible in a majority of States/UTs. All but 9 States/UTs showed an improvement in SRB. Chandigarh (874 to 925), Andhra Pradesh (921 to 960), Uttarakhand (903 to 941), Haryana (876 to 912), and Uttar Pradesh (885 to 919) have shown the highest improvement in SRB between 2014-15 and 2018-19.[484]
ii. Improvement in first-trimester registration of pregnancy – with 31 States/UTs showing an increase in first trimester registrations. Dadra and Nagar Haveli, Daman & Diu, Chandigarh, Chhattisgarh, Jharkhand, Odisha, Andhra Pradesh and Bihar have shown the highest improvement in first trimester ANC coverage. [485]
iii. 28 States have reported improvement in institutional deliveries between 2014-15 and 2018-19. Dadra & Nagar Haveli, Andhra Pradesh, Telangana, Daman & Diu, Chhattisgarh, Manipur, West Bengal, and Uttar Pradesh have shown the highest improvement in institutional deliveries.[486]
iv. Girls enrolment in secondary education improved from 76% in 2013-14 to 81.32% in 2018-19 (U-DISE).

Since the national roll-out of the BBBP scheme, it has been well-received and favourable trends are visible across states. The MoHFW HIMS Data shows that in years since the scheme's launch, the SRB has improved from 918 (2014-15) to 931 (2018-19)[487]. Analysis for 405 multi-sector interventions districts undertaken by MWCD showed an increasing trend in SRB in 212 BBBP districts, with 258 districts reporting progress in the first-trimester registration. Data also showed improvements in the status of institutional deliveries in 373 out of 405 districts.[488]

[484] MoHFW HMIS
[485] Ibid.
[486] Ibid.
[487] Ibid.
[488] WCD Annual Report 2018-19 (Page 65)

Table 72: SRB in States

States	2014-15	2018-19	%age Change
A & N Islands	967	939	-2.9%
Andhra Pradesh	921	960	4.2%
Arunachal Pradesh	916	914	-0.2%
Assam	920	933	1.4%
Bihar	936	911	-2.7%
Chandigarh	874	925	5.8%
Chhattisgarh	930	956	2.8%
Dadra & Nagar Haveli	939	935	-0.4%
Daman & Diu	894	877	-1.9%
Delhi	901	921	2.2%
Goa	939	953	1.5%
Gujarat	901	918	1.9%
Haryana	876	912	4.1%
Himachal Pradesh	897	924	3.0%
Jammu & Kashmir	936	940	0.4%
Jharkhand	920	916	-0.4%
Karnataka	945	950	0.5%
Kerala	959	961	0.2%
Lakshadweep	1000	873	-12.7%
Madhya Pradesh	926	936	1.1%
Maharashtra	920	927	0.8%
Manipur	933	929	-0.4%
Meghalaya	938	955	1.8%
Mizoram	971	963	-0.8%
Nagaland	948	940	-0.8%
Odisha	948	939	-0.9%
Puducherry	916	945	3.2%
Punjab	892	896	0.4%
Rajasthan	929	948	2.0%
Sikkim	957	946	-1.1%
Tamil Nadu	917	943	2.8%
Telangana	925	955	3.2%
Tripura	958	929	-3.0%
Uttar Pradesh	885	919	3.8%
Uttarakhand	903	941	4.2%
West Bengal	942	945	0.3%

In terms of SRB, States/UTs like Chandigarh (51 points), Andhra Pradesh (39 points), Uttarakhand (38 Points), Haryana (36 Points), Uttar Pradesh (34 Points), and Telangana (30 points), have shown remarkable improvements in SRB in the four years (2014-15 to 2018-19), based on MoHFW HMIS data. During the same period, on the other hand, Mizoram (-8 Points), Nagaland (-8 Points), Odisha (-9 Points), Sikkim (-11 Points), Daman & Diu (-17 Points), Bihar (-25 Points), Andaman & Nicobar Islands (-28 Points), Tripura (-29 Points) and Lakshadweep (-127 Points) have shown a decline in SRB. States like Himachal Pradesh, Chhattisgarh, Tamil Nadu, Rajasthan and Gujarat have shown good improvements.

Box 62: Implementation of PCPNDT Act leads to increase of SRB in Haryana[489]

Haryana State had the worst child sex ratio of 834 among all states in the country as per census 2011. At the end of 2011, the SRB in Haryana was 853, but in the year 2017, the state has achieved SRB of 914 for the first time since 2001. In Haryana, 17 districts of the state have achieved SRB of 900 or more, and no

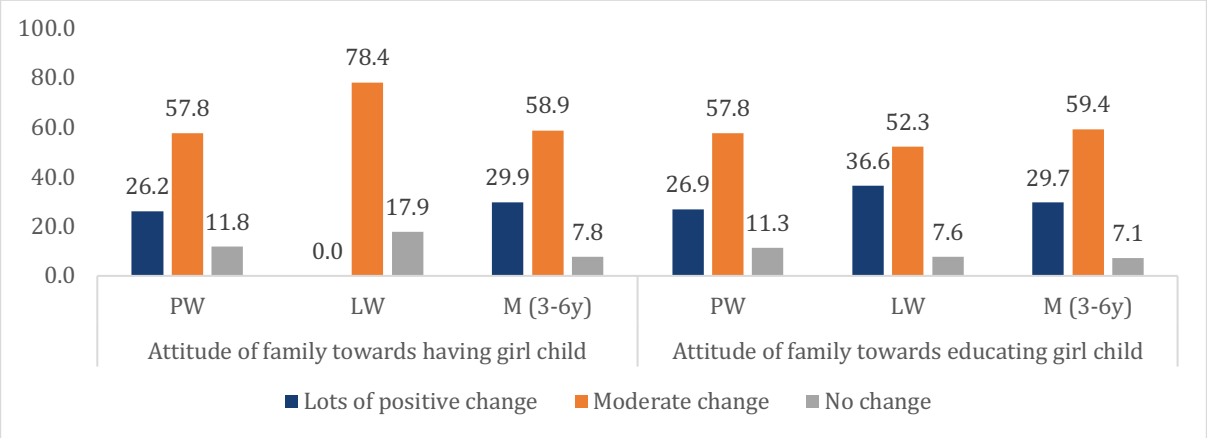
[489] Verma, R., Dhaka, R., & Agrawal, G. (2018). Beti Bachao, Beti Padhao (BBBP) programme: a right initiative to save the girl child. *International Journal Of Community Medicine And Public Health*.

district has recorded SRB below 880. This improvement was made possible due to the effective implementation of the PCPNDT Act. The state had launched a massive drive against sex determination, sex-selective abortion and female foeticide as part of BBBP. Extensive interventions were undertaken to curb the illegal practices by strict enforcement of the PCPNDT Act and Medical Termination of Pregnancy Act in the state. During this campaign inter-district as well as interstate raids were planned and implemented with the help of the concerned authorities of neighbouring states to arrest the culprits involved in cross border sex determination.

Even though the numbers in terms of SRB – as an intermediary target of BBBP – have improved, there is still a long way to go. In a study conducted in Haryana[490], 63% of respondents believe that there exists a difference between a girl and a boy child and 46% said that they would have a problem if they do not have a son. 48% believe that it is important to have a son in the family to carry the family name and to perform the last rituals. Therefore, social and religious pressure is one of the reasons which makes people believe that to have a son in the family is a must. The reasons cited by the people for not preferring the girl child were dowry system, the safety of women, society pressure, family pressure etc.

The primary survey results under this evaluation are more encouraging. The respondents were asked about the attitude of the family members (i) towards having a girl child and (ii) towards educating a girl child. 26% pregnant women and 30% mothers (of 3-6 years) said that there is a lot of positive change in the family towards having a girl child; 27% pregnant woman, 37% lactating woman and 30% mothers (of 3-6 years) said that there is a lot of positive changes towards educating the girl child.

Figure 117: BBBP Changes in Attitude toward the Girl Child



Source: Primary Data Analysis

> "We are emotionally harassed and taunted if we give birth to a girl child. Girls are still seen as a liability by the family since birth, and giving of dowry is seen a burden. The low value attached to the girl child prohibits parents from investing in her health and education."
>
> FGD with community members across selected States

During primary data collection, village-level interactions were held with around 1168 women through various FGDs in the 12 states / UTs. In the course of the discussion, 168 (14.4%) women admitted that they had undertaken a sex-determination test when they were pregnant.

The primary survey also revealed that around 12% of women had undergone sex determination

[490] Maheshwari M., Role of development communication in improving Child Sex Ratio (CSR) in Haryana: A case study of 'Beti Bachao Beti Padhao' programme. Organising Committee, 358.

tests, and they knew about the sex of their unborn child. Currently, lactating women (12.6%) knew about the sex of their child before birth, i.e. 12% pregnant women and 11.2% mothers of 3-6 years old. This highlights that the Beti Bachao component focuses on monitoring the PCPNDT Act but has not been able to address the social determinants that facilitate the devaluing of a girl child in the family.

4.1.2.6. Equity

There is no way to ascertain whether intended audiences and vulnerable populations are being reached through the scheme or not. However, since funds have been released to government agencies for publicity, it can be concluded that most population of the country has received BBBP messages. **The evaluation finds the equity of the scheme to be 'Satisfactory'.**

The target beneficiaries for this scheme are husbands, family members and the community at large, more specifically young men and women and newly married couples, across locations and social strata. This makes the target population very large, in a country like India. The BBBP scheme has not tried to delve into specificities and has mostly operated at a broad community level. There is no way to ascertain, whether parents of girl children from very poor, marginal families were contacted through the scheme. Mass media advertisements like newspaper, television and radio still have reach-out challenges on the one hand, and the same message is delivered across the land on the other. There has been no effort to assess these activities and gauge the coverage.

During FGDs, women said that girls of poor families, tribal families are married-off at a very early age. Some also said that the migrant population do not send their children to school. But a large number of women said that more girls are attending schools than before. Few women in Assam said that girls nowadays receive an equal amount of food like boys. One woman said that her neighbours taunt her because she has three daughters. The burden of dowry overshadows all other feelings for the girl child.

4.1.3. Analysis of Cross-Cutting Themes

4.1.3.1. Accountability and Transparency

The BBBP scheme guidelines[491] reinforce the need for extensive review and regular monitoring at various points. The guidelines mention that MWCD has developed an *online Management Information System (MIS) for monitoring & evaluation*. The MIS is to be updated and submitted quarterly. However, the data on this MIS is *accessible only to all scheme implementing districts* through a district-specific user name and password. Thus, the MIS data is *not available in the public domain*.

M*onitoring taskforces at various levels are available for effective implementation and review*. The scheme's implementation framework outlines taskforces at the National, State and District Levels, as well as committees at the Block, Gram Panchayat and Village levels for coordination, supervision and monitoring. A detailed description of the responsibilities and tasks assigned at various levels provides clarity to the stakeholders within the scheme's monitoring framework.

To enhance transparency, the scheme *mandates audits and evaluations*. The guidelines plan for audits to be undertaken as per the Comptroller and Auditor General of India norms. To implement direct feedback from the individuals and institutions involved in scheme implementation, social audits are planned to be undertaken by civil society groups. However, the guidelines *do not mention the frequency at which the audits are to be undertaken* and do not mention how the findings will be taken forward.

Overall, the scheme exhibits a *clear intent to ensure accountability and transparency* in implementation. While the mandate to ensure monitoring at various levels, and ensure documentary evidence of scheme activities is commendable, clarity on timelines and ways in which the records will be taken forward for scheme improvement needs to be provided. Further, the scheme should consider providing some level of MIS data in the public domain – particularly data relating to funds utilisation, health indicators etc.

4.1.3.2. Direct/Indirect Employment

The scheme does *not have any component that fosters direct/indirect employment* as it is not within the purview of the scheme's stated objectives. The scheme focuses on *creating a more enabling environment for girls and women* - rather than actively facilitating employment or income generation.

4.1.3.3. Gender Mainstreaming

Declining Child Sex Ratio (CSR) is a *major indicator of women's disempowerment* in India. At one level, it reflects *pre-birth discrimination* manifested through gender-biased sex-selective practices. The easy availability, affordability and subsequent misuse of diagnostic tools have resulted in increasing sex selective elimination of girls leading to low CSR. At another level, it reflects post-birth discrimination manifest in social practices that impede girls from accessing an equal life.

BBBP seeks to ensure equal value, care for and survival of the infant and young girl child by addressing discriminatory patriarchal mindsets and the gendered access to various entitlements.

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

One of the core strategies of the scheme is "*positioning improvement in CSR has a lead development indicator for good governance*".[492] From a girl child rights perspective, BBBP generates awareness to create attitudinal shifts that emphasise the rights of a girl child, by breaking myths and stereotypes around gender. Furthermore, the scheme *fuels community ownership in preventing violations faced by girls*, thereby encouraging all community stakeholders to create a safe and nurturing environment for the girl child.

In addition, BBBP provides a *healthy budget allocation for the girl child at the Central and State levels*, thereby ensuring financial provisions to support the legislative provisions for the protection of the girl child. Further, the scheme focusses on *building women leaders from the community* through various sensitisation programmes to make them aware of their rights, so that they can ensure these rights for the girls and women in their community.

In sum, BBBP is directed towards ensuring the survival and protection, as well as educational outcomes for the girl child. *Gender mainstreaming is ensured through various layers* within the scheme – by prompting changes in patriarchal behaviours and attitudes, by ensuring budgetary allocations for the well-being of girl children at several levels, and by instituting women leaders in communities.

4.1.3.4. Climate Change and Sustainability

The scheme does not have any component/strategy that addresses climate change or contributes to sustainable practices since climate change is not relevant to the scheme's objectives.

4.1.3.5. Role of STSP and SCSP component in mainstreaming Tribal and Scheduled Caste population

BBBP does not have any specific funds allocated under the Tribal Sub-Plan (TSP) or the Scheduled Caste Sub-Plan (SCSP).

4.1.3.6. Use of IT/Technology in driving efficiency

Under BBBP, the major use of IT/technology comes through in the development and use of the scheme MIS. As detailed in the '*Accountability and Transparency*' sub-section, the MWCD has developed an MIS for *monitoring the scheme progress*. The online MIS is live on http://www.bbbpindia.gov.in; however, data on the MIS is *accessible only to the scheme implementing Districts* via a District specific user name and password. The scheme guidelines[493] require that a progress report be furnished by the nodal officer (DPO, ICDS) in coordination with the nodal officer of the Department of Health and Education every quarter on the BBBP MIS portal. The MIS is updated every month at the District level, and the nodal officer is tasked with the ensuring that the MIS is updated and submitted quarterly.

Given that the major thrust of the scheme is on on-ground awareness campaigns, community-led initiatives and local interventions, the scheme guidelines[494] mandate regular documentation through reports, photographs and MIS at the District level. However, given that such data or photographic evidence is not available in the public domain, it becomes difficult to ascertain the scheme progress and to gauge the role of technology in enhancing efficiency in implementation.

[492] Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.
[493] Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.
[494] Ibid.

While the development and operationalisation of the MIS is a crucial first step towards streamlining the processes of record-keeping and monitoring, the scheme should explore providing some level of scheme information in the public domain to let non-implementers understand progress and extent of target achievement as well.

4.1.3.7. Development, dissemination & adoption of innovative practices, technology & know-how

BBBP's thrust on innovation comes through in the way in which communities have been engaged to ensure gender equality in their local environments. The scheme has noted significant innovative practices being undertaken by States/UTs, with *local leadership leveraging community strengths* and *calibrating strategies to community needs and gender sensitivity*. Innovative practices from across the country have been documented on the BBBP website[495], thereby creating channels for emulation and cross-learning. Innovation has been noted with respect to five broad scheme objectives – *'survival of girls', 'protection of girls', 'education of girls', 'participation of girls' and 'valuing of girls'*.

Innovative practices to promote the '*survival of girls*' have focused on the effective implementation of the Pre-Conception & Pre-Natal Diagnostic Techniques (PC&PNDT Act) Act that bans gender-based sex selection. Promotion of institutional deliveries and registration of first ANC check-ups were also focus areas. To achieve these monitorable targets, Districts have been noted to implement several initiatives like '*Daughters' Clubs*' that comprise parents who have only daughters, honouring Gram Panchayats that have achieved a high Sex Ratio at Birth over the last few years, and initiatives like '*Bitiya Aur Birwa*', which recognise families that have daughters.

For the '*protection of girls*', District administrations have been observed to undertake activities revolving around protecting girls from being underweight and anaemic below the age of 5, promoting the active usage of the Mother-Child Protection (MCP) Card and ensuring that girls are equally cared for within a household. Innovative activities to ensure these objectives range from challenging nutrition-based discrimination against girls and ending child marriage to campaigning against child sexual abuse and developing self-defence skills among girls.

'*Education of girls*' remains a key focus area for the scheme. The scheme *promotes active enrolment, retention, transition and completion of secondary school education for girls*, in addition to re-enrolling dropouts. Innovative activities in this regard include the *creation of adolescent girls clubs like 'Balika Manches'*, promoting a dialogue between District Collectors and adolescent girls such as *'Collector ki Class'*, encouraging girls to understand the functionality of police stations through initiatives like *Bal Mitra Police* and campaigns like *'Aao School Chale'* to encourage girls to attend school. Most importantly, the emphasis has been laid on providing knowledge about menstruation to girls in schools through initiatives like the *'Yes, I Bleed' campaign*, which have proved to be an empowering and enriching source of information.

BBBP exhibits a *strong bent towards fostering innovation* within the scheme implementation framework. Implementing bodies and functionaries have been granted the flexibility to think creatively and achieve the scheme outcomes. There is *evidence of acceptance of innovation on the part of communities as well*, thereby paving the way for sustained behaviour and attitudinal shifts. The detailed records of innovative practices adopted are maintained and disseminated, thereby

[495] Ministry of Women and Child Development. (2019). Innovations under Beti Bachao Beti Padhao.

strengthening the channels for experience sharing, cross-learning and application of creative methods.

4.1.3.8. Stakeholder and Beneficiary Behaviour change

One of the key strategies of the BBBP is implementing a sustained advocacy outreach campaign with a 360° media approach *to create equal value for the girl child and promote her education*. The campaign *aims to create behaviour change* to ensure that girls are born, nurtured and educated without discrimination to become empowered citizens of this country with equal rights. The multi-sectoral initiatives in the Districts have been targeted towards various objectives - engaging communities for change of mind-set, improvement in Sex Ratio at Birth, promoting institutional deliveries, maintaining village level record of birth and their exhibition in public places through Guddi-Gudda Boards, birth registration, encouraging the celebration of girl children, challenging son-centric rituals and reversing the social norms, re-enrolment drives for getting girls back to schools and preventing child marriage. [496]

This nation-wide media campaign includes radio spots/jingles in Hindi and regional languages, video spots, SMS campaigns, community engagement through song and drama, e-mailers, hand-outs, and brochures. The use of social media is also reported.[497] This nation-wide media campaign covers all 640 Districts within the country. The MWCD Annual Report 2019-2020[498] notes that the BBBP scheme has stirred up collective consciousness towards changing the mind-set of the Nation towards valuing the girl child. It has resulted in *increased awareness, sensitisation and conscious building around the issue of declining CSR across the country*. As a result, a *favourable trend* with concerted efforts at National, State and District levels has been seen in Sex Ratio of Birth (SRB) at State/UT level. An improving trend of 2 points is observed in Sex Ratio at Birth (SRB) at National level from 929 (2017-18) to 931 (2018- 19).

4.1.3.9. Research & Development

The BBBP guidelines specify the scheme budget at the Central level to make allocations under the heading '*Training/Orientation/Consultation/Workshops/Research/Development of MIS & its maintenance/other miscellaneous works*'. The guidelines also mandate that linkages be strengthened with the existing government training institutions and Autonomous Training Institutes at National and State Levels to provide training on matters related to CSR. However, given the opaque nature of the BBBP MIS, it is uncertain how funds under this heading are being spent on various research and development activities. While the scheme guidelines do not provide any strategy for systematic learning or reflection, there is evidence of States sharing good practices adopted for cross-learning. BBBP website lists the innovations undertaken by various States and regions under the scheme, thereby strengthening pathways for the adoption of good practices on a country-wide basis. Going forward, BBBP should develop a comprehensive strategy for undertaking R&D efforts and cascading learnings through various channels.

4.1.3.10. Unlocking Synergies with other Government Programmes

BBBP is being implemented through an *inter-disciplinary approach*. Since the objectives of BBBP cut across sectors like health, education, child development and protection, the scheme is a

[496] Ministry of Women and Child Development. (2020). Annual Report 2019-2020.
[497] Press Information Bureau, Government of India. (2019). *Use of Funds under the BBBP Scheme*.
[498] Ministry of Women and Child Development. (2020). Annual Report 2019-2020.

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

The BBBP guidelines provide a detailed description of the *linkages for convergent action* with concerned Ministries/Departments for policy and programmatic interventions, training, capacity building and communication. The responsibilities of stakeholders across Departments, at the National, State and District levels are clearly defined, thereby *removing the scope for the overlay of duties, and any ambiguities in convergence efforts*. The guidelines also recommend strengthening linkages with partner Ministries and line Departments such as Panchayati Raj, Urban Local Bodies, Youth Affairs and Sports, Skill Development Mission, Registrar General of India (RGI). Thus, convergence forms the basis of BBBP implementation with a tri-Ministerial effort ensuring outcomes across diverse sectors. The scheme design provides various mechanisms to unleash synergies across Departments and Ministries, thereby *positive developmental indicators for girl children through a holistic approach*.

4.1.3.11.Reforms and Regulations

BBBP converges with MoHFW to effectively implement the *Pre-Conception & Pre-Natal Diagnostic Techniques (PC&PNDT) Act*. The scheme guidelines provide details of interventions to be undertaken to improve Sex Ratio at Birth and *prevent the misuse of diagnostic tools for sex-selective abortions*. At one level, the scheme guidelines mandate rigorous monitoring and correlation of CSR and SRB data across Districts, a 100% registration of births and the maintenance of ANC records for all pregnant woman.

At another level, the scheme has *mechanisms to identify illegal and unregistered diagnostic facilities capable of detecting/ determine the sex of the foetus* by regularly registering and surveying diagnostic centres (Genetic laboratories, Genetic Counselling Centres, Genetic Clinics/ Imaging Centres/ Ultrasound Clinics). The guidelines direct implementing officials to communicate the names of all convicted doctors in the District to the Medical Council for necessary action, and to follow up of court cases pending under the PC&PNDT Act. The effective implementation of the PC&PNDT Act is exemplified by the improvement in the observed SRB at the National level by 2 points between 2017-18 and 2018-19.[499]

BBBP also implements the *Protection of Children from Sexual Offences (POCSO)* Act 2012. The scheme's mandate to promote a protective and safe environment for girl children intersects strongly with the provisions of the POCSO Act, and under BBBP, the MWCD plays a leading role in implementing the Act as per the National and State guidelines issued. Therefore, BBBP is strongly focused on implementing the PC&PNDT Act, manifest through its technical, legal and financial provisions to prevent the illegal practice of sex-selective abortions. Furthermore, the scheme also

[499] Ministry of Women and Child Development. (2020). Annual Report 2019-2020.

contributes to implementing the POCSO Act, thereby contributing to a safe and secure environment for girl children.

4.1.3.12. Impact on and role of the private sector, community/ collectives/ cooperatives

BBBP's scheme design offers *many pathways for the involvement of communities and community organisations*. At one level, the scheme focuses on *ensuring gender equality through local governance*. One of the core strategies of the scheme is developing the capacity of Panchayati Raj Institutions/Urban local bodies- in particular, enhancing the capacity of women Panchayat/Urban Local Body members to generate community support around making community spaces girl-friendly. At another level, BBBP forges *community networks* – between front line workers, volunteers and existing women's groups – to create an empowering environment for the girl child. The scheme's guidelines[500] mandate that front-line workers be mobilised and empowered, in partnership with local groups, as *catalysts for social change*. Since BBBP focuses on transforming community behaviours, the *need to involve the community in scheme activities is recognised* in the scheme guidelines.[501] *Community participation is reinforced through various interventions* such as display of birth statistics on digital boards, local champions spreading awareness at the community level and school enrolment drives.

The private sector has been involved in many ways in the scheme: by providing ground-level implementation support, and by enhancing the 'brand recall' of the scheme. NGOs and CSOs have been noted to provide support for grassroots implementation and improve community-led advocacy.[502] Furthermore, many private companies have aligned their Corporate Social Responsibility (CSR) strategy with the scheme's objectives – through communication campaigns to improve awareness around the girl child, improving girls' access to schools, providing financial assistance to underprivileged girls, and prioritising female nutrition in their activities.[503] In addition, linkages have been strengthened with private hospitals and private health practitioners to publicise BBBP and its components. Various private hospitals have also publicised the BBBP logo through displays on hospital bulletin boards, calendars and pamphlets.[504]

Going forward, the scheme should look to leverage the long-term presence of NGOs in a particular area since such organisations hold the community's trust and can become invaluable partners for community outreach activities and overall implementation. Moreover, BBBP should also look to include technical inputs from private sector partners on the activities to be conducted at the community level. *External inputs and specialist consultations* between private partners and the District taskforces will help to improve the quality of planning and offer a well-informed, yet fresh perspective on the scheme implementation.

[500] Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.
[501] Ibid.
[502] Ministry of Women and Child Development. (2019). Innovations under Beti Bachao Beti Padhao.
[503] Company CSR. (2018). 150 Children to get Free Education under Beti Bachao Beti Padhao Scheme. Retrieved from https://www.companycsr.com/150-girl-children-to-get-free-education-under-beti-bachao-beti-padaho/. Accessed on 12 May 2020.
[504] W Pratiksha Hospital. (2020). Calendar Launch- Beti Bachao Beti Padhao. Retrieved from http://w-hospital.in/calendar-launch-beti-bachao-beti-padhao/. Accessed on 12 May 2020.

4.1.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Scheme scope limited to media and advocacy activities	• The scheme mainly focuses on awareness generation related to the celebration of the girl-child. • 57% of the fund utilised for Media and Advocacy Activities; 26% of fund released for multi-sectoral activities are also promotional activities. • Districts have not been able to utilise the annual sanctioned budget.	• An impact assessment study on mass-media activities may be considered, as more than 50% of the budget has been spent on it. • Include interventions that plug various issues impeding girls from staying in schools: o Addressing needs like providing vending machines for sanitary napkins etc. can be included in the Action Plans. o These activities to be identified and taken up at DTF level for discussion and approval o Activities like these would help the districts to achieve tangible outputs and plan the programme better with other departments. • Enhancing the engagement of NGOs, with a clearly identified set of activities and results expected from them.	**Medium-term**	**Central and State Government**
	• 27 out of 33 SRCW formed; DLCW is functional only in 191 districts. • SRCW which is the PMU for BBBP is also expected to work for MPEW schemes, thereby reducing their efficiency for BBBP. • State-level training and capacity building for SRCW and DLCW staff were undertaken in only 8 states in 2019 • Only 17,646 student volunteers have been identified to undertake block-level activities in the aspirational districts.	• Strengthening synergy between BBBP and MSK to achieve optimum use of resources: o SRCW to help in the preparation of the State action plan by addressing the key social deterrents towards gender equality and empowerment in the state and address issues like son-preference, child marriages, dowry and traditional prejudices engaging all concerned stakeholders, based on the findings of the Social determinants and Formative Research Study o Assigning task-based responsibilities to SRCW and DLCW consultants based on (i) community mobilisation, (ii) BCC and (iii Monitoring and Documentation for BBBP	**Short-term**	**Central and State Governments**

		○ DLCW to establish synergy with woman/girl-centric programmes of other departments for information and cooperative action		
Focus on awareness generation rather than behaviour change	• The 360-degree media advocacy plan and sectoral approach use an array of communication channels for information dissemination and awareness generation, but lacks in targeting an intended audience through inter-personal communication continuously, focusing on changes in knowledge, attitudes and practices of the community • Common messages for celebrating the girl child, educating her are there, but there is a lack of appropriate messages addressing the rights and empowerment of the girl child, ending social discrimination and in-utero violence • The scheme identified low CSR as a burning issue and identified critical districts and launched the programme. Later it scaled-up to the entire country. But the analysis of the 'causes' of the declining sex-ratio and lower progress on development indicators was missed out.	• Conducting a nationwide KAP study analysing social determinants affecting the status of girls to analyse key social, economic and political factors that impact the social determinants influencing CSR. • Designing a comprehensive Behaviour Change Communication Strategy that addresses Knowledge, Attitude and Practice (KAP) of the intended audience. ○ A women's rights-based BCC strategy for a deeper impact on changing the status of girls and women in the districts with clearly defined objectives and outcomes, mapping stakeholders and clearly stating their roles and responsibilities along with audience segmentation for targeted messaging ○ The BCC strategy should also address the needs of the girl children in urban poor-settings. It is also known that urban poverty is multi-faceted, and a one-size-fit-all communication strategy will not work. Meaningful channels of interaction with parents, employers and children have to be explored and situation to be analysed on case-basis. Joint activity planning with out-of-school girls' programmes would be useful.	**Medium-Term**	**Central Government**

4.2. Swadhar Greh Scheme

Summary of Swadhar Greh Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ Swadhar Greh Scheme is the only scheme that looks to support the needs of women who are in distress and require a place to live. + The scheme is relevant given the rise in crimes against women in India and the volume of women affected by domestic violence + The Scheme aligns with the national and international priorities for women's safety and protection like CEDAW, UN Declaration on Elimination of Violence Against Women, the Beijing Declaration, and the Platform for Action in 1995, and the SDGs.
Effectiveness	Needs Improvement	- Low number of Swadhar Greh – the numbers have fallen from 550 to 419 between 2017-20. Led to overcrowding in many states. - Delays in fund release directly impact the quality of infrastructure - Even where infrastructure was available, the quality was found to be low with most Swadhar Greh buildings being old and dilapidated, with congested and unclean rooms. - Lack of disabled-friendly infrastructure facilities - Inadequate focus on economic rehabilitation. Lack of linkages with GoI schemes on Skill Development.
Efficiency	Needs Improvement	- Swadhar Grehs are struggling financially, with low budgetary provisions under the scheme guidelines, and severely delayed fund disbursements. - Since 2015-16, the budget allocation for the scheme has been Rs. 445 crores, but fund utilisation has only been Rs. 238 Crores. - Delays in receiving funds from the government have negatively impacted the quality of services as well as infrastructure. - Budgetary provisions for Swadhar Grehs, both for staff costs and for expenditure on residents are low, leading to the hiring of unqualified staff and dissatisfied beneficiaries. - In many Swadhar Grehs, the staff are not aware of some of the legal remedies and provisions available to the residents. - Monitoring effectiveness suffers due to lack of trained human resources at the national level, overworked officials, and a defensive stance of the implementation agencies on reporting.
Sustainability	Needs Improvement	- Even though the scheme provides for State government entities to set-up and manage Swadhar Grehs, more than 95% Swadhar Grehs being run by NGOs. - No safeguards for the residents in case the Swadhar Grehs are closed due to mismanagement or lack of/delayed funding. - Low salary provision leads to the hiring of low-quality staff who is unable to meet the requirements of residents, particularly their psycho-social and legal counselling needs. - Low-cost provision for services such as food, vocational education, medical expenditure adversely affects the quality of services. - Due to a lack of staff provision at the national level, and delays by the state governments in providing updated, the MWCD is not able to exercise adequate monitoring and supervision of the scheme.
Equity	Average	+ The Scheme provides equitable services to all women who approach the homes for shelter. + Scheme is available for women from all religions and social strata. - Most of the Swadhar Grehs have not been constructed or modified to meet the needs of differently-abled women as there were no ramps or lift in majority Swadhar Grehs visited.

4.2.1. Background of the scheme

The emergence of State-run and supported shelter homes in India can be traced to the late 1950s. The early institutions of shelter homes had social welfarist origins. Some of the first shelter homes were aimed at "social and moral hygiene", and so the State started "protective ", and "rescue" homes for women and girls in different parts of the country. As the nomenclature suggests, the relationship between the State and its female citizens was that of a benefactor and beneficiary, wherein the State was the saviour of helpless women. An analysis of the trajectory of shelter homes reveals the evolution of language and perspective; both of these shifted from welfare to development close around the 1980s. Influenced by the feminist perspectives of the women's movement, a right-based, entitlements-focused approach also made space for itself in the developmental landscape[505].

Recognising the need to prevent women from exploitation and to support their survival and rehabilitation, the scheme of Short Stay Home for women and girls was introduced as a social defence mechanism, by the then Department of Social Welfare in 1969. The scheme was meant to provide 'temporary accommodation, maintenance and rehabilitative services to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism or (those who) are being forced into prostitution and are in moral danger.[506]

Another scheme with similar objectives, namely Swadhar – a Scheme for Women in Difficult Circumstances was launched by the MWCD in 2001-02. The scheme through the provisions of shelter, food, clothing, counselling, training, clinical and legal aid aims to rehabilitate such women in a difficult circumstance.'[507]

In 2015, the Swadhar Greh scheme was launched for women 'of unfortunate circumstances who need institutional support for rehabilitation so that they could lead their life with dignity'. The shelter scheme has now evolved to address the problems of girls and women arising out of marital conflicts, rapid urbanisation and industrialisation, migration, etc.

The Swadhar Grehs provide residential facilities that ensure a respectable and dignified standard of living for the residents. In terms of infrastructure, the Swadhar Grehs are expected to: provide a residential space of approximately 80 sq. Ft. per resident; be properly ventilated; and have adequate facilities of bathrooms, toilets, dining hall and a multi-purpose hall to be used as a common room/entertainment room/training hall.[508]

Scheme Details[509]

Swadhar Greh is envisioned as a transitional shelter for women in need by creating an institutional framework that enables their empowerment and provides necessary access to support services. Swadhar Greh provides shelter, food, clothing, and health needs, as well as economic and social security, are assured for women. The scheme envisages setting up of Swadhar Grehs in each district, with a capacity to support 30 women. The scheme guidelines further state that for big cities and other districts having more than 40 lakh population or those districts where there is a need for additional support to the women, more than one Swadhar Greh

[505] Time for Overhauls (2017) link: http://www.jagori.org/sites/default/files/TIME%20FOR%20OVERHAULS_1.pdf
[506] Swadhar Greh Guidelines (http://wcd.nic.in/sites/default/files/Revised%20Guidelines%20Swadhar%20Greh%2C2015%20%28%20English%29.pdf)
[507] Ibid.
[508] Ibid.
[509] Ibid.

could be established. The capacity of an existing Swadhar Greh could be expanded up to 50 or 100 based on need assessment and other important parameters. Key objectives of the scheme are:

- To cater to the primary need for shelter, food, clothing, medical treatment and care of women in distress and those who are without any social and economic support.
- To enable them to regain their emotional strength that gets hampered due to their encounter with unfortunate circumstances.
- To provide them with legal aid and guidance to enable them to take steps for their readjustment in family/society.
- To rehabilitate them economically and emotionally.
- To act as a support system that meets various requirements of women in distress.
- To enable them to start their life afresh with dignity and conviction.

Services Offered under Swadhar Greh Scheme

Counselling: The staff proposed under Swadhar Greh scheme provides counselling to the residents. State governments nominate suitable agencies for orientation programmes for the functionaries of Swadhar Greh to improve the quality of counselling provided in these homes.

Legal Service: The legal assistance requirements of the beneficiaries are met through the District Legal Services Authority (DLSA). In case such assistance is not available from DLSA, the implementing organisations arrange alternative suitable legal assistance.

Vocational Training: Arrangement is made by the implementing organisation for providing vocational training to the women through recognised Vocational Training Institutes.

Medical Facilities: Health check-up and medical facilities are tied up with the local hospital/ CHC/PHC/NACO. However, implementing organisation are required to engage a part-time doctor for Swadhar Greh who visits at least once a week to ensure the general health of the residents.

Beneficiaries of the Scheme

The 'beneficiaries' of this scheme are women above the age of 18 years without social and economic support who have been:

- Deserted and are without any social and economic support
- Survivors of natural disasters who have been rendered homeless and are without any social and economic support
- Prisoners from jails and are without any family, social and economic support
- Victims of domestic violence made to leave their homes without any means of subsistence and no special protection from exploitation and/or facing litigation on account of marital disputes;
- Trafficked women/girls rescued or run away from brothels or other places where they face exploitation and women affected by HIV/AIDS who do not have any social or economic support. However, such women/girls should first seek assistance under the Ujjawala Scheme.

Women from all above categories are allowed to stay up to five years (rule amended in February 2018, from one year for victims of domestic violence and three years for other categories).[510] Older women above 55 years of age can stay till the age of 60 years, after which they will be transferred to old age homes. The facilities also allow accompanying children, girls up to 18 years and boys up to 12 years of age; boys above 12 years of age are shifted to Children Homes.

[510] http://wcd.nic.in/sites/default/files/Modificatios%20in%20the%20guidlines%20of%20Swadhar%20Greh%20Scheme%20reg..PDF

4.2.2. Performance of the scheme

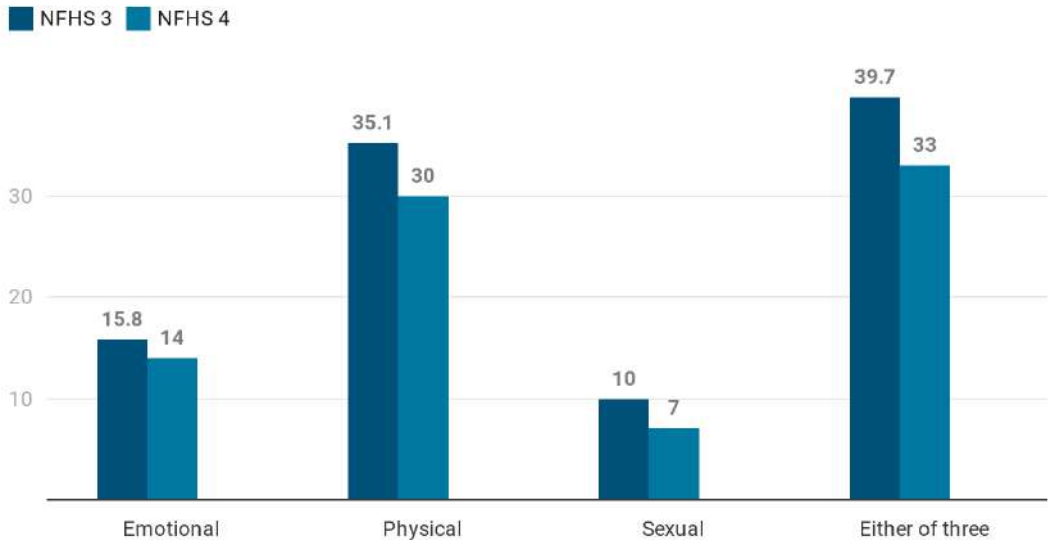
4.2.2.1. Relevance

NFHS 4 data shows that even though the incidence of spousal violence has declined over the last decade, they are still high, with 1 in 3 married women in India being subject to either physical, emotional or sexual violence. The Swadhar Greh Scheme is one of the only schemes run by the Government of India that looks to support the needs of women who are in distress and do not have a place to live. Given the rise in the crimes against women in India and the sheer volume of women affected by domestic violence, the Swadhar Greh Scheme is an extremely important scheme being run by the MWCD. The scheme seeks to support women in distress, and provide them with services, guidance, and institutional support structures to become empowered and self-reliant. Even though the scheme faces operational inefficiencies and challenges, the evaluation finds the scheme to be extremely relevant to the needs of the country and the current context. **The evaluation finds that the relevance of Swadhar Greh Scheme is 'Satisfactory'.**

Recognising the graveness of the issue of violence against women and the need to address it effectively, many national and international instruments have been developed. Indian Constitution guarantees the equality of women and men and has empowered the State to take special temporary measures like reservations to achieve equality. India has also ratified International Conventions, and Human Rights Treaties, key among them are the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 1993, the UN Declaration on Elimination of Violence Against Women, the Beijing Declaration and the Platform for Action in 1995, and now the SDGs. The SDGs have mainstreamed gender concerns in all 17 goals and have a defined goal to focus on gender equality and women empowerment. Despite all these initiatives, violence against women continues. The gap between the de jure equality and de facto equality remains a huge concern.

In India, NFHS 3 (2005-06) for the first time documented the widespread spousal violence and culture of silence observed by victims and survivors. Comparison of figures between NFHS 3 and 4 shows that even though the incidence of spousal violence has declined over the last decade, it is still high, with 1 in 3 married women subject to either physical, emotional or sexual violence.

Figure 118: Violence within marriages in India (in %age)



Source: NFHS 3 and NFHS 4

Domestic violence has been recognised since 1983 as a criminal offence under Indian Penal Code 498-A. However, it was not until the enactment of the Protection of Women from Domestic Violence Act 2005 (PWDVA), which came into effect in 2006, that civil protections were afforded to victims of domestic violence. The PWDVA provides a definition of domestic violence that is comprehensive and includes all forms of physical, emotional, verbal, sexual, and economic violence, and covers both actual acts of such violence and threats of violence. The PWDVA recognises marital rape and covers harassment in the form of unlawful dowry demands as a form of abuse. The Act requires the appointment of protection officers to assist victims and further acknowledges the importance of collaboration between the government and external organisations in protecting women. Primarily meant to provide protection from domestic violence for wives and female live-in partners at the hands of husbands and male live-in partners or their relatives, the PWDVA has also been extended to protect women living in a household, such as sisters, widows, or mothers. However, despite the PWDVA, violence against women and girls continues to be a major challenge and a threat to women's empowerment in India.

NCRB data shows that many women suffer violence and harassment at the hands of their families. There is a dire need for shelter for abused women who otherwise receive no support. The Swadhar Greh Scheme is one of the only schemes run by the Government of India that looks to support the needs of women who are in distress and do not have a place to live. Given the rise in the crimes against women in India and the sheer volume of women affected by domestic violence, the Swadhar Greh Scheme is an extremely important scheme being run by the MWCD. The scheme seeks to support women in distress, and provide them with services, guidance, and institutional support structures to become empowered and self-reliant. Even though the scheme faces several operational inefficiencies and challenges as discussed in the following sections, the evaluation finds the scheme to be extremely relevant to the needs of the country and the current context.

4.2.2.2. Effectiveness

As on 31st March 2020, Swadhar Greh scheme supports 12,908 women in distress, and interactions with the residents show that they feel safe in Swadhar Grehs. Even so, the scheme suffers from some design, operational, and systemic issues. The number of sanctioned Swadhar Grehs had fallen from 550 in 2017 to 419 at the end of 2019-20. This reduction in Swadhar Grehs has left some states with severe overcrowding issues. More than 95% of the Swadhar Grehs across the country are set up and run by NGOs, with the scheme guidelines providing no clarity on safeguards available for the existing residents of Swadhar Grehs in case of its closure either due to the implementing agency backing out or the government closing it for poor performance.

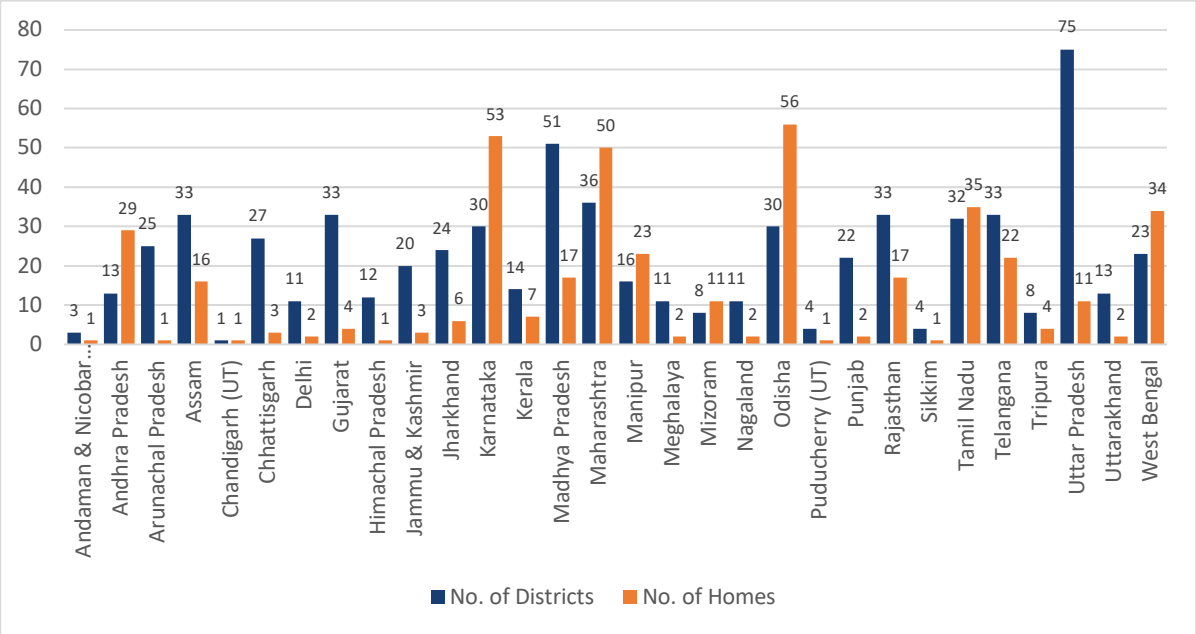
While the infrastructure provisioning in Swadhar Grehs was found more or less in line with the scheme guidelines, the quality of infrastructure was noted to be poor. Most of the Swadhar Greh buildings were old and dilapidated, with congested and unclean rooms. In most of the Swadhar Grehs, there was no provision for cleaners or housekeepers, and Swadhar Greh residents were expected to do the cleaning. The Swadhar Grehs were also found to be missing disabled-friendly infrastructure, even though PWDs were found in a few Swadhar Grehs. Across the states, the evaluation found little or no uniformity of operations and service provision. There is a lack of clarity of service standard benchmarks, and each Swadhar Greh has its own way of working and providing services to beneficiaries. There are different arrangements for providing services such as legal counselling, medical help, psycho-social counselling, vocational training, etc. While most services were provided – with varying degrees of quality, it was observed that the economic

rehabilitation component of the scheme is poor. There is no standard practise or procedure for providing skill training to the Swadhar Greh residents, and training – where provided – is focused on vocations that provide only meagre, non-sustainable economic opportunities. There is no formal tie-up with any professional institution for imparting vocational training, or linkages with government schemes for skill development. The scheme has a long way to go, and there are many areas that the scheme needs to improve to be able to effectively provide services to the women in distress. **The evaluation finds that the scheme's effectiveness 'Needs Improvement'.**

Coverage of the Scheme

Based on government data, as on 21st February 2020, a total of 419 Swadhar Homes were sanctioned across 30 States/UTs. Figure 119 depicts the spread of the Swadhar Grehs across the country.

Figure 119: No. of Swadhar Grehs across States

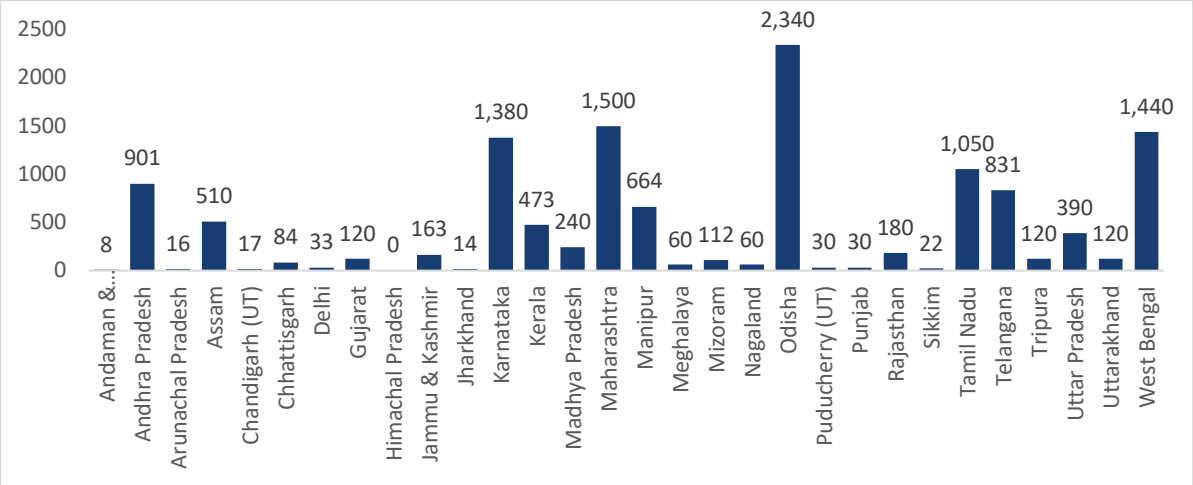


Source: MWCD Dashboard; accessed 20th April 2020

The largest number of Swadhar Grehs is in Odisha (56), Maharashtra (56), and Karnataka (53). These three States together comprise almost 40% of all Swadhar Grehs. Three States (Bihar, Goa and Haryana) and 4 UTs (Dadra and Nagar Haveli, Daman and Diu, Ladakh and Lakshadweep) have no Swadhar Greh. In terms of district coverage, the 419 Swadhar Grehs are distributed across 314 Districts – leading to national coverage of just around 43%. Arunachal Pradesh, Himachal Pradesh and Punjab are among the states with the lowest percentage of Districts supported by Swadhar Grehs, with Only 1 SG among 25 districts in Arunachal Pradesh, 1 SG for 12 Districts in Himachal Pradesh and 2 SGs for 22 Districts in Punjab. Chhattisgarh (3 SGs), Gujarat (4 SGs), Meghalaya (2 SGs), Uttar Pradesh (11 SGs) and Uttarakhand (2 SGs) also have low coverage of Swadhar Grehs across the State.

The number of Swadhar Grehs has fallen since 2017 when the total number of Swadhar Grehs was around 550. This can partially be attributed to the findings of the 2017 evaluation of the scheme commissioned by MWCD, which found that almost 32% of the Swadhar Grehs were either non-operational or were non-existent at the addresses given by them. This evaluation finding was followed by stricter monitoring of the establishments by MWCD and weeding out of non-operational Swadhar Grehs.

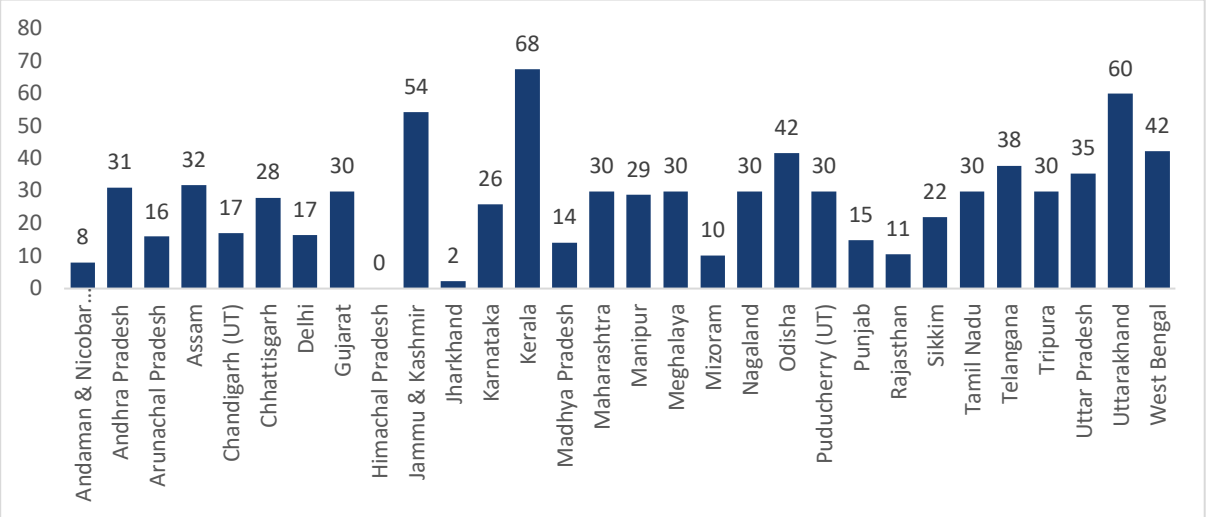
Figure 120: Number of Swadhar Greh Beneficiaries per state



Source: MWCD Dashboard; accessed 20th April 2020

In terms of the beneficiary coverage, the 419 Swadhar Grehs reported 12,908 beneficiaries. However, the burden of beneficiaries differs greatly across states. The highest number of Scheme beneficiaries were recorded in Odisha (2340), Maharashtra (1500), West Bengal (1440) and Karnataka (1380). Andaman and Nicobar (8), Jharkhand (14), Arunachal Pradesh (16), Chandigarh (17), Sikkim (22), Punjab (30) and Delhi (33) have the lowest numbers of beneficiaries. Himachal Pradesh is the only state that has reported zero beneficiaries. Bihar, Goa and Haryana have no Swadhar Greh, hence no beneficiary.

Figure 121: Average No. of Beneficiaries per Swadhar Greh



Source: WCD Dashboard; accessed 20th April 2020

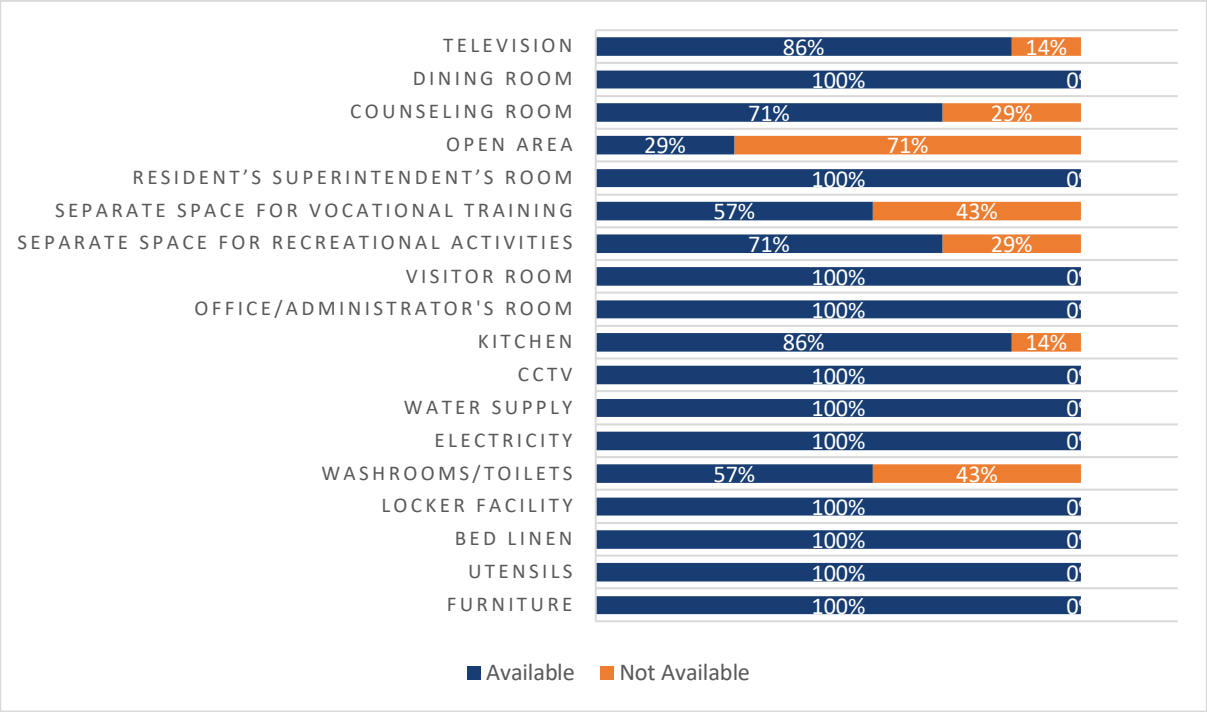
It is found that the Swadhar Grehs in Kerala, Uttarakhand and J&K are particularly overcrowded, with more than 60 beneficiaries residing on average in the Swadhar Grehs in Uttarakhand and Kerala – twice the number of beneficiaries than prescribed for each Swadhar Greh. In some of the other States/UTs, the burden of beneficiaries per Swadhar Greh is extremely low, with 8 beneficiaries in Andaman and Nicobar, 2 beneficiaries per SG in Jharkhand, 14 beneficiaries per SG in Madhya Pradesh, 10 beneficiaries per SG in Mizoram, and 15 and 11 beneficiaries per SG in Punjab and Rajasthan respectively.

Quality of infrastructure

Availability and Suitability of infrastructure

As per the guidelines, each Swadhar Greh is expected to have adequate living rooms, space for visitors, vocational training, recreational activities, resident superintendent room, separate counselling room, kitchen, dining hall, bathrooms, toilets etc. In 2017, the evaluation of Swadhar Grehs commissioned by the MWCD found that even though the availability of physical and human resources for running the Swadhar Grehs varied by implementing agencies, the infrastructure norms were maintained by most of the implementing agencies. The institutional survey of Swadhar Grehs undertaken as part of the current evaluation also found that most of the Swadhar Grehs visited fulfil the infrastructural requirements listed in the scheme guidelines. This is depicted in Figure 122. The major exceptions were the provision of Open Areas within Swadhar Grehs, provision of separate rooms for Counselling and Vocational training, etc.

Figure 122: Infrastructure availability in Swadhar Grehs surveyed



Source: Primary Data Analysis

Even though the provision of infrastructure was there, the quality of infrastructure was noted to be poor across Swadhar Grehs. Most of the Swadhar Greh buildings were old and dilapidated, with congested and unclean rooms. One of the key issues noted during institutional surveys was low levels of cleanliness and hygiene. The evaluation found that even though the toilets were there, they were unclean and not properly maintained. In most of the Swadhar Grehs, there was no provision for cleaners or housekeepers, and the residents were expected to clean the Swadhar Greh together. Low quality of Swadhar Greh infrastructure has also been highlighted by the NCW report in 2018, which highlighted the plight of Swadhar Greh residents who were living in rooms with poor infrastructure, low-quality bedding, and in most cases sharing rooms between 2 to 4 other residents. A High Court-appointed committee that studied the conditions at a Mumbai-based, government-run shelter home wrote in its 2012 report[511]:

[511] Sujata Gothoskar, 'India: Women's Work, Stigma, Shelter Homes and the State', *South Asia Citizens Web*, 22 January 2013; http://www.sacw.net/article3570.html

> "…only two of the 16 toilets and two of the 14 bathrooms are in working order; the rest were choked and unusable…this state has prevailed for the past several months and the girls have to wait for several hours for a bath or to visit the toilet. The toilets are locked at night and the girls defecate and pass urine in the open".

Swadhar Greh management interviews suggest that the Swadhar Grehs are struggling financially, due to low budgetary provisions under the scheme guidelines and severe delays in receiving payments from the state government. This has led to the implementing NGOs becoming dependent – in some cases entirely – on external donations and grants to help them sustain. These financial difficulties invariably influence the quality of infrastructure they are able to provide to the residents. In case of rent too, the budgetary provisions are exceptionally low. The current budgetary provision for a rented premise to house 30 beneficiaries is capped at Rs. 50,000/month for Category A cities, Rs. 30,000/month for Category B cities, and Rs. 18,000/month for other cities. NGO representatives highlighted that the NGOs find it difficult to identify locations which would be suitable for housing up to 30 residents and which also have space for visitors, vocational training, recreational activities, resident superintendent room, separate counselling room, kitchen, dining hall, bathrooms, toilets etc. in these rent caps. This has been identified as one of the factors in a lack of new proposals for setting up Swadhar Grehs by NGOs.

Box 63: Challenges for Differently Abled Beneficiaries in Swadhar Grehs

One of the biggest infrastructural issues noted by the evaluation was the lack of differently-abled friendly facilities. None of the Swadhar Grehs visited had disabled-friendly infrastructure facilities such as ramps or lifts. In fact, in a couple of large Swadhar Grehs, which were multi-storeyed, the livings spaces for the residents were on the first or second floor. In many cases, differently-abled residents had to be carried to their rooms or living spaces. In a shelter home, which is geared towards empowering the most vulnerable women, the lack of disabled-friendly facilities and infrastructure is expected to dent further the confidence of these women, who seek shelter in Swadhar Grehs.

By conservative estimates, there are around 9.3 million women with disabilities in India. To be a woman, differently-abled and poor can mean intersecting layers of neglect, violence and discrimination across private and public spaces. The differently-abled woman's physical dependence on others for everyday basic needs, access, mobility, finances and so on, implies more scope for vulnerabilities and abuse.[512]

Quality of Services

Swadhar Grehs in 11 states were visited and it was noted that there was little or no uniformity of operations and service provision. The evaluation noted a lack of clarity of service standards and service provisioning among the Swadhar Greh Staff. Each Swadhar Greh has its own way of working and providing services to the beneficiaries and has made different arrangements for providing services such as legal counselling, medical help, psycho-social counselling, vocational training, etc. Interviews with Swadhar Greh staff suggested that there was no clear common understanding of "Rehabilitation" under the scheme. The ambit of services offered by Swadhar includes food, clothing, shelter, healthcare, counselling, legal support, socio-economic rehabilitation through education, awareness generation and skill-building. However, in the absence of clearly established service quality standards and standard operating procedures, it is difficult to objectively rate the quality of services delivered by the Swadhar Grehs.

[512] Jagori (2019): Beyond the Roof. Rights, Justice and Dignity. An action-research study on women survivors of violence and shelter homes in Delhi. Link: http://www.jagori.org/sites/default/files/BEYOND%20THE%20ROOF%20-%20STUDY%20OF%20SHELTERS%20IN%20DELHI%20July%202019.pdf

Given the scope of the evaluation covering 16 schemes of the MWCD and the focus of the evaluation on strategic issues rather than granular issues, the evaluation was not able to undertake a thorough analysis of the admission procedures. However, the evaluation bases its analysis of the service quality on the FGDs conducted with Swadhar beneficiaries, the available secondary research and previously conducted scheme-specific evaluations.

Admission Procedures

As per the guideline, the benefit of this scheme could be availed by a woman above 18 years of age of difficult circumstances, homeless and without support. The evaluation of the scheme commissioned by MWCD in 2017 found that "Swadhar Greh have in most cases either misinterpreted or violated the provision of guidelines for admission procedure, and the objectives of the scheme in targeting the intended beneficiaries are not fully realised." The 2017 evaluation found beneficiaries enrolled in Swadhar Grehs who were not affected by violence, with the sole purpose of acquiring vocational training by showing that they are poor and cannot bear the cost of education and vocational training. The evaluation also noted that in some cases, the resident's age was also below 18 years. The NCW inspection report in 2018 also found a number of working and self-dependent women living in Swadhar Grehs, flouting the rules of the Swadhar Grehs. Interviews with state government representatives under the current evaluation point to a need to simplify and clearly state the admission guidelines. State official from Telangana opined:

> "…there are shortcomings in the scheme design. For e.g. – if there is an adolescent pregnant facing violence, where do we admit her? Swadhar Greh would not accept her as she has not crossed 18. In that case, we have to personally talk to Swadhar Greh staff and request them to admit. It's so difficult. Similarly, there is problem with mentally challenged people as well. She is an easy target for domestic violence. The Swadhar Greh does not accept that group of women as well. GoI should give directions to include them somehow."
>
> State official, Telangana

In the past, the Government of Uttar Pradesh has also sought clearer guidelines of admission and exit under the scheme:

> "We have sent our suggestions regarding the Swadhar Greh scheme. The main focus is on clarity regarding the entry and exit related rules so that more and more beneficiaries could be helped. Existing guidelines were not very clear about the admission rules"
>
> State official, Uttar Pradesh

Another independent scheme evaluation undertaken by Action India, Jagori and Nazariya in 2018-19 (Jagori 2019) in Delhi, found that even though the revised scheme guidelines highlight that a woman could access the Swadhar Grehs directly or through references, Swadhar Grehs do not enrol beneficiaries unless they are referred via a court, the police, OSC or a women's rights organisations. Swadhar Greh implementing agencies representatives suggest that this is done to avoid over-crowding and to ensure the safety of the residents. One of the Swadhar Greh staff members told Jagori (2019) evaluation:

> "We do not know who this woman is, where is she coming from? She could have even murdered someone. So, we cannot let anyone in without some reference."
>
> A staff member of a short-stay home as cited in Jagori (2019), pg. 33

They also suggested that if they would take in women who approached them directly, and a court mandate comes to them to admit some woman, it will become very difficult for them to make space for her as they cannot relocate or ask any woman to leave unless they are ready.

Counselling

The evaluation found that all the Swadhar Grehs visited had a full-time Counsellor. However, the effectiveness of Counselling was found varied in all Swadhar Grehs. As part of FGDs conducted with the Swadhar Greh Residents, all the residents claimed that they had received counselling since they have come to the Swadhar Greh. However, upon further probing, no one was able to answer what were they counselled on satisfactorily. In Tamil Nadu, one resident mentioned that she had received counselling only once in the last 4 years that she has been here, others who had been there for more than 6 months also reported having only been counselled once since they came to the Swadhar Greh. There is no common definition and understanding of what the term "counselling" refers to or what the appropriate conceptual approach and practice should be. 'Counsellors' available in Swadhar Grehs are not trained in a uniform and certified process, and there have been no known attempts by the NGOs, State Government or the Central Government to understand how the various forms of counselling are helping or harming survivors.

> "First of all, I do not know the reason, the counselor that I see, in the field I work in, 100+ I would have seen, they do not know how to counsel."
>
> State official, Delhi

One of the biggest hurdles in the provision of quality counselling services to the residents the extremely poor salary provisions for a Counsellor under the Scheme. The prescribes salary for the Counsellor under the current scheme guidelines is the same as those prescribed for the Security Guard – Rs. 10,000 per month. In the absence of adequate budget provisions, the Swadhar Greh implementing agencies are forced to hire people with minimum required qualifications, who are not necessarily experienced trained in Psycho-Social Counselling.

> "A lot of times I notice that the counsellor is distributing ration, she asks children to wear socks when she sees me, unless you stand on their head, no one has the drive to do work. so people without any drive work there. We need to hire people with proper professional qualification and experience and pay them well. Right people should do the work."
>
> State official, Delhi

Lam-lynti Chittara Nerallu (2017) notes that "the counselling that shelter homes offer women is not always in the interest of women; at times, women are pushed back into violent circumstances they had escaped". Our interviews with the Swadhar Greh staff suggested that the Swadhar Grehs focus on getting the women to go back to their families and husbands, regardless of the circumstances of them leaving their families. In order to improve the quality of psycho-social counselling provided to the Swadhar Greh residents, it is extremely important that only highly-trained clinical psychologists be hired for these counselling positions, who are paid well and are trained further to provide counselling that is best for the resident, even if it means longer stays in the Swadhar Grehs.

Reintegration and Rehabilitation

Interviews undertaken with superintendents of 7 Swadhar Grehs suggested that in terms of Rehabilitation, Swadhar Grehs try to reunite the residents with their respective families (reintegration). If that does not happen, based on their assessment done through counselling, the

respondents are encouraged to continue their education or are provided vocational skill trainings to improve prospects of their financial rehabilitation. Jagori (2019) notes that:

> "Reintegration is a complex, difficult and intensive practice. Shelter homes are not always able to achieve true reintegration of a survivor with her family and community because of time and human resource constraints. Yet, in their attempt to showcase successful reintegration, shelters can push women even if they are not ready. On the other hand, survivors who are eager to return home can sometimes wrongly assume that they and their partner and/or family are ready to accept them. A caretaker of a shelter home cited examples of residents who had gone back to their family but returned soon after due to continued violence."
>
> Jagori (2019): Beyond the Roof. Rights, Justice and Dignity. An action-research study on women survivors of violence and shelter homes in Delhi.

Institutional visits undertaken as part of the study highlights that in majority Swadhar Grehs residents were taught some basic vocations such as sewing, embroidery, basket making, pickle making, beautician, etc. These kinds of training provide only meagre, non-sustainable opportunities for economic rehabilitation. Training is decided by the Swadhar Greh implementing agency and are available to all residents of the Swadhar Grehs regardless of their educational and economic background. Jagori (2019) cites Activist Indu Prakash Singh on two key concerns regarding the financial rehabilitation of survivors: minimum literacy and a place to stay.

> "Even the skill mission has educational requirements…at least an eighth class pass. Even to be a driver, you need to have passed Class 10. But many women might not even have gone to school. Our skilling programs need to have provisions to include this group. At the Anugriha shelter, many women would train at and work for TAJ Sats, the catering service for flights. They were on the payroll and had bank accounts. But when the shelter closed, they were on the road again and they lost their jobs. With the shelter gone, they had no place to bathe or get ready for work."

It is further noted that there is no standard practice or procedure for providing skill training to the Swadhar Greh residents followed by the implementing NGOs. Even though the scheme guidelines prescribe arrangements to be made for providing vocational training to the women through Vocational Training Institutes recognized by DGET under the Ministry of Labour and Employment, majority of Swadhar Grehs do not have such tie-ups for imparting vocational training. In one of the Swadhar Grehs visited, which claimed to partner with an NGO to provide skills and vocational training to the residents, the residents said that that was all a sham. No skill development or vocational training had happened in the last one year.

> "No vocational studies are given to us despite us asking for them. Whatever items you see here like bags etc. are made from our pre-existing knowledge. This (sewing machine) is all for show. None of them work. We do not know how to operate the sewing machine."
>
> Swadhar Greh Resident

Earlier, the scheme had a provision of a dedicated Rehabilitation officer responsible for the provision of vocational and skill training to the residents and getting them employment opportunities through market linkages, but this was later removed. Several states highlighted the important role that Rehabilitation Officer played, and suggested reinstating this position within the Scheme.

Medical Services

Most of the Swadhar Grehs visited has a provision of a Medical officer, who visited the home every week. The residents also confirmed that they were happy with the medical support available to them at the Swadhar Grehs.

> "Yes, there is doctor who comes, and if there is any serious condition the girls are taken to the hospital. The services have been helpful they provide us with required care and medicines. We receive food, medicines, counselling etc. the quality of the services is good."
> Swadhar Greh Resident

> "Yes, we receive medical services after coming here. Doctor visit monthly wise and check our health and tablet according to their problem. If there is no problem, they gave iron tablets to improve our health. The women staying in the center has major problem like diabetic. The medical services they gave very helpful to improve their health."
> Swadhar Greh Resident

> "Yes, (the doctor comes) once a month. The doctor comes and checks our BP & fever. Gives medicine for period cramps. I got an eye-test.
> Swadhar Greh Resident

Follow-up after rehabilitation

The scheme guidelines have no provision or requirement of undertaking follow-up of the ex-residents once they have been reintegrated with their families, of once they have been released based on economic self-sufficiency. This aspect is an important aspect to monitor and record, to be able to assess the effectiveness of the scheme and the impact it is having on the lives of its beneficiaries. Currently, some implementation agencies reported undertaking such follow-up on their own, but the frequency, quality, and depth were not consistent across the board. It is recommended that the Ministry also incorporate provisions of following up with the ex-residents in the revised scheme guidelines and devise a mechanism to report and review these periodically.

Safety and access to basic provisions

The aspect of "feeling safe" within the premises was echoed across many homes by beneficiaries in KIIs and FGDs. A beneficiary from a home in Uttar Pradesh mentioned—

> "We like it here; we all live like a family here. Everyone looks after the other. Food is provided 3 times a day. The food is prepared by the staff and the beneficiaries…we feel safe here in the center. There is a guard and CCTV camera 24*7."
> Swadhar Greh resident

Another beneficiary from a Swadhar Greh located in Tamil Nadu stated:

> "Yes, we feel safe within the premises of this center. There are CCTV cameras and 2 watchmen available for day and night shifts. There are no grievance and we have never complained about the safety issues in the center."
> Swadhar Greh resident

Similar views were echoed in FGDs and IDIs with beneficiaries in Swadhar Grehs of Telangana, Delhi and Maharashtra. Across States, beneficiaries confirmed that they were availing basic facilities and services which also contributed to their contentment and satisfaction in the

Swadhar Grehs compared to their past circumstances. The beneficiaries found the services provided under Swadhar Greh beneficial, as most of them reported regular access to basic facilities, food, shelter, medical care, legal counselling and psychosocial counselling. However, there was an exception in a Swadhar Greh situated in Rajasthan wherein the beneficiaries were dissatisfied with the services provided. One of the Scheme beneficiary respondents stated that—

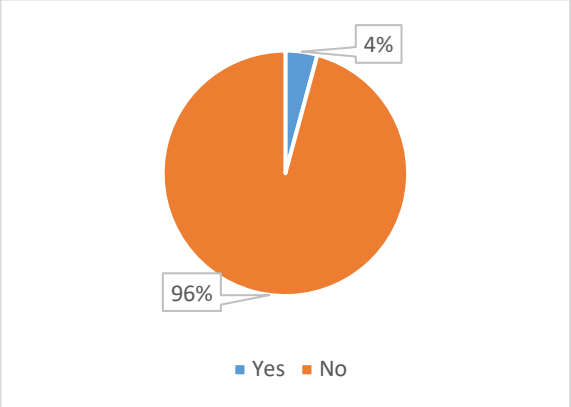
> "The ma'am (Resident Superintendent) here does not listen to us. We do not have enough food sometimes. We have not spoken up because we get scared. I cannot even get biscuits here."
>
> Swadhar Greh resident

Overall, it was observed that there was access to basic services and satisfaction amongst the beneficiaries for the same. This was also confirmed by an MWCD study (2018), wherein the majority of the beneficiaries (more than 96 per cent) had reported the availability of food, clothing and toiletry facilities at the Swadhar Grehs (MWCD Report, 2018). The majority of the beneficiaries residing in the homes across the States were satisfied and felt a sense of safety. However, a few of them also reported that they were missing their families and wished to return to their homes after some time.

Awareness and IEC

The evaluation found that the scheme's awareness among the women surveyed in 12 states was extremely low. The household survey of 3,048 women – including Adolescent Girls – found that only 128 women knew of the Swadhar Greh Scheme, translating to an awareness rate of just 4.2%. Of the 128 women who knew about the scheme, 73.44% women had heard about the scheme through the AWWs, and 61% had come across the scheme on mass media (TV, News Paper, Radio).

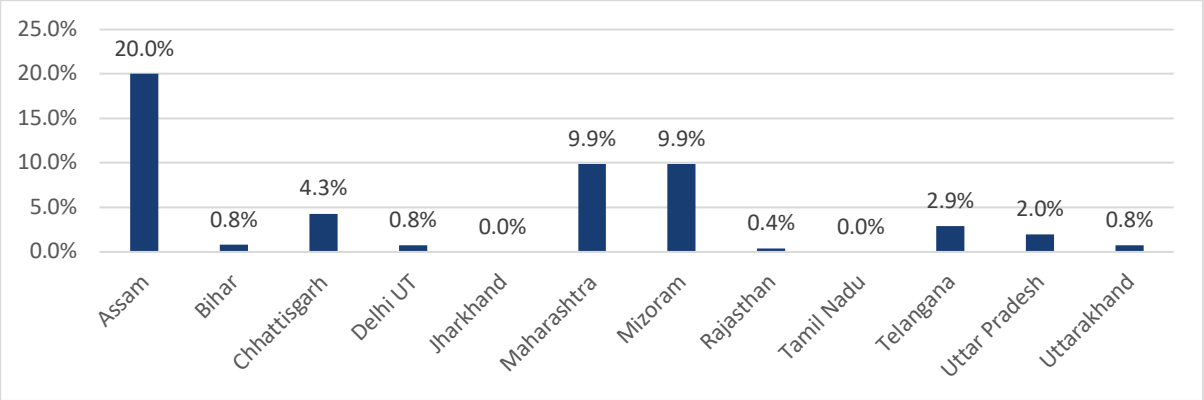
Figure 123: Swadhar Greh Scheme Awareness



Source: Primary Data Analysis

In asking about the awareness of the centres, the household survey described the services provided by the Swadhar Grehs and the services available in them. In terms of state-level variations, the highest awareness of the scheme and the centres was found in Assam, with 20% of the beneficiaries aware of the Swadhar Grehs, followed by Maharashtra and Mizoram, where 10% of the respondents knew about the homes. Lowest awareness of the centres was found in Jharkhand and Tamil Nadu, where none of the respondents was aware of the Swadhar Grehs, followed by Rajasthan, Uttarakhand, and Delhi.

Figure 124: Scheme awareness - Variation across states



Source: Primary Data Analysis

Although the Swadhar Greh scheme specifically directs state governments and implementing agencies to raise awareness of the availability of and provisions within shelter homes, there is little that has been done on that account. In case a woman wants to approach the Swadhar Grehs directly, there is very little information available to her to approach these homes. It is extremely difficult to find addresses of the Swadhar Grehs on the state government websites. Even contact addresses and phone numbers of shelters listed on offline and online channels are outdated or incorrect. An earlier evaluation of the Swadhar Greh Scheme (MWCD 2017) found that "as high as 79% residents came to Swadhar Grehs by recommendation or through referrals. The source of referrals was found highest as NGOs workers (20 per cent) followed by police (17 per cent), PRI heads (15 per cent), social activist (12 per cent) and Mahila Mandal Organisation (9 per cent)." Discussions with State government representatives and implementation agencies revealed that even though the agencies and the State governments have been asked to popularise the scheme and generate awareness about the homes and the services available in them, there is no budgetary allocation for such activities.

Swadhar Grehs provide a critical institutional mechanism for women in distress to empower them so that they could lead their life with dignity. The inability of the agencies and government to popularise the scheme in the absence of budgetary provisions for awareness generation hampers the sustainability of the scheme as well as reduces the value of the scheme itself. In the absence of awareness of these shelter homes, women's perception of safety and protection also decreases. It is critical for the Ministry to revise the cost provisions of the scheme to provide for budgetary allocations – both at the National Level, State level, and implementation agency level to increase awareness of the scheme among the population. Awareness generation at National Level could be focused on Mass Media, and the State government's IEC could be regional mass media, community meetings, etc.

4.2.2.3. Efficiency

Discussions with stakeholders highlight that the change in the scheme's funding mechanism from 100% central funding to 60:40 share between Centre and States added a layer of bureaucracy and the requirement for the states to contribute part of the funds to the scheme added complexities to the scheme's operations and financial flows. The number of Swadhar Grehs beneficiaries has reduced from 17,291 at its peak in 2017-18 to 12,908 in 2019-20 this period has also seen a dramatic reduction in the scheme's budget utilisation. Since 2015-16, the total budget allocation

to the scheme has been Rs. 445 Crores[513], but the scheme has only been able to utilise around 238.74 Crores[514]. There is a significant delay in terms of funds being released, which has had an impact on the quality of services provided in the Swadhar Grehs. Limited fund utilisation and delayed fund transfers have also affected the quality of infrastructure available to the residents.

While the staff was available in most Swadhar Grehs, the Superintendent and Counsellor placed at Swadhar Grehs were found to be lacking technical and management competencies to handle the specific and specialised requirements of Swadhar Greh beneficiaries. Implementing agencies have found it extremely difficult to find competent staff for running the Swadhar Grehs due to the low salary provisions contained in the scheme guidelines. Capacity Building and Training of Swadhar Greh staff and government officials is also a concern since the scheme guidelines have no provision for Training and Capacity building of Swadhar Greh staff, and the evaluation did not find evidence of capacity building and training of Swadhar Greh Staff. In several cases, the staff themselves were not aware of some of the legal remedies and provisions available to the residents. Due to the low salary norms, implementation agencies end up hiring staff that is not properly equipped to deal with the needs of the residents and are not trained in dealing with the Swadhar Greh residents in a compassionate manner.

While it seems like the monitoring has improved since the NCW report came to light, the quality of monitoring still leaves a lot to be desired. Of the 12 states visited, even though the district level monitoring committees were constituted everywhere, the evaluation did not find evidence of them actively and regularly monitoring Swadhar Grehs. **Overall, the evaluation finds the scheme's efficiency 'Needs Improvement'.**

Fund Utilisation

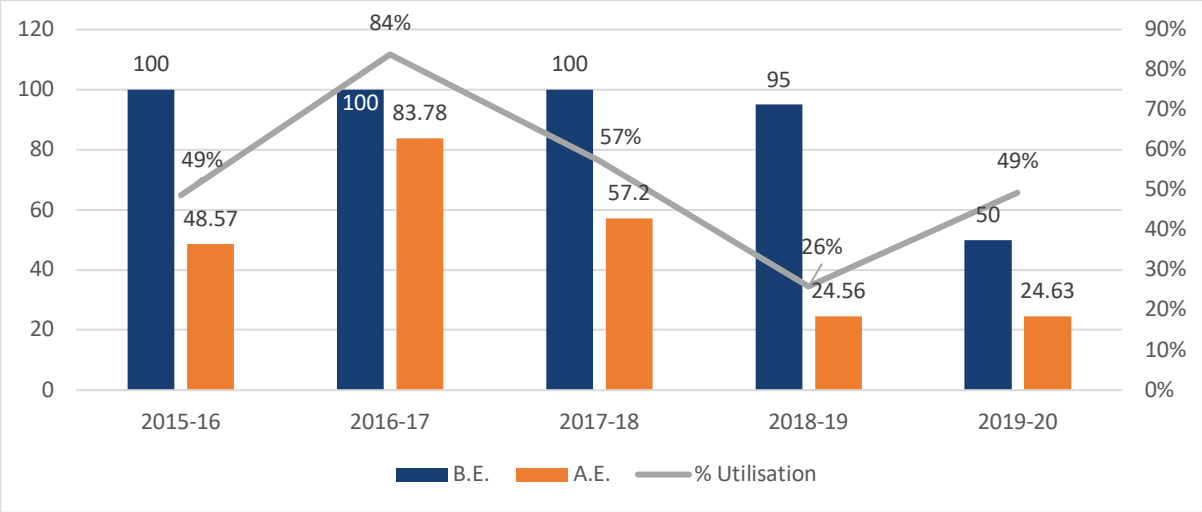
Revised Swadhar Greh Scheme was launched in 2015 for women "of unfortunate circumstances who need institutional support for rehabilitation so that they could lead their life with dignity." The shelter scheme has now evolved to address the problems of girls and women arising out of marital conflicts, rapid urbanisation and industrialisation, migration, etc.

The merged scheme was launched in 2015 as a Centrally Sponsored Scheme with the funding pattern of 60:40 between Central and State Government; 90:10 in Hilly and North Eastern States, and 100% central funding in UTs. Before this, the Swadhar Scheme was run as a Central Sector Scheme with 100% funding from the MWCD. Discussions with central, state and implementation agencies' representatives highlight that this change in funding pattern at the time of Scheme merger in 2015-16 was a watershed moment for the scheme. The added layer of bureaucracy and the requirement for the states to contribute part of the funds to the scheme added complexities to the scheme's operations and financial flows.

The number of Swadhar Grehs beneficiaries has reduced from 17,291 at its peak in 2017-18 to just 12,908 in 2019-20. This period has also seen a dramatic reduction in the scheme's budget utilisation. Since 2015-16, the total budget allocation to the scheme has been Rs. 445 Crores[515], but the scheme has only been able to utilise around 238.74 Crores[516] till 31st December 2019. Break up of year-wise utilisation is provided in the figure 125 below.

[513] Data from MWCD Annual Report 2019-20
[514] Data from MWCD Annual Report 2019-20
[515] Data from MWCD Annual Report 2019-20
[516] Data from MWCD Annual Report 2019-20

Figure 125: Swadhar Greh Scheme fund allocation and utilisation (In Crores)



Source: MWCD Annual Report 2019-20

There is a stark drop in budget utilisation seen since 2016-17. Both the central government officials and the implementation agencies representatives feel that due to the small size of the scheme, the State Governments are not able to give as much importance to the scheme as needed, and this results in delay in administrative procedures for the scheme.

The implementation agencies claim that they submit the utilisation certificates and financial reports to the State on time, but there is still a massive delay in terms of funds being released to the agencies. Interview with the MWCD officials revealed that the centre was still clearing payments for FY 2017-18 at the end of 2019, due to the delayed receipt of UCs from many states. This has had an impact on the quality of services provided in the Swadhar Grehs as well, given that many NGOs have to pitch in the funding from their own pockets for up to two years, till they receive their funds.

There is a sentiment at all levels that the scheme's functioning, at least in terms of financial processes, was much better when the scheme was 100% funded by the central government. The funds were received by the NGOs timely. All stakeholders expressed their wish for the scheme to revert to being fully funded by the Central Government and the funds being transferred directly from MWCD to NGOs.

"The Centre is releasing funds but State government is not taking interest therefore the schemes are not working efficiently. For 2017-18, 18-19 the State Governments are not releasing their share of funds. The Centre is giving them funds but when state governments do not release the funds on time, then the NGOs who are running the also withdraw."

MWCD Official

"There is no gap in scheme design, however with the fund flow if the institutions directly get fund rather than coming through state governments would be better. With the present mechanism many state officials are getting involved and the institutions do not get fund on time. So, if the institutions can get fund on time that would be better."

State Level Official, Uttarakhand

"Funds used to come directly till 2016-17. After that, state contribution was added and now funds are routed through the state. State government is hesitant to contribute its share to the scheme. This is causing delays in payment to the NGOs."

State Level Official, Maharashtra

> "Funding has been a major concern as the govt releases fund to the state; centre should ideally transfers funds to the districts/just provide entire share. Actually, there was a problem last year in state providing its contribution. Hence, if the fund was directly given to the NGO, it would have been good. Since the funds were first sent to state, then state needed to add its contribution, the total fund flow was delayed."
>
> State Level Official, Telangana

The evaluation finds that the limited fund utilisation and the challenges faced by the implementing NGOs due to extensively delayed fund transfers has a big impact on the scheme's output efficiency as it directly affects the quality of infrastructure available to the residents as well as the quality of services that the NGOs can provide to the residents.

Human Resources

The scheme guidelines currently include provision for 6 staff members for a Swadhar Greh:

No.	Position	Qualification Requirements
1	Resident Superintendent	Preferably Postgraduate with 2-3 years supervisory experience in running of such Homes.
2	Counsellor	Masters in Social Work/ Psychology/Sociology. Persons with previous experience preferred.
3	Office Assistant/DEO	Graduate (with proficiency in Computer operation)
4	Medical Doctor (Part-Time)	A medical degree.
5	Guard/Watchmen (2)	Middle Level

All Swadhar Grehs visited under this evaluation had all the 5 positions in place, with the Medical Doctor being a part-time resource in all Swadhar Grehs, and the Counsellor being a part-time resource in one of the visited Swadhar Grehs. While the staff was there in most Swadhar Grehs, the evaluation found that the Superintendent and Counsellor placed at Swadhar Grehs were not well qualified to handle the specific and specialised requirements of the beneficiaries of the Swadhar Grehs. The counsellors were usually MSW or Masters in Sociology and were not trained in the provision of psycho-social counselling. Implementing agencies have found it extremely difficult to find competent staff for running the Swadhar Grehs due to the low salary provisions in the scheme guidelines.

Some state and Swadhar Greh officials lamented the absence of a Rehabilitation Officer as part of the staff at the Swadhar Greh. The Rehabilitation Officer, who was there until the joined-up scheme was launched in 2016, played an important role in the economic rehabilitation of Swadhar Greh residents. As found in the earlier sections, the vocational training and economic rehabilitation components of the scheme have been lagging with a lack of institutionalised mechanisms for providing vocational training to long term residents of Swadhar Grehs. The current Swadhar Greh Staffing pattern is designed in a manner to provide Psycho-Social Counselling and Medical Services to the residents, while a dedicated resource for economic empowerment of residents is missing. It is recommended that the scheme guidelines be revised to include additional staff provisions for a Rehabilitation/Skill Development officer and a part-time Para-legal staff.

Currently, the scheme includes a provision of just Rs. 46,000 per month for the salary of the 6 staff members. The salary of the full-time superintendent who is required to serve the residents for 24 hours every day is capped at Rs. 12,000 per month and the salary for the counsellor is capped at Rs. 10,000. These salary provisions are found to be extremely low, especially compared to the highly specialised nature of the jobs and the specialised requirements. For the 6 staff

members at the Swadhar Greh, the total monthly salary provision comes to only Rs. 7.667 per month per staff member. The salaries of the staff under the Swadhar Greh scheme continue to remain insufficient and far below the national minimum wage requirements. From 2015 Swadhar Greh guidelines to the 2018 modified guidelines, there have been no revisions in the allocation of funds toward staff salaries and expenditure related to residents (under "other recurring expenditure"). Budgets are not commensurate to the cost of living index.

Taking into account the nature of the assignment, counsellor/social caseworkers are supposed to handle vital components like counselling and their documentation. Process assessment finding tends to suggest that the qualification of counsellor merely having postgraduate in Sociology or MSW does not solve the problem in realising the objectives. **There is a need to make the Counsellor's qualification at least PG in Psychology with experience in clinical psychology since the role of the counsellor is vital in making behavioural change among the residents of "Swadhar Greh".**

Capacity Building of Swadhar Greh Staff

Capacity Building and Training of Swadhar Greh staff and government officials is another major concern regarding the Swadhar Greh Scheme. The scheme guidelines have no provision for Training and Capacity building of the Swadhar Greh staff. Due to this, the capacities of the Swadhar Greh staff to deal with the specialised needs of the Swadhar Greh residents was found to be uneven, and in most cases, inadequate. In some Swadhar Grehs, the staff themselves were not aware of some of the legal remedies and provisions available to the residents. The evaluation of Shelter Homes in Delhi conducted by Jagori in 2018-19 found that the Shelter home staff had an insensitive and negligent approach to the residents. The report found stories of staff being disrespectful and humiliating. One of the former residents of these shelter homes recounted her experience to Jagori researchers:

> "Ma'am ne mujhe bola thi ki "tumhare ghar mein koi tumhara ilaaj nahi karwaya ki tum itne bimariyon se bhare ho? " (Ma'm asked me, 'Did no one in your family get you treated, you are full of illnesses.') At night when my stomach ached, I would not tell the warden because she would say I was lying: Natak karti hai, is ke pet mein koi dard nahi hai." (She is acting, she is not in pain.)
>
> Former shelter home resident to Jagori (2019) researchers

Another former resident mentioned:

> "Staff ko koi bolne ka tareeka nahin hai. Tu tadaka hai. Parvah nahin karte…Rob jamate the, bas." (The staff do not know how to talk well. They are rude and insulting. They do not care…. Would act bossy, that is all.)
>
> Former shelter home resident to Jagori (2019) researchers

Jagori (2019) report also found the Swadhar Greh staff's behaviour and approach towards the residents very patronising and condescending. The report found that "Certain shelter home staff members referred to residents and survivors as bachhas (children) and used terms such as bechari (victim) or "abnormal" and "mentally disturbed" for women suffering from mental health issues. Women were described as nasamajh (immature) and ziddi (stubborn)."

As discussed earlier, cost provisions for Swadhar Greh staff are extremely low, which leads to the implementation agencies hiring staff that is not properly equipped to deal with the needs of the residents and who are not trained in dealing with the Swadhar Greh residents in a compassionate

manner, keeping their own beliefs, biases and judgements outside of their professional conduct with the beneficiaries.

It is extremely important that in addition to increasing the salary provisions for the Swadhar Greh staff so that good quality, trained professionals are hired, the Ministry also needs to incorporate the training and capacity building requirements of the Swadhar Greh staff, given the sensitive nature of women and issues being dealt by the Swadhar Greh staff.

Adequacy of budgetary provisions

The evaluation finds that the Swadhar Greh cost norms are outdated and do not correspond with the realities on the ground. Even though the scheme guidelines were revised in 2018, the cost norms remained unchanged. The current implementation guidelines include provisions for constructing and renting the space for Swadhar Grehs, staffing the Swadhar Grehs, one-time expenses for furnishing the Swadhar Grehs and recurring expenses for supporting the residents. Details of the financial norms under the scheme are as under:

Non Recurring Expenses

Component	Unit	Amount	Annual Total
Construction Grant	Per Resident (One time)	Rs. 1,33,000	Rs. 39,90,000 (for a 30 person Swadhar Greh)
Onetime non-recurring grant for the purchase of necessary items including furniture, beds, bedding, utensils, television etc.	Per Resident (One time)	Rs. 5,000	Rs. 1,50,000 (for a 30 person Swadhar Greh)
			Rs. 41,40,000

Recurring Expenses

	Component	Unit	Amount	Annual Total
Administration and Management	Resident Superintendent	Monthly	₹12,000	₹1,44,000
	Counsellor	Monthly	₹10,000	₹1,20,000
	Office Assistant cum DEO	Monthly	₹8,000	₹96,000
	Medical Doctor (part-time)	Monthly	₹6,000	₹72,000
	Guard/Watchman (2)	Monthly	₹10,000	₹1,20,000
Other Recurring Expenses	Expenditure on food	Per resident	₹1,300/month	₹4,68,000
	Expenditure on clothing	Annual	₹30,000	₹30,000
	Expenditure towards medicines, personal hygiene products etc.	Per resident	₹175/month	₹63,000
	Pocket Money	Per resident	₹100/month	₹36,000
	Expense for Recreational activities	Annual	₹12,000	₹12,000
	Reimbursement of fees for vocational training under NCVT approved plan and certificate to be issued	Reimbursement of training and test fees as per the norms fixed by the Labour Dept./ NCVT per women	₹1,800/- per resident p.a. (for 15 residents)	₹27,000
	Contingency including telephone charges	Annual	₹50,000	₹50,000
	Rent	Monthly	₹50,000 ₹30,000 ₹18,000	₹6,00,000 ₹3,60,000 ₹2,16,000.

Total Annual Non-Recurring Expenses	**₹18,38,000** **₹15,98,000** **₹14,54,000**

While the inadequacy of the staff salaries has already been discussed above, the evaluation finds that the provisions for Swadhar Greh Construction and rentals are also quite low for a shelter home with living space for 30 residents plus a resident superintendent, as well as provisions for open space, separate rooms for visitors, counselling, vocational training, recreation, etc. The MWCD guidelines for One-Stop Centres, for example, provide for an almost 50 lakh provision for the construction of OSCs, which are meant to provide shelter to a maximum of 5 people at a time. Given this, the evaluation suggests revisiting the cost provisions for the construction of Swadhar Grehs. The evaluation also notes that the scheme guidelines do not press for making the Swadhar Grehs Persons with disability-friendly. This needs to be incorporated in the Scheme guidelines, and the revised cost provisions for the construction of Swadhar Grehs incorporate this consideration as well.

The evaluation also finds that the budget provisions for residents are also extremely low. The current guidelines allocate a meagre 1,300 per resident per month towards the food expenses of the residents, which is approximately 43 rupees per day for 3 meals. This provision is found to be extremely low and not commensurate with the current cost of living. Similarly, the cost provision of Rs. 1000 per beneficiary for clothing and Rs. 175 per month per beneficiary for medicines, personal hygiene products etc. are found to be low. Where residents are required to hand over all their belongings and cash to the superintendent upon entry, there is a provision for "pocket money". However, this seems to be only a token provision in the scheme because the amount of money allocated per month for a resident is only 100 rupees. The current scheme guidelines also provide for a measly Rs. 27,000 per year for skill development/vocational training of residents.

Given that the Swadhar Greh residents cannot go out of the homes to receive vocational training, and the trainers are required to be hired to provide training to women within Swadhar Greh, Rs. 27,000 per annum is extremely low for hiring such trainers. This also hampers the implementing NGOs ability to hire trainers for multiple vocations, and women get forced to receiving training in areas that are of no interest to them. These challenges and the extremely low provision for Vocational Training has led to almost a ceasing of the vocational training component of the scheme across the country.

The final component of the scheme budget is the provision for a 3 person Monitoring unit at the National level. The salary provisions for these positions have also been fixed quite low, at Rs. 40,000 per month for the Scheme National Coordinator, and Rs. 15,000 per month for each of the two Data Entry Operators. Given that these three officers are expected to work from New Delhi, where the cost of living is quite high, it cannot reasonably be expected for the scheme to be able to hire good quality, qualified, professional staff members as part of the monitoring unit. This low salary is one of the reasons the Monitoring Unit for the scheme has remained unstaffed for the last couple of years.

The evaluation recommends that the Ministry revisit the cost provisions of the scheme, and undertake a comprehensive revision of the same to ensure that good quality human resources are available and hired by the scheme and the Swadhar Grehs and that the implementation agencies and the government can ensure a high quality of services being available to the scheme beneficiaries.

Scheme Monitoring

Inadequate monitoring is another key challenge faced by the scheme. The report by NCW in 2018 also found discrepancies in the numbers and addresses of the Swadhar Grehs available with the Central and State Government. This was also confirmed by state officials in a couple of states.

> "I do not consider the Ministry's data as authentic I'll tell you this frankly. We have said so to the Ministry too. Because, the approvals that they have given 10-20 years ago they keep on carrying on that. We have given in written that the institutes there are not working but there site continues to show the wrong information."
>
> State Level Official, Chhattisgarh

The Swadhar Greh scheme guidelines prescribe a three-tiered monitoring mechanism with monitoring committees at District, State and National Level. The evaluation found that the monitoring mechanisms, even though in place, were not being utilised. The scheme's monitoring efficiency suffers due to issues ranging from a lack of human resources, limited capacity to monitor, overworked officials, and a defensive stance of the implementation agencies when it comes to reporting.

The NCW made a similar observation in its report, where it observed that "Though there are monitoring committees at the district, state and central levels, supervision by these monitoring committees in the inspection of the running of Swadhar Grehs is totally missing". The scheme evaluation commissioned by the MWCD in 2017 also noted that "the monitoring and inspection is the weakest link in the implementation of this programme at every level. The constituted committee at district level was observed on paper only. Existence of the district-level committee at ground level for performing the activities in real sense was found weak and even absent."

While it seems like the monitoring has improved since the NCW report came to light, the quality of monitoring still leaves a lot to be achieved. Of the 12 states visited, even though the district level monitoring committees were constituted everywhere, the evaluation did not find enough evidence of them actively undertaking to monitor the Swadhar Grehs. In some cases, such as Delhi, where there are only 2 Swadhar Grehs, periodic inspection of the Swadhar Grehs does happen, but the evaluation was not able to identify how the monitoring data is used. In some cases, the district level monitoring happens once in 6 months. This is a long time lag between two monitoring rounds, especially given that more often than not, a district will only have one Swadhar Greh.

> "See we are following the guidelines to the T. Under the guidelines the district commissioner is supposed to check and monitor the NGO's every 6 months and update us then. The financial and physical reporting is done from our help. For physical reporting there is an online portal – ngomwcd.gov.in. This is the site that tells the details of beneficiaries and whatever the intake is in the homes, that information with respect to the beneficiaries Aadhaar card is updated."
>
> State Level Official, Jharkhand

Monitoring of the scheme nationally also suffers from challenges. Discussions with Ministry officials revealed that the Swadhar Greh Scheme, operational in 25 states in India, is managed by just two officials at the central level, one of whom is responsible for at least 3 schemes of the MWCD. In the absence of sufficient staff at the National level, the Ministry is unable to monitor the Swadhar Grehs in the states effectively.

The Scheme also does not have a real-time online monitoring system. The state is expected to collect data from all Swadhar Grehs and submit MPRs to the MWCD, but most months, not more than 3 or 4 MPRs are received by the Ministry. In the absence of an online monitoring system that captures the details of all beneficiaries, the services being provided to them, the dates and types of counselling being provided to them, and the kind of skill trainings being provided to them, it is difficult for the Ministry to monitor the status and working of the Swadhar Grehs effectively. It is hence, a strong recommendation that to improve the quality of scheme monitoring, the Ministry develop an online monitoring system, which is linked directly with the Swadhar Grehs, and wherein, the implementing agencies directly update the information of beneficiaries, services, infrastructure, and financial utilisation.

4.2.2.4. Sustainability

The evaluation found major gaps in hindering scheme's sustainability. The scheme's sustainability suffers due to a combination of systemic and institutional challenges. One of the biggest challenges to the Scheme's sustainability is its complete reliance on NGOs and implementing agencies to deliver the scheme, and the absence of any safeguards available to the residents in case an NGO pulls out of implementing the Swadhar Greh or if it is found to be in breach of scheme guidelines. Currently, 95% of the Swadhar Grehs are run by NGOs, with only 2% Swadhar Grehs being managed directly by State Government agencies including Women's Development Corporations. Low cost provisions under the scheme and fund flow delay further hamper the sustainability of the Scheme, with many Swadhar Grehs closing down over the last couple of years due to the implementing agencies unable to run the Swadhar Grehs due to delays of up to two years in receiving funds from the State Government.

Other key areas that hamper the sustainability of the scheme are the ineffective monitoring mechanisms and limited human resource capacity at the National Level to manage and monitor the scheme. The Scheme still uses excel based monthly progress reports for monitoring of the scheme, and these MPR are extremely delayed if received by MWCD at all. The low cost provisions under the scheme also lead to low quality of staff which is unable to provide the services such as psycho-social counselling needed by the residents of Swadhar Grehs. **The evaluation finds the scheme's sustainability 'Needs Improvement'.**

A scheme or programme's sustainability depends on the strength of institutional, legal and legislative mechanisms that it is able to create to ensure the continuation of the scheme's activities and agendas. While the Swadhar Greh scheme has strong legal and legislative structures, the study notes that the institutional structures under the scheme leave a lot to be desired. Some of the key issues that have an adverse effect on the sustainability of the scheme's activities and impacts are as follows:

- Budgetary provisions for Swadhar Grehs, both for staff costs and for expenditure on residents are extremely low. The low salary provision leads to low quality of staff hiring, which is not able to provide the services required by the Residents, particularly those related to Psycho-Social and Legal counselling. The low-cost provision for services such as food, vocational education, medical expenditure adversely affects the quality of services that the Swadhar Grehs can provide the residents.
- There is a lack of focus on the economic empowerment of residents through Vocational Training. Each Swadhar Greh is only provided Rs. 27,000 per annum for facilitating vocational training to the residents, to empower them economically. This low provision has led to the

Swadhar Grehs only offering the residents training in traditionally gendered works which are often very low paying such as pickle making, tailoring, basket making, paper bag making, etc. These vocations cannot ensure a sustainable living wage for the women residents, and there are usually very high chances that these residents will come back to the Swadhar Grehs due to not being able to support themselves economically once released.

- Due to a lack of staff provision at the national level, and delays by the state governments in providing updates and data to the centre, the MWCD is not able to exercise adequate monitoring and supervision of the scheme.
- Due to a lack of training provision in the scheme budget, the staff hired at the Swadhar Grehs is usually not well trained in managing the residents and providing them with the specialised counselling services needed by them. The behaviour of the Swadhar Greh staff and their sensitivity towards the women who have survived domestic violence, neglect and abandonment need to be improved to enable Swadhar Grehs to provide the safe and empowering spaces needed by its residents.

The evaluation of the Swadhar Greh Scheme undertaken by Midstream Marketing & Research Pvt. Ltd. for MWCD in 2017 found that almost 32% of the Swadhar Grehs were either closed, non-existent, or had changed address, and this was not reflecting in the state and central government's database. While there is certainly a need for stricter monitoring and management of the Swadhar Grehs by the State and Central Government, the fact that there is no prescribed process, procedure, and clearances needed by NGOs to close existing Swadhar Grehs is particularly worrisome. The scheme guidelines have no prescriptions/ provisions on the safeguards for the existing residents of Swadhar Grehs in case the implementing agency is not able to run the Swadhar Greh adequately or is forced to close the Swadhar Greh in the absence of or in cases of delays in funding receipt. While the obvious option in case of closure of Swadhar Grehs is shifting of the residents to other Swadhar Grehs in the state or the district, but there are multiple challenges to this – one of them being the low number of and overcrowded Swadhar Grehs in many states. It is thus extremely important to identify safeguards and safety nets for the Swadhar Greh residents to ensure continued availability of services in cases where Swadhar Grehs are closed or forced to close. The scheme guidelines should be revised to include these safeguards.

4.2.2.5. Impact

Given the sensitive nature of the services provided by the Swadhar Grehs, and the inability of the evaluation to interact with women who have left the Swadhar Grehs, it is difficult to assess the impact of the scheme. The impact of the scheme is also difficult to assess as the scheme has no built-in mechanism to systematically track the women who have left the Swadhar Grehs in terms of whether they are facing re-abuse after leaving Swadhar Greh, whether they have been suitably rehabilitated socially or economically. There is no previous scheme evaluation available in the public domain, which assesses the long-term impact of the Swadhar Homes in India. A Meta-Evaluation methodology prescribed for this evaluation does not lend itself to assessing the impact of the scheme unless there is a rich secondary literature available on the impact of the scheme. A standalone scheme-specific impact evaluation may be more suitable for assessing the long-term impact of Swadhar Grehs.

4.2.2.6. Equity

The evaluation finds that the Swadhar Greh Scheme is able to provide equitable services to the women who approach the homes for shelter. The scheme is available for women from all religions and social strata. One key challenge to equity is the usefulness and accessibility of the Swadhar grehs to women with disabilities. Most of the Swadhar Grehs have not been constructed or modified to meet the needs of differently-abled women. There are no ramps or lifts, or any infrastructure to support the women who may have physical challenges in accessing and making use of Swadhar Grehs. These women are often required to be carried around by the Swadhar Greh staff, and this is counter-intuitive to the aim of the Swadhar Grehs to make the residents empowered and self-reliant. **Overall, the evaluation finds the scheme's equity to be 'Average'.**

The evaluation finds that the Swadhar Greh Scheme is able to provide equitable services to the women who approach the homes for shelter. The Swadhar Greh scheme is aimed at supporting women 'of unfortunate circumstances who need institutional support for rehabilitation so that they could lead their life with dignity'. The scheme is available for women from all religions and social strata. Many of the beneficiaries interviewed across Swadhar Grehs in different states also revealed that there were no discriminatory practices within the homes. E.g., in Uttar Pradesh, a beneficiary mentioned that "*We have not seen or heard of any discrimination happening. If we have any problem, we can talk freely to ma'am and other staff."* Beneficiaries from other states also confirmed that they had not been subjected to any discriminatory practices within the homes.

One key challenge to equity is the usefulness and accessibility of the Swadhar Grehs to women with disabilities. Most of the Swadhar Grehs have not been constructed or modified to meet the needs of differently-abled women. There are no ramps or lifts, or any infrastructure to support the women who may have physical challenges in accessing and making us of Swadhar Grehs. These women are often required to be carried around by the Swadhar Greh staff, and this is counter-intuitive to the aim of the Swadhar Greh s to make the residents empowered and self-reliant.

4.2.3. Analysis of Cross-Cutting Themes

4.2.3.1. Accountability and Transparency

Swadhar Greh caters to primary needs of women in difficult circumstances, needs a robust monitoring mechanism to ensure accountability and transparency. The Scheme guidelines propose three-fold monitoring at District, State and National level. At the district level, 7-10 member committee headed by district collector; at the State level, monitoring committee headed by the Secretary, Social Welfare/DWCD which is to meet twice a year; and a National level Committee. As discussed in the section on Efficiency, scheme monitoring needs significant strengthening for ensuring accountability. The Swadhar Greh scheme guidelines also mandate Social Audits of Swadhar Grehs, however the evaluation did not find any report of Social Audits of Swadhar Grehs in the Public Domain.

Limited scheme data is available on the MWCD Dashboard, which shows the number of Swadhar Greh operating at National and State level, and the number of beneficiaries residing in the Swadhar Grehs. District level/Swadhar Greh data is not available in the public domain.

Financial allocation to a State/UT for the year is decided based on the number of operational projects, the number of new projects likely to be sanctioned in the year and availability of resources. First instalment amounting to 50% of the allocated grant is released at the beginning of the Financial Year after deducting any unspent balance available with the State/UT. The second instalment is released after 60% of the first instalment has been utilised[517]. The rationale behind providing the second instalment only when 60% of the first instalment is utilised is that it creates accountability and helps in checking proper disbursal of funds. The scheme guidelines further provide exhaustive detail based on which implementing agency will be selected in a State. The steps like – details of the grant received from Central/State government in the last three years and details of foreign contribution received in the last three years add to the transparency mechanism of the scheme. However, field-level implementation of these processes is in question. The recent survey conducted by the National Commission of Women across Swadhar Greh in 6 States found fake addresses of NGOs who run the Swadhar Grehs.

Overall the policy guidelines of the scheme are in place, and the scheme design takes care of most of the accountability and transparency aspects. However, there is significant scope for improvement in the implementation of the provisions to enhance the accountability and transparency of the scheme.

4.2.3.2. Direct/Indirect Employment Generation

Swadhar Grehs provide care, protection and rehabilitation services to women in distress. The scheme focuses on economic rehabilitation of residents and provides vocational and skill up-gradation training. However, the adequacy and the suitability of vocational training provided in the shelter homes are found lacking. While there are examples of shelter homes that have linked residents with business opportunities or Self-Help Groups, this is not a uniform practice (Lamlynti Chittara Nerallu, 2017). Most of the shelter homes that provide vocational training continue to use decade-old gendered vocations such as knitting, incense stick making, tailoring, embroidery, pickle making etc. (North East Network, 2019) (Visthar & Sangama, 2019) (Ramesh,

[517] Swadhar Greh Implementation Guidelines (https://wcd.nic.in/sites/default/files/Revised%20Guidelines%20Swadhar%20Greh,2015%20(%20English).pdf)

N., & Suguna, 2019). These kinds of training provide only meagre, non-sustainable opportunities for economic rehabilitation.

The scheme itself has a minimal provision for vocational training, with only Rs. 27,000 per annum available for providing vocational training to 30 women. It is difficult for any organisation to be able to provide quality services with such low provisions. Another challenge is that none of the Swadhar Grehs visited by the had any tie-ups with other government agencies or was utilising the provisions of the government scheme for providing skill development and vocational training to the residents. In the absence of the linkages being created with government Skill Development Programmes, as well as with the Private Sector, the effectiveness of economic rehabilitation will remain low, and the scheme will not be able to contribute to employment and livelihoods generation as required by the scheme's vision.

4.2.3.3. Climate Change

The scheme does not have any component/strategy that addresses climate change or contributes to sustainable practices since climate change is not relevant to the scheme's objectives.

4.2.3.4. Role of Tribal Sub-Plan and Scheduled Caste Sub Plan in mainstreaming of Tribal and Scheduled Caste Population

The scheme does not have any component/strategy that addresses tribal sub-plan and scheduled caste sub-plan.

4.2.3.5. Use of Technology in driving efficiency

Information and Technology is one of the recent phenomena which increases the efficiency of scheme implementation. The Government has lately focused a lot on IT and other technical means to ensure fair, transparent and ease in scheme implementation. Swadhar Greh Scheme has not been able to benefit from this focus on the use of IT for improving scheme delivery and for scheme monitoring. Currently, the scheme does not have an IT system to monitor the scheme. The scheme maintains record through registers and monitoring is done based on periodic progress reports received by the MWCD from the States. The State Government is expected to collect data from all Swadhar Grehs and submit MPRs to the MWCD, but most months, not more than 3 or 4 MPRs are received by the Ministry.

In the absence of an online monitoring system that captures the details of all beneficiaries, the services being provided to them, the dates and types of counselling being provided to them, and the kind of skill training being provided to them, it is challenging for the Ministry to monitor the status and working of the Swadhar Grehs effectively. It is hence, a strong recommendation that to improve the quality of scheme monitoring, the Ministry develop an online monitoring system, which is linked directly with the Swadhar Grehs, and wherein, the implementing agencies directly update the information of beneficiaries, services, infrastructure, and financial utilisation.

4.2.3.6. Stakeholder and Beneficiary Behavioural Change

The awareness generation component forms an integral part of a scheme, and it's even more important for a scheme like Swadhar Greh- wherein scheme's beneficiaries lack enough safe spaces to reach out to. Most distressed women continue to face distress situations as they are not aware of proper channels which can help them. In light of these arguments, awareness generation

needs to be a crucial component of Swadhar Greh. Although the Swadhar Greh scheme specifically directs state governments as well as implementing agencies to raise awareness of the availability of and provisions within shelter homes, there is little that has been done on that account. In case a woman wants to approach the Swadhar Grehs directly, there is very little information available to her to approach these homes. It is tough to find addresses of the Swadhar Grehs on the state government websites. Even contact addresses and phone numbers of shelters listed on offline and online channels are outdated or incorrect.

Discussions with State government representatives and implementation agencies revealed that even though the agencies and the State governments have been asked to popularise the scheme and generate awareness about the homes and the services available in them, there is no budgetary allocation for such activities. The evaluation found that the scheme's awareness among the women surveyed in 12 states was extremely low. The household survey of 3,048 women – including Adolescent Girls – found that only 128 women knew of the Swadhar Greh Scheme, translating to an awareness rate of just 4.2%. Of the 128 women who knew about the scheme, 73.44% women had heard about the scheme through the AWWs, and 61% had come across the scheme on mass media (TV, News Paper, and Radio).

Swadhar Grehs provide a critical institutional mechanism for women in distress to empower them so that they could lead their life with dignity. The inability of the agencies and Government to popularise the scheme in the absence of budgetary provisions for awareness generation hampers the sustainability of the scheme as well as reduces the value of the scheme itself. In the absence of awareness of these shelter homes, women's perception of safety and protection also decreases. It is critical for the Ministry to revise the cost provisions of the scheme to provide for budgetary allocations – both at the National Level, State level, and implementation agency level to increase awareness of the scheme among the population. Awareness generation at National Level could be focused on Mass Media, and the State government's IEC could be regional mass media, community meetings, etc.

4.2.3.7. Research and Development

At present, the scheme does not have any component of research and development. There is no budget allocation for R&D in the scheme.

4.2.3.8. Unlocking synergies with other government programmes

Swadhar Greh Scheme Guideline envisaged establishing necessary linkages with other programmes such as Non-Formal Education, Skill Development and other programmes being implemented by GoI. Swadhar Greh scheme shows effective convergence with the Police, health department, and the DLSA, mainly due to a strong legal mandate ensuring the convergence happens. However, as discussed in the previous section, the convergence needed to enable the residents to effectively rehabilitate and become self-reliant through skill development, and vocational training remains weak. The scheme has minimal budgetary provision for skill training of the residents, and the residents suffer due to this. The evaluation did not find any evidence of Swadhar Grehs having tie-ups with other government agencies or were utilising the provisions of any other government scheme for providing skill development and vocational training to the residents. It is vital for the state governments as well as implementing organisations to establish necessary linkages with other programmes relating to non-formal education, skill development and other programmes of the State as well as of the GoI. Ways should be devised to connect these

homes and the training with existing schemes of the Government, such as the Skill India programme, Pradhan Mantri Kaushal Vikas Yojna (PMKVY), training conducted under the National Skill Development Corporation, etc.

4.2.3.9. Reforms and Regulations

The reforms and regulations covered under Swadhar-Greh are mostly related to the establishment of implementing agency. The civil society organisations or NGOs functioning as implementing agencies is to be registered under the Indian Societies Registration Act, 1860 or any relevant State Act. Apart from this if male children above 12 years of age accompany a woman, then the child is to be treated under the Juvenile Justice Act and be placed in children's shelter home. It has been observed that most of the implementing agencies are registered under the acts mentioned above, except in some instances where evidence has come up of false addresses of NGOs. The provision of placing male children above twelve years of age under the JJ Act seems to be in the child's best interest as it preserves the situation of distress and conflict to arise in future. Apart from these, no significant reforms and regulations exist within Swadhar Greh.

4.2.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Low Coverage of Swadhar Grehs	• Currently, Swadhar Grehs are present in only 314 Districts of the country, making the scheme's coverage only around 43% • In some states, Swadhar Grehs are found to be over-crowded – especially in Kerala, Uttarakhand, J&K and Odisha, where almost twice the number sanctions are living in each Swadhar Greh on average.	• Mandate conducting a **needs assessment exercise in all districts** within the next 6 months and prioritise the creation of more Swadhar Grehs in districts where the need is found high. • **Encourage State women's cooperatives, PRIs, Municipal Bodies, and cooperatives to set up and manage Swadhar Grehs** in districts where no NGO proposal comes.	**Medium-Term**	**MWCD for issuing guidance, State Governments for conducting Needs Assessment**
Severe Delays in remittance of funds to implementation agencies	• Ever since the scheme's funding mechanism was changed from 100% central funding to partly funded by the State, the scheme has faced major delays in funds reaching the implementing NGOs. • Due to the small size of the scheme, the State Governments are not able to give as much importance to the scheme as needed, and this results in delay in administrative procedures for the scheme. • Interview with the MWCD officials revealed that the centre was still clearing payments for FY 2017-18 at the end of 2019, due to the delayed receipt of UCs from many states. • Due to the extensive delays in getting funds, many implementing agencies have closed Swadhar Grehs, thereby contributing to a reduction in the number of homes. • The number of Swadhar Grehs had fallen from around 550 in 2017 to 419 by the end of 2019-20. The number of beneficiaries has also decreased from 17,291 in 2017 to 12,908 in 2020 – a drop of around 25% in the beneficiary count, even though the incidences	• The evaluation recommends that to improve the fund flow efficiency and to ensure that the funds are received and utilised by NGOs on time, **the scheme is converted from Centrally Sponsored to Central Sector Scheme**. • In case the scheme continues to operate as a CSS, **the Swadhar Greh Scheme should mandate at least a 10% contribution from the implementing agency** running the Swadhar Grehs **in line with the Ujjawala Scheme**. However, **contribution from implementing agencies** towards non-recurring expenses need not be tied to different heads but **be available as a flexible pot of money** to be used for strengthening aspects deemed necessary by implementing agency. • The **10% contribution requirement would increase the implementing agency's accountability**, as well as weed out the NGOs with weak management and fund-raising capacity.	**Short-Term**	**MWCD**
		• **Swadhar Grehs should be encouraged to link up with local industry associations** or cottage industries to **participate in the market value**	**Long-Term**	**MWCD**

	of VAW have seen an increase during the same period.	**chain**. Swadhar Grehs may partner with organisations which can provide training and raw materials to the residents and procure the finished products from the residents. Such partnerships/MOUs may be formalised at the national level – covering all Swadhar Grehs or at the district level – through the implementing agency's networks. • **Swadhar Grehs may also develop linkages with social enterprises providing training and long-term economic opportunities to residents, even after they have left the Swadhar Greh.** The Swadhar Grehs may thereby help support its residents in long-term economic rehabilitation.		
Low quality of Infrastructure	• Even though the provision of infrastructure was there, the quality of infrastructure is poor across Swadhar Grehs. • Most Swadhar Greh buildings were old and dilapidated, with congested and unclean rooms. • In most of the Swadhar Grehs, there was no provision for cleaners or housekeepers, and the residents were expected to clean the Swadhar Greh together. • In some cases, Swadhar Greh residents live in rooms with poor infrastructure, low-quality bedding, and in most cases sharing rooms between 2 to 4 other residents. • Low budgetary provisions and delayed funding, coupled with the weak financial capacity of some of the smaller NGOs managing the Swadhar Grehs has led to a neglect of infrastructure. • None of the Swadhar Grehs visited had disabled-friendly infrastructure facilities such as ramps or lifts even though they comprise of multiple floors.	• Instead of having a one-time construction grant within the Swadhar Greh, the focus should be on **partnering with Private Sector where they construct/provide the Swadhar Greh infrastructure, and implementing agencies enter into a long-term rental agreement for minimum 10 years with a yearly increase of 10%.** This will help stagger the capital/non-recurring cost of Swadhar Grehs over a longer period and will ensure that the Swadhar Greh infrastructure is properly maintained by the lessor. • **Rental provision needs to be revised upward, to incentivise the private sector** to invest in Swadhar Greh Infrastructure. • Existing Swadhar Grehs should be mandated to **construct ramps and make accessing Swadhar Grehs easier for differently abled women**. A one-time up-gradation grant of up to Rs. 1 Lakh per existing Swadhar Greh can be provided for this.	**Medium-Term**	**MWCD**

Low Quality of Services	• Superintendent and Counsellor placed at Swadhar Grehs were not qualified to handle the specific and specialised requirements of the beneficiaries of the Swadhar Grehs. • Difficult to find competent staff due to the low salary provisions in the scheme guidelines. Salary provision for 6 staff members is just Rs. 46,000 per month. • There is a lack of relevant and quality training to the staff of shelters homes. • In the absence of minimum service level benchmarks and SOPs, some of the aspects of the scheme such as admission, length of stay, and rehabilitation efforts are dependent on the implementing NGO and how the state interprets the scheme guidelines.	• The **salary caps for various positions in the Swadhar Greh may be revised** in line with the current market rates, keeping in mind the specialised requirements of the Centre Administrator and Counsellor positions, as well as in line with the minimum wages act. • Mandate **periodic training and sensitisation of Swadhar Greh Staff on aspects of counselling, human rights, gender rights,** and legal aid. • The MWCD may put in place **e-ILA based training material** which can be accessed by Swadhar Greh Staff. • Develop **clear guidelines, service benchmarks and standard operating procedures** for each service provided under the scheme.	**Short-Term**	**MWCD**
Inadequate focus on economic empowerment and rehabilitation	• Vocational courses offered in shelter homes continue to stereotype "female" work. Economic Rehabilitation needs to be seen not just as a source of livelihood but as a window to personal growth and meaning that pays better.	• **Private Sector should be leveraged to enhance the skill development, apprenticeship, and economic rehabilitation of women residents**. Paid apprenticeship opportunities should be provided to the Swadhar Greh residents through partnerships with local industry bodies and market associations. National and international fast-food chains such as McDonald's, KFC, etc.; hotel chains; and other such organisations could be roped-in to train and hire women from Swadhar Grehs. • The post of a rehabilitation officer should be reinstated in the Scheme Guidelines.	**Short-Term**	**State Government/ Implementing Agency** **MWCD**
Limited use of Technology for Monitoring	• Monitoring effectiveness suffers due to issues ranging from a lack of human resources, limited capacity to monitor, overworked officials, and delay in receiving monitoring data from the States. • In the absence of an online monitoring system, it is difficult for the Ministry to	• To improve the quality of scheme monitoring, the Ministry should **develop an online monitoring system**, which is linked directly with Swadhar Grehs and Ujjawala Homes, and where the implementing agencies directly update the information of beneficiaries, services provided, infrastructure, and financial utilisation.	**Short-Term**	**MWCD**

	effectively monitor the status and working of the Swadhar Grehs.	• Additionally, the Swadhar Grehs should be installed with **video cameras, twice a day bio-metric based attendance of Swadhar Greh residents, and geo-tagging of Swadhar Grehs** to enable remote monitoring of activities by State Government/MWCD. • **Linkages of residents with Aadhar and bank accounts** should be facilitated to provide the monthly allowance directly into the residents' bank accounts.		
Low Scheme Awareness among women	• The evaluation found that the scheme's awareness among the women surveyed in 12 states was extremely low. The household survey found that only 4.2% of the women surveyed were aware of Swadhar Grehs. • Even though the scheme directs state governments as well as implementing agencies to raise awareness of the availability and provisions of shelter homes, there is no budget available for the same. • It is extremely difficult to find addresses of the Swadhar Grehs on the government websites. Even contact addresses and phone numbers of shelters listed on offline and online channels are outdated or incorrect.	• **Revise cost provisions to provide budgetary allocations for IEC** at State and implementation agency level to increase awareness of the scheme among the population. • Undertake **prevention-focused campaigns targeting men** to educate them on norms around masculinity and gender, and the impact that violence can have on women around them and their future generations. • Awareness generation at National Level could be focused on Mass Media, and the State government's IEC could be regional mass media, community meetings, etc. Nirbhaya fund may be utilised for conducting these mass-media campaigns by MWCD or states.	**Medium-Term**	**MWCD**

4.3. Ujjawala Scheme

Summary of Ujjawala Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ The scheme aligns well with international standards such as the Palermo Protocol Children (Palermo), 2000 and UNCRC. + The Scheme aligns well with the national priorities as it aims to address all aspects leading to commercial sex trafficking of women and children starting from Prevention to complete rehabilitation. - Formation of structures at the community level and ensuring preventive measures at the local level is key to ensuring the prevention of crime. The numbers of these Community Vigilance groups is low in a majority of States and their functioning on the ground is found limited.
Effectiveness	Average	+ Primary data underscored overall satisfaction with the quality of food and sanitation in the premises amongst the beneficiaries. + Basic amenities and infrastructural facilities such as rooms, kitchen, electricity, telephone were present in the homes visited. + Medical aid was being offered in 97% homes, trauma counselling in 95% homes and professional counselling in 97% homes visited. - Skewed coverage of homes. There are no Ujjawala homes in 19 states whereas in some states the homes are over-crowded. - Installation of CCTVs was pending in many homes. In a few homes, other facilities such as a television or a telephone were not available. This created problems in connectivity, especially in the homes situated in hilly regions or remote locales. - The scheme's work on formation and coordination with community vigilance groups has remained a secondary activity, and the number of vigilance groups has remained low in some of the higher priority states such as Gujarat and Punjab. - Legal, counselling and vocational training services were provided mostly on a part-time basis due to paucity of funds and understaffing of trained professionals. - Although some homes were in contact with previous residents, formal follow-up mechanisms are not in place. - Challenges exist around rescue owing to non-cooperation from the local police, victims themselves and the community members. - The scheme's awareness among the community is quite low.
Efficiency	Needs Improvement	- Poor fund utilisation; only 13% budget utilised in 2018-19. - Severe delays in release of State funds for the scheme leading to poor infrastructure and living conditions. - Lack of adequate funding for running the centres as well as carrying out day-to-day activities such as travel, counselling, deployment of security personnel. - Lack of financial resources restricts the employment of additional trained and efficient human resource. - Staff remunerations are not commensurate with their experience and eligibility requirements.
Sustainability	Average	+ The primary data collated during the evaluation highlights that regular scheme monitoring was taking place. - Lack of regular training and capacity building of staff reduces the scheme's overall efficiency and sustainability.
Equity	Needs Improvement	- Absence of a systematic mapping of victims of commercial sexual exploitation limits the reach of the scheme to all women in need.

4.3.1. Background of the Scheme

The 'Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children' defines trafficking in persons as the use of threats, force, abduction, fraud, deception, abuse of power or other forms of coercion for the recruitment, transportation, transfer, harbouring or receipt of persons for exploitation[518]. Trafficking of women and children for commercial sexual exploitation is an organised crime that violates basic human rights. Globally, an estimated 600,000 – 800,000 persons are trafficked across international borders every year; 80% of which are women and girls, and 50% are minors[519]. India has emerged as a source, destination and transit for both in-country and cross border trafficking. The problem of trafficking of women and children for commercial sexual exploitation is especially challenging due to its myriad complexities and variation. Poverty, low status of women, lack of a protective environment etc. are some of the causes for trafficking (UNODC/MWCD, 2008).[520]

Every year, thousands of women and children are reported missing from their homes in different parts of the country. Such victims of trafficking are usually lifted from deprived regions and villages and exported to urban areas within or across borders. Women and children are illegally transported across States as well as being brought in over borders from neighbouring countries such as Nepal and Bangladesh for trafficking. The main reasons for which women and children are trafficked ranges from commercial sexual exploitation, forced labour, marriage, begging, adoption, organ trade and the like (India Country Report, 2008; MWCD, Haryali Centre for Rural Development, 2017).[521]

Trafficking is a dynamic crime, and its manifestation changes with socio-economic and political situations. India acts not only as a source but also a destination and a transit country for trafficking. Sen et al. (2014) assert that women and children are highly vulnerable to trafficking because of their limited role in decision-making about their own lives, and a gap in knowledge and skill sets as regards asserting their rights. Most victims of commercial sexual exploitation would have had their first sexual encounter even before they turn 21 years of age.[522] A smaller but significant percentage of children would have had such an experience when even younger. Infants are trafficked and sold for illegal adoption and other forms of exploitation. As the country with the largest absolute number of child labourers (Census 2011), age becomes a factor of vulnerability, even in instances of trafficking into forced labour.

The economic, socio-cultural and health impacts of trafficking are unaccounted for. There are adverse psychological and physical health impacts such as trauma, emotional distress or depression on the victims of trafficking. Also, in a patriarchal society like India, a trafficked girl is further victimised and often socially excluded. Adding to this, the huge amount of capital is invested in the illicit trading of humans and hence escapes the formal income re-generation or productive uses of that hidden capital leading to enormous economic losses (Altun, 2017[523]; Deshpande et al., 2013[524]).

[518] https://www.ohchr.org/en/professionalinterest/pages/protocoltraffickinginpersons.aspx
[519] A global alliance against forced labor, International Labour Organization, 2005
[520] India Country Report (2008): To Prevent and Combat Traffi cking and Commercial Sexual Exploitation of Children and Women.. UNODC and MWCD (https://www.unodc.org/pdf/india/publications/India Country Report.pdf)
[521] Haryali Centre for Rural Development (2017). *Evaluation of Ujjawala Scheme.* Submitted to MWCD
[522] Mitchell, D. (2003). *The right to the city: Social justice and the fight for public space*. Guilford press.
[523] Altun, S., Abas, M., Zimmerman, C., Howard, L. M., & Oram, S. (2017). Mental health and human trafficking: responding to survivors' needs. *BJPsych international*, *14*(1), 21-23.
[524] Deshpande, Neha A., and Nawal M. Nour. (2013) "Sex trafficking of women and girls." *Reviews in Obstetrics and Gynecology* 6.1: e22.

Scheme Details

The Constitution of India, the fundamental law of the land, specifically forbids "traffic in human beings and other similar forms of forced labour" in Article 23. Also, trafficking of women and children for sexual exploitation is an offence under the Indian Penal Code, 1860; Immoral Traffic (Prevention) Act, 1956 and other laws and conventions.

To provide a multi-sectoral approach to counter the issues of Trafficking and to enable rescue, rehabilitation and reintegration of the trafficked victims, MWCD launched the 'Ujjawala Scheme' in 2007. The objectives of the Scheme are:

- To prevent trafficking of women and children for commercial sexual exploitation through social mobilisation and involvement of local communities, awareness generation programmes, generate public discourse through training, workshops/seminars and such events and any other innovative activity.
- To facilitate the rescue of victims from the place of their exploitation and place them in safe custody.
- To provide rehabilitation services, both immediate and long-term to the victims by providing basic amenities/needs such as shelter, food, clothing, medical treatment including counselling, legal aid and guidance and vocational training.
- To facilitate the reintegration of the victims into the family and society at large.
- To facilitate the repatriation of cross-border victims to their country of origin.

The Scheme is being implemented mainly through NGOs. The funding pattern is 60:30:10 between Centre, States and Implementation Agency except for the North-Eastern States and the Himalayan States where it shall be 80:10:10. In Union Territories, the ratio between the Centre and Implementing Agency is 90:10.

Ujjawala centres are given financial support for providing shelter and basic amenities such as food, clothing, medical care, legal aid; education in the case the victims are children, as well as for undertaking vocational training and income generation activities to provide the victims with alternate livelihood option.

As per the provisions of the scheme, continuation of the grant to an agency is incumbent on satisfactory performance reported by the State Government/Union Territory Administration. The Government receives performance reports from the State Government/Union Territory Administration from time to time, and after considering the reports, further grants are released to the Implementing Agencies. Further, each sanctioned project is reviewed after three years of implementation.

4.3.2. Performance of the Scheme

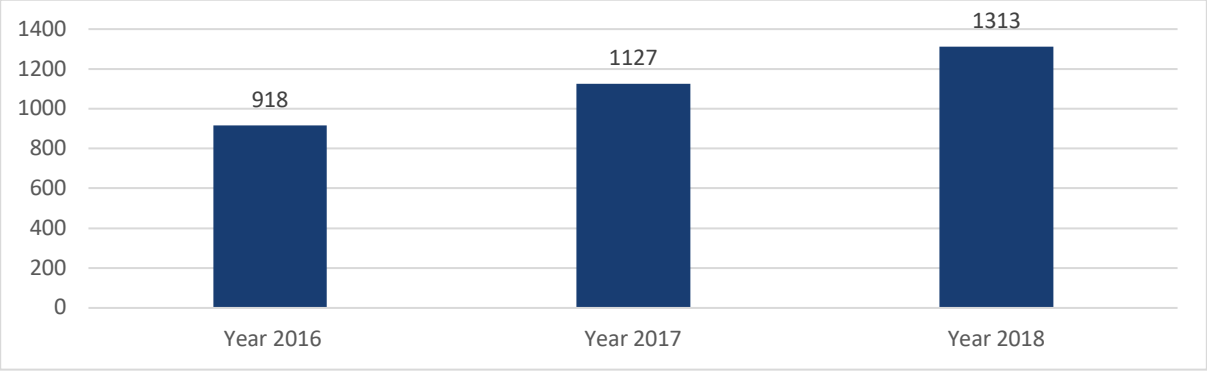
4.3.2.1. Relevance

The Scheme aligns well with the national and international policy framework on the trafficking of women and minor girls, especially for commercial sexual exploitation. The Ujjawala Scheme integrates the components of prevention of human trafficking as well as the provision of protection, care and rehabilitative services to the victims of trafficking. Given the rise in trafficking incidents in India in the past few years, the Ujjawala Scheme is an important part of India's institutional response to provide a support mechanism to the Victims of Trafficking. **The evaluation found the relevance of the Scheme to be 'Satisfactory'.**

Trafficking in India

Human trafficking takes place for a variety of reasons. Women and Children are particularly susceptible to being trafficked for commercial sexual exploitation.

Figure 126: Human Trafficking Incidences in India



Source: NCRB, 2018

The cases of human trafficking have increased constantly from 918 in 2016 to 1313 in 2018, showing an increase of 43% in just 3 years. Secondary literature suggests that many more cases of trafficking go unreported. Human trafficking takes place for a variety of reasons. Women and Children are particularly susceptible to being trafficked for commercial sexual exploitation. In 2018, the highest number of cases were reported in Delhi, Assam, Karnataka and Maharashtra. However, a higher number of reported cases does not necessarily present a grim picture. It can also simply mean better reporting mechanisms and more awareness in the state regarding the crime of trafficking for CSE.

Relevance of the scheme with respect to International Priorities

Due to – at times – the cross-boarder nature of the trafficking crimes, there are several international statutes and conventions that provide for a guiding framework through which the trafficking of women and children for commercial sexual exploitation can be addressed. The main international protocol that addresses the crime of trafficking in victims is the U.N. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo), 2000, commonly referred to as the 'Palermo Protocol', provides the most internationally accepted definition of trafficking in persons and calls upon states to strengthen legislation and its implementation to fight to traffic and protect its victims.

Some of the other international conventions include The Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, 2000,

Convention on the Rights of the Child, 1989, and the South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, 2002, to name a few. India is a signatory to all of the above-mentioned accords and is committed to ensuring a comprehensive response to address the issue of Trafficking. The Ujjawala Scheme is the manifestation of Government of India's response to trafficking, and it integrates various provisions of the statutes and conventions that India is a signatory to. The table below shows how Ujjawala scheme aligns with various international commitments.

Table 73: Ujjawala Scheme's relevance to International Conventions

Name of the Convention	Relevance- Ujjawala Scheme
U.N. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo), 2000 • To prevent and combat trafficking in persons, specifically women and children. • To protect and assist the victims of trafficking, with full respect for their human rights. • To promote cooperation among States to meet those objectives. • Implementing measures to provide for the physical, psychological, and social recovery of victims of trafficking in persons, including, in appropriate cases, in cooperation with non-governmental organisations, other relevant organisations and other elements of civil society.	The Ujjawala Scheme heavily borrows from the PALERMO Protocol. The components of the Scheme comprise of preventive and rehabilitative measures. Rehabilitation Measures under the Scheme comprise of: Setting up Protective and Rehabilitative Homes; Providing basic amenities Physical and psychological medical Care; Legal Aid; Administrative Costs; Education; and Vocational Training and Income generation activities.
Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, 2000 Criminalises specific acts relating to the sale of children, child prostitution and pornography, including the attempt of complicity.	Ujjawala is a scheme which deals with prevention of such crimes such as child prostitution and attempts to rehabilitate the victims
Convention on the Rights of the Child, 1989 Provides rights to protect children from neglect, exploitation, and abuse	Ujjawala aims to protect children from exploitation and abuse in sex trafficking
SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, 2002 Aims to bring an end to the illegal smuggling of women and children for commercial sexual exploitation by promoting cooperation among member states to deal with various aspects of prevention, interdiction, and suppression of trafficking in women and children.	Ujjawala Scheme too aims at prevention of commercial sexual exploitation and trafficking of women and children.

The Ujjawala Scheme is also in line with the SDG 8.7, aimed at eradicating various offences against children and SDG 5 aimed at achieving gender equality and empowerment of all women and girls.

Relevance with respect to National Statutes:

The national statutes offer insights for a guiding framework to be adhered to in the Scheme's design along with providing for a national legal guiding mechanism. The Immoral Traffic (Prevention) Act, (ITPA) 1956, deals exclusively with the area of trafficking, with the major objective being the abolition of trafficking of women and young girls for sexual exploitation or prostitution. Therefore, ITPA becomes specifically relevant to the Scheme's context as it provides for a legal framework for justice delivery to the women victims of trafficking for commercial sexual exploitation. The Ujjawala scheme also aims at prevention, rescue and rehabilitation of these victims. There are also state-specific laws that deal with the problem of trafficking

especially the commercial sexual exploitation of children, such as the Karnataka Devadasi (Prohibition of Dedication) Act, 1982, Andhra Pradesh Devadasi (Prohibiting Dedication) Act, 1989 and Goa Children's Act, 2003. These three state acts came into place before other relevant schemes such as the Ujjawala Scheme came into effect and can be invoked in these respective states on witnessing a case of trafficking for CSE. There are also many initiatives undertaken by the Indian government to improve the protection of children and to prevent child traffickings. One such initiative is the ChildLine which is a 24-hour phone service which can be accessed by any child who is in distress or also an adult on behalf of the child by dialling the number 1098 and the Track-child portal for identification and rescue of missing children.

The Ujjawala Scheme focuses on the benefit of women and young girls in difficult circumstances, with a specific and integrated focus on the needs of trafficked victims. The other relevant national statutes around trafficking address the legal concerns with respect to the crime, but Ujjawala has a special focus on the rehabilitation of the girl and women victims of trafficking, especially the ones trafficked for commercial sexual exploitation. This is a scheme exclusively meant for presenting a holistic solution to the victims of trafficking, its main components aiming at prevention of the crime, rescue, rehabilitation and repatriation. The ways that the Ujjawala scheme is relevant to the national laws are presented in the table below.

Table 74: Ujjawala Scheme's relevance to National Laws

Name of the Convention	Relevance-Ujjawala Scheme
Immoral Traffic (Prevention) Act, (ITPA) 1956 ITPA deals exclusively with the area of trafficking, the major objective being, the abolition of trafficking of women and young girls for sexual exploitation or prostitution. Offences specified under this act includes procuring, including or taking persons for prostitution, detaining a person in premises where prostitution is carried on, prostitution carried out or is visible in public places, seducing or soliciting for prostitution, living on the earnings of prostitution, the seduction of a person in custody, and keeping or maintaining of a brothel or allowing premises to be used as a brothel.	ITPA becomes specifically relevant to the Scheme's context as it provides for a legal framework for justice delivery to the women victims of trafficking for commercial sexual exploitation. The Ujjawala scheme also aims at prevention, rescue, and rehabilitation of these victims.
Draft National Policy for Women 2016 The Policy states that trafficking of women and children is a major cause of concern and requires priority attention and requisite steps to prevent the crime. The policy asserts the need for effective monitoring of networks of trafficking and strengthening of existing legislation/schemes for prevention of crime and rehabilitation of victims.	The Scheme provides for rigorous monitoring at the Centre, State and Local level. It emphasises on the periodic inspection to be undertaken. Separately periodic evaluations of the project (Ujjawala centres run by NGOs) are also to be undertaken by reputed institutions, Panchayati Raj Institutions, Block Level Institutions, and District Level Institutions.
The National Plan of Action for Children, 2005 Focuses on protecting the rights of children (those under 18 years). It specifically acknowledges the need to protect children, both girls and boys, from all forms of sexual abuse and exploitation. The central concerns of this initiative are child pornography and child trafficking for sexual purposes, etc. The strategies articulated in this Plan of Action to protect children include improving literacy and school attendance and empowering girls economically through skill development.	These suggestions of prevention under the National Plan of Action are of high relevance to the Scheme's operationalisation and must be integrated for ensuring the Scheme's relevance and effective functioning.

Scheme Design

One of the main objectives of the Scheme is to prevent trafficking of women and children for commercial sexual exploitation through social mobilisation and involvement of local communities, awareness generation programmes, generate public discourse through workshops/seminars and such events and any other innovative activity. For prevention, the Scheme guidelines highlight the requirements for formation and functioning of Community Vigilance Groups; Sensitisation Workshops/Seminars; Awareness generation through mass media; and Development and printing of awareness generation material such as pamphlets, etc. in local languages.

While the scheme's objectives highlight the scheme's role in the prevention of trafficking, the scheme's activities in this regard have remained limited. The Draft National Policy for Women 2016 states the need for effective monitoring of networks of trafficking and strengthening of existing legislation/schemes for prevention of the crime. Under Juvenile Justice (Care and Protection) Act, 2015, it is mandated that "vulnerability mapping" must be widely conducted across all states and districts to assess the areas in which children are more susceptible to falling prey to various crimes. The same may be incorporated in Ujjawala Scheme to assess the vulnerable areas and districts from where trafficking of women and girls is more likely to take place and to navigate and map the routes continually used by traffickers for trafficking young girls and women for commercial sexual exploitation.

Formation of structures at the community level and ensuring preventive measures at the local level is key to ensuring the crime is prevented from taking place at the first place, given the wide-scale socio-economic impact of the crime and need to be further strengthened to address trafficking at the point of origin.

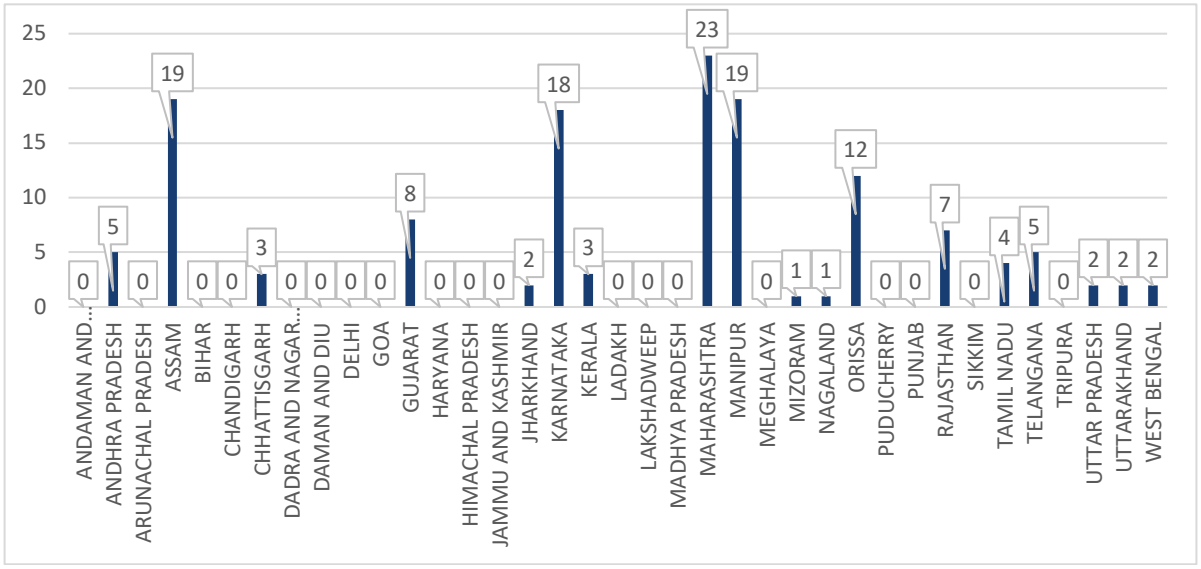
4.3.2.2. Effectiveness

It is observed that the coverage of the Ujjawala scheme was inadequate as 19 states/UTs including many states which had high instances of trafficking of women and girls did not set up any Ujjawala home/centre and had zero number of beneficiaries. Also, the centres/homes must be established as per the need as some homes were either over-capacitated or under-capacitated and needed better scaling up as per state-specific needs. The targets set for FY 2020-21 by MWCD under output-outcome monitoring framework were inadequate and needed to be increased. Basic facilities and infrastructural provisions were provided in most homes. However, some facilities such as CCTVs, telephones, telephones etc. must be provided in all homes for ensuring better safety and connectivity. Under rehabilitative services, legal, counselling and vocational training services were provided but mostly on a part-time basis due to inadequacy in funding and staffing of trained professionals. In the Centres/homes visited, it was observed that although some homes were in contact with some of the beneficiaries who once resided in the homes, formal follow-up mechanisms were not in place. Challenges w.r.t rescue were witnessed owing to non-cooperation from the local police, victims and the community members. Lastly, the majority of the respondents (93%) interviewed at the primary level were not aware that Ujjawala Scheme existed and the majority perceived the scheme to be moderately relevant or not relevant at all. The awareness about the scheme was low. **The evaluation finds that the Scheme's effectiveness 'Needs Improvement'.**

Coverage of the Scheme

As on 31 March 2020, there are a total of 136 Ujjawala Homes across the country. The highest number of Ujjawala homes/Centres were found in Maharashtra (23 homes) followed by Manipur and Assam (19 homes) and Karnataka (18 homes). Figure 127 below shows the spread of Ujjawala Homes across the country. There are 19 States currently where there are no Ujjawala homes. This includes high priority states like Delhi, Goa and Madhya Pradesh, with historically high cases of trafficking and reported victims of CSE as per the NCRB data.

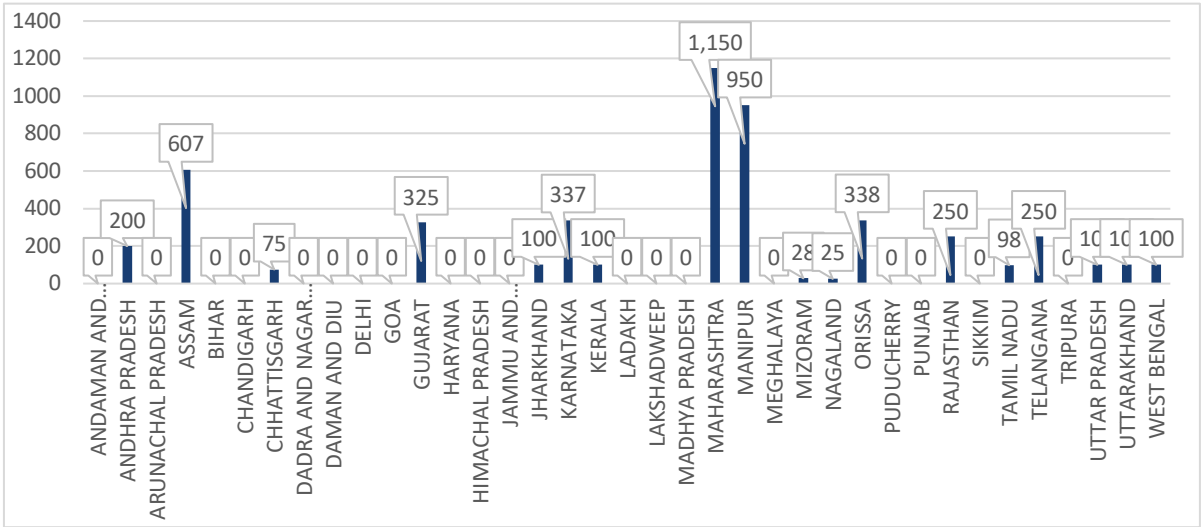
Figure 127: Number of Homes



Source: MWCD Dashboard

In terms of scheme beneficiaries, the 136 Ujjawala homes support 5,133 beneficiaries, with an average of 38 beneficiaries per Ujjawala Home. Maharashtra had the highest number of beneficiaries who benefitted from the provisions given to the victims under the Ujjawala Scheme (1,150), followed by Manipur (950) and Assam (607).

Figure 128: State-wise Number of Beneficiaries



Source: MWCD Dashboard

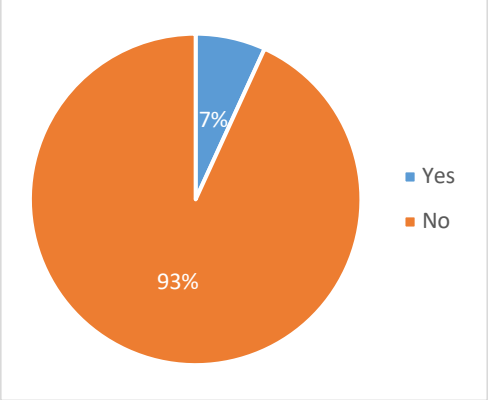
Prevention Measures under the Scheme

This aspect of the scheme comprises of various methods through which one can prevent the crime from taking place. As per the scheme guidelines, the prevention aspect under the scheme comprises of the following components:

- Formation and functioning of Community Vigilance Groups
- Sensitization Workshops/Seminars
- Awareness generation through mass media; and
- Development and printing of awareness generation material such as pamphlets, etc., in local language.

Creation of Awareness: The prevention aspect of the Scheme can be evaluated by looking at the awareness at the State and community level about Ujjawala and awareness about the benefits provided under the Scheme. HH survey data shows that the awareness regarding the Scheme was low. 93% of the respondents interviewed were not aware of the Ujjawala Scheme or its objectives, services, etc. (Figure 129). Only 7% of the respondent knew about the Scheme. Disseminating awareness about the Scheme through AWW/ASHA was the most effective way of increasing the level of awareness about the Scheme at the local level. About 50% of the respondents who were aware of the Scheme reported receiving information regarding Ujjawala through ASHA, Anganwadi Workers and ANMs, followed by 35% who received information from television, newspaper, and radio.

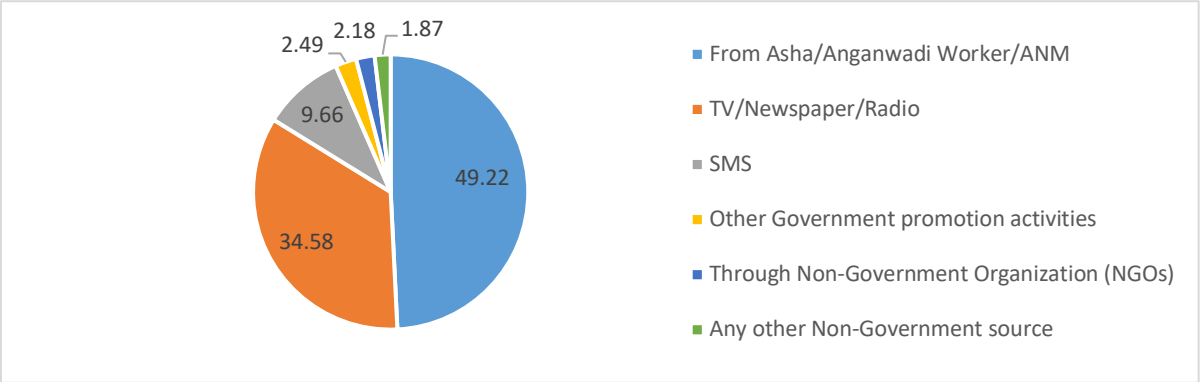
Figure 129: Awareness of the Scheme



Source: Primary Data Analysis

89% of respondents believed that the Scheme was at least moderately relevant, and 11% respondents thought that the Scheme is not relevant

Figure 130: Source of Awareness about Ujjawala (in %age)



Source: Primary Data Analysis

The lack of scheme awareness is also reflected in the views of the respondents at the community level through FGDs and state insights while conducting interviews with state-level officials.

"There is very low information about the Ujjawala scheme in our village" – PRI Member, Uttar Pradesh

"There is very less awareness of this scheme in our village." – Ward Member, Rajasthan

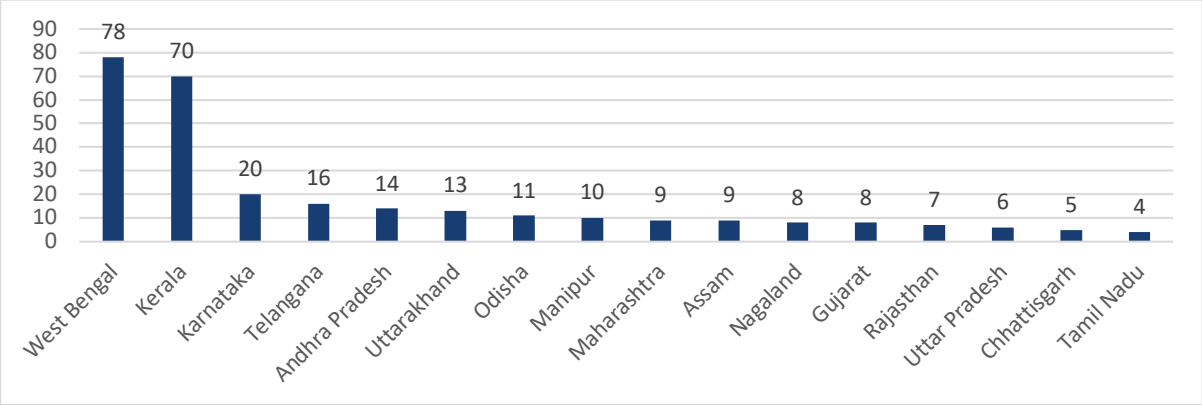
"Have not provided any help or spread awareness for the Ujjawala Scheme." – PRI Member, Assam

"We have not heard the name of this Scheme, nor do we have any idea about this Scheme. So, we are not aware of this Scheme. " – FGD, Maharashtra

"We are not aware of the scheme." – FGD, Rajasthan

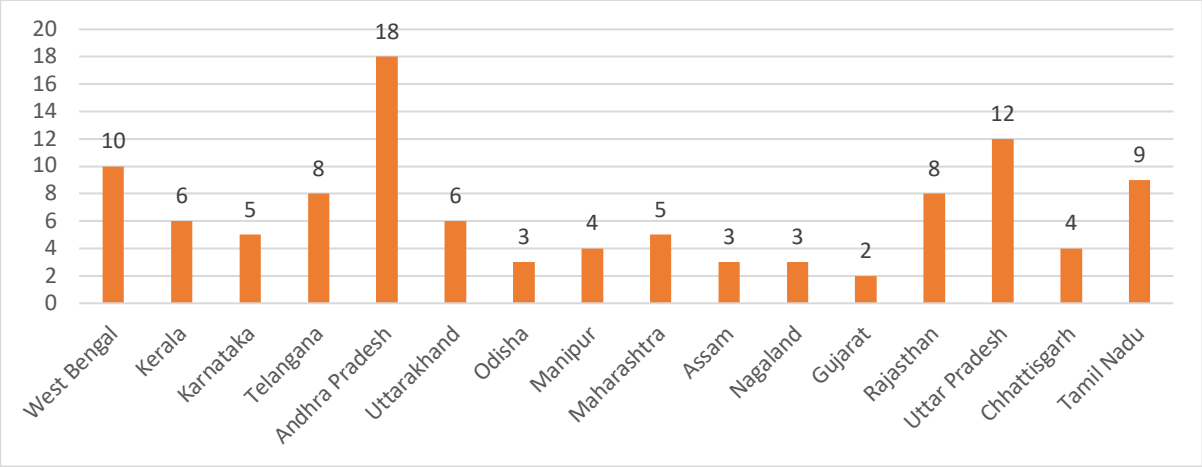
The evaluation of the Ujjawala scheme commissioned by the MWCD in 2017[525] found that out of 79 Ujjawala homes undertaking preventive services, only 6 homes highlighted prevention activities as one of their areas of strength. Formation of community vigilance groups and imparting knowledge through conducting workshops is a key focus in the creation of a strong safety net for the victims and prevention of the crime. State-wise averages of formation of vigilance committees and homes are illustrated in Figure 131 and 132. The Highest average of Vigilance committees was formed in the State of West Bengal (10), and the highest number of workshops also took place in the Ujjawala centres in West Bengal, followed by Kerala (6 committees and 70 workshops) and Karnataka (5 committees and 20 workshops). The lowest average of formation of committees was recorded in the state of Gujarat (2 vigilance committees per centre) and the lowest average of workshops conducted was in the state of Tamil Nadu (4 per centre in the state).

Figure 131: Average number of Vigilance Workshops conducted per centre



Source: MWCD Evaluation Report Data, 2017

Figure 132: Average number of vigilance committees formed per centre



Source: MWCD Evaluation Report Data, 2017

[525] Haryali Centre for Rural Development (2017). *Evaluation of Ujjawala Scheme.* Submitted to MWCD

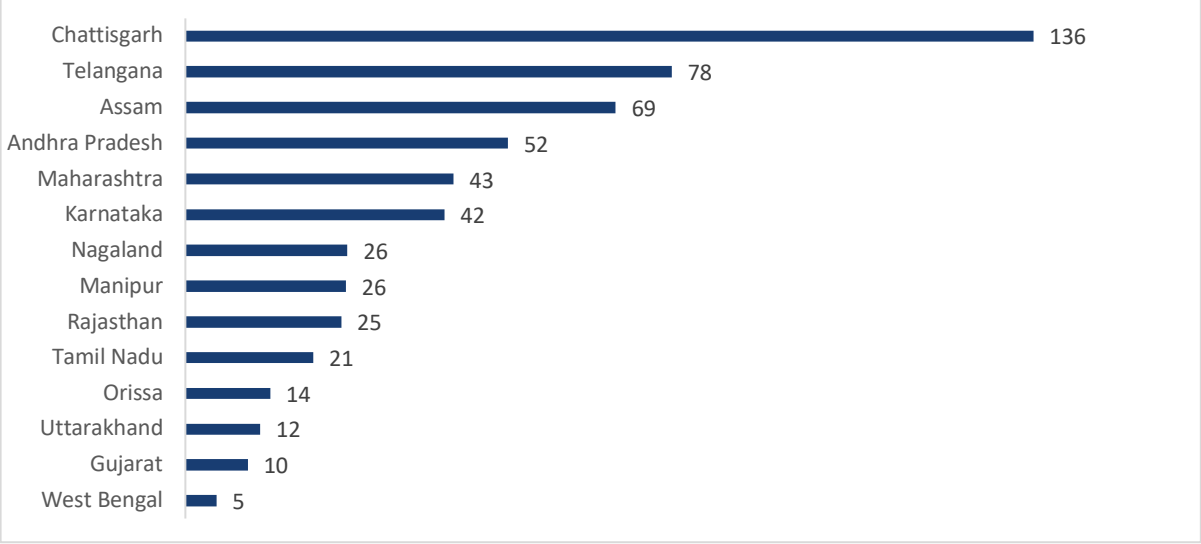
Rescue of trafficked women and children

The Scheme guidelines state the provisions for the rescue of trafficked women and children. It mandates information gathering on traffickers, rescue operations and immediate relief on the rescue. The components under rescue include:

- **Assistance in information gathering:** Through the formation of a network of Police, NGOs, Women's Groups, Youth Groups, Panchayat, Hotels and tour operators etc., to gather information on traffickers, suspicious people and vulnerable families.
- **Assisting enforcement agencies in rescue operations.** Incentives to decoy customers/informers; transportation cost of the victim(s) from the place of rescue to shelter home; and Initial documentation.
- **Immediate Relief on Rescue:** provide food, shelter, toiletries, clothing, trauma care/counselling, medical aid etc. during the interim period between rescue and production before the authorities.

The average number of girls rescued in the year 2016-17 by the Ujjawala homes is provided in the figure 133 below. The highest number of rescue operations were undertaken by the homes in Chhattisgarh, wherein an average of 136 victims were rescued in the year 2016-17 by the homes. The lowest average of 5 was recorded in the state of West Bengal in the same FY.

Figure 133: Average number of people rescued in 2016-17 in a centre



Source: MWCD Evaluation Report Data, 2017

The main challenges concerning rescue operations undertaken by homes as reported by various Ujjawala Centres included:

- The victims are generally hesitant and non-cooperative, and due to the distressful situations, that they live in, they are apprehensive about coming to the shelter home. Many a time, they turn violent to those who try and rescue them.
- Many homes stated the problem of non-cooperation from the police's side where the local police had connections with the brothel and therefore did not assist the Ujjawala Centre in the rescue activities.
- The rescue team also reported that there were violent threats from the traffickers and their nexus was often difficult to infiltrate.
- These raids are often conducted at night, and therefore there are problems associated with the availability of public transport along with administrative challenges.

- Lack of co-operation from local people and communities and they did not readily provide information to the rescue team.
- Rescue is an integral part of assuring the victim justice, and therefore, these challenges need to be dealt with to conduct and expedite rescue operations especially in states recording high rate of incidences of trafficking of women and children.

Rehabilitation and Reintegration Services including infrastructure

The rehabilitation of the victims constitutes of various rehabilitation measures under the scheme. These consist of infrastructural facilities, basic facilities and other rehabilitation measures such as counselling and vocational training guaranteed to the victims of CSE under the scheme.

Institutional Visits to Ujjawala homes in Uttar Pradesh, Assam, Telangana, Tamil Nadu, Uttarakhand and Maharashtra underscored that basic facilities like food, clean drinking water, clothing, doctor's visit, medicines etc. were being provided in all homes.

The evaluation finds that overall among the Ujjawala home residents, there was relative satisfaction with the quality of food and sanitation in the premises. In Assam, the food is prepared by the guards and the other staff there. Sometimes the girls are also free to prepare food for themselves. They maintain a stock register about the things available, regular cleaning is done, and the girls are taught about hygiene and cleanliness. In Uttar Pradesh, meals are provided timely, and once a week, special food preparation is done. Food is cooked by the beneficiaries residing in the home themselves. Record is maintained for the food stock and replenished regularly. Similar satisfaction with basic services was seen across the Ujjawala homes. One of the beneficiaries from a Telangana home stated that–

> "Meals are provided 3 times plus snacks time. There is a cook who does the cooking. There is a record maintained for the expenses on the vegetable and provisions. For hygiene maintenance, we follow the Kasturba Gandhi philosophy; we should take care of ourselves, keep our surrounding clean. That is all, nothing special."
>
> Ujjawala Home Beneficiary

A management representative from home in Telangana also stated that proper hygiene is maintained in the Ujjawala home since some of the residents also have children and babies. The centre had appointed a separate person to clean toilets twice a week. The management provides the beds, blankets, toiletries with the help of the fund provided by the government. If there is any need, new materials are provided immediately for the beneficiaries in the centre. The centre provides meals three times per day and morning and evening tea and snacks were also served for the beneficiaries. There is no staff for cooking the beneficiaries cooked their meal. In the centre, they are doing cattle breeding, so they provide cow's milk for the beneficiaries and their children.

Table 75: Rehabilitation services provided to victims

	Rehabilitation services						
	Basic Facilities	Television and games	Medical aid	Counselling	Legal Services	Vocational Training	Follow-up Services
Uttar Pradesh	Yes	Yes	Yes	No	Yes	Yes	Yes
Assam	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Telangana	Yes	No	Yes	Yes	Yes	No	Yes
Tamil Nadu	Yes	No	Yes	Yes	Yes	Yes	Yes
Uttarakhand	Yes	No	Yes	Yes	Yes	Yes	Yes

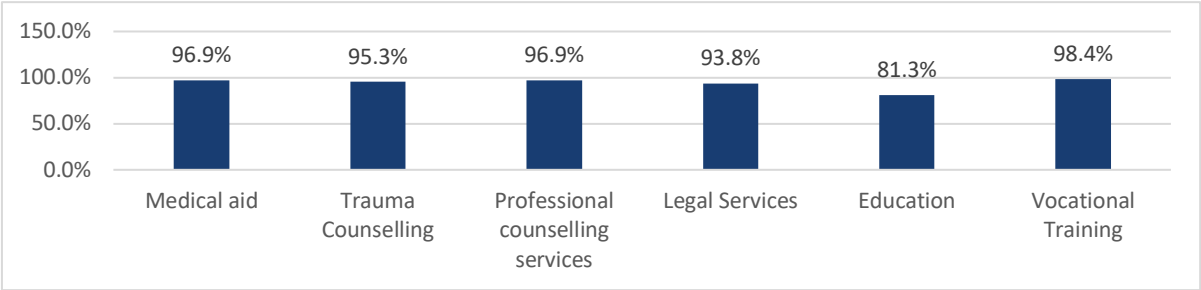
Maharashtra	Yes	Yes	Yes	Yes	Yes	Yes	No

Source: Primary Data Analysis

The Infrastructural facilities mainly refer to the availability of rooms, kitchen, electricity, telephone, television, security and safety measures like CCTV cameras and the like. These facilities were present in the homes visited. CCTV cameras were, however, present in only two homes out of the six visited namely Uttar Pradesh and Tamil Nadu where they had installed CCTV cameras along with employing security guard and watchman in the home for ensuring the security of the beneficiaries. Some other states, like Assam, had a security guard employed but had not installed CCTV cameras.

Out of all the 64 operational homes (Ujjawala Centres/NGOs) that were mapped by MWCD in 2017, all of them had facilities of toilet and electricity. The lowest availability was of telephones (84% of the homes had it). In all these homes, beneficiaries were satisfied with the available infrastructural facilities and the availability of basic amenities such as food, drinking water, clothing, toiletries, medical aid and the like. On infrastructural facilities, staff in a few homes highlighted the need for CCTVs to be installed for ensuring the safety of beneficiaries residing in the homes. In a few homes, other facilities such as a television or a telephone were not available. This particularly created problems in connectivity, especially in the homes that were situated in hilly regions or remote locales. A few homes also reported that sanitation was a major concern and if not taken care of can create health problems. Overcrowding was also observed in a few homes, where more number of beneficiaries were kept in the Ujjawala home/centre than the infrastructural bandwidth of the home would allow. This also restricted entry of new beneficiaries who can avail of benefits of the scheme and also limited accessibility of infrastructural services to already existing beneficiaries.

Figure 134: Rehabilitation Services offered in Ujjawala Centres/Homes



Source: MWCD Evaluation Report Data, 2017

Long-term Rehabilitation: Rehabilitation services provided under the scheme constitute of psychological counselling, legal counselling, vocational training, medical aid, follow up mechanisms and the like. During institutional visits it was noted that counselling, legal and follow up services were being given in all the states visited and vocational training was also being given in all state homes except for the one in Telangana. The reason reported for this was lack of funds to hire a professionally trained person.

Similar findings emerged from the 2017 MWCD evaluation of the Ujjawala Scheme, where 97% of the homes were found providing medical aid, 95% were providing trauma counselling and 97% professional counselling services. A high percentage of the homes were providing vocational training and legal services (98% and 94% respectively). However, a relatively lesser percentage of homes (81%) were providing formal and non-formal education.

Legal Services: Residents had access to legal services in all the Ujjawala homes visited by the evaluation. In Uttar Pradesh, the Ujjawala home representative reported that free legal aid is

provided to the residents of the home, but the lawyer comes as per requirements and is not available full-time. Similarly, in a Telangana Ujjawala centre, the management official highlighted:

> "if beneficiaries need legal services, we provide them with advocates to them. Legal counsellors are also available. They come here part-time, since we cannot afford to keep them full time. They come on weekends; they are available also if there is an emergency. They are available on call also."
> Ujjawala Home Staff

In a home in Tamil Nadu, legal support services were being provided through an NGO which provided the home with a part-time legal counsellor. A management official from the Ujjawala home stated that:

> "Once in a month the legal counselor comes to the office to support the beneficiaries in dealing with legalities of their cases. Recently there was cases going on for our beneficiaries."
> Ujjawala Home Staff

In Uttarakhand too, legal services were provided as needed by the beneficiaries. It was observed that although most Ujjawala Centres/homes had the facilities for legal counselling of beneficiaries, it was provided more on-demand and need basis rather than a regular availability of legal counselling and legal aid which have been mandated in the MWCD Guidelines of the Scheme.

Counselling: Given the traumatic circumstances which the victims of CSE endure before coming to Ujjawala, trauma counselling and psycho-social support is a must when it comes to holistic rehabilitation of the beneficiaries of the scheme. The MWCD Guidelines of the Scheme state that *"A skilled counsellor providing psycho-social counselling services will be provided to the beneficiaries. This counselling process will give women and children the confidence and support to address trafficking or to seek justice for the violence perpetrated. Counsellors shall follow a prescribed code of ethics, guidelines and protocols in providing counselling services."*

However, the evaluation observed a few discrepancies in the delivery of counselling services to the victims, with most of the homes having part-time counselling services. For instance, in Uttar Pradesh, the beneficiaries never received any counselling till the date of evaluation. In Uttarakhand and Maharashtra, the management reported that they had part-time counselling facilities available.

In an Ujjawala Centre situated in Telangana, the management strongly recommended the need for full-time counsellors. One of the officials stated that—

> "we need psychological counselling for beneficiaries coming from West Bengal and Bangladesh … The psychological counsellors are available twice a week. There should be counsellors available 24*7, because there are people who come from Bangladesh and do not know Hindi also. It is difficult for them also. So, when such people are there, if available full time, it will be better."
> Ujjawala Home Staff

An Ujjawala centre located in Tamil Nadu had deployed separate staff for providing psychosocial counselling. A management official from the centre reported that there is a separate time for counselling (2 PM to 5 PM) which is undertaken daily. In case needed, they also provide for immediate counselling for beneficiaries. The availability of a full-time counsellor in the centre has proved to be beneficial as per the management representatives as well as the beneficiaries.

Vocational Training: The MWCD Scheme Guidelines state that "to completely rehabilitate the victim it is necessary to provide alternate livelihood options. Therefore, support for vocational training is provided." As seen in Table 75, vocational training was provided in most centres visited except for Telangana. A few discrepancies were noted herein around the provision of skill-training. One of the management officials of an Ujjawala home stated that –

> "We do not have a vocational trainer. Superintendent and warden are the only ones telling the people (beneficiaries) to train them, but, how can they? They have to take someone who trains them and should be paid for that. One of the beneficiaries wanted to learn tailoring, buy a machine and teach her siblings to stitch. The other beneficiary had learned stitching from the home, so she wanted to go home earn something and feed her kids."
>
> Ujjawala Home Staff

It is important that vocational training is regularly imparted to the beneficiaries as it strengthens the aspirations of the victims following a rights-based approach wherein the beneficiaries are empowered with life-long earning skills.

In a Tamil Nadu, the beneficiaries and management representatives reported that there was no specific skill-based training provided in the centre, but they did impart vocational knowledge and training like basket knitting, embroidery, tailoring, flower arrangement, etc. The beneficiaries had also reported that they received employment opportunity based on the training received as neighbours come and avail of services such as that of tailoring and basket knitting. They also sell their goods made by the beneficiaries in these vocational training sessions to shops or small kind of businesses. The amount that the beneficiaries earn is kept by themselves.

Medical Facilities: As observed in the centres visited, medical facilities, especially primary health care facilities, were provided in all the centres/homes. In Uttar Pradesh, the Ujjawala Centre's management reported that the beneficiaries were always provided with free medical facilities. One Ujjawala Home management representative stated that –

> "Doctors visit every month and check their (beneficiaries') health and tablets are provided according to their health problem. If there is no problem, they are given iron tablets to improve the health. The girls staying in the center who are pregnant and lactating or who has recently delivered a baby... the health services provided particularly becomes helpful for improving their health. No one has not ever complained about the quality of medical services provide by the institution."
>
> Ujjawala Home Staff

In the Ujjawala centres of Uttarakhand, Assam and Maharashtra, health check-ups are done regularly, and the beneficiaries are provided with medicines. In case of medical emergencies, the beneficiaries are taken to the partner hospitals in the district. One of the management officials from Uttarakhand home stated that–

> "…they beneficiaries are provided with medicine; in case of serious issues they are taken to hospital. There are health check-ups done in 6 months. The medical services are beneficial."
>
> Ujjawala Home Staff

The evaluation found that all the homes were providing the victims with primary health care facilities.

Follow-up Mechanism: Scheme Guidelines state that the implementing agency must plan to conduct follow-up of the well-being of the victim post their repatriation. In the Centres/homes

visited, it was observed that although some homes were in contact with some of the beneficiaries who once resided in the homes, formal follow-up mechanisms were not in place.

In Homes/Centres in Assam, Uttarakhand and Uttar Pradesh reported that they had formal follow-up mechanisms in place, where the management officials see to it that the beneficiaries are doing well after they are repatriated back to the society. Follow-up is done through personal home visits or via enquiries through phone calls in Uttar Pradesh and the records of the follow—up visits are also maintained. One of the Ujjawala home staff in Uttarakhand stated –

> "There is follow-up done to ensure the beneficiaries is doing well, the society is treating her well and whether is she having some problems again."
>
> Ujjawala Home Staff

In Tamil Nadu, one of the management officials while mentioning one of the success stories of a beneficiary stated that—

> "The beneficiary after they go to their homes, we visit their house and check with the beneficiaries. Recently one of the beneficiaries got married with the help of the management of the center. All the arrangements were done by our staff. This was one of the success stories for follow-up and tracking of the beneficiaries."
>
> Ujjawala Home Staff

Overall, the evaluation observed that though most of the services such as that of legal and psychological counselling, medical aid, vocational training along with follow-up mechanisms were there in place and were being provided to the beneficiaries, some inherent discrepancies were noticed. There were a few irregularities with service delivery observed especially around the provisions for legal counselling, psychological counselling, and vocational training along with establishing formal channels of follow-up mechanisms. In some homes, the irregularities in the provisions were owing to the lack of funds at the centre to carry out these activities regularly and to employ full-time staff for the same.

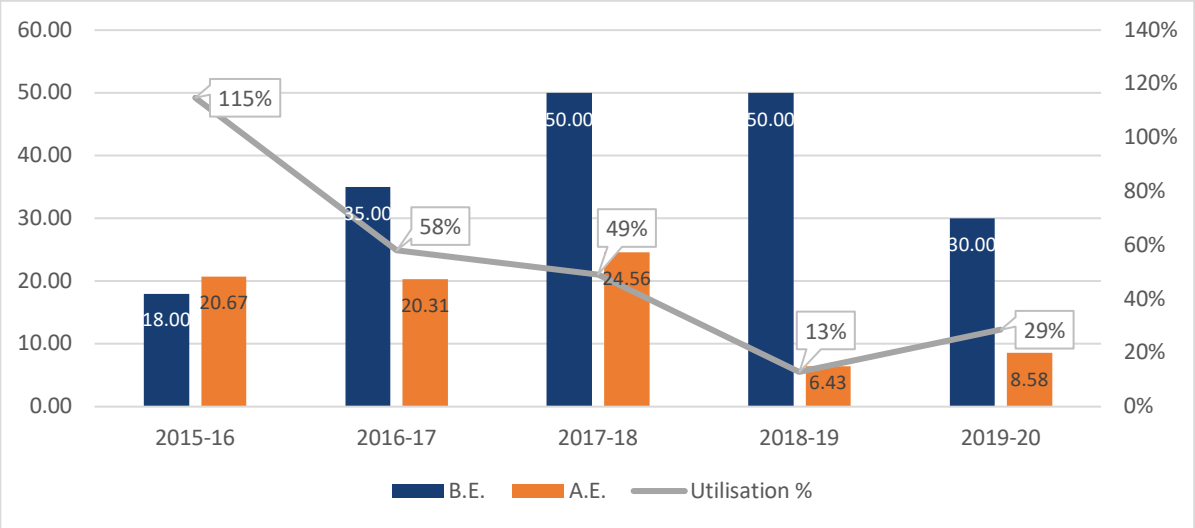
4.3.2.3. Efficiency

The Scheme's expenditure hit the lowest in 2018-19 of Rs. 6.43 Cr. and in 2019-20, the expenditure slightly increased to Rs. 8.58 Cr.. No funds were released for the Scheme in many of the high priority states with high instances of trafficking. The evaluation thus noticed a dearth of financial resources in the Scheme's implementation in various states. The review of the Scheme's expenditure suggests more rigorous mapping of expenses and increased budget allocation to states along with increasing spending of funds on the Scheme at the national/Centre level. The evaluation also observed that the lack of adequate funding for the centres under the Ujjawala scheme led to low salary structures of the staff. Also, additional trained and efficient human resources needed at the centres could not be employed in some instances due to the lack of financial resources. Lack of funding not only resulted in low salaried staff but also in the Scheme's efficiency as day-to-day activities such as travel, counselling, deployment of security personnel could not be undertaken in some of the Ujjawala homes/centres. Better convergence of Ujjawala with the existing women empowerment schemes as suggested by state-level officials. **Overall, the evaluation finds that the Scheme's efficiency 'Needs Improvement'.**

Fund Utilisation

The Ujjawala Scheme has had difficulties in achieving its expenditure. During the period 2015-16 to 2019-20, the total budget allocation for Ujjawala Scheme has been Rs. 183 Crores and the actual expenditure reported by the MWCD in the same period is 80.55 crores. This comes to utilisation of just around 44% over the period. The year-wise budget allocation and expenditure is provided in the figure below.

Figure 135: Ujjawala Scheme Fund Utilisation (Rs. in Crore)



Source: Budget Allocation: www.indiabudget.gov.in; Expenditure: MWCD Dashboard

The annual utilisation started at more than 100% in 2015-16, but showed a declining trend in the following years, with the utilisation being the lowest at 13% in 2018-19. While the utilisation has been better in 2019-20 compared to the last year, it is still extremely low at only 29%. One of the major reasons for this low fund utilisation is the delays in receiving SoEs and UCs from the States. Both the central government officials and the implementation agencies representatives feel that due to the small size of the scheme, the State Governments are not able to give as much importance to the scheme as needed, and this results in delay in administrative procedures for the scheme.

The implementation agencies claim that they submit the utilisation certificates and financial reports to the State on time, but there is still a massive delay in terms of funds being released to the agencies. Interview with the MWCD officials revealed that the MWCD was still clearing payments for FY 2017-18 at the end of 2019, due to the delayed receipt of UCs from many states. This has had an impact on the quality of services provided in the Ujjawala Homes as well, given that many NGOs have to pitch in the funding from their own pockets for up to two years, till they receive their funds.

In Uttar Pradesh, an official from the Ujjawala centre stated that the funds were not received by them on time, despite which they had to continue with their work. In a Centre, in Assam, one of the management representatives in an FGD raised concerns about the lack of funds because of which they were not able to increase the staff's salary as well. In Telangana, a management representative stated that—

> "In last 2 years we have not received any grants from the State, so to run the project we have to take temporary loans."
>
> Ujjawala Home Staff

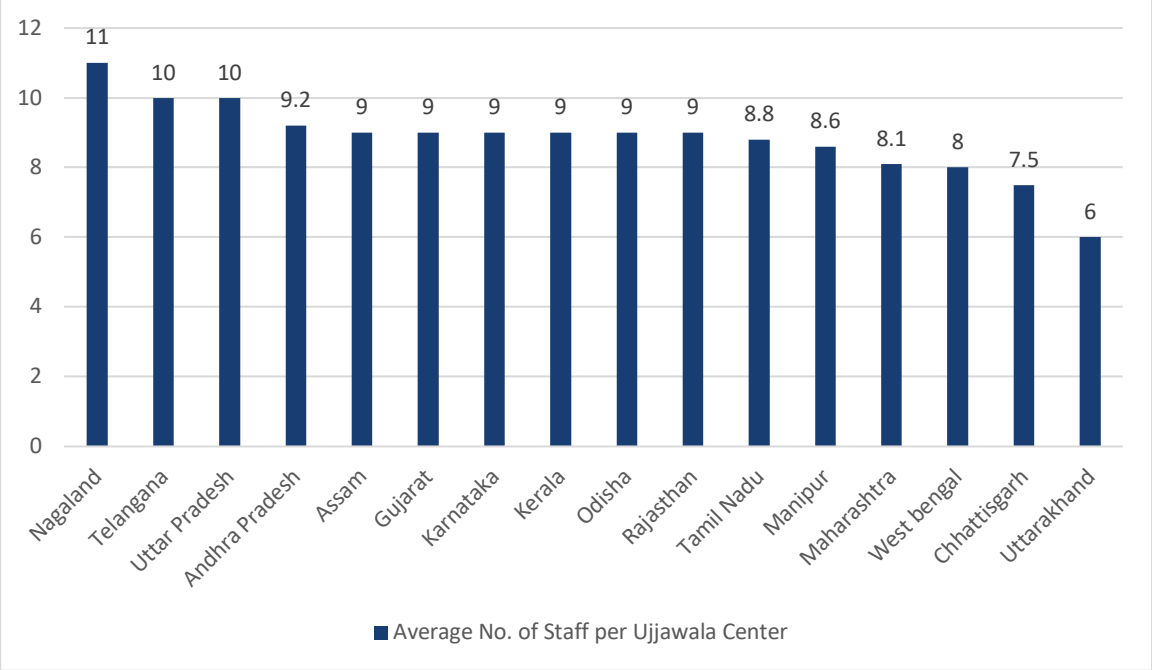
Ujjawala home representatives in Tamil Nadu also opined that they could not rely on receiving the funds from the State Government. They have to look for other ways to fund the home. The Tamil Nadu home had been raising funds from outside sources and public donations for close to two years now.

These challenges were also highlighted by MWCD officials at the centre who mentioned that they were also facing difficulties due to the lack of response from the State Governments running and managing the Ujjawala Scheme. In many states, the State government have closed down previously open Ujjawala homes due to a low number of beneficiaries, and in many cases, the NGOs have also stopped Ujjawala home operations due to severe delays in receiving funds from the State Government.

Human Resources

Institutional visits under this evaluation found that in most Ujjawala homes, the Staff, as mandated by the guidelines was in place. In Assam and Maharashtra, the clinical psychologist was available on a part-time basis, and in Assam, the accountant-cum-clerk was also on a part-time basis. Data from previous evaluation shows that in most cases, the Ujjawala home implementing agencies hire more staff from their own pocket to provide the services needed by the residents. An analysis of staff per Ujjawala home (Figure 136) shows that the average number of staff per home is 9. The highest number of staff is seen in Nagaland with an average of 11 staff member per Ujjawala centre, and the lowest average is seen in Uttarakhand homes.

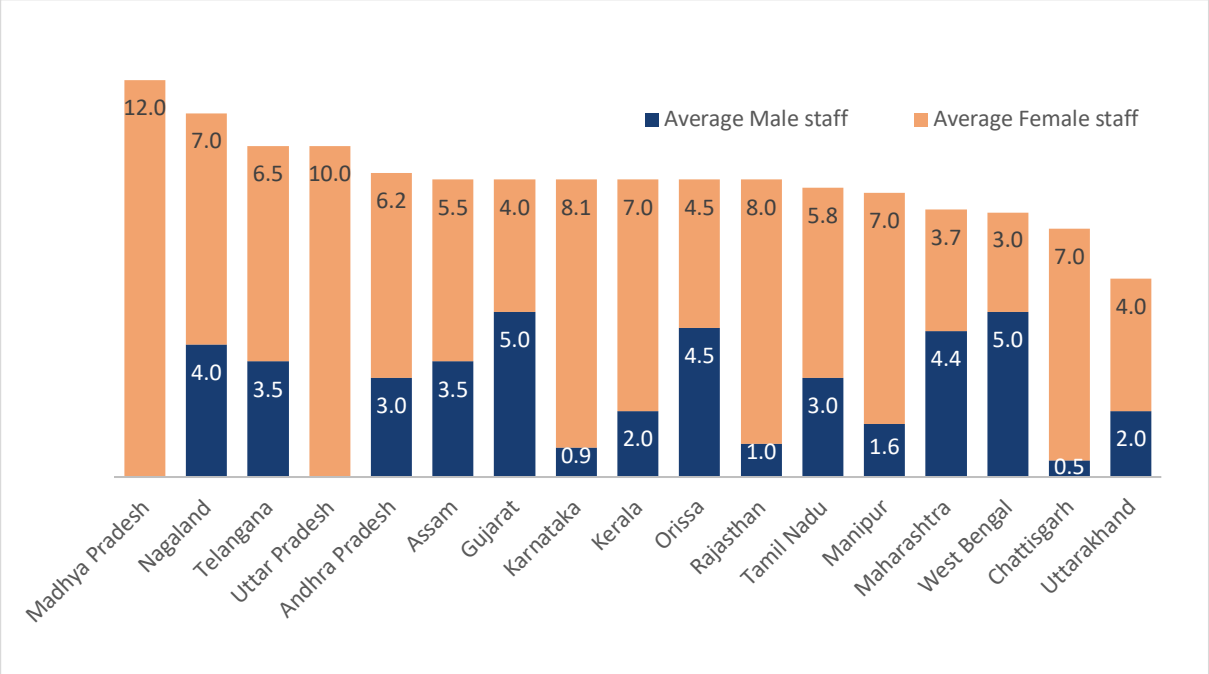
Figure 136: Average number of staff per state in Ujjawala Centres



Source: MWCD Evaluation Report Data, 2017

Also, the gender disaggregation of the staff (Figure 137) shows that the staff in Ujjawala home is mostly female. Only in Gujarat, the average number of male employees is more than their female counterparts.

Figure 137: Gender composition of the average number of staff per state in Ujjawala Centres



Source: MWCD Evaluation Report Data, 2017

Adequacy of cost norms

While the staff in Ujjawala homes was found to be in place for all positions mandated under the scheme, the quality of the staff suffers due to the low salary norms under the Ujjawala Scheme. The table below illustrates the remuneration of the staff as per the scheme guideline.

Table 76: Ujjawala Scheme – Salary Norms

S. No	Staff Position	Staff Remuneration
1.	Project Director (Rs. 10,000 x 1x 12 months)	120000
2.	Social Worker (2) (Rs. 6000 x2 x12 months)	144000
3.	Clinical Psychologist (Rs. 6000 x 1 x12 months)	72000
4.	Clerk cum Accountant (Rs. 5000 x 1 x12 months)	60000
5.	Guard (2) (Rs. 5000 x2x 12 months)	120000
6.	Doctor (Part time) (Rs. 6000 x12 months)	72000
7.	Psychiatrist (Part time) (Rs.6000 x12 months)	72000

Salary norms of all of the staff members in Ujjawala home is less than the amounts prescribed under the minimum wages. The salary for full-time social workers, for example, with a minimum requirement of a Master's degree in Social Work or Sociology has been set at just Rs. 6,000 per month. Similarly, the salary cap for an accountant is Rs. 5,000, clinical psychologists' salary is fixed at Rs. 6,000 per month, and the centre director's salary is capped at Rs. 10,000 per month. These salary norms are extremely low and have a direct bearing on the quality of staff being hired for these homes, and the quality of services being provided by them. Counselling and managing the residents of the Ujjawala homes is specialised work with a high degree of expertise required in counselling and rehabilitating the residents. The low cost-norms inhibit the hiring of trained staff in these positions.

Since the victims of trafficking undergo immense psychological trauma, professional counselling services are mandated under the scheme to be provided through a qualified clinical psychologist and psychiatrist. Psychological support is a must for women and girl victims who were rescued from the trafficking nexus owing to the multifold structures of physical/sexual/emotional abuse and violence that they may be subjected to. A psychologist/psychiatrist will be considered qualified on completion of a master's degree in clinical psychology along with relevant work experience. Under the scheme, a Clinical Psychologist is entitled to a maximum of only Rs 6000 a month and an annual package of Rs. 72000 in a year. This is extremely inadequate, considering that professionals with an adequate level of expertise and knowledge would be unwilling to join at such a low level of remuneration. Additionally, there is a provision for hiring only one clinical psychologist under the scheme as opposed to two social workers, and the budget is devised accordingly for one clinical psychologist. The evaluation suggests that the remuneration of the psychologist/psychiatrist be increased to minimum standards as well as the existing market rate of hiring a professional clinical psychologist along with expanding the budget to incorporate the salaries for hiring at least two clinical psychologists in every Ujjawala home.

In Telangana, full-time psychological counsellors and vocational trainers could not be employed due to unaffordability, and thus part-time counsellors were employed. While giving feedback, management personnel stated that—

> "The staff is not satisfied with the salary. We are ready to work even in these circumstances since our ma'am (manager) looks after us well."
>
> Ujjawala Home Staff

This issue was unanimously echoed in all IDIs, and FGDs conducted with Ujjawala Home management in different states. In Uttar Pradesh, the Ujjawala Home representative stated—

> "Salary of the staff is very less, they are just continuing to work because of social commitment. There is no travelling allowance, field visits are expensive. There should be training given to social worker on how to motivate other girls and women."
>
> Ujjawala Home Staff

In Delhi, an IDI conducted with state nodal officer stressed the necessity for enhancement of staff remuneration, which is critical to improving the employability and motivation of service providers.

Lack of funding not only resulted in low salaried staff but also in the scheme's efficiency as day-to-day activities such as travel, counselling, deployment of security personnel could not be undertaken. In Assam too the FGDs with the management revealed that the staff's salary is less than minimum wages and miscellaneous expenses are not being able to be met by the limited funds released which is creating obstacles in efficient functioning. They recommended that the staff salary be increased with immediate effect and on a timely basis.

Tamil Nadu, Maharashtra and Uttarakhand homes management representatives also echoed the sentiments of the low salaries of the employed staff and asserted that many key activities like that of training of staff take a backseat due to the lack of availability of funds. The nodal person for the scheme from MWCD also affirmed this by stating that the salary structures and documents are quite old and not as per standards and are thus due for revision.

Convergence with other Schemes

The Ujjawala Scheme converges with other schemes which attempt to address the crimes against women and children, namely the Swadhar Greh Scheme, the Women Helpline Scheme, the Mahila Police Volunteers Scheme, and the like.

The Swadhar Greh Scheme is closest to the Ujjawala Scheme model in the sense that it provides for basic needs of shelter, food, care and clothing to women and minor girls who are in distress or are without social and economic support. Its goal is to educate or build skills of residents in the centres where they are housed as well as support them in accessing health, legal and other services. The scheme provides financial support for rent along with services providing counselling, training, skill-building and other services for their rehabilitation. Ujjawala Scheme also functions with the same agenda with the exception that its focus is on trafficked women and girls. Effective convergence of Ujjawala with that of other related women protection and empowerment schemes can ensure speedy justice delivery and holistic rehabilitation for the victims of trafficking.

In Telangana, the state-level nodal official for the scheme stated that the convergence of Ujjawala is good with that of other women Schemes such as women helpline and the Swadhar Greh scheme. He was quoted saying—

> "The OSC, Women helpline and Swadhar are well integrated. The Women helpline is also very well advertised. This integration helps in the coverage of the most vulnerable population of women. "
>
> State Official

On the contrary, in Uttar Pradesh, the state-level nodal official for the scheme stated that the scheme could not be integrated with the Swadhar scheme, given that different categories of "women-in-distress" reside in these homes. The official, however, expressed concerns regarding the apathetic attitude of the police officers when dealing with victims/beneficiaries under the Ujjawala scheme. The official was quoted saying—

> "There is a Mahila police station, but victims do not want go there because of insensitive remarks from police officers. Some of the police officers are not understanding on the issue of trafficking of women. Ujjawala cannot take beneficiaries directly…they first come in contact with the police stations which can be an issue.."
>
> State Official, Uttar Pradesh

In the state of Rajasthan, there was a suggestion by a state nodal officer to merge the Ujjawala and Swadhar scheme, while considering the need for case-specific services. The officer stated that:

> "Merge the two schemes i.e. Swadhar Greh and Ujjawala since the uptake is limited (90 women across 4 SG and 20-25 women in Ujjawala). This will also lead to economies of scale of various services offered as part of the two schemes. Though it has been recognized that Ujjawala is implemented specifically for trafficked women whereas Swadhar Grehs are run for women in distress, therefore, need for provisioning of case-wise specialized services will continue to exist."
>
> State Official – Rajasthan

4.3.2.4. Sustainability

With respect to the perceptions of local community members regarding the scheme, it was observed that the awareness about the scheme was low in all the states with those who did not know about the scheme outnumbering those who knew regarding the scheme. Similarly, the perceptions of local community members (who were aware of the existence of the Ujjawala Scheme) on the scheme's relevance indicated that most respondents viewed the scheme to be moderately relevant. Communication regarding the scheme, its benefits and relevance need to be strengthened especially in the target communities where there are maximum exploitation and trafficking of women and girls, for ensuring the sustainability of the scheme. The evaluation also observed that while training activities took place in many states, there was scope for strengthening the training programmes, focusing on developing awareness and sensitivity around the issues of trafficking and a rights-based approach to dealing with the issues of trafficking survivors. Regular training activities could not take place in places due to inadequacy in funding and staffing of trained professionals. Although monitoring mechanisms were in place in the states visited. It is, however, recommended that a formal monitoring system should be set up at the Central level and should be implemented across states for ensuring transparency and accountability. Additional funds and monitoring personnel need to be employed for the same. **Overall, the evaluation finds the scheme's sustainability to be 'Average'.**

Training mechanisms for improving efficiency

Ujjawala is a scheme where the staff needs to be sensitive and professionally trained to deal with the various challenges that arise while attempting to rehabilitate a victim of trafficking. Training of the staff who are responsible for the implementation of the scheme is therefore imperative. The evaluation observed that while training activities took place in many of the states, there was however scope for strengthening of the training programmes as reported by the management officials of the Ujjawala homes/centres and the state nodal officials for the scheme.

In a Telangana Ujjawala centre, the staff was satisfied with the training given. They stated that the training helped them to interact with the beneficiaries properly. In a Tamil Nadu Centre too, training was provided for counsellors, and the staff was happy with the training imparted as it helped them to strengthen their skills. However, the staff requested that similar training sessions are organised for other staff (responsible for other operations besides counselling) in the centre for better delivery of services. In Uttarakhand, the staff at an Ujjawala centre were satisfied with the training imparted in the centre but wanted more quality training to take place regularly for improving their knowledge base.

A state nodal official of the scheme from Delhi recommended improved mechanisms of training and capacity building to be brought in place which includes, theoretical as well as practical training and exposure of staff involved in dealing with trafficked women and those in distress. Additionally, the officer also suggested for clarity of roles and responsibilities of the staff to enhance their performance and corresponding training. The Ujjawala centre in Uttar Pradesh was not imparting any form of training to the staff. One of the management representatives from the centre stated that—

> "There is no training given to the staff, they have been only told about the guidelines. There should be more scheme training imparted."
>
> Ujjawala Home Staff

Monitoring mechanisms for improving efficiency: State-level officials reported that monitoring was regularly taking place. In Chhattisgarh**,** monitoring is done through WhatsApp groups and monthly reports. In Telangana, it was observed that the scheme utilises IT in terms of monitoring the progress. Telangana has its own public expenditure tracking system, which is also used. In Uttar Pradesh, there is a district-level monitoring committee set-up in each district of UP who monitors the scheme outputs and outcomes. There is CCTV's installed at all the centres for efficient monitoring. It also has a grievance redressal mechanism wherein the monitoring committee in district level meets quarterly and if any women have any complaints about any services provided like food, clothes, bedding, medical services and legal services they can bring it to the committee's notice, which will be resolved by the committee. In the state of Tamil Nadu, program-level indicators are monitored to monitor the scheme's outputs and outcomes at the state level. No challenges are observed in monitoring as was reported by a state-level official. The scheme in Tamil Nadu utilises IT in terms of monitoring progress. Also, MS office-based progress reports are maintained and used for monitoring. There is also an M&E plan, and the state is supposed to execute its scheme functions as per the plan.

4.3.2.5. Impact

Most of the beneficiaries residing in the home were happy and felt a sense of safety. However, a few of them reported that they were missing their families and wished to return to their homes after some time. The evaluation suggests that appropriate rehabilitation, repatriation, and follow-up mechanisms if used, can lead to effective reintegration of the victim back in their society. The aspirations of most beneficiaries across the homes where FGDs and IDIs were conducted indicated that they were optimistic and looking forward to a better future where they were leading a decent lifestyle while using the skills acquired while staying in the Ujjawala home.

The impact of the scheme can be primarily assessed by evaluating the positive or negative impact on the lives of the beneficiaries living inside the homes. This was done by analysing the views and perceptions of the scheme beneficiaries through FGDs and in-depth interviews in Ujjawala Centres.

Feeling safe in the Ujjawala Homes: Across all Ujjawala Homes, beneficiaries reported satisfaction with the amenities in the Ujjawala homes and felt safe in the homes. A beneficiary from home in Uttar Pradesh stated that—

> "…I am able to study more since she was here, as her parents had forced her to stop her education. The home also provided medical facilities if there is ever a need. TV and games are provided for entertainment purposes. The home is very safe, one of the staff members live there only."
>
> Ujjawala Home Resident

Similarly, beneficiaries in an FGD in Assam stated that they feel safe there. There were many issues they had to face in their village to their safety which is now taken care in the home. In Telangana too, the beneficiaries echoed the sentiments by stating that the place is safe, and they feel secure. One of the beneficiaries also stated during the FGD that they feel safer in the home than they felt in their own homes. Also, in their period of stay in the home, they had not witnessed any case of sexual or physical harassment of any kind happening in the home either by the staff or in between the residents. The similar experiences were reflected in Tamil Nadu, where neither any kind of abuse was witnessed in the home, nor did they feel unsafe. A beneficiary in the Tamil Nadu home reported that she feels safer in the home than in her village as there is a direct threat

to her life and chances of being re-trafficked are high if she goes back. Most of the beneficiaries residing in the home were happy and felt a sense of safety.

Services provided under the scheme and long-term aspirations of the victims: The beneficiaries also found the services provided under Ujjawala beneficial, as most of them reported regular access to basic facilities, food, shelter, medical care, legal counselling, psychosocial counselling, and various forms of vocational training such as tailoring, string flowering, basket knitting, embroidery. The beneficiaries reported that the counselling sessions were provided regularly in most states, and it helped them to come out of their past trauma. A beneficiary from Assam Ujjawala Centre stated that *"Counselling services provided are good and we can talk safely to the counsellor."* Another beneficiary in Tamil Nadu stated:

> "Yes, we receive counselling services after we reach the institution. Daily there is a session of counselling for the beneficiaries to heal and come out from their depression and stress. Counselling helps us to identify our abilities and dreams."
>
> Ujjawala Home Resident

A management official of the same home in Tamil Nadu also stated that—

> "Counsellor visits the home daily, because counsellor works as full time. Legal counsellor comes to centre once in a month. Both psychosocial and legal counselling is given by the centre and the government also helps. The counselling helps many ways like distinguishing between the good and bad things. And No, there is not any grievances in the quality of counselling services they provide, and we have not ever complained about the services."
>
> Ujjawala Home Staff

Many respondents believed that getting vocational training such as tailoring, basket knitting, embroidery will help them enhance their skills and will help them earn a decent living after they complete their stay in the Ujjawala Home. In Telangana Centre, one of the beneficiaries wanted to learn to tailor, buy a machine and teach her siblings to stitch after she goes back home. Another beneficiary had learned stitching from the Centre and wanted to go back home, earn with her newly acquired skills and feed her kids. A beneficiary residing in a home in Pune, Maharashtra stated that—

> "I am much happier living here. I have learned tailoring, stitching and parlour related work from didis (vocational trainers) who come here twice a week. After going out, I will open my own parlour and will also earn by tailoring clothes. I dream of a better life now"
>
> Ujjawala Home Resident

A management official from an Ujjawala home in Tamil Nadu stated—

> "Yes, each of them have their own dream like studying, working and want to marry and start a new life (after leaving the centre). This center is also running a CCI from this home and the children who are willing to study join this center which helps to study for a better life."
>
> Ujjawala Home Staff

Similarly, a management official from an Ujjawala home in Uttarakhand also stated that—

> "the beneficiaries do not want to go from this home as they love it here, if the beneficiaries do something wrong the staff tries to correct it politely. One of the beneficiaries wanted to become a policewoman and help women."
>
> Ujjawala Home Staff

The aspirations of most beneficiaries across states and homes indicated that they were optimistic and looking forward to a better future where they were leading a decent lifestyle while using the skills acquired while staying in the Ujjawala home.

4.3.2.6. Equity

Ujjawala Scheme is meant for all women and children in need of protection from trafficking, especially commercial sexual exploitation, irrespective of socio-economic characteristics. The scheme's focus is naturally inclined towards women and girl children belonging from the most vulnerable and marginalised sections of the society as seen in the section on effectiveness. The scheme currently is not able to reach all parts of the country with nineteen states still having no homes/centres. Some states, for instance, the National capital Delhi with a high number of victims of human trafficking under Sec 370 A and widely known for being both a transit and a destination centre for the trafficking of women and minor girls has zero number of Ujjawala Centres/homes. This would, in turn, limit the reach of the Scheme.

Another way the scheme can ensure its equity, reach and coverage to the most marginalised sections of women and child population is by undertaking vulnerability mapping across every state in India. The evaluation did not find any scientific evidence of systematic mapping of vulnerability to being trafficked for CSE across all Indian states. The mapping of vulnerability will help in identifying the relevant trafficking routes and networks of traffickers and help prevent trafficking in districts where girls and women are the most vulnerable. This may go a long way in ensuring equity under the scheme.

4.3.3. Analysis of Cross-Sectional Themes

4.3.3.1. Accountability and Transparency

Availability of Data Records and Reports in public domain

Data on Ujjawala Scheme is available on the WCD dashboard on the number of homes, the number of projects and the number of beneficiaries at the state and national level. State-wise data available on the number of homes and beneficiaries makes it easier for comparative analysis across states, i.e. the state's infrastructural capacity to house victims compared with the situation of commercial sexual exploitation in the state. However, there are gaps in the availability of monitorable figures on the reach and uptake of other components of the Scheme such as prevention, the number of rescued and rehabilitated victims, women and girls repatriated back to their families, staffing, follow-up mechanisms and referral services.

Monitoring Mechanisms

The continuation of a grant to the implementing agency is based on the satisfactory performance reported by the State/UT. To facilitate this, periodic inspection is undertaken by district and state officials. While the scheme also recommends conduct of social audits, the evaluation is unable to find any reports of social audits conducted in the last 5 years in the public domain. During KIIs, officials State officials and Ujjawala home management reported that regular monitoring was taking place in all states. The interviews, however, revealed that the lack of human resources and workload on the existing staff led to ineffective, untimely and irregular monitoring. Absence of a robust monitoring mechanism was highlighted by state and national-level officials. In terms of evaluations, while there is no inbuilt mechanism within the scheme to facilitate periodic scheme evaluation, the MWCD did commission an independent evaluation of the Scheme in 2017. The report and findings of the evaluation, however, are not available in the public domain.

Citizen Accountability

There is no mechanism within the scheme for addressing the grievance of Ujjawala Home residents. However, in most Ujjawala Homes, informal channels of complaint registration and redressal were available at the home level. The evaluation saw registers for noting beneficiaries' concerns in a few Ujjawala homes. The residents can also raise their complaints during visits by senior officials. For instance, in Uttar Pradesh, the monitoring committee in district level meets quarterly and if any women have any complaints about any services provided like food, clothes, bedding, medical services and legal services they can bring it to the committee's notice, which will be resolved by the committee. These grievance redressal mechanisms are not formalised across Ujjawala homes and are reliant on the state/district officials and the implementing agency.

Financial Accountability

The scheme is funded by Central Government, State Government, and the implementing agency in the ratio 60:30:10 (80:10:10 in NE Region and the Himalayan States; 90:10 in UTs). The State Government releases the grant to the implementing agencies in two instalments upon receipt of UCs. The direct benefit transfers under the scheme guidelines encompass the salary component and the facilities provided to the beneficiaries.[526] Before 2018, the Scheme was a Central Sector Scheme, and the Centre made payments to NGOs directly. However, now the payment is made to

[526] http://www.nari.nic.in/direct-benefits

the State government by the Centre, and the state governments in-turn makes the DBTs to registered Ujjawala scheme NGOs.

4.3.3.2. Employment Generation

The Scheme mandates the hiring of staff of various professional expertise under the different components of the Scheme, thus contributing to the overall employment generation at the state, district, and local level. As per the scheme guidelines, an Ujjawala protective home should comprise of a Project Director, Social Worker, Clinical Psychologist, guard, clerk cum accountant and social workers as full-time staff along with a part-time doctor and a psychiatrist. There are also provisions for part-time yoga or vocational trainers. The Scheme mandates that the staff at the Protective Home should only be females, except for guards, thereby putting a focus on women participation in the Scheme's operationalisation. The Scheme also suggests that wherever possible appointment of eligible SCs/STs/OBCs/Minorities may be undertaken. The evaluation, however, did not find any data w.r.t the proportion of informal jobs converted into formal jobs or the percentage of women participation in the Sector/Programme.

Overall, through the 136 currently running Ujjawala homes, the scheme is providing direct employment to around 950 people. It should be said, however, that even though the scheme provides employment, the scheme is not able to provide a living wage to the staff. The scheme's salary norms are extremely low, with at least 6 out of 7 mandated positions being paid Rs. 6,000 or less per month.

4.3.3.3. Gender mainstreaming

Although there is no specific mention of gender equality and equity considerations in the scheme guidelines, the Scheme naturally inclines towards gender empowerment through the protection of rights of vulnerable women and minor girls. The primary objective of the Scheme is to prevent trafficking of women for commercial sexual exploitation while also aiming for their long-term rehabilitation and reintegration.

In a study named *Sexual Rights, Gender Budgeting and Policy-Making against Trafficking: The Case of the Ujjawala Policy in India*, Chemmencheri recommends budgetary flexibility on trafficking where target setting is problematic, the inclusion of communities marginalised in the policy discourse and the revision of the policy directive regarding the repatriation of victims The budgetary allocations under the Scheme indicate the cross-sectional aspect of gender mainstreaming and gender budgeting, however, a more flexible budget may lead to better inclusion of gender under the policy. In the end, the paper comes up with the recommendation that Ujjawala should be coherently supported by efficient utilisation of the budgetary allocations for all associated policies to make the budgeting process holistic.[527] The omission of the transgender community is particularly noted in the Ujjawala scheme guidelines. There are no additional provisions under the scheme for the inclusion of transgender individuals, who are otherwise one of the most vulnerable section to being exploited for commercial sexual purposes. Chemmencheri (2013) notes that *"The lack of data on trafficking with respect to transgenders has further constrained their inclusion, despite the over-emphasised targeting of this section of the society by the government as part of AIDS prevention efforts, their sexual right to bodily integrity and freedom from violence has remained side-lined."*

[527] Chemmencheri119, S. R. (2013). Sexual Rights, Gender Budgeting and Policy-Making against Trafficking: The Case of Ujjwala Policy in India 118. *Asian Journal of Public Affairs*, *6*(1).

There are provisions under the Scheme for specific training offered to women. The rehabilitation aspect of the Scheme provides for free legal aid, provisions for education and vocational training. These provisions attempt to aid the beneficiary in her financial enablement after her stay at the Ujjawala home. The evaluation does not have information on training being conducted in Ujjawala centres for sensitisation of the workforce on gender equality.

4.3.3.4. Climate Change

The scheme does not have any component/strategy that addresses climate change or contributes to sustainable practices since climate change is not relevant to the scheme's objectives.

4.3.3.5. Role of Tribal Sub-Plan and Scheduled Caste Sub-Plan in mainstreaming of Tribal and Scheduled Caste population

The scheme does not have any budgetary allocations towards the Tribal Sub-Plan and the Scheduled Caste Sub-Plan. However, the scheme guidelines provide for appointment of eligible SCs/STs/OBCs/Minorities wherever possible.

4.3.3.6. Use of IT/Technology in driving efficiency

Currently, the use of technology under the Ujjawala Scheme is minimal. The scheme aims at the rescue and rehabilitation of victims of commercial sexual exploitation which is a challenging field. Technology, the internet, has enabled sex trafficking and sexual exploitation to become one of the fastest-growing criminal enterprises in the world. Sex traffickers rely on online marketing and communication tools to ensure a steady cycle of demand and supply.[528] Therefore, technological solutions are a must to ensure a systematic response to fight these challenges.

Components, where technological solutions must be effectively employed, include mapping and monitoring of networks of trafficking along with recording the progress in the rehabilitation of the scheme beneficiaries. It can also be used to strengthen the monitoring mechanisms at the local level, in Ujjawala protective homes to monitor the services provided to the victims.

While there is no IT-based MIS system at the National level for real-time monitoring of the Ujjawala Homes, there are online scheme MIS in some states. Telangana and Tamil Nadu, for instance, have their tracking systems. The state-level nodal officer stated that the IT-based monitoring system is used to monitor scheme outputs and outcomes at the state level.

The evaluation, however, could not gauge the granularity of data available in State MIS and the frequency at which the information is being updated/reported on the MIS. Direct benefit transfers under the scheme encompass the salary component and the facilities provided to the beneficiaries, wherein the payment is made to the State by the Centre, and the state makes the DBTs to Ujjawala scheme NGOs.

4.3.3.7. Stakeholder and Beneficiary behavioural change

Fund Allocation: One of the primary objectives of the Scheme is to prevent trafficking of women and children for commercial sexual exploitation through social mobilisation and involvement of local communities, awareness generation programmes, generate public discourse through

[528] Retrieved from https://www.equalitynow.org/technology_and_trafficking_the_need_for_a_stronger_gendered_and_cooperative_response

training, workshops/ seminars and such events and any other innovative activity. The Scheme aims at the awareness of the target communities, and the scheme guidelines mandate development and printing of awareness generation material such as pamphlets, mass-media, leaflets and posters in various local languages to increase the level of awareness amongst the target beneficiaries' communities. The scheme guidelines state that the Central Government can incur expenditure not exceed 5% of annual outlay for monitoring and IEC activities out of which 3.5% for the Central level expenditure and 1.5% for giving non-recurring GIA to Implementing Agencies.

Mechanisms to promote and ensure behaviour change

The existing mechanisms to promote beneficiary awareness and sensitisation carried from one state to the other significantly vary as revealed by the state nodal officials. For instance, in Uttar Pradesh awareness and sensitisation workshops were being conducted with the help of volunteers and social workers. In other states, however, no awareness generation mechanisms were reported.

4.3.3.8. Unlocking Synergies with other Government Programmes

While currently, the convergence of Ujjawala with other schemes is limited, there is significant scope for convergence with other MWCD schemes. Effective integration and convergence of WHL, OSCs, MPVs and other initiatives and schemes with Ujjawala Scheme will ensure a holistic approach to fighting trafficking of women and girl children along with ensuring an effective response and rehabilitation mechanism. Since the model of Swadhar Greh Scheme closely resembles the Ujjawala Scheme model, better convergence could be initiated aimed at long term rehabilitation of Ujjawala beneficiaries through Swadhar Greh Scheme. The beneficiaries who have received initial support from the Ujjawala scheme and who the Ujjawala homes are not able to repatriate may be transferred to the Swadhar Grehs for long term economic rehabilitation.

Convergence with Other Departments and specifying their key roles/responsibilities of other department personnel to facilitate the functioning of Ujjawala Scheme are outlined in the guidelines. The evaluation recommends inter-departmental convergence with different ministries and departments for effective support and rehabilitation of victims. For instance, improving convergence with already existing government skill-development programmes such as the Deen Dayal Upadhyaya Grameen Kaushal Yojana (DDUGKY) to cater to the career aspirations and increasing earnings of the Ujjawala Scheme beneficiaries.

4.3.3.9. Impact on and role of the private sector, community/ collectives/ cooperatives

The scheme guidelines state that Women's Development Corporations, Women's Development Centres, Urban Local Bodies, reputed Public/Private Trust or Voluntary Organisations can implement Ujjawala Scheme. However, their participation in the scheme has been limited to date. Currently, the scheme has limited scope for engagement of the Private Sector since protection of trafficked women and children is primarily the state's responsibility. Therefore, it is not possible to handover the ownership or agency in terms of implementation of the Scheme in its entirety to a private sector organisation.

However, there are significant ways that the private sector can be leveraged to improve the scheme's efficiency and create a value chain. Private Sector can be engaged in the aspects of

providing education to the girls living in Ujjawala homes, providing funding support, providing material requisites to Ujjawala homes, and most importantly, in facilitating the economic rehabilitation of these victims of trafficking. The most important way that the private sector can be engaged is in training, internships, apprenticeships, and employing the women trained in Ujjawala homes. Part of the CSR funding can also be reserved for the effective long-term rehabilitation of commercial sexual exploitation trafficked women and child victims.

4.3.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problem Identified	Recommendation	Time Period	Action Agency
Low coverage of the Scheme	• Currently, there are only 136 Ujjawala homes across the country • There are 19 states/UTs including some States/UTs with high trafficking incidents including Goa, Delhi, Madhya Pradesh, etc. where Ujjawala Scheme is not operational. • There has been an increase of more than 40% in incidences and reported cases of trafficking in India since 2016, and yet, the number of Ujjawala Homes has reduced over the same period. • In some states, the homes were found to be over-capacitated either needing to expand their existing infrastructure or creating new homes.	• **Detailed vulnerability mapping and needs assessment should be mandatorily undertaken every two years across all states** to assess the areas in which women and children are more susceptible to falling prey to trafficking; • For new Ujjawala Homes, the focus should be on leveraging private sector/NGOs **where they construct/provide the Ujjawala Home infrastructure, and are provided long-term rental agreement for minimum 10 years with a yearly increase of 10%.** This will help stagger the capital/non-recurring cost over a longer period and will ensure that the infrastructure is properly maintained by the lessor. • **Rental provisions may need to be revised upward, to incentivise the private sector** to invest in Ujjawala Homes Infrastructure.	**Short-Term**	**MWCD**
Inadequate focus on Prevention of Trafficking	• Currently, even though prevention of trafficking is one of the objectives of Ujjawala Scheme, the actual focus on the preventive aspect has been low. • Prevention under the Ujjawala Scheme has mainly focused on conducting seminars (once or twice a year), awareness generation through posters, leaflets, etc. • The scheme's work on formation and coordination with community vigilance groups has remained a secondary activity, and the number of vigilance groups has remained low in some of the higher priority states such as Gujarat (Only 16 Groups), Goa and Punjab (Zero groups each).	• The **scheme's design may be changed to focus only on the aspects of prevention, rescue, and repatriation**. • To strengthen the prevention aspect under the scheme and to increase the vigilance of community in addressing trafficking, links can be created with Mahila and Shishu Rakshak Dals (MASRD) under MPV. • **Closer integration with Swadhar Grehs should be sought to provide the complementary services of rehabilitation and reintegration** since Swadhar Greh's major focus is on rehabilitation and reintegration of women in distress. • The **Ujjawala Homes could start to function as temporary shelter for rescued victims of trafficking** – with a maximum stay length of 6 months. Women who cannot be repatriated or whose families cannot be traced may be **transferred to the Swadhar Grehs for long term economic rehabilitation**. • Innovative models for Swadhar Grehs to improve the effectiveness and efficiency of rehabilitation components	**Medium-Term**	**MWCD**

		have already been provided as part of recommendations for Swadhar Greh Scheme.		
Strengthening re-integration and rehabilitation of beneficiaries	• Vocational courses offered in shelter homes continue to stereotype "female" work and provide options for very meagre non-sustainable sources of livelihood such as embroidery, pickle making, basket making, etc.. • Training in marketable skills is a necessary but missing component in the process of rehabilitation. The scheme needs to include non-traditional skills that attract higher salaries, provide better exposure and promise greater financial security.	• **In case the Scheme designed cannot be altered** in a way that the rehabilitation component is handled by the Swadhar Greh, the Ujjawala Scheme will need to **strengthen the rehabilitation component through partnerships with the Private Sector** by: a. Signing **MOUs with Private Sector bodies (industry bodies, market associations)** for support in providing apprenticeship and training to the victims. b. **Partnering with organisations which can provide training and raw materials to the residents** and procure the finished products from the residents – examples of such models include Fab India. Such partnerships/MOUs may be formalised at the national level – covering all Ujjawala homes or at the district level – through the implementing agency's networks. • Improving **convergence/linkages with government skill-development programmes** such as DDU-GKY, PMKVY, etc.	**Medium-Term**	**MWCD**
Delayed payments leading to overburdened NGOs and closed homes	• Ever since the revision of the scheme's funding mechanism from 100% centrally funded to partly funded by the State, the scheme has faced massive payment challenges. • In the two years since the funding mechanism was revised, the scheme's utilization has fallen from 24 Crore per year to 6-8 crore per year – a utilization of only around 30% of the allocations • Interviews with stakeholders suggest that due to the small size of the scheme, the States are not able to provide as much attention to the scheme, and as a result, the administrative procedures get delayed. • As a result of some NGOs not receiving funds for almost two years, the NGOs are reliant entirely on public donations to run the scheme; some Ujjawala homes have	• The neglect from the States negatively affects the efficiency and effectiveness of the Ujjawala Scheme, and given that the size of the scheme is very small – the BE for 2020-21 is only Rs. 30 crores, and the fact that the scheme was being managed extremely successfully by the MWCD till recently, **the scheme should be made a Central Sector Scheme**. • The evaluation also suggests that the **10% contribution of the implementing agency not be tied with different heads and be used as a flexible pot** of fund to be spent by the implementing agency in the provision of services/enhance cost norms that they may deem necessary. This may include supplementing staff Salaries to attract better staff, vocational training, capacity building of staff, etc.	**Medium-Term**	**MWCD**

	been closed, due to the NGOs not able to support them in the absence of timely government funds.			
Low Salary norms under the scheme	• The salary provisions under the Ujjawala Scheme are extremely low with a total budget of Rs. 46,000 per month to pay salaries of 7 staff members. • Salaries of 6 out of 7 positions are capped at Rs. 6,000 per month or less. This includes Clinical Psychologists and Case Workers with required qualifications of Masters in Social Work or Sociology. • The low salary caps lead to the hiring of unqualified and untrained staff and directly impact the quality of services provided under the Ujjawala Homes.	• The evaluation recommends **urgent revision of the Salary norms under the scheme** so that better, more qualified and trained staff may be hired for better scheme efficiency. Salaries may be increased to match the qualifications for the staff members and market rates.	**Short-Term**	**MWCD**
Low Use of Technology	• Monitoring effectiveness suffers due to issues ranging from a lack of human resources, limited capacity to monitor, overworked officials, and delay in receiving monitoring data from the States. • In the absence of an online monitoring system, it is difficult for the Ministry to effectively monitor the status and working of the Ujjawala Homes.	• To improve the quality of scheme monitoring, the Ministry should **develop an online monitoring system**, **linked directly with Swadhar Grehs and Ujjawala Homes**, and where the implementing agencies directly update the information of beneficiaries, services provided, infrastructure, and financial utilisation. • **Developing E-learning modules for training of Swadhar Greh and Ujjawala Staff:** e-learning modules can be developed in line with the Incremental Learning Modules (ILA) under ICDS scheme for decentralisation and cost-effective training of Ujjawala Home staff.	**Medium-Term**	**Central Government**

4.4. Working Women's Hostel Scheme

Summary of Working Women's Hostel Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ The female LFPR has declined from 30% in 2011-12 to 27.4% in 2015-16. While other schemes promote skill development and employment generation among women, none of them provides women with support services like safe accommodation with food and medical assistance. The WWH scheme fills this critical gap. + The scheme aligns well with SDG 5 that mandates adopting and strengthening sound programs for the promotion of gender equality and the empowerment of women and girls at all levels. + The scheme also addresses women's right to work and to free choice of profession and employment as mandated under CEDAW.
Effectiveness	Average	+ Basic infrastructure, including WASH facilities, first aid kits, CCTVs, attendance registers, on-duty security guards, hostel warden, and cook was present in 6 out of 8 hostels visited. + All hostels were easily accessible and located in prime areas. + WWHs are preferred over private hostels due to greater affordability, safety and accessibility. + Central and state officials undertake physical visits, and data regarding the hostels is relayed physically to the HQ. - Limited scheme awareness at the village level. - Lack of modern amenities in hostels and the average quality of infrastructure and services offered. - Only 2 out of 8 hostels had day-care centres within the premises. - Only 50% of hostels had Hostel Management Committees. - Absence of MIS and the use of IT for monitoring. - No formal grievance redressal mechanisms under the scheme.
Efficiency	Average	+ Improvement in fund utilisation in expenditure incurred between FY 2015-16 and FY 2018-19. - Percentage of fund utilisation significantly declined from 83% in 2017-18 to 51% in 2018-19.
Sustainability	Average	+ Increased demand for WWHs due to changing mindsets leading to more women entering non-traditional employment sectors and migrating to employment hubs. - Limited proposals received by NGOs due to the requirement of 25% financial contribution from them in the construction of hostels. - Lack of availability of land and cumbersome procedures to obtain sanction for construction of hostels limit coverage of WWHs.
Impact	Average	+ 963 hostels sanctioned to date and 73,387 beneficiaries covered. + Majority women perceive their stay in hostels as enriching as it provides them physical security, fulfils their basic physical needs, and improves their health status. - Difficult to assess the overall impact of the scheme on employment generation among women due to the absence of data on the number of employed women residing in the hostels.
Equity	Satisfactory	+ The benefits of the scheme are offered to all beneficiaries irrespective of their socio-cultural backgrounds.

4.4.1. Background of the Scheme

With the progressive change in the socio-economic fabric of the country, more women than before are moving to the cities as well as urban and rural industrial clusters in search of employment. One of the key difficulties faced by these women is the lack of safe and conveniently located accommodation. The Government of India introduced a grant-in-aid scheme in 1972-73 for construction of new/expansion of existing buildings for providing hostel facilities to working women in cities, smaller towns and in rural areas where employment opportunities for women exist. In 2017-18, the scheme was converted from a central sector to a centrally sponsored scheme.

Type of Beneficiaries

The Scheme aims to provide accommodation for a **maximum period of three years** to the following categories of working women:

- Working women, who may be single, widowed, divorced, separated, married but whose husband or immediate family does not reside in the same city/area with a preference towards women from disadvantaged sections of the society and physically challenged women.
- Women who are under training for the job provided the total training period does not exceed one year. This is only on the condition that there is a vacancy available after accommodating working women. The number of women under training for the job should not exceed 30% of the total capacity.
- Girls up to the age of 18 years and boys up to the age of 5 years, accompanying working mothers. Women can also avail services of the Day Care Centre, as provided under the Scheme.

Income Limit

Working Women are entitled to hostel facilities provided their gross income does not exceed Rs. 50,000/- consolidated (gross) per month in metropolitan cities, or Rs 35,000/- consolidated (gross) per month, in any other place.

Rent

The rent does not include use of the mess and other facilities like washing machines; user charges should be collected for the same. The rent for women under training for the job shall not exceed the rent to be charged from the working women.

Type of Room	Single	Double	Dormitories	Day Care Centre
Percentage of total emoluments/gross salary of Women	15%	10%	7½ %	5%

Financial Assistance

Type of assistance	Central Government, States/ UTs and Implementing Agencies	NE and the Himalayan States
Construction of building	60:15:25	65:10:25
Rent for hostels run in rented premises	60:15:25	65:10:25
One-time non-recurring grant @ Rs. 7500/- per resident for purchase of furniture (including bed, table, chair, almirah etc.) and furnishings	60:40:0	90:10:0

- Rent received from the residents is utilised in maintenance, housekeeping, security service, office establishment, water and electricity charges and other support services except for a mess.
- Reimbursements to the implementing agency are offered for the purchase of washing machine, and geysers/ solar water heating system and grants are offered for their replacement every five years, provided the hostel has been appropriately maintaining them.
- 87% of plan fund is allocated towards construction grant including furnishing, 10% for rented accommodation and up to 3% for inspection/ monitoring of the projects sanctioned under the scheme. The ministry has the discretion to change the allocation if required.

Evaluation and Monitoring of the Scheme

Regular monitoring of the functioning of the hostels is the responsibility of the District Administration. Half-Yearly reports on the implementation of the scheme in prescribed formats are sent to the ministry by the District Administration, with a copy to the State Government. Hostel Management Committees (HMCs) are responsible for the day to day monitoring of the hostels and are mandated to send their recommendations and quarterly reports to the District Administration. The HMC is supposed to meet once in a fortnight or in case an issue arises for immediate resolution.

3% of the cost of the scheme can be used for inspection/ monitoring of the projects sanctioned under the scheme and to monitor quality norms (for both infrastructures as well as services offered) as laid down in the guidelines. The ministry can also commission a third-party evaluation of the scheme at all India level after every 5 years. Evaluations can be sanctioned by the State governments if need be. The State Government may submit a proposal for an evaluation study in advance to the Government of India for approval and funding under the scheme.

4.4.2. Performance of the Scheme

4.4.2.1. Relevance

The female labour force participation rate declined by 2.6% points between 2011-12 and 2015-16 to 27.4 per cent. Estimates also suggest that along with a fall in FLPR, the size of the total female labour force has also shrunk from 136.25 million in 2013-14 to about 124.38 million in 2015-16. The GoI has actively pursued labour market policies to increase the Female Labour/Workforce Participation (FLWP) rate in India for several decades. While several policies exist to enable financial support, training, placements and other quantifiable outcomes, few national policies focus on providing support services, such as lodging, safe and convenient travel, among others that enable women to access skilling programmes or be part of the workforce. Further, not much attention has been given to addressing the underlying social norms that compel women to be primary caregivers and disproportionately place the burden of care responsibilities on women. Internal migration and absence of safe spaces for women are other key factors that deter the entry of women into the higher education, skilling and employment ecosystems. WWH scheme with its aim to provide safe, affordable and conveniently located accommodation along with child-care facilities to all working women and those seeking education or job-trainings in cities, aligns well with the emerging needs of women. The scheme also corresponds well with SDG 5 - gender equality and the right to work and free choice of profession and employment of women (CEDAW). **Overall, the relevance of the scheme is found to be 'Satisfactory'.**

The data from the Labour Bureau indicates that the FLPR (Female Labour force Participation Rate) has declined from 30% in 2011-12 to 27.4% in 2015-16. Additionally, estimates suggest that not only has there been a fall in FLPR, but the size of the total female labour force has also shrunk from 136.25 million in 2013-14 to about 124.38 million in 2015-16, a drop of 11.86 million in two years. If the ILO projections are any indication, the FLPR is slated to fall to 24% by 2030 which will undoubtedly detract India from achieving SDG 5 - eliminating gender inequalities by 2030.

The GoI has actively pursued labour market policies to increase the Female Labour/Workforce Participation (FLWP) rate in India for several decades. The policy-based approach has evolved from educational scholarships, reservations/quotas, to self-employment through self-help groups and more recently to capacity building through skill training programmes. Challenges in effective implementation coupled with deep-rooted social norms have constrained the impact of these policies on Female Labour/Workforce Participation rate, which continues to dwindle. While several policies exist to enable financial support, training, placements and other quantifiable outcomes, few national policies focus on providing support services, such as lodging, safe and convenient travel, migration support and child-care, that enable women to access skilling programmes or be part of the workforce[529].

Further, not much attention has been given to addressing the underlying social norms that compel women to be primary caregivers and disproportionately place the burden of care responsibilities on women. According to the NSSO, the proportion of women engaged primarily in domestic duties has increased between 2004-05 and 2011-12 from 35.3% to 42.2% in rural

[529] https://www.sattva.co.in/wp-content/uploads/2019/06/Sattva_UNDP_Female-Work-And-Labour-Force-Participation-In-India.pdf

areas and from 45.6% to 48% in urban areas. One thrust area in which government support can have direct implications for reducing the time burden on women is child-care support.

Internal migration is another critical factor that deters the entry of women into the higher education, skilling and employment ecosystems. For migrants in the 20-34 age group, 38.5% men cited cause for migration as 'work/employment', while only 2.7% of women say the same. The numbers are reversed when we observe 'marriage' as a cause for migration, with an average of 3.1% men, and 71.2% women. One could speculate based on these numbers, that while the Indian community has not resisted the idea of women moving out of their native homes to other regions, the resistance for the mobility of women arises when the reason is non-marriage related. When it comes to migration, women face both social and structural barriers. One of the barriers being the absence of basic entitlements of migrant women, including documentation, housing, and financial services[530].

A study further highlighted that in a sample of *Skill India* participants, 62% of unemployed women reported that they were willing to migrate for work, but 70% said they would feel unsafe working away from home (IHDS, 2012)[531].

WWH scheme with its aim to provide safe, affordable and conveniently located accommodation to all women working and seeking education or training in cities where their husbands or immediate families do not reside, aligns well with the emerging needs of women in the country.

The scheme is also in correspondence with the SDG 5 of gender equality, particularly addressing the target: adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and empowerment of all women and girls at all levels (SDG 5.c). It gives women an opportunity to exercise their right to work and the right to free choice of profession and employment. (CEDAW Art. 11)

4.4.2.2. Effectiveness

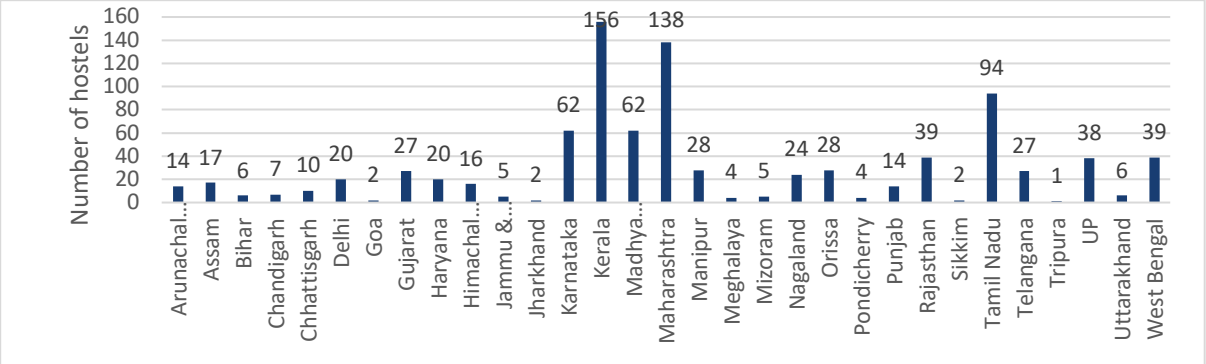
A total of 963 hostels have been sanctioned with services being offered to 73,387 women beneficiaries. However, some hostels that were sanctioned earlier and featured in MWCD data are no longer operational. Low level of awareness about the scheme has been reported by the village level HH data collected as part of this study. Majority hostels visited did have the mandated basic infrastructure and sanitation facilities; security provisions; adequate accessibility; human resource and hostel management committees. However, modern amenities, day-care centres and overall quality of service provisioning emerge as gap areas. Despite physical monitoring and relay of data to HQ, formal grievance redressal mechanisms are absent. **Overall the effectiveness of the scheme is found to be 'Average'.**

Coverage

As per the MWCD data, since its inception in 1972-73, to date, 963 hostels have been sanctioned, and 73,387 beneficiaries are currently being covered under the scheme. Between 2015-16 and 2017-18, 69 new proposals were received by NGOs and state governments, and 54 new hostels were sanctioned. State-wise distribution of hostels has been depicted in Figure 138.

[530] https://idronline.org/women-work-and-migration/
[531] https://www.icpsr.umich.edu/icpsrweb/DSDR/studies/36151

Figure 138: State-wise distribution of WWH



Source: MWCD Dashboard

"All the previously sanctioned hostels have discontinued due to certain problems. We are starting afresh and are asking districts to send us proposal. However, nothing has come up as yet."
Officials of the SRCW, Bihar

"Out of the 17 hostels sanctioned in Assam, some of them have shut down. In case of 6 hostels, the NGOs were sanctioned funds from the government, but the hostels were never established."
DCPO/Branch Officer – Women's Sector, Assam

"Out of the 20 hostels sanctioned under the scheme, 2 have been discontinued."
Deputy Director, WEC, Delhi

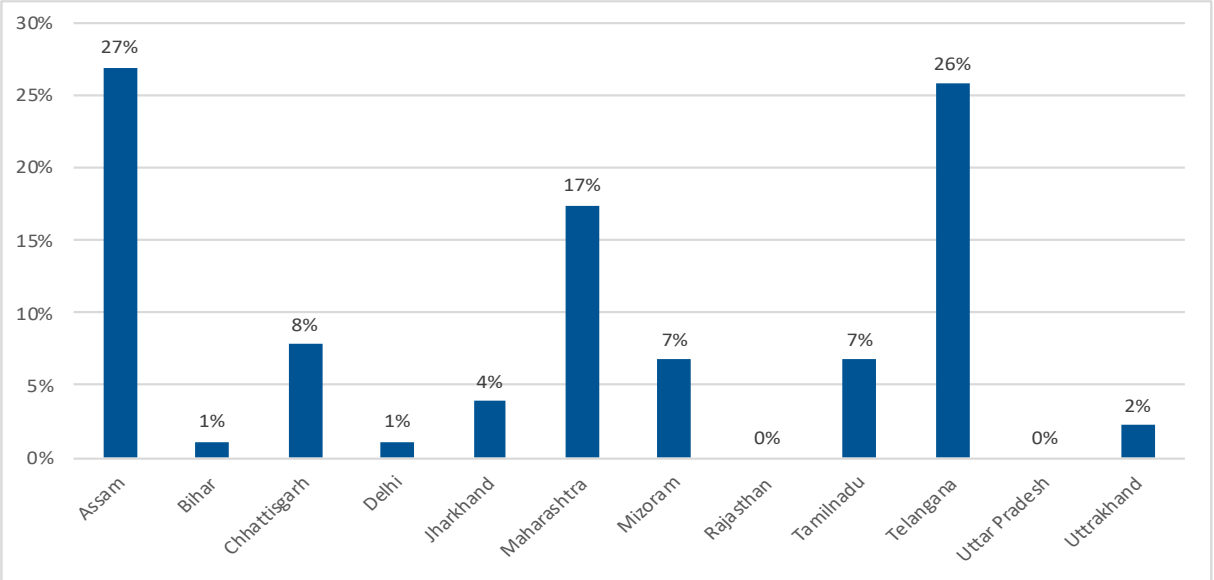
"Out of the 39 sanctioned hostels, only 15 are functional. Uptake of hostels is limited in districts with majority rural population, due to the prevailing orthodox mindset of the communities, that restricts girls to travel for work or stay in private residences. No new hostel in the State has been instituted post 1978-79."
Deputy Director, Women's Welfare, Rajasthan

There exists a mismatch between the number of hostels sanctioned across States as per the MWCD data and the actual number of functional hostels on-ground. National level officials stated that to address this issue, data on functional/non-functional hostels in States is being collected. However, there is an absence of real-time monitoring of functional hostels.

Scheme Awareness

According to the scheme guidelines, it is the responsibility of the implementing agency to create awareness about the availability of hostels. In line with the same, the State officials shared that the NGOs at their level, annually advertise in newspapers, local TV and their websites about the availability of seats and the application process for the hostels. However, the village-level HH survey data highlights a low level of awareness about the scheme across states. In Rajasthan and Uttar Pradesh, none of the respondents was aware of the existence of WWHs. In Bihar, Delhi, Jharkhand and Uttarakhand, less than 5% of respondents were aware of the scheme. These figures underscore the need for conducting extensive awareness generation campaigns about WWHs at various levels to enhance uptake. The State official in Assam also underpinned the need for enhanced outreach programmes, especially in remote areas.

Figure 139: Awareness about WWH



Source: Primary Data Analysis

Findings from Institutional Visits

As part of the evaluation study, the team sought to visit Working Women's Hostels in each of the 12 identified States/UTs. However, the evaluation was only able to visit WWHs in Assam, Chhattisgarh, Delhi, Maharashtra, Rajasthan, Tamil Nadu, Telangana and Uttar Pradesh. The team was unable to access WWHs in Jharkhand, Mizoram and Uttarakhand, and there were no WWHs in Bihar. In WWHs visited, FGDs were undertaken with the beneficiaries of the hostel and the management to seek their feedback on the facilities provided and their suggestions and recommendations for improvements.

Physical Infrastructure

The infrastructure of the hostels was not as mandated in the scheme guidelines. The hostel visited in Rajasthan and Uttar Pradesh particularly had inadequate infrastructure. Though majority hostels had dormitories, common rooms, a kitchen and store, only 3 out of 8 hostels visited had a separate dining room. However, fire exits and sick room were lacking in most of them.

Table 77: Physical Infrastructure in WWHs

States	AS	CH	DL	MH	RAJ	TN	TL	UP
Dormitory	Yes	Yes	No	Yes	No	Yes	Yes	Yes
Common Room	Yes	No	Yes	No	No	Yes	No	Yes
Dining Room	No	Yes	Yes	Yes	No	No	No	No
Kitchen and Store	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Sickroom	No	No	Yes	No	No	Yes	No	No
Fire Exit	No	No	Yes	Yes	No	No	No	No

Source: Primary Data Analysis

Water and Sanitation Facilities

Majority hostels have appropriate provisions for water and sanitation except for the hostels in Maharashtra and Telangana as they face frequent issues of drinking water supply. There is an absence of water filters in the hostel in Telangana; therefore, the management purchases mineral water bottles and supplies the same to the residents.

Table 78: Water and Sanitation in WWHs

States	AS	CH	DL	MH	RAJ	TN	TL	UP
Drinking-Water Supply*	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Bathroom**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Toilet**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Washbasin***	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
House Keeping staff	Yes	Yes	Yes	Yes	Yes	No	No	Yes
*Ever faced issues with drinking water; **1 for every 6-8 residents; ***1 for every 8-10 residents*								

Source: Primary Data Analysis

Other facilities

Even though 6 out of 8 hostels had first aid kits, modern amenities like washing machine, geyser, computers and internet were missing in majority hostels. Beneficiaries across hostels emphasised during the FGDs, the need for modern amenities like washing machine, internet, TV among others as essential and that their provision should be prioritised.

Table 79: Other Facilities in WWHs

States	AS	CH	DL	MH	RAJ	TN	TL	UP
Washing Machine	No	No	No	No	No	No	No	No
Geyser/Solar Heating	No	No	Yes	Yes	No	No	No	Yes
Computers	Yes	No	No	Yes	No	No	No	No
Internet*	No	No	No	No	No	No	No	No
First Aid	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Including network connectivity issues and availability of the internet to all								

Source: Primary Data Analysis

Provisions for Safety and Security

Provisions have been made under the scheme guidelines to keep security guard and install CCTV Cameras in Working Women Hostels[532]. A majority of hostels had these safety measures in place, except in Assam and Tamil Nadu, which did not have either a functioning CCTV camera or a security guard. Attendance registers of women residing in the hostels were also found to be regularly maintained, with check-in and check-out timings of each resident marked in most of the Hostels.

Table 80: Safety and Security in WWHs

States	AS	CH	DL	MH	RAJ	TN	TL	UP
Functioning CCTV Cameras	No	Yes	Yes	Yes	Yes	No	Yes	Yes
Attendance Registers with contact details	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Security Guard	No	Yes	Yes	Yes	Yes	No	Yes	No

Source: Primary Data Analysis

Accessibility

All the hostels visited were conveniently located. However, 3 out of 8 hostels did not have appropriate provisions for the disabled.

Table 81: Accessibility of Ujjawala Homes

States	AS	CH	DL	MH	RAJ	TN	TL	UP
Suitable and convenient location	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Accessible by PWDs	No	No	Yes	No	Yes	Yes	Yes	Yes

Source: Primary Data Analysis

[532] https://pib.gov.in/Pressreleaseshare.aspx?PRID=1579518

"The hostel lacks disabled friendly infrastructure as we do not have any disabled residents. But we feel that ramps can be made as an alternative to stairs to help old people access higher floors."
FGD, Residents of WWH, Mumbai

Quality of Services offered

Although necessary facilities have been provided in majority hostels and certain modern amenities are offered in some, the quality of these services continues to need improvement in majority hostels. This can be validated from the voices of beneficiaries captured during the FGDs.

"There is lack of basic facilities, also infrastructure needs serious maintenance. There is no kitchen and the washrooms are also broken. The hostel is not maintained properly. There is no wi-fi connection. The quality of services offered in the hostel can be rated 1/5."
FGD with residents, WWH, Uttar Pradesh

"There is scope for improvement in the washrooms. At present, they are not tiled. There is also no provision for differently abled."
FGD with residents, WWH, Assam

"There are no separate rooms in the hostel. All of us stay in a dormitory. The building of the hostel is old and has cracks. There is only one person to manage the hostel i.e. office assistant."
FGD with residents, WWH, Tamil Nadu

"The hostel has low quality of infrastructure as it is an old construction. Majority of faciltiies provided are outdated. There are no for warm water and no electronic appliances can be used as there is a fear of short circuiting."
FGD with residents, WWH, Chhattisgarh

Human Resource

As per the scheme guidelines, every hostel is mandated to have a resident warden. However, in Rajasthan and Tamil Nadu, the residents shared that the warden was available only during office hours. Further, in Rajasthan and Uttar Pradesh, there was no provision of meals in the hostel.

States	AS	CH	DL	MH	RAJ	TN	TL	UP
Resident Hostel Warden	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Cook	Yes	Yes	Yes	Yes	No	Yes	Yes	No

Source: Primary Data Analysis

"There is no warden in the hostel. I am here during the official hours and in the night the cook stays in the hostel. There is a need to hire more staff to take care of the residents. Sometimes when I have to leave the hostel for audits and meetings, there is nobody to stay back."
Office Assistant, WWH, Tamil Nadu

Day – Care Centres

Though mandated under the scheme, only 2 out of 8 hostels had a day-care centre within the WWH premise. In both the hostels, in Delhi and Rajasthan, the day-care centres were spacious and well-ventilated.

States	AS	CH	DL	MH	RAJ	TN	TL	UP
Day Care Centres	No	No	Yes	No	Yes	No	No	No
Safe and Well-ventilated with adequate space	No	No	Yes	No	Yes	No	No	No

Source: Primary Data Analysis

WWH Vs Other private Hostels

FGDs with residents of the working women hostel underscored the reasons for preferring WWH over other private hostels. They also shared preferences of their acquittances staying in private hostels and the reasons thereof.

Strengths	Weakness
Affordable	Poorly maintained
Secure	Inflexible timings
Centrally located	Lack of modern amenities
Discipline	Low privacy and independence

Box 64: Learnings from States: Working Women's Hostels

WWH, Uttar Pradesh

4 rooms in the hostel are reserved for Acid attack victims who are offered free accommodation in the hostel. There is convergence with National Skills Development (NSD) programme, there is NSD centre within the hostel premise itself. The girls can get enrolled there if they are interested.

WWH, New Delhi

We conduct talks on legal and social issue and health issues. The hostel has a POSH committee. The programmes are conducted within the hostels itself. Resource person are hired from outside who come and conduct the sessions. For instance: once rotary club got their dental van and conducted check-ups of all the residents. Once we had conducted an awareness camp on breast cancer. Police officials had also visited the hostel to conduct talks on road safety. We also organize self-defence trainings within the hostel.

Monitoring

The scheme guidelines state that regular monitoring of the hostels under the scheme is the responsibility of the District Administration. Half-Yearly Reports on the implementation of the scheme as prescribed have to be sent to MWCD by the District Administration, with a copy to the State Government. The Joint Secretary, MWCD shared that during State visits by senior officials of the Ministry, hostels under the scheme are also visited for monitoring purpose. The same was validated during KIIs with State officials.

> "A report is submitted bi-annually by the implementing agency to the Central and the State government. Monitoring is done through District Commissioners and physical visits of the hostels are made by the District Social Welfare Officer. For day-to-day monitoring, hostel management committees have been formed."
>
> DCPO/Branch Officer – Women's Sector, Assam

> "The monitoring of the scheme is overall responsibility of the DPO. A monitoring and evaluation committee has been framed that includes (i) chief development officer, (ii) chief medical officer, (iii) deputy superintendent (women officer), (iv) youth welfare officer, (v) DPO and (vi) CDPO."
>
> State Nodal Officer, DWE, Uttarakhand

> "Frequent audits of the hostels are undertaken by the district officials. In addition, there are district wise WWH committees that have been formed to ensure that the adequate services are provided in the hostels."
>
> Deputy Commissioner, Maharashtra

Joint Secretary, MWCD stated that at present, Information Technology (IT) is not being used for monitoring or tracking of beneficiaries and hostels. Only physical reports received from the States/UT Governments are utilised for this purpose. The State officials unanimously recommended setting up of an online MIS portal and training of NGOs in uploading data regularly

on the portal. According to them, this will allow real-time monitoring of the hostels and beneficiaries enrolled, by the states as well as the Central government.

Hostel Management Committees

For regular monitoring and redressal of issues of the hostel, hostel management committees have been formed. These committees were formed in only 50% of the hostels visited.

States	AS	CH	DL	MH	RAJ	TN	TL	UP
Hostel Management Committee	No	No	Yes	Yes	Yes	Yes	No	No

Source: Primary Data Analysis

Grievance Redressal Mechanism

The Joint Secretary, MWCD shared that the Half-Yearly Progress report on the functioning of hostel forwarded to the Ministry, detail the complaints/grievance raised by the residents and action taken on them. Further, she stated that public grievances are addressed through the Centralised Public Grievance Redressal and Monitoring System. Similarly, State officials shared that there is no formal grievance redressal mechanism and that grievances are raised directly with the district level officials, who then present the same to the Ministry for redressal.

> "Every Monday is designated as a grievance redressal day at the district level and all the grievances are generally heard there."
> Section Officer, Tamil Nadu

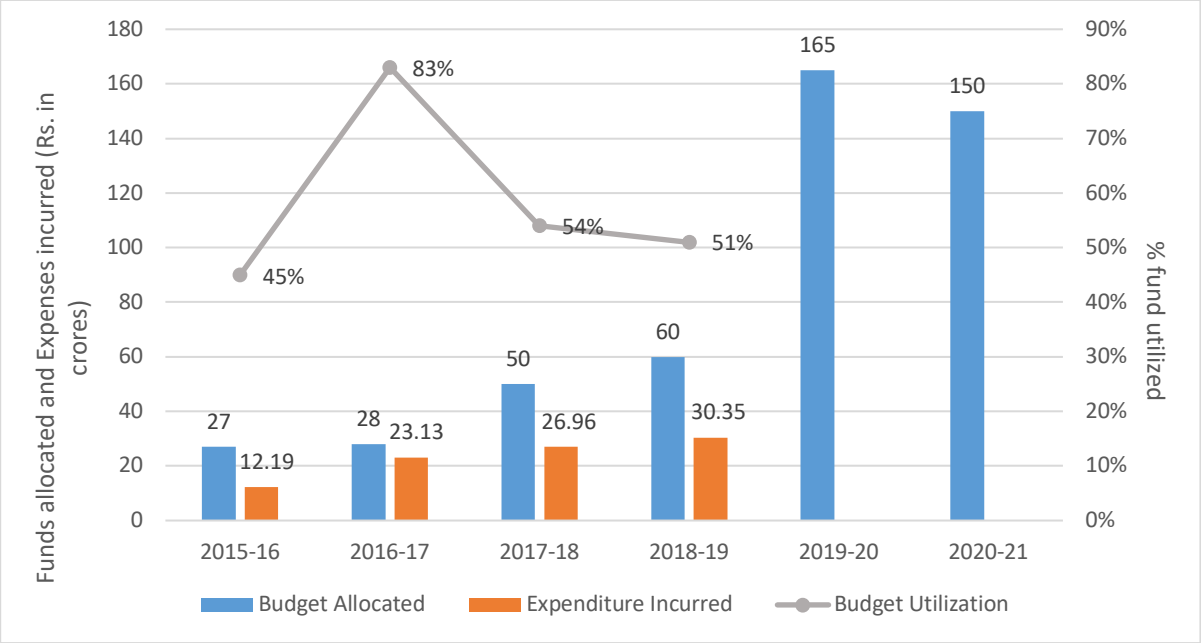
KIIs with State officials in Tamil Nadu revealed that women with salaries below Rs. 15000 are eligible to apply for accommodation in the WWHs. This is, however, not in line with the revised guidelines with increased salary bracket of Rs. 50000 in metropolitan cities and Rs. 35000 otherwise. In Telangana, State officials shared that women earning a monthly income of less than Rs.5,000 are eligible for admission in hostels in class 'A' cities like Hyderabad and those getting less than Rs.4,500 are eligible for admission in other cities and towns. These restrictions in eligibility criteria limit the uptake of the hostels and therefore, validates the need for regular review meetings or consultations with stakeholders, management and beneficiaries of the scheme to reinstate the aims and objectives of the scheme and to seek their feedback on the quality of services offered and suggestions for improvement. In case of grievances (if any), can also be redressed during these meetings. The officials in Assam also suggested that such meetings should be held on an annual or bi-annual basis.

4.4.2.3. Efficiency

The funds allocated under the scheme have significantly increased in the FY 2019-20 and 2020-21. The expenditure incurred under the scheme also reflects increasing trends between 2015-16 and 2018-19 due to (i) increase in the cost of construction material, (ii) expenditure incurred in the provision of modern facilities in the hostels as well as (iii) timely receipt of documents from the States/UTs Governments for releasing the subsequent instalment for the hostels sanctioned. However, the percentage of fund utilization significantly declined from 83% in 2017-18 to 51% in 2018-19. **Therefore, the overall efficiency of the scheme is found to be 'Average'.**

Fund allocation and utilisation under the Scheme

Figure 140: Funds allocated and utilised under the scheme



Source: Union Budget

The figure above highlights that funds allocated under the scheme have significantly increased in the FY 2019-20 and 2020-21. The expenditure incurred also reflects increasing trends between 2015-16 and 2018-19. Some of the plausible reasons shared by the Joint Secretary, MWCD for this increase are (i) increase in the cost of construction material, (ii) expenditure incurred in the provision of modern facilities in the hostels and (iii) timely receipt of documents from the States/UTs Governments for releasing the subsequent instalment for the hostels sanctioned. However, the percentage of fund utilisation significantly declined from 83% in 2017-18 to 51% in 2018-19.

According to the scheme guidelines, financial assistance is offered under the scheme for (i) construction of building for WWH, (ii) rent of the building and (iii) purchase of furniture and furnishings (one-time non-recurring grant). However, a need for additional financial support from the government for maintenance of hostels was emphasised during KIIs with State officials and FGD with the management of WWH.

"Apart from construction, financial assistance from the government in maintaining the hostels can help enhance the quality of services offered in the hostels manifold. Provision of refrigerators and washing machines could make the hostel more attractive to stay, provided the government supports the expenses incurred in the purchase of these items as it is difficult for the NGOs to make these expenses out of their pocket given the minimal rent collected from the beneficiaries."
State SRCW head, Jharkhand

"Contingency funds for repair and maintenance of hostels should be provided at least once in 5 years."
State Nodal Officer, DWE, Uttarakhand

"We do acknowledge that improvement in services provided are required especially in terms of better maintained infrastructure. However, the lack of funds do not allow us to undertake the required measures."
FGD with WWH Management, Uttar Pradesh

"No funds are received now from the government. All expenses including salaries of staff are managed from the rent collected from the residents. No alternative source of finance available. Fees per women is Rs. 2500. When there is significant occupancy the expenses are effectively covered. Problem arises in times of low occupancy. Rent alone is not enough to run the hostel."

FGD with WWH Management, Telangana

"Till now, we have not faced any sort of financial shortage. We do not need Government support to maintain the current level of services. But receiving funds from Government can enable us to increase the quality of services and infrastructure."

FGD with WWH Management, Maharashtra

It was noted that MWCD directly runs the WWH in New Delhi in collaboration with YWCA. The quality of services offered, and infrastructure of the hostel was of significantly higher standards as highlighted in the FGD with the beneficiaries who rated the quality of services offered at the hostel as 4 out of 5. One of the reasons attributed to the same was that maintenance of all heavy infrastructure is undertaken by the central government directly, as stated by the hostel management. This further validates the point that provisions for financial assistance by the government for maintenance and repair can improve the quality of infrastructure and services offered in the hostels manifold.

4.4.2.4. Sustainability

Though the established hostels run by NGOs/CBOs continue to provide the services, hindrance in construction of new hostels due to the requirement for 25% financial contributions from the NGOs; lack of availability of land and cumbersome procedures to establish hostels on available land, restrict the sustainability of the scheme. **Overall, the evaluation finds the sustainability of the scheme to be 'Average'.**

To sustain the benefits of the Scheme in the long run, certain aspects hinder the expansion of the Scheme in the manner asserted in the guidelines, need to be addressed.

NGO vs State model

Though the State officials opined that the hostels should be run with the help of NGOs/CBOs, the Joint Secretary, MWCD handling the scheme underscored that the requirement of 25% financial contributions from the NGOs for construction of hostels acts as a hindrance leading to a significant number of NGOs backing out and not putting the proposals at all. This is also due to the limited resources with the NGOs/CBOs.

"The state does not want to take up responsibility for setting up WWH. The public-private partnership model is preferred as it offers dual advantages. First, it encourages civic responsibility among the implementing agency and second, having state run hostels would increase the government's assets, and extend bureaucratic machinery. Setting up a hostel would come with its own set of appointments, salaries and pensions, that the government would have to take care of."

DCPO/Branch Officer – Women's Sector, Assam

However, the State Nodal Officer, DWE, Uttarakhand stated their department was against NGO run hostels because the purpose of offering safe, secure and economic boarding facilities to women belonging to lower-income groups and promoting employment among them, is not achieved adequately. The State government has no control over the situation as the NGOs have the sole power to decide the rent and allocation of seats in the hostel.

Need for Establishing more hostels

Some of the State officials asserted the increasing demand for these hostels with the upcoming small industries and the changing mindset among women who are now entering the non-traditional employment sectors.

> "A need for more WWHs have been felt in the recent years with the establishment of small industries such as Lakme Packaging Industry. However, there exists gap between the demand and supply of hostels as NGOs are not willing to come forward with proposals due to cumbersome procedures in setting up of hostels."
>
> DCPO/Branch Officer – Women's Sector, Assam

> "There is a significant need for hostels in Patna. Gradually, the other districts are also developing. For instance, Muzzafarpur, Bhagalpur, among others. In a span of couple of years there will be a need for hostels in these districts too."
>
> Officials of the SRCW, Bihar

One way to address the increasing demand and to extend the benefits of the scheme is to establish more hostels. However, according to Joint Secretary, MWCD, "one of the key obstacles that hinder setting up of more hostels includes non-availability of land." Similar views were also expressed by officials in Telangana and Tamil Nadu according to whom, setting up hostels in remote areas with limited accessibility, reduces the uptake of the scheme.

> "Identification of land for construction of hostels poses significant issues as land is not easily available. Land is easily available in remote areas, however in these cases access to hostels become difficult due to non-availability of suitable transport facilities."
>
> Section Officer, Tamil Nadu

KIIs with National as well as State officials also highlighted that cumbersome procedure for obtaining sanctions from the government departments to establish a hostel on the available land limits coverage of the scheme.

> "NGOs who are willing to, are discouraged from setting up WWHs because the procedure for construction is too cumbersome. They have to submit land document and take permissions from revenue department, PWD etc."
>
> DCPO/Branch Officer – Women's Sector, Assam

4.4.2.5. Impact

Since the launch of the scheme, MWCD has succeeded in sanctioning 963 hostels to date and is offering safe and affordable accommodation to 73,387 women. The present study as well as earlier studies highlight that in majority cases women perceive that their stay in the hostel has enriched their life by providing them physical security, fulfilling their basic needs, and improved their health status. However, due to lack of data regarding the impact of the scheme on the promotion of employment among women, a major aspect of the scheme's intended impact is not assessed. **The overall impact of the scheme is found to be 'Average'.**

Since the launch of the scheme, MWCD has succeeded in sanctioning 963 hostels to date and is offering safe and affordable accommodation to 73,387 women[533].

Evaluation studies conducted earlier, have underscored that in majority cases women hostellers perceive that their stay in the hostel has enriched their life by providing them physical security, fulfilling their basic needs, and improving their health status.[534] Similar findings emerged from the present evaluation during KIIs with state and district level officials and FGDs with beneficiaries of the scheme.

> "In Assam, majority of the young working women used to stay in rented accommodations in remote areas where cases of kidnapping, murder, rape etc. were frequently reported. WWHs have succeeded in providing these women safe and affordable accommodation in a convenient place. Further, staying in a large group also acts as a safety measure and provides a community feeling to the beneficiaries."
>
> DCPO/Branch Officer – Women's Sector, Assam

> "WWHs empower us by providing a safe shelter with basic amenities at an affordable price and enables us to migrate for work. Coming from an economically poor background, we stay at the hostel as the rent comprises a minimal percentage of our salary. We do recommend the hostels to our acquittances in the places we hail from."
>
> FGD, residents of WWH, Madurai, Tamil Nadu

4.4.2.6. Equity

The benefits of the scheme are available to all beneficiaries irrespective of their socio-cultural backgrounds. **Overall, the scheme is equitable and therefore its performance in terms of equity is found to be 'Satisfactory'.**

The scheme aims to cover working women, who may be single, widowed, divorced, separated, married but whose husband or immediate family does not reside in the same city/area with a preference towards women from disadvantaged sections of society and physically challenged women and women who are under training for the job. The benefits of the scheme are available to all beneficiaries irrespective of their socio-cultural backgrounds. State officials asserted that beneficiaries from different backgrounds could avail the services offered under the scheme and no challenges are being faced due to caste of the women.

[533] Retrieved, May 3, 2020 from http://wcd.dashboard.nic.in/
[534] Study Report On "Evaluation of Working Women's Hostels In The States Of Andhra Pradesh, Gujrat, Madhya Pradesh and Maharashtra", Tirpude College of Social Work, Nagpur

4.4.3. Analysis of Cross-Sectional Themes

4.4.3.1. Accountability and Transparency

Working women hostel caters to the need of women who strive for economic independence and provide them with safe accommodation. The guidelines clearly state the eligibility criteria for being a beneficiary under the scheme as well as rules and regulations such as income margin for permitting accommodation, rent to be levied and tenure of stay. The rent to be levied is set as a fixed percentage of the beneficiaries' remuneration – which may lead to leakages. Responsibility of regular monitoring of the functioning of the hostels is with the District Administration. However, the guidelines do not mention the process for this monitoring, such as ensuring appropriate rents are levied, steps to be taken in case of a mismatch etc.

The financial assistance components for construction and setting up the hostels are also provided in the guidelines. The type of institutes eligible for setting up hostels and payment schedules are also clearly stated, as are area norms. However, while some guidelines for State and District Authorities are given, these are currently very broad. More focus on the quality of construction, furnishings and services is required along with clear methods to ensure accountability. Having a hostel level committee comprising of Resident Superintendent; Official from the District Administration/ District Social Welfare Officer; Probation Officer; Protection Officer/ rehabilitation Officer of that area; Two of the senior residents; and Prominent social worker/ representative from the prominent organisation[535] in that area is a step in the right direction. The roles and responsibilities, however, need to further be defined along with a framework for monitoring, which is common for all States.

Transparency in terms of the number of residents in a hostel, utilisation of rent received, purchases and procurement of goods within a hostel is important to ensure efficiency. The scheme, which was started in 2017, currently does not have any MIS for monitoring. The MWCD website releases information on the release of payments by instalments given including the date and amount of release, which increases transparency. However, without an MIS, reviewing and comparing this information is a challenge, and its use is diminished.

Rules are in place which discusses that to ensure transparency in fund utilization, the accounts of the hostel shall be maintained properly and separately and submitted as and when required. Further, they are always to be open for checking by an officer of the Central or State Government deputed for the purpose. The implementing agency is also required to maintain a record of all assets acquired wholly or substantially out of Government Grant. Such assets are not be disposed of or encumbered or utilized for purposes other than those for which grant was given without prior sanction of the Government of India. Further, any unspent portion of the grant shall be refunded to the Government of India at once. There is a system in place for the release of the grant to implementing agencies which take measures like Utilisation Certificate of previous instalments duly certified by Chartered accountant is presented by implementing agencies before receiving further instalments. Though the design of the scheme took measures to ensure transparency in fund utilization, allocation and other aspects, what is missing here is the on-ground report in regard with efficient utilization of funds as such. Further, the study noted a gap in terms of real-time data on the number of functional hostels and beneficiaries enrolled under the scheme.

[535] MWCD, scheme Guidelines

There is currently no component of social audit within the scheme. All the audits, as stated above, is either done by Comptroller and Auditor General of India or the concerned State CAG. The scheme does not have any citizen charter of its own to spread awareness about its function to the public. A citizen charter further helps people in understanding the objectives of the scheme and creates transparency. Lastly, the grievances of the beneficiaries are usually redressed by the warden, as mentioned in In-depth interview by beneficiaries. In case a dispute needs serious attention, the hostel management committee looks after it. There is no information on grievance redress mechanisms present in the scheme guidelines.

It is positive to see that an evaluation conducted for working women hostels of 4 States of Andhra Pradesh, Gujarat, Madhya Pradesh and Maharashtra found organisations running the Working women's Hostels have by and large followed the norms prescribed by the Government for construction of buildings, provision of amenities and facilities in the hostels, the appointment of hostel staff and constitution of hostel Management Committees, maintenance of records of assets created out of Government grants and reservation policy in the admission of beneficiaries[536]. It also, however, found that only about 50% of the managements are submitting a quarterly report to the Government and that there is no regular annual inspection of the hostels either by the State Government or by the Central Government. Further, it was found in the study that About 91% of the Working Women Hostels are not getting any maintenance grant from the government. As a result, the management was charging higher fees and collecting charges at higher rates from the beneficiaries. These aspects highlight a need for improvement in accountability and transparency by the State and Central governments.

4.4.3.2. Direct/Indirect Employment Generation

Providing safe accommodation to women who strive for economic independence is the key focus of the Working Women Hostel scheme. The very hypothesis on which the scheme is based is that while more women are leaving their homes in search of employment in big cities as well as urban and rural industrial clusters, the main difficulty faced by them is lack of safe and conveniently located accommodation. The scheme's objective of the scheme is to promote the availability of safe and conveniently located accommodation for working women, with day care facility for their children, wherever possible, in urban, semi-urban, or even rural areas where employment opportunity for women exist.

While there is no direct evidence to establish causality between the increase in working women hostels and female labour force participation, nevertheless, secondary literature has evidence to support that presence of hostels has indeed contributed to their employability. An evaluation conducted by Haryali asserted that a key constraining factor for women's employment stems from India's traditional gender norms which seek to protect the chastity of women and restrict their mobility outside their homes.[537] Hence, this often prevents women from seeking employment outside homes or settle for low paid jobs, which are not commensurate with women's qualifications in their hometowns. Educated women who do migrate to urban areas search for better career and employment opportunities face problems such as secure and affordable accommodation.[538]

[536] Waloker M., Study Report On "Evaluation of Working Women's Hostels in The States of Andhra Pradesh, Gujrat, Madhya Pradesh and Maharashtra"
[537] Haryali Centre for Rural Development (2017), An Evaluation of Working Women's Hostels that Received Grant-In-Aid under the scheme to Provide Safe and Affordable Accommodation to Working Women
[538] *ibid*

The primary data also mentions about the positive impact of hostels on economic independence of women. The National level officials as mentioned before as well has confirmed that *"After providing a safe and conveniently located accommodation, working women are now feeling safer & independent to move out of their towns and to continue their employment"*. Further validating the above argument, the impact section of the report highlights voices of beneficiaries who feel that hostels provide them with safe space.

Another key way in which the scheme is contributing to employment generation is through the construction and running of the hostels themselves. Hostels provide employment opportunities to both men and women in areas such as maintenance, housekeeping, security service, office establishment and management, creche services etc.

4.4.3.3. Gender Mainstreaming

The decision of and ability for women to participate in the labour force is the outcome of various economic and social factors. Some of the most important drivers include educational attainment, fertility rates and the age of marriage, economic growth/cyclical effects, and urbanization. In addition to these issues, social norms determining the role of women in the public domain continue to affect outcomes. Economic independence through employment is one of the most critical factors driving gender mainstreaming. Economic independence is about expanding the capacity of women to make genuine choices about their lives through full and equal participation in all spheres of life. Having a safe accommodation across India, allows women to make choices on the best employment opportunities for them rather than settling for those which are closer to their homes.

It is interesting to note that a significant proportion of women usually engaged in domestic duties reported their willingness to accept work if the work was made available at their household premises[539]. The scheme, being one of its kind, provides a safe and comfortable space for women and prevent non-availability of accommodation from being a hindrance to economic independence. Going ahead, child-rearing is yet another crucial aspect which is covered under the scheme. The male child below 5 years of age and girl child till 18 years of age can also live with women. The design of the scheme has carefully addressed the caregiving the responsibility of women and further reduced her burden by providing crèche facilities within the hostel premises. All of these together provide clear evidence about a crucial role played by the scheme in easing the burden of working women.

Single women and divorced/widowed women are often one of the most vulnerable sections of society. Hostels help women gain autonomy over their shelter and lives. Effectiveness and empowerment of this scheme stem, most importantly, from providing a socially acceptable place to be beyond the family, and by providing a foothold in larger towns and cities to engage in employment and other activities otherwise inaccessible to young women. Further, the hostels help women engage with like-minded individuals broadening their horizons beyond the network of family and friends. The Study Report On "Evaluation of Working Women's Hostels In The States Of Andhra Pradesh, Gujrat, Madhya Pradesh and Maharashtra" study reported that in almost all the cases the women hostelers reported that their stay in the hostels had enriched their life as far as the physical, psychological, social and economic aspects are concerned. However, some of them

[539] Verick, S. (2014). Women's labor force participation in India: Why is it low? International Labor Organization

also reported a negative impact like the feeling of loneliness, insecurity and criticism by relatives.[540]

4.4.3.4. Climate Change and Sustainability

The scheme does not have any component/strategy that addresses climate change or contributes to sustainable practices since climate change is not relevant to the scheme's objectives.

4.4.3.5. Role of Tribal Sub-Plan and Scheduled Caste Sub Plan (SCSP) in mainstreaming of Tribal and Scheduled Caste Population

The scheme does not have any component/strategy that addresses tribal sub-plan and scheduled caste sub-plan.

4.4.3.6. Use of IT/Technology in driving efficiency

Information and Technology act as an enabler for reducing corruption and increases government transparency, accountability and citizen partnership. The scheme of working women hostel has not been able to tap well the potential of IT for its implementation. For instance, to create an account of physical assets purchased in a hostel, a record can be entered electronically. Further, the record of all the women living in a hostel can be maintained online, and the up-to-date record is shared with the State government. Use of digital technology can further be put to in securing payments from women living in a hostel, selecting vendors for procurement of assets. The National level officials concerned with the scheme gave the suggestion of Geo-tagging of all the existing and proposed hostels which would enable efficient monitoring of Working Women Hostels.

Currently, these IT-based measures have not been put to practice even though the budget allocation to the scheme has increased by more than 100% from 2017-18 to 2018-19. In addition to this, the National level officials responsible for the implementation of the scheme confirmed that "*At present, Information Technology (IT) is not being used for the monitoring or tracking of beneficiaries. Only physical reports received from the States/UT Govts. are utilised for this purpose*".

As the scheme progresses and more women start using hostels, it may be worthwhile to explore developing a mobile application for working women's hostel. Such applications can provide one-stop solutions to finding hostels in the required area, sharing grievances, calculating rent based on remuneration etc. Safety features such as panic buttons, phone numbers to local police and officials etc. would also add to the efficacy of the application and thereby the scheme.

4.4.3.7. Development, dissemination and adoption of innovative practices, technology, know-how

Working Women Hostel scheme is one of its kind which works in the direction of providing safe space for working women and beneficiaries belonging to disadvantaged groups. At present, there is no particular budget allocation towards innovative practices within the scheme. The secondary literature has no evidence on innovative practices adopted within the hostels or within the scheme, but there is evidence of innovative practices through primary data.

[540] Waloker M., Study Report On "Evaluation of Working Women's Hostels in the States of Andhra Pradesh, Gujrat, Madhya Pradesh and Maharashtra"

In one of the institutional visits in New Delhi, the evaluators observed certain innovative practices including Solar plants established within the hostel which provide hot water supply for 24 hours; the hostel had a POSH committee which was active in looking after the grievances faced by women. Apart from this, regular talks are held within the hostel premise regarding legal, social and health issues. For example, the Rotary club organized free dental check-up for all the residents of the hostel. The rewarding news is such innovative practices comes with not much additional cost implications and are majorly covered within the maintenance structure. There is high approval from the beneficiaries' perspective as well as they seem to take active participation in such activities.

It would be interesting to have an innovation challenge where innovative ideas on making improvements in the women's hostel scheme can be presented and discussed. Including the private sector and CSOs would help draw learnings from private sector hostels, which can be practised in the government scheme as well. Recognising and disseminating innovations undertaken by specific hostels would also increase scheme effectiveness.

4.4.3.8. Stakeholder and Beneficiary Behavioural Change

Generating awareness about an existing scheme and reaching out to its potential beneficiaries ought to be one of the key objectives of the scheme. Regarding Working Women Hostel, the scheme guideline mentions that it is the responsibility of the implementing agencies to create awareness about the availability of the hostel. At present, there is no IEC component present within the scheme, and hence no fund is allocated, especially to take care of awareness generation within the scheme. The village-level HH data collected as part of this study highlights a very low level of awareness about the scheme. In Rajasthan and Uttar Pradesh, none of the respondents was aware of the existence of WWH. In Bihar, Delhi, Jharkhand and Uttarakhand, less than 5% of respondents were aware. These figures underscore the need for conducting extensive awareness campaigns about WWHs to enhance uptake.

Further, given that the scheme caters to working women often from disadvantaged backgrounds or communities makes it conducive to add components of behaviour change. MWCD can consider holding sessions and seminars which talk about health, nutrition, skills development etc. to further empower the women and improve their quality of life.

4.4.3.9. Research and Development

The Working Women Hostel scheme at present has no component/ strategy which deals with research and development. There is no budget allocation for Research and Development. Dedicated research is required to understand the aspirations of women using the hostel and thereby develop plans for upgrading facilities and including components from other programmes and schemes.

Individual evaluation of working women's hostels has been undertaken to determine programme effectiveness and efficiency. As per the scheme guidelines, MWCD may commission a third-party evaluation of the scheme at all India level after every 5 years. The State Governments may also be allowed to commission any evaluation study for which a need is felt by the State Government provided a proposal for the evaluation study is submitted in advance to the Government of India for approval and funding under the scheme. It is, however, important that formative or process evaluations are carried out before a period of five years to provide course correction measures.

An evaluation of the scheme stated that the population of working women is increasing in every state and a large number of working women have to find out accommodation in a town or city unknown to them. However, the present number of working women's hostels is far less than the requirement.[541] Therefore annual surveys or research activities, which provide updated numbers on the requirement of hostel facilities are also needed.

4.4.3.10. Unlocking synergies with other government programmes

The working women's hostel scheme has significant potential for convergence with programmes within MWCD and with other ministries as well. Starting from MGNREGA, which can be utilised for construction of hostels to various skill development schemes and vocational training schemes. The scheme at present does not undertake convergence with any of the government programmes at National/ State/ District level. Potential synergies are also present with the Rajiv Gandhi National Creche Scheme.

Special effort should also be made to make women aware of schemes such as Swadhar Greh, Women helpline scheme and one-stop centre scheme, which can provide assistance to women in difficult circumstances and affected by violence. This is especially critical since women staying in the hostels are away from family and therefore lack a support system making them vulnerable.

4.4.3.11. Reforms and Regulations

The reforms and regulations covered under Working Women Hostel are mostly related to the establishment of an implementing agency. The CSOs or NGOs functioning as implementing agencies is to be registered under the Indian Societies Registration Act, 1860 or any relevant State Act. Apart from this, the Draft National Policy of Women 2016 discusses that to strengthen social security of women support services like working women hostel needs to be improved.

The other regulations present in the scheme is related to eligibility criteria for admitting the women within the hostel. For example, Women earning a gross income of up to Rs. 50,000 per month (in the urban area) can only be admitted within the hostel.

4.4.3.12. Role of CSOs and other NGOs in the scheme

The civil society organizations/ NGOs has a crucial role in the implementation of Working Women Hostel. As per scheme Guidelines, Civil Society Organizations having proven track record of working in the fields of women's welfare/ social welfare/ women's education subject to the condition that such organization is registered under the Indian Societies Registration Act, 1860 or any relevant State Act, Recognized Universities, State Government agencies including Women Development Corporations, Women Finance Corporations, Urban Municipal Bodies including Cantonment Boards, Panchayati Raj Institutions, SHGs (Self Help Groups) can apply for becoming the implementing agency under the scheme. As per scheme guidelines, corporate or associations like CII, ASSOCHAM, FICCI etc. can apply for assistance under the scheme and a matching grant (50:50) for building construction is offered to corporate houses under the scheme on public land only.

In light of the existing role played by CSO and NGOs in the scheme, Corporate Social Responsibility (CSR) funds can also be attracted for scheme implementation. The Draft National Policy for

[541] Waloker M., Study Report On "Evaluation of Working Women's Hostels in the States of Andhra Pradesh, Gujrat, Madhya Pradesh and Maharashtra"

Women 2016 encourages CSR to provide support to social security services such as crèche facility, working women hostel amongst others. Further, an expanded role of CSOs, NGOs and the private sector can be considered such as their involvement in MIS development, application development, use of solar technology etc.

4.4.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Limited Scheme Uptake	• The requirement of 25% financial contribution by NGOs hinders the establishment of hostels under the scheme as they resist filing proposals.	• **The scheme should be implemented as a Central Sector scheme** to remove the financial burden in terms of construction costs from the State. This will help smoothen the process of sanction and the construction of hostels.	**Medium-Term**	**Central Government**
Quality of services	• Primary data reveals that out of 17 hostels sanctioned in Assam, some have already been closed. In Delhi, 2 out of 20 hostels have been discontinued, and in Rajasthan only 15 out of 39 sanctioned hostels are functional.	• **An IT-Based MIS needs to be developed** to capture real-time data on the number of hostels sanctioned, hostels functional, the number of beneficiaries in each hostel, the employment profile of women residing and the number of children availing benefits of day-care centres (if any). The initiative can be taken by the ministry in line with the Sakhi Dashboard created for women's safety and protection schemes. • **Geo-tagging all existing and proposed hostels**	**Medium-term:** Development and implementation of MIS **Phased implementation:** Geo-tagging WWHs beginning with metropolitans	**Central Government to develop the MIS**
Low Scheme Awareness	• Out of 3100 respondents, only 5.7% were aware of the WWH scheme.	• **IEC activities and development of materials needs to be undertaken** to enhance scheme awareness. Information about WWHs can be disseminated in the Gram Sabhas. Pamphlets with information about the scheme as well as functional hostels can be shared with all women beneficiaries visiting e-Mitra, women-ITIs, RSETI and DDU-GKY affiliated training at the grassroots level. Similarly, pamphlets can also be distributed at Rojgar Melas conducted under PMKVY. Scheme information about provisions offered under WWHs can also be disseminated to women visiting OSCs and connecting via WHLs. • **Publicly accessible information about each functional WWH should be uploaded on the MWCD portal** along with the application procedures and deadlines to provide a one-stop search platform for eligible beneficiaries. The	**Short-term**	**Central Government** to develop IEC plan and upload real-time information about hostels on the portal; implementation to be ensured at the **State and District level**

		weblink of the portal can be shared in the information pamphlets and college/university notice boards.		
Non-availability of land for expansion	• Non-Availability of land in suitable localities and metropolitan cities and cumbersome procedures to get sanctions for establishing hostel buildings.	• **New hostels can be constructed** in non-prime locations of the city where land is available. However, transport/shuttle facilities in association with the private/government companies employing women residents need to be provided. Budgetary provisions up to 2% of the recurring cost can be included as "funds for transport".	**Medium-term:** Construction of hostels in non-prime locations with transport facilities	**Central Government** to sanction projects in non-prime locations; inclusion of transport expenses in scheme guidelines; **State governments** to seek proposals for transport facilities
Quality of Infrastructure	• None of the hostels had all the required modern amenities. • FGDs with beneficiaries revealed that quality of services continues to be a challenge • Only 2 out of 8 hostels had day-care centres within the premises.	• **New state of the art hostels with disabled-friendly infrastructure and day-care facilities can be developed** in line with the Tamil Nadu model where Special Purpose Vehicles (SPVs) were established for constructing and maintaining hostels. A feasibility study may be undertaken by the SPVs on demand for hostels in each district to arrive at the number of beds needed, and the infrastructure required. • The rent of the hostels can be calculated based on the principle of cross-subsidy to ensure the quality of services to all. • A mandatory clause in building plans for the provision of disabled-friendly infrastructure needs to be introduced. • For the existing hostels, 5% of the construction cost and 10% of the rent of premises (whichever is the case) can be offered for renovation and maintenance of hostels every 5 years.	**Short-term:** Setting up of corporations **Medium-term**: Verification and approval of proposals by Central govt. **Long-Term**: Construction of hostels	**State Governments** to spearhead the formation of State level WWH corporations; **Central Government** to include a mandatory clause in building plans and introduce recurring expenses

Lack of uniformity and lack of formal grievance redressal mechanisms under the scheme	• Non-uniform adherence to guidelines in the allocation of rooms based on the income bracket of residents (Rs. 15000 in Tamil Nadu and Rs. 5000 in Telangana). • Only 50% of hostels had HMCs. • Primary data highlights that grievances are raised directly with the district level officials who refer the same to the Ministry.	• As mandated **Hostel Management Committees to be formed across all hostel. Participation of State officials, members of the management and beneficiaries to be ensured.** • **Annual or bi-annual review meetings of the HMCs to be chaired by National level officials.** Aims and objectives of the scheme, feedback from the participants on the quality of services offered, and suggestions for improvements and grievances (if any) can be redressed during HMC meetings. • **Grievance redressal mechanisms can be developed as part of the MIS portal** where all stakeholders, beneficiaries as well as third parties can raise their concerns related to the functioning of hostels, quality of services offered, and other concerns and immediate solutions can be offered for the same.	**Short-term:** Ensuring the formation of HMCs **Medium-Term:** Inclusion of Grievance redressal mechanism on the MIS portal	**Central Government** to add grievance redressal mechanisms to the MIS portal. **State Governments** to attend HMC meetings to ensure grievance redressal.

4.5. Mahila Shakti Kendra (MSK) Scheme

Summary of Mahila Shakti Kendra (MSK) Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ MSK aligns well with the targets of SDG 5 as well as the rights of women stated in CEDAW. + It can also be a significant contributor in improving India's position on gender-related global indices + The scheme addresses the concerns of gender equality as enshrined in the Constitution of India. + MSK aims to train and build capacities of women at the grassroots level and to get a gender perspective across policy and practices at the national, state and district level. This is in line with the "Draft National Policy for Women, 2016" and the "National Policy for Empowerment of Women, 2001".
Effectiveness	Needs Improvement	+ SRCWs have been set up and are functional in 27 out of the 36 States/UTs. + In 13 States/UTs with aspirational districts, BLCs have been formed, with student volunteers engaged in block-level activities - In majority states, the component for provision of a foothold to BBBP has not yet been fully functional. - Only 7 out of the 36 States/UTs have a DLCW in each district with the absence of DLCWs in 18 States/UTs. - In the remaining 12 States/UTs with aspirational districts, block-level activities have not yet been initiated. - The scheme MIS is still in a developmental stage.
Efficiency	Average	+ Allocated funds are adequate for undertaking the activities under the scheme. + 135 SRCW staff and 711 DLCW staff have been appointed across 27 States. - Declining trends in funds allocation and utilisation emerge under the scheme. - Only 20,303 out of the targeted 3,16,000 student volunteers have been engaged in MSK block-level activities.
Sustainability	Needs Improvement	- Limited period of scheme implementation with frequent amendments in the design of the scheme. - Across majority states, since the launch of the scheme in 2017, institutional structures are being set up with only a few states undertaking scheme activities. - Limited technical understanding of women's empowerment as well as administrative know-how among stakeholders at various levels.
Equity	Satisfactory	+ The scheme aims to reach out to all rural women irrespective of class, caste and income levels and to empower them by providing opportunities for skill development, employment, digital literacy, health and nutrition.

4.5.1. Background of the Scheme

The Government of India and various State Governments have taken several affirmative steps to empower women and girls and to ensure gender equality including implementation of a number of schemes and programmes, especially for those belonging to the most marginalized and vulnerable communities. The GoI has also been investing large amounts of resources for improving their living conditions. Despite all these favourable actions, indices depicting the status of women and girls show that greater efforts need to be made. They continue to face numerous disparities in access to and control over resources which are reflected in important socio-economic development indicators such as health, nutrition, literacy, educational attainments, skill levels, occupational status etc. The schemes and programmes for women and girls' empowerment are highly disparate. Besides, there exists a critical gap in terms of coordination and convergence of various women-specific schemes and programmes across central ministries and state departments.[542]

The budget speech of the Hon'ble Finance Minister in 2017-18 announced setting up of "Mahila Shakti Kendra" at the village level to provide "one-stop convergent support services for empowering rural women with opportunities for skill development, employment, digital literacy, health and nutrition". In line with the same, the Mahila Shakti Kendra (MSK) scheme under the Umbrella of Mission for Protection and Empowerment of Women, was approved by the CCEA on November 22, 2017, for implementation up to 2019-20 after merging the National Mission for Empowerment (NMEW) scheme.

The scheme has been implemented to facilitate inter-sectoral convergence of schemes and programmes meant for women both at the Central and State/UT level. It also provides an interface for rural women to approach the government for availing their entitlements and for empowering them through awareness generation, training and capacity building. Student volunteers have been engaged in the implementation of the scheme to encourage the spirit of voluntary community service and gender equality. The student volunteers are to serve as "agents of change" and have a lasting impact on their communities and the nation. Further, MSK operates as an intervention in support of other women-centric schemes for improving their uptake and utilization.

Implementation Structure

National-Level: The National level structures, including domain-based experts, provide technical support to the respective governments on issues related to women. They also provide support in the implementation of all women-centric schemes of the Government. The aim is to strengthen the conceptual and programmatic basis of the schemes through convergence with Ministries and State Government/UT Administration with a focus on training and capacity building to enhance the understanding of gender issues.

State-level: At the State/UT level, the State Resource Centre for Women (SRCW) under the State Governments (Department of WCD/Social Welfare) provide technical assistance towards implementing programmes, laws and schemes meant for women through effective coordination. They review and evaluate existing policies, programmes and legislation impacting women and bring suitable recommendations before the State Government/UT Administration. They support the State Level Task Force in implementation, review and monitoring of all women-centric

[542] MSK Resource Book, MWCD

schemes (such as Sakhi-One Stop Centre (OSC), Women Helpline (WHL), Mahila Police Volunteers (MPV) etc.) and improve the effectiveness of programmes through convergence initiatives.

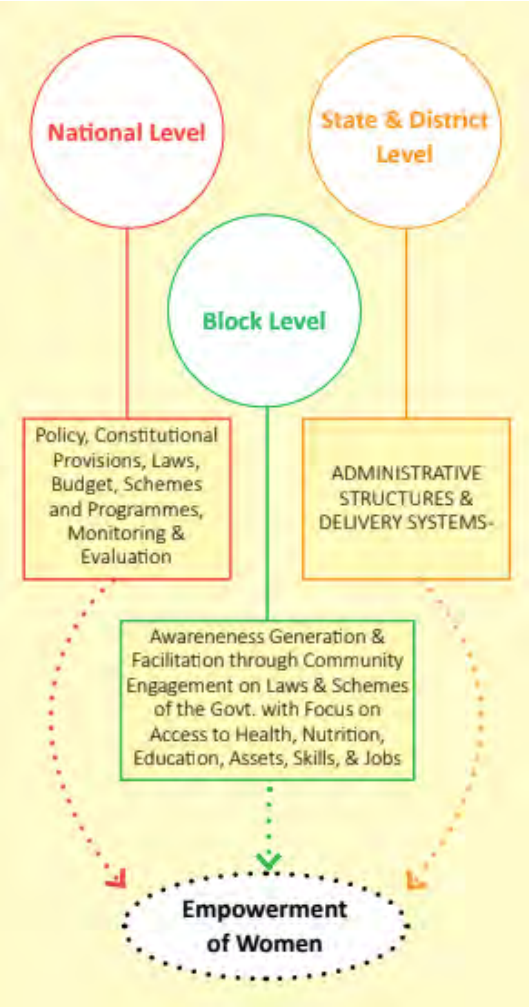
Each SRCW has provision for five staff members, who also function as Project Management Unit (PMU) to provide technical and coordination support for BBBP and MSK – district and block level and undertake activities as provided under BBBP State Level initiative/Action Plan.

SRCWs are responsible for facilitating setting up of structures at the district (DLCW) and block-level (MSK-Block Level) through planning, coordination, handholding, capacity building and supervision of the agencies/resource persons involved.

They also prepare a compendium of schemes and programmes implemented at the state level; develop and implement gender-sensitive training and capacity building modules; identify best practices in areas like health, education, financial inclusion, livelihoods, etc. with focus on women; develop relevant IEC material for awareness generation/ dissemination on gender equality and women's empowerment and undertake innovative projects/ programmes under the guidance of the State Task Force.

Regular review meetings at State, District and Block Level are organized to ensure effective monitoring of interventions meant for women. These centres facilitate submission of Utilisation Certificate (UC) and Statement of Expenditure (SOE) for all the state-level components under MSK scheme. They also facilitate online monitoring of programmes through the common web portal.

Figure 141: Implementation Structure under MSK



Source: MSK Resource Book

Figure 142: Key functions of SRCWs

Source: MSK Resource Book

District level

A new component namely the District Level Centres for Women (DLCW) is set up to collate information on government programmes, schemes and services meant for women's empowerment (including BBBP, One Stop Centre, Women Helpline, Mahila Police Volunteers, Swadhar, Ujjawala, etc.) to cover 640 districts and to serve as a link between village/block and state level. These centres also give a foothold for BBBP Scheme at the district level. The DLCWs provide the required information about women related schemes to all citizens (women are given priority) in the concerned district. For implementing women-centric schemes and programs, the Centres act as a link between the local administration, State Governments and MWCD. Each DLCW is managed by 3 contractual staff and function under the guidance of District Collector/Deputy Commissioner and work in convergence with the CEO Zila Parishad, law enforcement agencies, quasi-government bodies and other departments.

They also coordinate and supervise the activities of the Student Volunteers at the block/village level and provide overall support to the District Administration in implementation of MSK- Block Level activities.

DLCWs are required to document case-wise problems faced by women while applying for various government schemes and report to relevant forums, including DCs office/PRIs to resolve the same. Other activities of the DLCWs include organising convergent meetings at various levels, prepare district-level plans, monitor schemes/programmes, training of functionaries, report monthly progress of activities to SRCW, facilitate the process of submission of UC and SOE to DWCD/Social Welfare and undertake online (web-based) monitoring as developed under the MSK scheme at the national level.

Block-level

Activities under MSK are implemented at the Gram Panchayat level and facilitated through Block/Taluk level centres, which serve as the focal points and are called MSK – Block Level Centres. The block-level centres are run by a Block Level Committee (BLC) with members nominated by DC/DM.

The block-level initiative is meant to undertake the process of engagement of student volunteers with support from DLCW and SRCW in collaboration with the nodal colleges/institutions. They organise orientation training for student volunteers to equip them to undertake activities as mentioned under MSK – Block Level. The BLC may select an institute/voluntary organisation to impart the said orientation training based on local needs of the women and resources available. BLC also have to ensure that linkage to the entitlements and services for women are affected at the panchayat level.

As per the addendum (released December 2018), 50% of the BLCs in the aspirational districts are to be assisted in the running of the MSK by an NGO. In such MSKs, special focus is on mobilising women into collectives which work towards greater self-employability through upgrading their skills. Special preference is given to asset-less rural women such as manual scavengers, bonded labourers, women rescued from trafficking and women with disabilities and destitute.

Student Volunteers

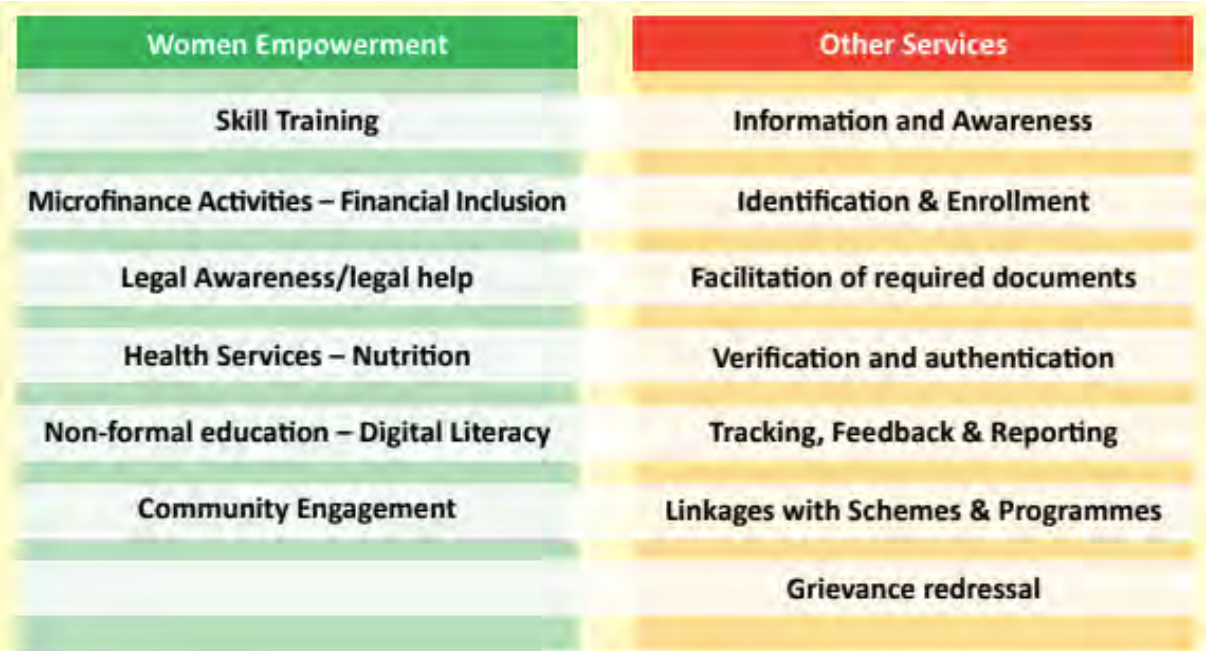
Student volunteers travel to the rural areas and organise meetings, discussions and undertake various activities. They mobilise women in the area to join collectives, and link women in need with the capacity building programs conducted by the NGO selected in the area.

They work towards increasing women's participation in the functioning of PRI institutions and encourage them to participate in Gram Sabha meetings and village level institutions like AWCs; facilitate convergent action through frontline workers to spread awareness about government schemes/ programmes.

Student volunteers motivate rural women to access various government programmes meant for their development and support them in preparation of documents required for enrolment. They also facilitate grievance redressal through articulation and follow-up cases in forums such as Panchayats, One Stop Centre, VHSNC/VHND. They identify best practices in various sectors like health, education, microfinance, livelihoods, etc. from a gender perspective, document initiatives and disseminate within the state and provide necessary information to BLCs for updating online information and reporting on activities undertaken.

As per the scheme guidelines[543], student volunteers (including NSS/NCC cadets) are to be engaged in undertaking activities at the block level. Each student volunteer provides 200 hours of community service spread over not more than six months and is given a certificate of community service after successful completion of the required number of hours. The volunteers are offered a minimum of three days of orientation training to undertake these activities as well as information regarding schemes and programmes of the government.

Figure 143: Convergence of services and schemes at the block level



Source: MSK Resource Book

Coverage

As per the scheme guidelines, State Resource Centres for Women (SRCWs) were to be set up in all 36 States/UTs. District Level Centres for Women (DLCW) were to be instituted in 640 districts in a phased manner (220 districts in 2017-18, 220 districts in 220 districts and 200 districts in 2019-20).

Block Level initiatives cover 115 most backward districts (identified by NITI Aayog) in a phased manner. In the first year (2017-18), BLCs were to be set up in 50 aspirational districts covering

[543] https://wcd.nic.in/sites/default/files/Final%20Guidelines%20MSK%28English%29%20scheme.pdf

400 blocks (maximum 8 blocks per district). In the second year (2018-19), the remaining 65 districts were to be taken up along with the 50 districts from the previous year. By the third year (2019-20), activities were to be taken up in all 115 aspirational districts covering 920 blocks (i.e. 8 blocks per district) for six months.

The national and state-level structures of the erstwhile National Mission for Empowerment of Women (NMEW) scheme have been merged and continued under the MSK scheme.

Box 65: Ensuring intra-sectoral/departmental coordination

Tools for Implementation

- Community Mobilisation Strategy – Involvement of Student Volunteers
- Knowledge about Acts and schemes – Awareness generation
- Soft Skills and Communication – Training and Capacity Building
- Issues of Gender Equity – Access to schematic interventions
- Gender Sensitivity – IEC and Media Campaigns
- Online monitoring and Social Audit – Appraisal and Course Correction

Guidance, Monitoring and Supervision

National Level Task Force	**Chairperson**: Secretary, MWCD **Members**: Concerned Joint Secretary, Financial Advisor and representatives of other concerned ministries	• Develop a mechanism for monitoring, coordinating and course correction in the working of SRCWs, DLCWs and MSKs in the country. • If need be, make minor changes in MSK guidelines for operational exigencies without affecting basic aim, objective, and substance of the scheme and without additional financial implications. • Develop a National portal to support the implementation of the Scheme and facilitate online monitoring.

State Level Task Force	**Chairperson**: Principal Secretary, WCD/ Social Welfare **Members**: Representatives of other concerned departments	• Undertake a review of the working of SRCW, DLCWs and MSKs. • Monitor, coordinate, review and course correct the functioning of SRCW, DLCWs and MSKs. • Periodically report the same to MWCD.
District Level Task Force	**Chairperson**: District Collector **Members**: All stakeholders in the district	• Oversee, monitor, coordinate, review and make a course correction in the functioning of DLCW and Block Level- MSKs. • Report to the State and National level Task Force teams.
Block Level Committee	**Chairperson**: District Collector **Members**: Representatives from the district (as nominated by DC/DM) Four faculty from colleges in the district/block One Govt. representative from the block Two representatives from CSOs/Women SHG nominated by DC/DM (optional).	• Select up to 8 batches of 25 student volunteers from various colleges in the selected block. The NSS/NCC cadre students can also be associated. • Organise training and capacity building programs for student volunteers. • Monitor and guide the activities of the student volunteers. • Collate the outcome-based indicators and communicate the same with District Level Task Force. • Ensure there is no duplication of activities/efforts among the students in terms of the geographical area covered by them. • Prepare IEC material for dissemination by the student volunteers and ensure that it suitably covers information on locally appropriate schemes available at the district/state/national level.

Funding Ratio

MSK is implemented as a Centrally Sponsored scheme on a cost-sharing ratio of 60:40 between the Central Government and the States, and 90:10 in North Eastern and the Special Category States. In the UTs the scheme is implemented with 100% central funds. All payments under the scheme are made through PFMS under DBT mode[544].

An annual budget of Rs 38.90 lakh is earmarked for SRCW activities. In addition to this, an amount of Rs 24.58 lakh for states and Rs 12.10 lakh for UTs is earmarked to strengthen BBBP scheme at the State level. The annual budget for DLCW is Rs 12.30 lakh and for MSK – Block level intervention is Rs 35.36 lakh. Central share of funds is to be released in two instalments to the State Govt./UT Administration. The respective State Government/UT Administration (Department of WCD/Social Welfare) is required to submit the UC and SOE for the selected DLCW and block-level centre/centres in the State.

Feedback Mechanism

At the national level, website/IT tools are to be made available for monitoring and submission of queries, feedback and grievance redressal. The student volunteers are required to prepare an activity chart, to be consolidated at the block and district level and finally consolidated at the state level. Necessary permissions are to be given to the designated officials to upload reports and pictures related to the activities undertaken. The certificates to be displayed on the national portal for verification and can also be used as a resource/asset for the participating students for a lifetime[545].

[544] https://wcd.nic.in/sites/default/files/Final%20Guidelines%20MSK%28English%29%20scheme.pdf
[545] Mahila Shakti Kendra Resource Book, MWCD

4.5.2. Performance of the Scheme

4.5.2.1. Relevance

MSK with it aims, and objectives of achieving women's empowerment holistically especially in the rural areas can significantly contribute towards improving India's performance on the global indices as it aligns well with targets of SDG 5 – Gender Equality. The design and aim of the scheme also correspond well to the rights of women mentioned in CEDAW. The principle of gender equality and elimination of all kinds of discrimination against women is enshrined in the Indian Constitution, in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The scheme, its objectives and components are well in line with the Draft National Policy for Women 2016 which asserts that empowerment of women is a socio-political ideal and the National Policy for Women 2001 that asserts strengthening of the institutional mechanism at the Central and State levels and setting up of National and State Resource Centres. **Overall, the relevance of the scheme is found to be 'Satisfactory'.**

Global Context

Women's empowerment as a concept was introduced at the International Women Conference in 1985 at Nairobi, which defined it as redistribution of social power and control of resources in favour of women[546]. The United Nations Development Fund for Women (UNDFW) includes the following factors in its definition of women's empowerment: (i) acquiring knowledge and understanding of gender relations and how these relations may be changed, (ii) developing a sense of self-worth, a belief in one's ability to secure desired changes and the right to control one's life[547].

India is placed in Group 5 in 2018, Gender Development Index and is ranked 122 out of 162 countries in the 2018 Gender Inequality Index. It ranks 112 out of 153 countries in the World Economic Forum's Global Gender Gap Index 2019-2020 whereas sub-index wise it ranks 149th in economic participation and opportunity, 117th in wage equality for similar work, 112th in educational attainment and 150th in health and survival. India's performance on the global indices reflects the extent of gender-based gaps in economic participation and opportunity, educational attainment, health and survival, and political empowerment[548]. By enhancing the uptake of entitlements designed for women and ensuring fulfilment of their rights, the scheme can contribute significantly to improving India's performance on the global indices.

MSK aligns well with the international commitments listed in the SDGs targets which include ending all forms of discrimination against women and girls everywhere (SDG 5.1), eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation (SDG 5.2), eliminate all harmful practices, such as child, early and forced marriage (SDG 5.3), ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life (SDG 5.5) and adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels (SDG 5.c).

[546] Suman Panucha and Ankita Khatik, "Empowerment of Rural Woman", Social Action, Vol. 55, p. 349, 2005.
[547] V.S. Ganeswamurthy, "Empowerment of Women in India—Social Economics and Political", New Century Publications, New Delhi, p. 4, 2008.
[548] http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IND.pdf

The design and aims of the scheme also correspond well to the rights of women mentioned in CEDAW. These include (i) taking all appropriate measures to eliminate discrimination against women by any person, organisation or enterprise (Art. 2); (ii) taking appropriate measures in all fields, in particular in the political, social, economic and cultural fields, including legislation, to ensure the full development and advancement of women, to guarantee them the exercise and enjoyment of human rights and fundamental freedoms based on equality with men (Art. 3); (iii) taking all appropriate measures to eliminate discrimination against women in rural areas to ensure that they participate in the design and implementation of development planning at all levels, benefit directly from social security programmes and participate in all community activities (Art. 14).

National Context

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The Constitution not only grants equality to women but also empowers the State to adopt measures of positive discrimination in favour of women.

The Draft National Policy for Women 2016[549], asserts that the empowerment of women is a socio-political ideal envisioned in relation to the wider framework of women's rights. It is a process that leads women to realise their full potential, their rights to have access to opportunities, resources and choices with the freedom of decision making both within and outside the home. Empowerment would be achieved only when advancement in the conditions of women is accompanied by their ability to influence the direction of social change gained through equal opportunities in economic, social and political spheres of life. Notwithstanding the Constitutional mandate, the discourse on women's empowerment has been gradually evolving over the last few decades, wherein paradigm shifts have occurred – from seeing women as mere recipients of benefits of welfare to mainstreaming gender concerns and engaging them in the development process of the country. Investment in basic social infrastructure and services such as education, health, food security and nutrition, social protection, legal empowerment and poverty alleviation programs, continue to be of paramount importance. However, the status of women in contemporary times with respect to human development parameters, legal rights of women to life and freedom from violence, economic and social discrimination and their rights to equality and equity shows that a lot remains to be done. It is necessary, therefore, to reinforce the rights-based approach for creating an enabling environment in which women can enjoy their rights.

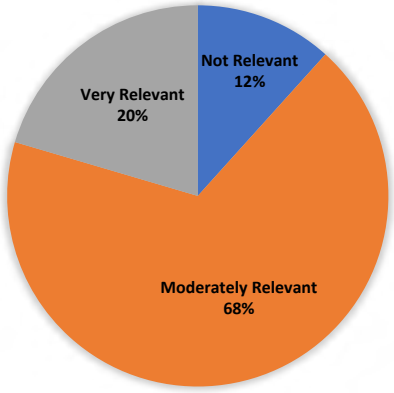
The National Policy for Women 2001 asserted that Institutional mechanisms, to promote the advancement of women, which exist at the Central and State levels, will be strengthened. These will be through interventions as may be appropriate and will relate to, among others, provision of adequate resources, training and advocacy skills to effectively influence macro-policies, legislation, programmes etc. to achieve the empowerment of women. National and State Resource Centres for women will be established with mandates for collection and dissemination of information, undertaking research work, conducting surveys, implementing training and awareness generation programmes, etc. These centres will link up with other research and academic institutions through suitable information networking systems[550].

[549] https://wcd.nic.in/sites/default/files/draft%20national%20policy%20for%20women%202016_0.pdf
[550] https://wcd.nic.in/sites/default/files/National%20Policy%20for%20Empowerment%20of%20Women%202001.pdf

MSK aims to train and build capacities of women at the grassroots level and to build a gender perspective across policy and practices at the national, state and district level. This is well in line with the need for creating an enabling environment for women and enhancing their participation in all spheres.

The village-level HH survey conducted as part of this study reveals that 88% of the respondents perceived the scheme to be relevant. Further, validating the relevance of the scheme.

Figure 144: Perceived relevance of the scheme



Source: Primary Data Analysis

4.5.2.2. Effectiveness

SRCWs have been set up and are functional in 27 out of the 36 States/UTs. Only 7 out of the 36 States/UTs have a DLCW in each district. Majority States/UTs have set up DLCWs in some of the districts. However, in 18 States/UTs, no district-level activity has been initiated. From the States/UTs with aspirational districts, in 13 State/UTs, BLCs have been formed, and student volunteers have been engaged in the block level activities of the scheme. In the remaining 12 States/UTs with aspirational districts, block-level activities have not yet been initiated. Only 13% of respondents in the village level HH survey were aware of the scheme. An independent MIS has been developed under the scheme for monitoring and review. However, the portal is still in the development stage. **Overall, the evaluation finds that the effectiveness MSK scheme 'Needs Improvement'.**

Coverage

As per the guidelines, all States/UTs have been mandated to set up the State Resource Centre for Women (SRCW). DLCW have to be instituted in 640 districts in a phased manner (220 in 2017-18, 220 in 2018-19 and 200 in 2019-20). Block-level initiatives cover 115 aspirational districts with a maximum of eight blocks in each district (as identified by NITI Aayog).

Table 82: Status of MSK implementation in Aspirational Districts

States/UTs	SRCW	DLCW	BLC	Student Volunteers
A&N Islands	Functional	33%	No Aspirational District	
Andhra Pradesh	Functional	100%	Not formed	
Arunachal Pradesh	Non-Functional	0%	Not formed	
Assam	Functional	26%	Formed	2000
Bihar	Functional	0%	Not formed	
Chandigarh	Functional	100%	No Aspirational District	
Chhattisgarh	Functional	0%	Formed	5000
Dadra and Nagar Haveli	Non-Functional	100%	No Aspirational District	
Daman and Diu	Non-Functional	50%	No Aspirational District	
Delhi	Non-Functional	0%	No Aspirational District	
Goa	Functional	0%	No Aspirational District	
Gujarat	Functional	100%	Formed	1000
Haryana	Functional	0%	Not formed	
Himachal Pradesh	Functional	33%	Formed	373
Jammu and Kashmir	Functional	45%	Not formed	
Jharkhand	Functional	0%	Formed	3000
Karnataka	Functional	87%	Formed	2200

Kerala	Non-Functional	0%	Formed	0
Ladakh	Non-Functional	0%	No Aspirational District	
Lakshadweep	Non-Functional	100%	No Aspirational District	
Madhya Pradesh	Functional	0%	Not formed	
Maharashtra	Non-Functional	0%	Not formed	
Manipur	Non-Functional	0%	Formed	0
Meghalaya	Functional	14%	Formed	75
Mizoram	Functional	50%	Formed	75
Nagaland	Functional	82%	Formed	0
Odisha	Non-Functional	0%	Not formed	
Puducherry	Functional	0%	No Aspirational District	
Punjab	Functional	0%	Not formed	
Rajasthan	Functional	82%	Formed	450
Sikkim	Functional	0%	Not formed	
Tamil Nadu	Functional	84%	Not formed	
Telangana	Functional	100%	Formed	100
Tripura	Functional	0%	Formed	300
Uttar Pradesh	Functional	77%	Formed	3130
Uttarakhand	Functional	100%	Formed	2600
West Bengal	Functional	0%	Not formed	0

Source: MWCD Dashboard (As of April 2020)

The table above highlights that SRCWs have been set up and are functional in 27 out of the 36 States/UTs. Officials at MWCD shared that in 33 States/UTs state-level approval for implementing MSK scheme has been secured.

Only Seven (Andhra Pradesh, Chandigarh, Dadra and Nagar Haveli, Gujarat, Lakshadweep, Telangana and Uttarakhand) out of the 36 States/UTs have a DLCW in each district. Majority States/UTs have set up DLCWs in some of the districts (percentage of districts with DLCWs is underscored in Table 82). However, in 11 States/UTs, even though SRCWs have been formed, no district-level activity has been initiated. In 13 states with aspirational districts, BLCs have been formed, and student volunteers have been engaged in the block level activities of the scheme. However, though BLCs have been formed in Kerala, Nagaland and Manipur, no student volunteer has been engaged. Further, in the remaining 12 States/UTs with aspirational districts, block-level activities have not yet been initiated.

KIIs with State-level officials highlighted that there had been delays in setting up institutional structures under the scheme primarily due to financial delays and lack of interest and initiatives by DC/DM. In Maharashtra, the officials stated that the recruitment process of the state is ongoing. KIIs with National level officials also revealed that delays in securing state-level approvals as well as budgetary allocations hinder setting up of DLCWs.

> "Though the SRCW has been set up, the Scheme has not been implemented completely in the State, due to delays in sanction of funds. The State financial share of 40% is yet to be approved. There is a willingness to undertake a number of activities under the Scheme, for instance, setting up of DLCWs and BLCs, conducting block-level activities in the aspirational districts, among others. However, the lack of funds does not allow us to implement the Scheme in full swing."
>
> State-level official, Bihar

> "SRCW is functional and 84% districts in the State have a DLCW. However, BLCs have not been formed and no student volunteers have been trained. This is because we lost time since the launch of the Scheme in initial planning, elections as well as procedural delays."
>
> State-level official, Tamil Nadu

> "SRCW and DLCW have not been established yet; the department is keen on escalating the process, however, there is significant resistance from the DMs. There was a national level consultation conducted in Delhi, where the DMs were informed that once DLCWs are setup,, their workload will be shared since the DLCWs will implement and monitor all women-centric schemes. Nonetheless, lack of interest and understanding among DMs is leading to delays in effective implementation of the Scheme."
>
> State-level official, Delhi

Efforts are also being made to include the newly formed districts (beyond 640 districts as per census 2011) of various states which may also require the support of MSK for women's empowerment. National level officials shared during KIIs that requests from states such as Gujarat and Uttar Pradesh have already been received, requesting consideration of new districts.

Ongoing activities

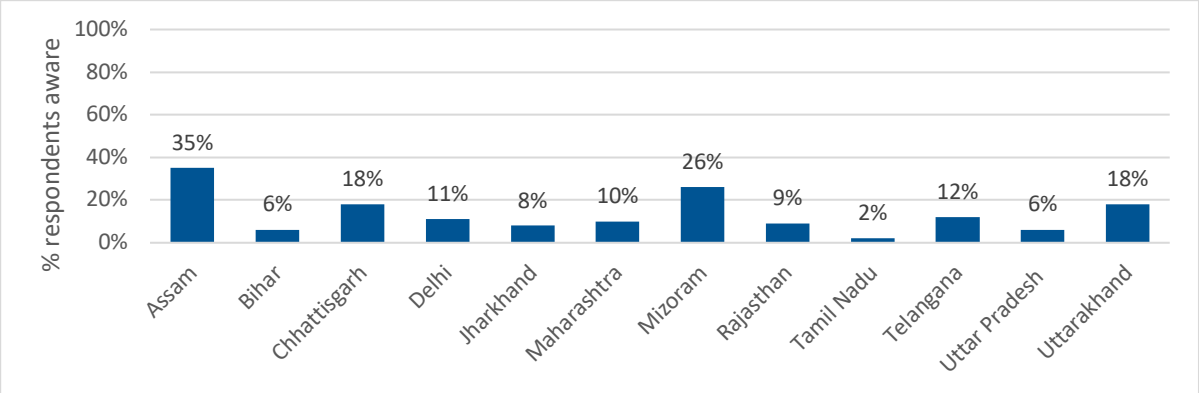
KIIs with district-level officials where MSK is being implemented revealed the extent of awareness generation activities that are being undertaken by the MSK staff.

States	Activities undertaken
Mizoram (Primary)	Making and distributing pamphlets and video clips, home visits, creating a page on Instagram and uploading videos on YouTube on the themes of women empowerment, aiding unemployed housewives, supporting victims of murder, bullying etc.
Tamil Nadu (Primary)	Awareness generation activities related to the benefits of the scheme, child marriage, good touch and bad touch, nutrition status, health and hygiene, dowry system and VAW/G in schools, colleges and public places. Awareness generation for school children and college students regarding government schemes with the help of NSS students at the block and district level. The additional initiatives include preparing a booklet about these schemes.
Uttar Pradesh (Primary)	Awareness generation about existing women-centric schemes using posters, hoardings and wall painting. Theme-based art competition in schools are also held.
Jammu and Kashmir	MSK Kishtwar organised an awareness programme in January 2020 on the issues related to child abuse, sexual violence, the culpability of young offenders and issues relating to the cyber offences, POCSO Act, good and bad touch etc. at Bal Ashram Kishtwar.
Nagaland	In May 2019, MSK Mokokchung organised an awareness programme on women-centric schemes and programmes for the students of Government Higher Secondary School, Mangkolemba. The resource person stressed the importance of schemes for women, the importance of girl's education and use of the 24-hour toll-free women helpline 181.

Scheme Awareness

The village-level HH survey conducted as part of the study highlights that only 13% of respondents were aware of the scheme. Of the 12 States/UT visited, maximum awareness was found among respondents in Assam, i.e. 35 per cent. In Bihar, Jharkhand, Rajasthan, Tamil Nadu and Uttar Pradesh, less than 10% of the respondents were aware of the scheme (Figure 145). National level officials emphasise that low awareness about MSK per se does not reflect a negative picture as it is not a beneficiary-oriented scheme. It does not aim to spread awareness about MSK. Instead, it focuses on creating awareness about other women-centric schemes.

Figure 145: Awareness about the MSK scheme



Source: Primary Data Analysis

Primary data highlights that 48% of the respondents received information about the scheme through NGOs. This is in line with the role of NGOs mandated in the scheme guidelines, i.e. awareness generation, training and capacity building through student volunteers at the block level.

Monitoring the scheme

An independent MIS has been developed under the Scheme for monitoring and review. However, the portal is still in the development stage. There is an absence of monitorable indicators under the Scheme, as highlighted by a Tamil Nadu State official. At present, the staff submits advance tour report and monitoring is done against that. In the tour plan, they have to visit ten panchayats, ten colleges and present reports, which is helpful but is not a comprehensive monitoring mechanism.

> "The Scheme MIS needs to be initiated at the earliest at the district level for better monitoring of the activities undertaken as part of the Scheme."
>
> District Welfare Officer, Borpeta, Assam

Convergence

Mahila Shakti Kendra scheme was designed to facilitate coordination and convergence of various women-specific schemes and programmes across central ministries and state departments. The Scheme aims to facilitate – through convergent action – the processes that contribute to economic empowerment of women, eliminate violence against women, social empowerment of women with an emphasis on health and education, gender mainstreaming of policies, programmes and institutional arrangements and awareness generation and advocacy for bridging information and service gaps for holistic empowerment of women.

Currently, the Scheme provides (i) staff at the National level to provide domain-based Consultants to work with different schemes and to facilitate implementation/monitoring of women-centric schemes, (ii) State Resource centre for women (SRCW) to support the respective State Govt./UT Adm. towards implementing programmes, laws and schemes meant for women through effective coordination at the State/UT level; (iii) District Level Centre for Women (DLCW) to serve as a link between the village, block and state level in facilitating women centric schemes and also give a foothold for BBBP scheme at the district level. Besides, the Scheme seeks to engage student volunteers to generate awareness among rural women regarding various important government schemes/programmes as well as social issues.

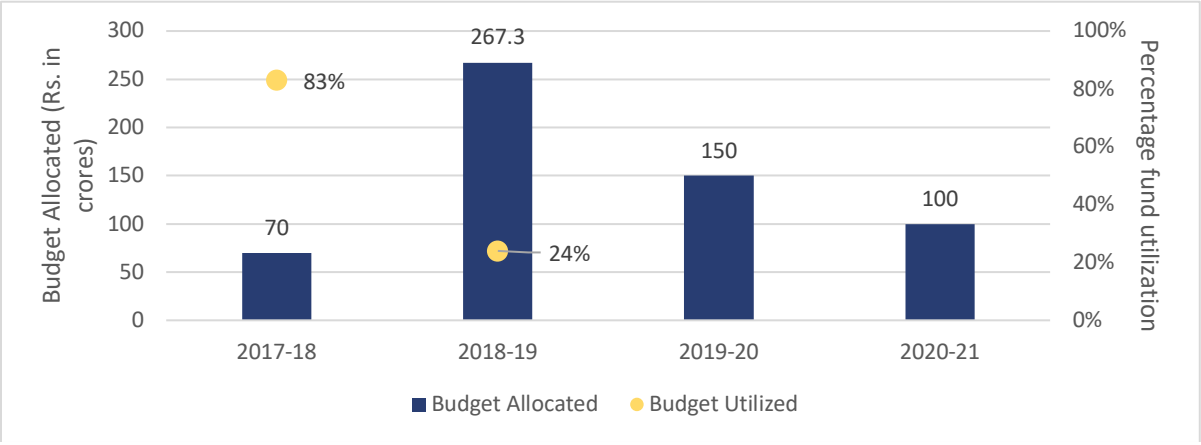
While the intent to provide convergent services to rural women is explicit in the Scheme's design, the ways through which such convergence is achieved at each level is unclear. Discussions with the MWCD consultants engaged in the delivery of MSK highlighted that a number of the SRCW staff members facilitate the implementation of other schemes where there was a shortage of staff and that the State government representatives decide how to best utilise the SRCW staff to improve implementation of the Women empowerment schemes. This points to a severe lack of clarity in the understanding of the purpose of the Scheme and the role of the SRCW. It also points to the use of the MSK staff as more of a stop-gap arrangement and to plug in the staffing hole in other schemes rather than a systematic and strategic use of the resource centre to improve convergence across government schemes to empower women. The SRCW staff also supports the State WCD departments in strengthening BBBP activities, as they also act as the BBBP PMU at the state level. While the evaluation was able to confirm that the MSK staff provide implementation support across schemes, the type of support being provided was more operational rather than strategic. The evaluation notes that while the Scheme plays a role in supporting the State's capacity to manage MPEW schemes, the convergent aspect of the SRCWs services is not clear. A similar lack of clarity on convergence emerges at the district level for MSK, where the three-member DLCW being funded by the Scheme. The DLCW staff, like SRCW staff, provide operational support to various programmes as needed, but their role in enhancing convergence between the schemes is unclear.

4.5.2.3. Efficiency

Declining trends in funds allocation and utilisation emerge under the scheme. The underutilisation of budget can be attributed to some extent, to the booking of expenditure of activities under other scheme's heads. KIIs at the district level highlighted that funds allocated were sufficient for undertaking the activities under the scheme; however, due to the initial stage of scheme implementation, the funds are not utilised completely. 135 SRCW Staff and 711 DLCW staff have been appointed across 27 States. Understanding of the scheme among staff continues to be moderate. Out of the targeted 3,16,000 student volunteers, 20,303 student volunteers have been engaged in the MSK block-level activities. **The overall efficiency of the scheme is found to be 'Average'.**

Fund allocation and utilisation

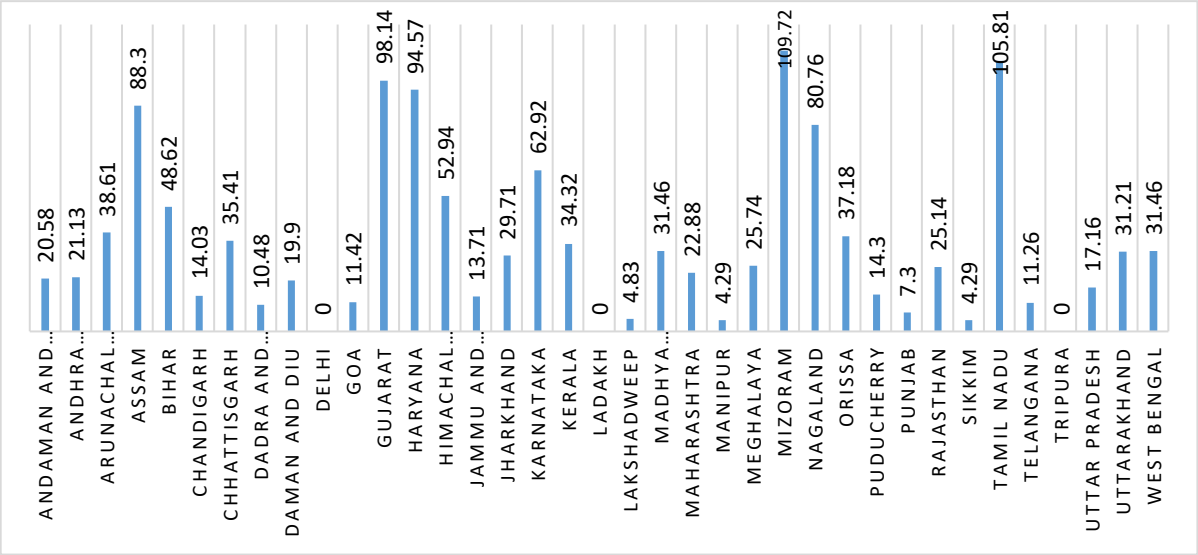
Figure 146: Funds allocated and utilised under MSK



Source: Union Budget

Declining trends in funds allocation and utilisation emerge under the scheme, as highlighted in Figure 146. National level officials stated that most of the times, the activities conceptualised by MSK staff are booked under expenditure of other schemes, leading to underutilisation of budgets under MSK. They also stated that funds are allocated component-wise, and release of funds depends upon expenditure incurred by the States and submission of UC and SOE for these components. However, as the scheme has been recently implemented and institutional structures are being set up, the States/UTs are able to perform only limited activities under the scheme.

Figure 147: State-wise release of funds in the FY 2019-20 (in Lakhs)



Source: MWCD Annual Report 2019-20

State-wise assessment of funds allocated under the scheme indicates significant variations. Mizoram (Rs. 109.72 Lakhs), Tamil Nadu (Rs. 105.81 Lakhs) and Gujarat (Rs. 98.41 Lakhs) receive the highest amount of funds. No funds are allocated to Delhi, Ladakh and Tripura. This is attributable to the absence of any institutional structures in these States/UTs as required under the scheme. KIIs at the district level highlighted that funds allocated were enough for undertaking the activities under the scheme provided the allocations are made on time. Delays in funds, especially by the state governments, limit the effective implementation of the scheme as highlighted earlier.

> "Rs. 4,36,000 have been received thus far for four months. The funds received are sufficient to undertake block-level activities for the next five months."
>
> District Welfare Officer, Borpeta, Assam

> "We have received adequate funds for the Scheme. The funds were received last year, however due to non-implementation of the Scheme the same could not be utilised."
>
> Asst. Director, Women's Development, Jaisalmer (Aspirational District), Rajasthan

Human Resource

According to the MWCD data, 135 SRCW Staff have been appointed across 27 States. This is in line with the mandate of the scheme to hire five personnel per SRCW. Similarly, in 237 DLCWs, the designated three consultants have been employed, resulting in a total of 711 DLCW staff. KIIs with district-level officials highlighted that though the staff has been recruited, there is a need for greater capacity building of the staff employed to enhance their understanding of the scheme and enable them to effectively deliver the services that they are mandated to offer.

"A need for capacity building of officials has been felt. Currently, the staff has undergone minimum trainings and therefore has limited capacity to implement the Scheme."
District Welfare Officer, Borpeta, Assam

"There is no fund for capacity building of the officials/staff per se in the Scheme. However, For training there is a need to significantly train the staff working as part of the Scheme to enhance their capacities in delivering services intended from them."
DSWO, Perambalur, Tamil Nadu

In three years (2017-2020), as per the average of eight blocks per district and 100 students per block per six months period, approximately 3,16,000 student volunteers were targeted for engagement. However, the MWCD Dashboard data underscores that till March 12, 2020, 20,303 student volunteers had been engaged in the MSK block-level activities.

4.5.2.4. Sustainability

The intent of MSK is appropriately positioned in the context of convergent action to achieve women's empowerment in the country. However, low levels of technical knowledge, as well as administrative know-how among stakeholders at various levels and short time duration (i.e. 3 years) for the implementation of the scheme with frequent revisions in the scheme design and components, limit the sustainability of the scheme. Majority of the States/UTs are hesitant to implement the scheme due to the requirement of setting up of additional institutional structures and hiring of staff. **Therefore, the evaluation finds that the overall sustainability of the scheme 'Needs Improvement'.**

The aims and objectives of MSK are relevant to women's empowerment and the need for synergistic policy and programme implementation of all women-centric schemes across ministries and departments.

However, during interactions with National and State level officials, it was noted that there is a lack of technical knowledge about gender equality and women's empowerment at all levels which limits the scope of activities under the scheme. There is also a limited understanding of the administrative and institutional aspects of the scheme, including its intent and the ways and means to achieve women's empowerment. For instance, it has been detailed out in the scheme guidelines that convergence among various line ministries implementing women-centric schemes needs to be ensured, but 'how' to achieve the same has been left to the SRCWs and DLCWs of respective States/UT administrations, which due to their limited knowledge and recent engagement with the scheme are not able to meet the intended objectives effectively.

The problem exacerbates due to the short time duration of scheme implementation, approved by the cabinet as well as frequent changes in the design of the scheme. For instance, the current scheme was approved by the cabinet for implementation in 2017 for three years. Following the cabinet's approval, the scheme was implemented across states post the approval of the state cabinets, in 2018-19. Given the institutional structure mandated under the scheme and the limited period for scheme implementation, there is an inherent resistance from the states as they are not sure about the continuity of the scheme or at the least the institutional structures like DLCWs in the next phase. This has been inferred from the previous changes made under the scheme. For instance, under the erstwhile NMEW scheme, the institutional structures were panned out till the village level, i.e. Village convergence and facilitation centres. However, the

same was discontinued and substituted with student volunteers under MSK, which has been merged and relaunched as an improved version of NMEW scheme.

The addendum under MSK released December 2018 also reveals that additional components have been added and amendments in the existing ones are made, even during the period of implementation of the scheme post-approval. This leads to ambiguity among stakeholders.

KIIs with state-level officials underscored that at present, majority states are setting up the institutional structures and addressing the HR issues due to which actual implementation of the scheme components are yet to be undertaken.

The evaluation, therefore, recommends reviewing and rethinking the scheme design, structural strengthening and enhanced scheme approval time for setting up the desired institutions, building knowledge levels and capacities of stakeholders involved to enable them to fulfil their roles and responsibilities in the best possible manner.

4.5.2.5. Impact

The outcome of the Scheme is to be measured by the following indicators:

- % women covered in the selected blocks through awareness and outreach activities of MSK
- % of women demanding services out of the women reached
- % of women provided with government scheme benefits/services out of total women demanding/in need of such services.

However, it is difficult to assess the impact of the scheme, as it has been operational since only the last two years and data against the indicators mentioned above have not yet been collected.

4.5.2.6. Equity

The scheme aims to reach out to all rural women irrespective of class, caste and income and to empower them by providing opportunities for skill development, employment, digital literacy, health and nutrition.

4.5.3. Analysis of Cross-Cutting Themes

4.5.3.1. Accountability and Transparency

Data records and reports in the public domain

The MWCD dashboard is a public-domain portal to access quantitative information regarding the infrastructure and beneficiary coverage as well as financial allocation and utilization under various schemes of the ministry. For the MSK scheme, the dashboard contains data on the institutional mechanisms developed, including the number of SRCWs, DLCWs, and BLCs formed. It also details the geographical coverage of the scheme, i.e. number of districts and aspirational districts covered. Data about staff employed at SRCWs, DLCWs and the student volunteers reach out by the scheme is also available on the dashboard.

However, KIIs with National and State Level officials revealed that even though outcome indicators for the scheme have been enlisted, i.e. the percentage of women covered in the selected blocks through awareness and outreach activities of MSK, percentage of women demanding services out of the women reached and percentage of women provided with government scheme benefits/services out of total women demanding /in need of such services, data is yet to be collected on these indicators and made available in the public domain. A separate portal for MSK at the national level is also being developed to facilitate real-time monitoring under the scheme. No audits and social audits have been thus far conducted under the scheme.

Monitoring Mechanisms

The National, State and District Level Task Force have been entrusted with the responsibility of developing a mechanism for monitoring, coordinating and course correction in the working of SRCWs, DLCWs and MSKs in the country. However, KIIs with National level officials revealed that robust monitoring mechanisms are yet to developed under the scheme.

Evaluation

No specific mandates have been included in the scheme guidelines regarding periodic review and evaluation of the scheme. Interactions with National level officials underscored that this study would be the first evaluation conducted for the scheme since its inception.

Citizen Accountability

The MSK-Block level committees have been mandated to facilitate grievance redressal through articulation and follow-up cases in right forums such as Panchayats, One Stop Centre, VHSNC/VHND. Further, a Web-based/online feedback mechanism for submission of queries, feedback and grievance redressal, is in the process of formulation as part of the MSK portal.

Financial Accountability

As per the scheme guidelines, MSK is implemented as a Centrally Sponsored scheme with a cost-sharing pattern between the Central Government and the States as 60:40, except in respect of North Eastern and the Special Category States where the cost-sharing ratio is 90:10. In the UTs the scheme is implemented with 100% central funds. All payments under the scheme are made through PFMS under DBT mode.

4.5.3.2. Direct/Indirect Employment Generation

Employment Generation

Under the scheme, there is a provision to engage consultants (domain-based expertise) to facilitate the implementation of schemes and programs meant for women both at the central and State/UT level. At the national level, there is provision for engaging 21 Consultants under MSK scheme. At the State/UT level Resource Centre 05 Consultants per State/UT may be engaged. Further, there is provision for 03 staff per district (for 640 districts) to support respective district administration and give a foothold to BBBP scheme. As mandated, MWCD data highlights that 135 SRCW staff and 711 DLCW staff has been employed across 27 States/UTs and 244 DLCWs. This results in a total of 864 jobs created under the scheme thus far at the state and the district level. The average staff salary at the SRCW is Rs. 31,500 and that of the DLCW staff is Rs. 30,000.

Quantum of Self Employment, Entrepreneurship Generated

The scheme primarily aims to empower rural women by giving them information and linking them to the skill development, employment generation and digital literacy programs of various ministries. This also includes informing women about schemes like Pradhan Mantri Mudra Yojana, among others, implemented to promote self-employment and entrepreneurship. However, under the scheme, there is a lack of data on the number of women linked to these programs and assessment of the actual quantum of employment generated.

4.5.3.3. Gender mainstreaming

Mahila Shakti Kendra scheme is meant to facilitate inter-sectoral convergence of schemes and programmes meant for women both at the Central and State/UT level. Empowerment of rural women through community participation in 115 aspirational districts is also envisaged under the scheme. The scheme is meant to provide an interface between the State and rural women to approach the government for availing their entitlements, thereby enhancing utilization of schemes meant for women. The objectives of the scheme have been significantly designed to mainstream gender, especially in the areas of skill development, employment, digital literacy, health and nutrition.

4.5.3.4. Climate change & sustainability including the adoption of climate-change resilient practices & diversifications

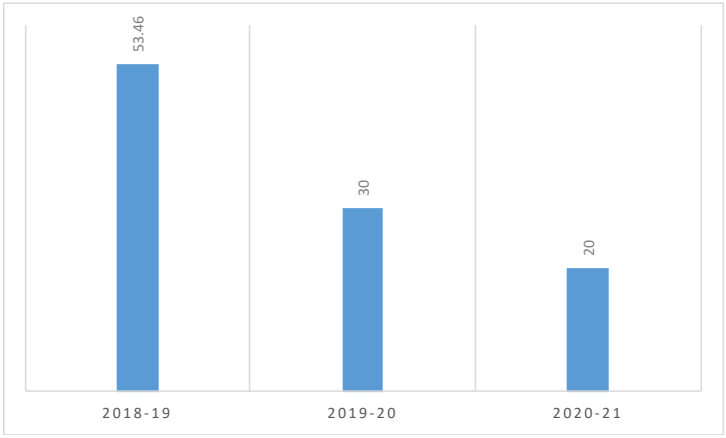
The scheme does not have any component/strategy that addresses climate change.

4.5.3.5. Role of TSP and SCSP component in mainstreaming of ST and SC population

Funds allocated under TSP/ SCSP

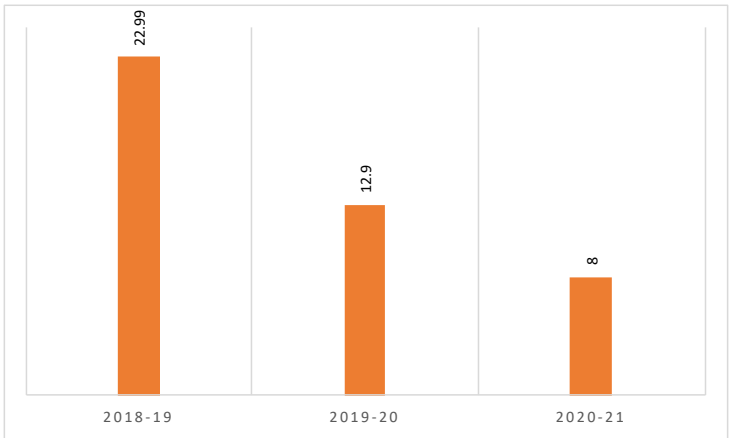
Allocation of funds under the scheme for the welfare of scheduled tribes and scheduled castes have been reported on the budget statement since FY2018-19. The budgetary data highlights declining trends in the allocation of funds under both SCSP and TSP, as shown below.

Figure 148: Budget Allocated under SCSP



Source: Union Budget

Figure 149: Budget allocated under TSP



Source: Union Budget

Inclusion of vulnerable groups in the scheme

Data disaggregated as per the socio-economic background of the beneficiaries reached has not yet been collected and collated under the scheme.

4.5.3.6. Use of IT/Technology in driving efficiency

Deployment of IT-enabled mechanisms for monitoring of the Schemes

An online MIS portal of the scheme is under development and will be soon open for access in the public domain, as stated by officials in the Ministry. The portal will help in effective monitoring of the scheme. Provisions will also be made on the portal for individuals to submit their queries, feedback and grievance redressal. All payments under the scheme are made through PFMS under DBT mode as mandated in the guidelines. State, district and block-level data on institutions, finances and HR employed under the scheme is available on the MWCD dashboard.

Use of the latest technology to improve efficiency of scheme implementation

As per the mandates of the scheme, the student volunteers are required to prepare a web-based activity chart which is consolidated at the block and district level and compiled at the state level.

4.5.3.7. Development, dissemination & adoption of innovative practices, technology & know-how

Under the State level PMU for BBBP, 79% of the funds allocated were spent on inter-sectoral consultation/meetings and meetings of state task force, training and capacity building-orientation and sensitization and innovation and awareness generation activities in the FY 2019-20, as detailed in the statement of the expenditure given in the scheme guidelines.

4.5.3.8. Stakeholder and Beneficiary behavioural change

The scheme aims to provide an interface for rural women to approach the government for availing their entitlements and for empowering them through awareness generation, training and capacity building. It has been envisaged that student volunteers will play an instrumental role in awareness generation regarding various important government schemes/ programmes as well as social issues that have an impact on the lives of women in each block.

KIIs with district-level officials where MSK is being implemented revealed the extent of awareness generation activities that are being undertaken by the MSK staff.

> "Under MSK, some of activities that have been undertaken include, making pamphlets, paying home visits, making video clips, creating a page on Instagram and YouTube videos on the themes of women empowerment, aiding unemployed housewives, consoling victims of murder, bullying etc."
>
> Women Welfare Officer, Mamit, Mizoram

> "We are undertaking awareness activities related to the scheme benefits, child marriage, good touch and bad touch, nutrition status, health and hygiene, dowry system and women violence in schools, colleges and public places."
>
> DSWO, Theni, Tamil Nadu

> "We are giving awareness to school children and college students related to the government scheme and which schemes come under which department. The program is done with the help of NSS students at the block and district level. The additional initiatives include preparing booklet about the schemes and that comes under the department."
>
> DSWO, Virudhunagar (Aspirational District), Tamil Nadu

> "Our work is to create awareness. We go to the villages and blocks and make the women aware of our scheme and empower them. We inform them about all the schemes that are currently functional, related to women and child development, for example BBBP. We use posters, hoardings and wall painting and also conduct theme-based art competition in school. Through this we try to disseminate information regarding our scheme."
>
> District Coordinator (MSK), Pilibhit, Uttar Pradesh

However, awareness about the scheme at the village level as underscored by the village level HH survey conducted as part of the study does not reflect a positive picture. From the 12 States/UT visited, maximum awareness was among respondents in Assam, i.e. 35 per cent. In Bihar, Jharkhand, Rajasthan, Tamil Nadu and Uttar Pradesh, less than 10% of the respondents underscored awareness about the scheme. The Low awareness regarding the MSK scheme emerges as a major gap as the principal component of the scheme is to create awareness among women regarding all women-centric schemes being implemented by various ministries and enable them to seek benefits under the relevant schemes. The data further highlights that 48% of the respondents received information about the scheme through NGOs. This is in line with the

role of NGOs mandated in the scheme guidelines, i.e. awareness generation, training and capacity building through student volunteers at the block level.

Under the State level PMU for BBBP, 79% of the funds allocated are spent on inter-sectoral consultation/meetings and meetings of state task force, training and capacity building-orientation and sensitization and innovation and awareness generation activities, as detailed in the statement of the expenditure given in the scheme guidelines.

4.5.3.9. Research & Development

The MSK scheme state that the SRCWs are mandated to give focused attention to inter-sectoral issues affecting women by undertaking research, maintaining gender-related data and engaging in training and capacity building programs to enabling greater understanding on women's issues especially bringing the discourse on women belonging to vulnerable and marginalized communities on the forefront. Provisions for the hiring of two Research Officers are also mandated under the scheme guidelines. However, an absence of systematic evidence of evaluation/research undertaken as part of the scheme across the states, as mentioned under the scheme guidelines, is underscored by the study. Also, the percentage of total fund allocated towards Research and Development could not be assessed by the evaluation study due to lack of information on the same.

4.5.3.10. Unlocking Synergies with other Government Programmes

"Mahila Shakti Kendra" has been envisaged as "one-stop convergent support services for empowering rural women with opportunities for skill development, employment, digital literacy, health and nutrition". As per the scheme guidelines, at the National Level domain-based experts provide support in the implementation of all women-centric schemes/programmes of the Government to strengthen the conceptual and programmatic basis of such schemes through convergence with Ministries and State Government/UT Administration.

However, the evaluation highlights that at the district and block level, thus far greater emphasis has been given on awareness generation and community-outreach activities conducted as part of the scheme, while significantly overlooking the convergent action component of the scheme. Discussions with National, State and District staff also underscored that MSK staff at State and District level have been utilized to support the low capacities of other schemes and that they provide day-to-day operational support to different schemes as and when desired by the State and District administration. While this in consonance with the assertion that the MSK scheme supports various women-centric schemes run by the State and Centre, there is a severe lack of clarity how convergence is achieved or facilitated through the MSK staff at these levels.

4.5.3.11. Impact on and role of the private sector, community/ collectives/ cooperatives

MSK is a women empowerment scheme that aims to train and build capacities of women at the grassroots level and to get gender perspective across policy and practices at the national, state and district level. This is well in line with the need for creating an enabling environment for women and enhancing their participation in all spheres, thus working towards the empowerment of women through community engagement. The scheme guidelines promote private sector engagement and state that— "Develop partnership models with Panchayati Raj Institutions

(PRIs), Civil Society Organizations (CSOs) and Private Sector for initiating activities that promote women's empowerment." Under the scheme, capacity building of women collectives has been envisaged in not more than 50% of the MSK blocks in 115 aspirational districts to address the livelihood needs of the women particularly those in remote/vulnerable areas where women are not in a position to move out from their immediate surroundings for formal skill training. This component is to be implemented in collaboration with NGOs/ Cooperative Societies/ Krishi Vigyan Kendras[551].

The scheme also envisages community engagement through Student Volunteers which is envisioned in 115 most backward districts as part of the MSK Block level initiatives. However, the officials at the National as well as State level believed student volunteers may not always have the required ownership and accountability towards the responsibilities given to them. As college students, the majority are inclined to focus on academics and tend to take such roles and duties lightly. Therefore, the involvement of student volunteers as the crucial link between the village and the block and district level may have negative impacts on the scheme implementation. The lack of incentives for the student volunteers results in their low level of participation and is, therefore, a major challenge for the impact and role of the community/collectives in the implementation of the scheme. It is suggested in the present evaluation study that to increase the performance and motivation levels of the student volunteers, regular incentives in the form of internship/volunteering certificates, extra credits (in courses), minimum stipend, etc. may be introduced to improve their efficiency and ownership. A yearly felicitation ceremony may be undertaken wherein each state/district all the student volunteers are felicitated with certificates for their contribution by a state head/senior state official. There was a lack of information and data on the percentage of private investment in the scheme and the challenges faced in attracting private sector participation.

[551] https://pib.gov.in/PressReleasePage.aspx?PRID=1593043

4.5.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problem Identified	Recommendation	Time Period	Action Agency
Sustainability of the scheme	• Short approval periods, frequent changes in scheme design, limited knowledge and understanding of women's issues, administrative know-how as well as lack of clarity on continuation and implementation of scheme especially at the state level.	• **To ensure greater sustainability in the scheme and provide an effective foothold to BBBP scheme:** Before the next scheme approval, **consultations at the national level** with domain experts, academicians, state-level officials, NGOs/CSOs working at the grassroots level need to be organized to develop a comprehensive and robust structure for the scheme. Following this, the **approved implementation period for the scheme should be at least 5 years** to ensure setting up of required institutional structures as well as effective implementation of various scheme components. • **There is a need to ensure setting up of DLCWs across all 640 BBBP districts.** To address issues related to the hiring of staff at the SRCWs and DLCWs, development partners like UNWOMEN, UNFPA etc., can be involved to place their consultants (trained to undertake the roles assigned) at the centres to eliminate delays in staff hiring, gaps in the availability of skilled personnel and streamlining the activities under the scheme. • **BLCs need to be formed across all 405 BBBP multi-sectoral districts.** Along with student volunteers, out of college/dropout youth, out of school adolescent girls enrolled in SAG and beneficiaries of the National Programme for Youth and Adolescent Development (NPYAD) can also be engaged in scheme implementation at the grassroots level.	**Short-Term**	**MWCD:** To undertake consultations to finalise the scheme design, send out proposals to development partners, issue guidelines on the involvement of out of school/out of college youth and ensure convergence with Ministry of Youth Affairs and Sports.
Limited foothold to BBBP	• Due to limited number of DLCWs and BLCs, the intended technical and coordination support to BBBP scheme is not being offered by MSK at the moment.			
Scheme Monitoring	• There is a lack of output indicators to assess the performance of the activities being undertaken. • Though outcome indicators have been included in the scheme guidelines, no directions have been given on reporting and	• **Output indicators can be introduced** related to the number of inter-sectoral convergence meetings held at the national, state and district level, the number of women reached through training and capacity building programmes and awareness generation activities. Data on these indicators can be collected and collated under the MSK-MIS.	**Short-Term:** Collection of data on output indicators and women	**MWCD:** Development of MIS and online application

	analysing the indicators to assess the impact of the scheme.	• **Online data repositories need to be developed as part of the MIS portal at the district level.** This will include, records of women reached out through student volunteers, schemes/programmes of various ministries they are eligible to enrol in, whether required support was offered, and the number of women successfully enrolled. • **An online application in collaboration with private IT companies can be developed** that can be used by student volunteers to fill in the details of each woman reached out to. The application can also offer personal targets to each student volunteer in terms of the number of women to be successfully linked to interventions, and top-performing volunteers can be felicitated and offered rewards like books, stationery etc.	reached and successfully linked **Medium Term:** Online collection and collation of data on MIS and development of online application	**State Government:** To monitor the collection of data

4.6. Gender Budgeting, Research, Publication and Monitoring

Summary of Gender Budgeting and Research, Publication and Monitoring Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ The Scheme is aligned well with global and national commitments towards enhancing gender equality through gender mainstreaming. + The objectives of the Scheme are in tandem with the mandates of the National Policy for Women, 2016 and the strategy for new India @ 75, NITI Aayog.
Effectiveness	Average	+ In the last three FYs, a total of 150 trainings have been conducted, and 8,000 participants have been trained. + During FY 2019-20, a total of 33 training programmes were organised against a target of 37. + Various inter-ministerial consultations and one-to-one discussions with senior officials of line ministries have been undertaken. + 21 States have designated State Nodal Centres, and 7 have appointed Nodal Officers for sustained capacity building efforts under Gender Budgeting. + 22 research projects are ongoing in FY 2019-20, and 353 young students have been offered internships since 2017-18. - Training on GBCs reported to be conducted only once a year on average. This is not adequate, given the complexity of the subject.
Efficiency	Satisfactory	+ In 2017-18, 2018-19 and 2019-20, 50, 70 and 40 GB trainings were conducted thereby meeting the targets for each year. + Though allocation of funds declined in the FY 2019-20, it increased in the current FY 2020-21. + Fund utilization increased by 1.2% points between FY 2016-17 and 2018-19. - Only 69% of the GB funds utilized in FY 2018-19
Sustainability	Average	+ Constitution and meetings of the Broad-Based Committee for Gender Analysis and Budgeting at MWCD level + 20 States have institutionalised Gender Budgeting through trainings, Gender Budget Cells and Gender Budget Statement + A growing number of research proposals and internship applications received. - Inadequate HR at the National level limit monitoring and sustainability of the GB efforts. - Frequent transfers of GBC officials. - The Collection of Statistics Act, 2008 misses out on the collection of gender-disaggregated data.
Impact	Average	+ 38 Ministries/Departments are reporting on Statement 13 of the expenditure budget. + 23 States have adopted Gender Budgeting. + Recommendations of the research studies conducted help in significantly improving the schemes of MWCD. - At present, GB forms only 4.9% of the total expenditure budget and 0.63% of the GDP of the country.

4.6.1. Background of the Scheme

Women and girls face various forms of vulnerability throughout the life cycle. They may face discrimination before or after birth; violence, harassment or abuse; neglect due to dependence and lack of access to resources; social prejudice; and exploitation – whether economic, political, social or religious. They are vulnerable to exploitation and discrimination, regardless of where they are positioned on the economic and social spectrum. Additionally, their vulnerability increases significantly if they are poor, socially disadvantaged or live in a backward or remote area. One of the tools that can be used to promote women's equality and empowerment is gender-responsive budgeting or gender budgeting, as is commonly known in India[552].

What Gender Budgeting - IS?

- Use of fiscal policy to promote gender equality
- Outcome oriented expenditure allocation
- Tax based incentives for women and girls
- Dissection of govt. budgets to establish gender differential impacts
- Ensure that gender commitments are translated into budgetary commitments through monitorable targets.

What Gender Budgeting - IS NOT?

- A separate budget for women.
- Not about spending the same on men and women

Gender budgeting (GB) is an approach to government fiscal policy that seeks to use a country's national and local budget(s) as a tool to resolve societal gender inequality and promote inclusive development. Gender budgeting does not involve the creation of separate budgets for men and women. Instead, it involves studying a budget's differing impacts on men and women to set new allocations and revenue policies to promote greater efficiency and equity as regards gender equality (Chinkin 2001[553]; Stotsky 2016a[554]). Ideally, gender budgeting is an approach to fiscal policies and administration that translates gender-related commitments into fiscal commitments through identified processes, resources, and institutional mechanisms, impacting both the spending and revenue sides of the budget (Chakraborty 2014[555]).

Gender budgeting can be mainstreamed either through specifically targeted programmes for women or earmarking a fiscal component for women's empowerment. Gender budgeting can be integrated into every programme and Scheme of the Government of India, departments of the Union, State and PRI Budgets (Vibhuti Patel 2010)[556]. The Lahiri Committee recommendations provided a clear roadmap for preparing the analytical matrices for gender budgeting and institutional mechanisms like Gender Budgeting Cells at the national and subnational government levels in India[557].

[552] https://wcd.nic.in/sites/default/files/gbscheme.pdf
[553] Chinkin, C. 2001. Gender Mainstreaming in Legal and Constitutional Affairs: A Reference Manual for Governments and Other Stakeholders. Gender Management System Series, London: Commonwealth Secretariat.
[554] Stotsky, J. G. 2016a. "Gender Budgeting: Fiscal Context and Overview of Current Outcomes." International Monetary Fund Working paper 16/149, Washington, DC: IMF.
[555] Chakraborty, L. 2014. "Gender-Responsive Budgeting as Fiscal Innovation: Evidence from India on Processes." Working Paper No. 797, Levy Economics Institute. New York: Levy Economics Institute.
[556] Vibhuti A. Patel, Gender Audit of Budgets in India (2001-2 to 2009-10), Nivedini - Journal of Gender Studies November/December 2010 (May 20, 2010): 14672.
[557] https://www.orfonline.org/wp-content/uploads/2018/08/ORF_OccasionalPaper_163_GenderBudget_NEW10Aug_f.pdf

Gender Budgeting

India adopted gender budgeting in 2004-05 based on the recommendations of an expert group committee constituted by the MoF on "Classification of Budgetary Transactions"[558] and a statement on gender budgeting was incorporated in the Expenditure Budget (2005-06), Volume 1. Gender budgeting efforts in India have encompassed four sequential phases: (i) knowledge building and networking, (ii) institutionalising the process, (iii) capacity building, and (iv) enhancing accountability. Table below summarizes these four phases to provide a snapshot of the history of gender budgeting in India.

Table 83: Phases of gender budgeting in India

Year	Phases	Actors	Outcomes
2000-03	Knowledge building and networking	National Institute of Public Finance and Policy (NIPFP), a think tank of the Ministry of Finance; Ministry of Women and Child Development (MWCD); United Nations Development Fund for Women (UNIFEM); Ministry of Finance	• Ex-post analysis of budget through a gender lens with the objective for "budgeting for gender equity"; • A chapter on gender was included in India's Economic Survey that highlighted the need to integrate unpaid care economy into budgetary policies and linked public expenditure and gender development.
2004-05	Institutionalizing within government	Ministry of Finance; NIPFP	• An expert committee was formed to classify the budgetary transactions with gender budgeting in terms of reference; • Budget Announcement was made on India's commitment to gender budgeting; • Analytical matrices to do gender budgeting were designed by the MoF and NIPFP; • Gender Budget Statements were included in Expenditure Budgets, from 2005-06 onwards; • Gender Budgeting Cells (GBC) were instituted in the ministries.
2005-present	Capacity building	Two phases: Phase I – NIPFP, MWCD and Ministry of Finance (till 2006), Phase II – MWCD, UN Women (2006-present)	• Training of officials of GBCs, Ministries and state departments have been undertaken since then; • Charter was formed on gender budgeting specifying the responsibilities of GBCs.
2012-present	Enhancing accountability	Erstwhile Planning Commission (Eleventh Five Year Plan) incorporated a Committee on 'Accountability', and NIPFP has been part of this process with the Planning Commission. Comptroller and Auditor General (CAG) has initiated	• Comptroller and Auditor General of India (CAG) has been publishing a Report on Gender Budgeting in the State Finance Accounts, since 2010. The accountability mechanism is yet to be followed effectively. This report covers money 'actually spent' on women.

[558] Government of India, Classification of Government Transactions: Report of the Expert Group Constituted to Review the Classification System for Government Transactions (Ministry of Finance, Government of India, July 2004), https://www.finmin.nic.in/sites/default/files/ReportExpGrGovTrans.pdf.

		accountability/auditing of gender budgeting at the state level.	

Source: Chakraborty (2016)[559]

Institutional Mechanisms and Practices for Gender Budgeting

- Gender Budgeting Cells – Focal Point at Ministry/Department Level: To mainstream gender across Ministries and Departments and the State Government Departments, the Ministry of Finance (MoF) mandated setting up of Gender Budgeting Cells (GBCs) in each Ministry/ Department in 2004-05. A Charter for Gender Budget Cells was issued on 8th March 2007 by MoF in consultation with MWCD. This charter outlines that the Gender Budgeting Cell should comprise of senior/middle-level officers from the Plan, Policy, Coordination, Budget and Accounts Division of the Ministry concerned. This group should be headed by an officer, not below the rank of Joint Secretary. They function to influence and initiate a change in the Ministry/Department's policies, programmes in a way to promote gender equality. In 2018-19, a D.O. letter was issued to all Ministries/ Departments for the re-constitution of the GBCs as well as to designate Nodal Officers.
- Budget Call Circular: The Budget Call Circular provides an important mechanism to ensure that Ministries/ Departments adequately plan and budget for schemes and programmes with a gender lens. MWCD requested the Ministry of Finance, in August 2019, to make the Budget Call Circular more gender-responsive, responding to Ministry's comments MoF incorporated a detailed paragraph on Gender Budgeting into the Budget Call Circular 2020-21.
- Gender Budget Statement: The Gender Budget Statement (Statement 13) was introduced in the Union Budget 2005- 06 by the MoF as a reporting mechanism for Ministries/Departments to review their programmes from a gender lens. It is an important tool for presenting information on the allocations for women and girls. The Gender Budgetary allocations are reflected in two parts— the first part of the Statement, Part A, includes Schemes with 100% allocation for women while Part B of the Statement includes Schemes/ Programmes with 30 to 99% allocation for women. **An important achievement of 2019-20 was the inclusion of Actual Expenditure 2017-18 in the Gender Budget Statement of 2019-20** as this will help in enhancing the accountability of the budgetary allocations for women and girls. In October 2019, MWCD in its letter to the Financial Advisers of all the Ministries/Departments requested them to report on the upcoming Gender Budget Statement 2020-21 to enhance the quantity and quality of reporting on the Gender Budget Statement.
- Outcome Budget: Outcome Budget is a progress card on the use of funds announced in the Annual Budget by the Ministries. The GoI first introduced Performance Budgeting in 1969 to focus on what is done with the money, for example, what is delivered (outputs) and to whom alongside the traditional focus on bookkeeping and accounting. Since 2005-06, Outcome Budgets have become an integral part of the budget-making process. A noteworthy step taken by the Government to institutionalise Gender Budgeting in India was the integration of gender in the Outcome Budget guidelines in 2007-08.
- Gender Aware Policy Appraisal through EFC/PIB Memorandum: Another important progress made under Gender Budgeting was the inclusion of an item on gender impact in the Expenditure Finance Committee (EFC) document with effect from 1 Apr 2014 for the inclusion of women's concerns at the planning stage and inclusion of a gender perspective in the Outcome Budget Process. The aim is to encourage gender sensitivity and women's

[559] Chakraborty, L (2016), 'Asia: A Survey of Gender Budgeting Efforts', IMF Working Paper, WP/16/150.

participation in all-new programmes, projects and schemes from the stage of inception to implementation and impact assessment. **An important achievement of 2019-20 has been that the MWCD has been made a permanent invitee in EFC meetings. This has provided the Ministry to provide sustained gender inputs on schemes/policies/programmes.**

- Gender-sensitive Checklists and Preparation of Matrix on Gender Budgeting: MWCD has formulated specific guidelines in the form of Checklists I and II. Checklist-I is for programmes that are beneficiary oriented and consciously target women, while Checklist-II covers other 'mainstream' sectors and programmes. These guidelines help in reviewing public expenditure and policy from a gender perspective to enable identification of constraints in the outreach of programmes and policies to cover women and the introduction of suitable corrective action.
- Budget Announcement of 2019-20: In the Budget Announcement of 2019- 20, the Hon'ble Finance Minister, Smt. Nirmala Sitharaman stated that "Gender analysis of the budget aimed at examining the budgetary allocation through a gender lens has been in place for over a decade. It was proposed that a broad-based Committee needs to be formed with Government and private stakeholders to evaluate and suggest action for moving forward." Based on this, a Broad-Based Committee for Gender Analysis and Budgeting was constituted in November 2019, comprising of Government and private stakeholders to suggest action for moving forward on Gender Budgeting (MWCD, Annual Report 2019-20).

Box 66: Looking Back: 15 Years of Adoption of Gender budgeting

In this duration, the Ministry has consistently made efforts in mainstreaming gender as well as advocating gender-responsive interventions across the National, State and Local Governments. Other focus areas have been engendering the Budget Call Circular and EFC Memos, strengthening institutional mechanisms for Gender Budgeting, organising and supporting GB training/workshops, Inter-Ministerial Consultations with key Ministries/Departments. As a way forward, the recently constituted Broad-Based Committee for Gender Analysis and Budgeting will provide for a crucial platform to place adequate emphasis on Gender analysis of the budget cycle and recommend actions for enhancing the gender responsiveness of planning and budgeting. This will strengthen Gender Budgeting across the country and budget cycles at all levels of governance.

Implementation of the Scheme

GoI introduced the Gender Budgeting Scheme in 2008 with a view to, support the capacity building and research endeavours for furthering gender budgeting initiatives in the country. MWCD, as the nodal Ministry for gender budgeting, has been engaged in various initiatives for taking the process forward at the national and state levels. After the mandate for setting up of Gender Budgeting Cells in multiple Ministries, one major focus of MWCD has been to play an advocacy role to see through the process of setting up of GBCs and extend support for capacity building of the officials of these Cells and building their expertise to undertake gender mainstreaming of policies and programmes. Towards this, MWCD officials, frequently engage in conducting training programs, workshops, developing training modules and capacity building and handholding of officials managing the GBCs. The main objective of the Gender Budgeting Scheme is to formalise and give further fillip to these efforts of the Ministry (NABCONS, 2012).

As the main activities of the Gender Budgeting Scheme and Research, Publication & Monitoring Scheme are similar. Hence Gender Budgeting (GB) as an accountability tool to facilitate pro-women budgetary allocation has been merged under the sub-scheme "Research, Publication

and Monitoring" from the financial year 2017-18 of the Umbrella Scheme as suggested by Department of Expenditure[560].

Objectives of the Scheme

- To initiate an integrated approach and guide the Gender Budgeting Cells (GBCs) set-up by different ministries by disseminating the concept, tools and strategy of GB.
- To coordinate and monitor gender budgeting exercises and facilitate gender analysis.
- To organise workshops for capacity building and training of various stakeholders including officials of Central and State Governments, PSUs, corporate sector, PRIs and NGOs, etc.
- To assist in developing training modules/packages, training material and information booklets and manuals for gender budgeting for all stakeholders
- To encourage State Governments and PRIs in evolving plans and strategies for undertaking gender budgeting by providing assistance, support and consultancy services for organising Workshops, Seminars, Training Programmes, etc.
- To provide assistance to support research studies, surveys, etc. to research institutes, NGOs, etc. for gender budgeting.
- To pilot action on the gender-sensitive review of national policies such as fiscal, monetary, environment, trade etc.
- To pilot action on gender review and gender audit of important legislations
- Guide and undertake the collection of gender-disaggregated data.
- Conduct gender-based impact analysis, the beneficiary needs assessment and beneficiary incidence analysis
- Collate and promote best practices on gender budgeting[561].

Box 67: Learnings from the World: a 5-step framework for Gender Budgeting

Step 1: An analysis of the situation of women and men and girls and boys (and the different sub-groups) in each sector.

Step 2: An assessment of the extent to which the sector's policy addresses the gender issues and gaps described in the first step.

Step 3: An assessment of the adequacy of budget allocations to implement the gender-sensitive policies and programmes identified in step 2.

Step 4: Monitoring whether the money was spent as planned, what was delivered and to whom.

Step 5: An assessment of the impact of the policy/ programme/scheme and the extent to which the situation described in step 1 has changed.

Source: Gender Budgeting Handbook

Research, Publication and Monitoring

The Grant-in-Aid for Research, Publication and Monitoring Scheme is one of the important Schemes of the Ministry of Women and Child Development through which the Ministry sponsors the projects on issues concerning women and children, their welfare and development including food and nutrition aspects. However, priorities within these broad areas are given to research projects of applied nature, keeping in consideration the plans, policies and programmes, and social problems requiring urgent public intervention for bridging information gaps. Research on

[560] https://wcd.nic.in/sites/default/files/Gender%20Budgeting%20Guidelines%20for%20trainings_0.pdf
[561] https://wcd.nic.in/sites/default/files/GB%20-%20Handbook%20October%202015.pdf

various issues concerning women and children is essential to understand the multifaceted factors responsible for the success of an initiative or the challenges faced by the Ministry.

Under this Scheme, research grants can be made to an institution or a group of institutions for carrying specific research projects with one or more scholars closely associated. The institutions, viz: universities, research institutes, and voluntary organisations, professional associations in the field of women and child development and similar organisations that can do research thereon, may be entrusted to undertake the same. Institutions set-up and fully funded by Central/State Governments are also eligible for the same.

Studies under the scheme are sponsored to agencies depending upon the quality of the proposal and the need for undertaking the proposal. Only proposals that can significantly add to the improvement of the Ministry's Scheme are given consideration. Budget assessment is done for sponsoring of the grant-in-aid for study proposals.

Components for Financial Assistance

To achieve the scheme objectives, financial assistance is extended for the following activities:

i. Research including action research, surveys, among others to research institutes, NGOs/CSOs for gender budgeting.
ii. Develop training modules/packages, training material and information booklets and manuals for gender budgeting.
iii. To conduct monitoring activities, including gender-based impact analysis, the beneficiary needs assessment and beneficiary incidence analysis.
iv. To monitor the financial performance and physical deliverables in each sector, i.e.
v. To assess the impact of the policy/programme/scheme in each sector and the extent to which the situation for men and women, boys and girls have been changed, in the direction of greater gender equality.
vi. To organise workshops, seminars, training programmes, conferences etc. to facilitate capacity building and training for various stakeholders including officials of Central and State Governments, PSUs, corporate sector, PRIs and NGOs, etc.

Monitoring

MWCD has the overall responsibility for monitoring the Gender Budgeting scheme. The GBC established in the Ministry reviews the project reports received from Institutions/Organisations to assess the progress of the project. The release of subsequent instalments is subject to satisfactory progress of the project assessed in terms of input, output, outcome and impact indicators covered under the quarterly report for long term proposals and the final report of the short-term proposals.

Internship Program

Internship Program for young students has also been implemented under the Scheme since August 2016 to involve them in research and related activities for various schemes of the Ministry. Students are offered a Short-Term and Long-Term Internship under the programme. Broadly, it is designed to appraise the enrolled interns from various universities/academic institutions about the policies and programmes of the Ministry. A certificate and stipend of Rs. 5,000 per month for Short Term Internship (1-2 months) and Rs. Ten thousand per month for Long Term Internship Programme (6 months) are given as an encouragement. Besides, the non-stipendiary internship programme is also being implemented.

4.6.2. Performance of the Scheme

4.6.2.1. Relevance

Gender equality, including gender mainstreaming, has been repeatedly reaffirmed in the global as well as national-level policy documents and declarations. These include CEDAW, the 1995 Beijing Declaration, International Conference on Population and Development (ICPD), the UN Fourth World Conference on Women (Beijing 1995), the 1995 Commonwealth Plan of Action on Gender and Development governments, 23rd Special session of U.N. General Assembly, the MDGs and the SDGs. At the national level, the National Policy for Women 2016 and the mandates of the Strategy for New India @ 75, NITI Aayog highlight the issue at hand. **The evaluation finds the relevance of the Gender Budgeting and Research, Publication and Monitoring Scheme towards furthering the agenda of gender mainstreaming in the national context to be 'Satisfactory'.**

Global Context

International initiatives in favour of gender equality, including gender mainstreaming, have been in place for over a quarter-century. India ratified the United Nations Convention to Eliminate All Forms of Discrimination Against Women (CEDAW) in 1993 and Convention on the Rights of the Child (CRC) in 1992. The commitment to gender equality was further cemented through the 1995 Beijing Declaration. Points 345 and 346 of the Beijing Declaration and Platform for Action include a budgetary commitment by signatories to allocate sufficient resources to carry out gender impact analysis, and to meeting social needs including those of women. The International Conference on Population and Development (ICPD) in Cairo (1994) placed women's rights and health at the centre of population and development strategies.

At the fourth world conference on women in Beijing (1995), governments declared their determination "to advance the goals of equality, development and peace for all women everywhere in the interest of all humanity". In the 1995 Commonwealth Plan of Action on Gender and Development, governments declared their vision of a world "in which women and men have equal rights and opportunities at all stages of their lives". The 23rd Special session of UN General Assembly in June 2000 also explicitly called for attention to the goal of gender equality in budgetary processes at national, regional and international levels. The Millennium Development Goals (MDGs) established gender equality and women's empowerment as a stand-alone goal. They highlighted gender equality and women's empowerment as crucial to achieving all the other MDGs.

The subsequent 2015 Sustainable Development Goals (SDGs) include a stand-alone goal on gender equality and empowerment of women and girls (goal 5) as well as gender-sensitive targets within other goals. GRB is essential to empower women and achieve the SDG-5 of gender equality. Gender equality is a fundamental human right, and India as a signatory of the SDG 2030 Agenda has reaffirmed its commitments to mainstreaming gender development and ensuring equal representation of women in political and economic decision-making[562] [563].

[562] http://www.oecd.org/gender/Gender-Budgeting-in-OECD-countries.pdf
[563] NABCONS,2012. Evaluation of the Gender Budgeting Scheme, GOI.

National Context

As part of Gender Budgeting, the Draft National Policy for Women, 2016 mandates:

- The gender focal points, gender desks, GBCs set up in Ministries, state government departments, panchayats and urban local bodies with the broad mandate covering coordination and awareness-raising, should be strengthened to conduct an in-house gender audit of requisite policies, programs and schemes, as well as their institutional mechanisms, suggest and take remedial action.
- The gender focal points, gender desks, GBCs, serve as a focal point for advancing data collection on various issues affecting women that require immediate attention and intervention.
- Nodal Centres on Gender Budgeting will be set up to fill the awareness gap, increase public awareness through continuous training, prepare and upgrade sector-specific training manuals and guidelines, research issues for promoting gender equality and women's empowerment.

The Strategy for New India @ 75 proposes (i) establishing a dedicated unit within the MWCD for ensuring optimum budgetary resources for women's welfare and evaluating the effectiveness of gender-responsive budgeting, with state government establishing similar units at the state level; and (ii) improve data systems to generate gender-disaggregated data through the use of technology, the geo-locating information and generating maps in real-time.

The objectives and design of the Gender Budgeting scheme are well-aligned with the international as well as national commitments for enhancing gender equality through improving and strengthening the gender budgeting practices. Further, by promoting evidence-based action research keeping in view the broader plans, policies and programmes, and social problems related to women and children that require urgent attention, the research scheme also plays a key role in analysing various issues related to women and children and recommending as well as guiding further policy formulations and programmatic interventions.

Additionally, the research component of the scheme is helpful in evaluation and monitoring of not only various schemes of MWCD, but also in analysing various issues related to women and children through various Research studies.

4.6.2.2. Effectiveness

In the last three FYs, 150 trainings have been conducted, and 8000 participants have been trained. Various inter-ministerial consultations and one-to-one discussions with senior officials of various ministries have been undertaken. 21 States have designated State Nodal Centres, and 20 have appointed Nodal Officers for sustained capacity building efforts under Gender Budgeting. Primary data collected as part of this study highlights that formal capacity building trainings were conducted in 10 out of the 12 states selected for study, i.e. Assam and Maharashtra. Those who received the trainings found them useful. However, they asserted that the frequency could be increased as in practice, it is conducted only once a year even though the budget provision is for 3-4 trainings per year. In Bihar, no formal training was conducted, rather a joint meeting of the officials from various departments was held to further the practice of Gender Budgeting. 22 research projects were ongoing in the previous FY 2019-20. A total sum of Rs. 7.38 crores have been spent on research since 2015-16. 353 young students have been offered internships since 2017-18. The programme is perceived to be a success given the number of applications received. **The evaluation finds the effectiveness of the scheme to be 'Average'.**

Capacity Building for Gender Budgeting

One of the key focus areas of MWCD has been to advocate the setting up of Gender Budgeting Cells in all Ministries/Departments; strengthening internal and external capacities and building expertise of GBCs to undertake gender mainstreaming of policies/schemes/programmes. For this, the Ministry has conducted several workshops to orient Government officers from Gender Budgeting Cells of Ministries and Departments as well as officers from State Governments on concepts, tools, approach and framework of Gender Budgeting. The training programmes of the MWCD have, in many instances, facilitated the adoption of Gender Budgeting by State Governments. Further, autonomous institutions like Lal Bahadur Shastri National Administrative Academy (LBSNAA), Indian Institute of Public Administration (IIPA), National Institute of Public Cooperation and Child Development (NIPCCD), National Institute for Health and Family Welfare (NIHFW), National Council for Education, Research and Training (NCERT) at National level and State Institute of Rural Developments (SIRDs) and Administrative Training Institutes (ATIs) at State level have been supported by MWCD to develop in-house GB expertise and have started imparting training to various other stakeholders.

As per data provided by MWCD, in the last three FYs, a total of 150 trainings have been conducted, and 8,000 participants have been trained. The number of trainings conducted over the last three years, as well as the expenditures incurred thereof, are detailed in Table 83 below.

Table 84: Year-wise trends of training undertaken

FY	Amount Sanctioned	Number of Training	Number of Participants Trained	Number of Institutes	Number of States
2017-18	Rs. 1.50 Cr.	50	4,500	30	15
2018-19	Rs. 3.14 Cr.	70	2,000	30	18
2019-20	Rs. 1.07 Cr.	40	1,500	14	14

Source: MWCD

During the year 2019-20, a total of 40 **training programmes/workshops** on Gender Budgeting were organised by the MWCD against a target of 37 in collaboration with National and State level training institutes (as on 31st December 2019). These included training for officers of various Ministries/ Departments of Central Government as well as State-level functionaries. Over the last few years, given the growing awareness on gender budgeting in both the Central Ministries as well as State Governments, the demand for capacity building and technical support is rising (MWCD Annual Report 2019-20).

Besides, MWCD has also focused on mainstreaming gender concerns across all Central Ministries/ Departments through various **Inter-Ministerial Consultations**. Several Consultations with mid to senior-level officers of various Central Ministries/ Departments have been organized in the Financial Year, 2019-20 to enable multi-sectoral commitment and convergence and; to evolve recommendations for enhancing resource commitments to women and girls for consideration in the Union Budget, 2020-21. Several recommendations emerged from these Consultations, and further action to engender budgets was undertaken. An Inter-Ministerial Consultation was held on 28th May 2019 with 9 Ministries/Departments to understand the current efforts of these Central Ministries/Departments on Gender Budgeting. In October 2019, a similar exercise was held with 15 Ministries/Departments to advance the cause of Gender Budgeting in the country regarding reporting on the Gender Budget Statement (MWCD Annual Report 2019-20).

Apart from training programmes, the Ministry also organizes **one-to-one discussions with senior officials of various Ministries** to provide orientation on gender issues within their sectors. This orientation serves as the first step to introduce the concept of Gender Budgeting in these Ministries/Departments. The interactions have been held with Ministries of Labor and Employment, Panchayati Raj, and Finance (Departments of Economic Affairs and Expenditure). This has further culminated into issuing of Directives/D.O Letters from Secretary, WCD to various Ministries and other levels of governance including Ministries of Labor and Employment, Panchayati Raj and Finance (Departments of Economic Affairs and Expenditure). This has resulted in advisories to all Ministries/Departments to engender their budgets, including the areas of Labor, Skill Development, etc. A key achievement has been the incorporation of GB and women's sub-plan (30% allocations for women) in the Revised Gram Panchayat Development Plan Guidelines launched by MoPR in 2019[564]. MWCD also interacted with a host of gender experts in taking steps to advance GB in the country (MWCD Annual Report 2019-20).

21 States have designated State Nodal Centres for sustained capacity-building efforts on Gender Budgeting. All-State/UTs have been requested to designate a nodal officer for Gender Budgeting; in response, 20 States have designated nodal officers for ensuring the regularity and quality of GB Training Programmes and Workshops. These states include Delhi, Goa, Gujarat, Karnataka, Madhya Pradesh, Meghalaya and Rajasthan. (MWCD Annual Report, 2019-20).

KIIs conducted with State-level officials highlighted that out of the 12 selected States training for gender budgeting had been undertaken in 10 States. Further, it was noted that even after repeated reminders from the Central government inviting proposals for undertaking training, very few States came forward and submitted proposals.

National level officials asserted that the information received from the State-level officials might not give an exact picture of scheme implementation as State Institutes conduct majority training, and hence, officials interviewed for the study may not be aware of the situation. In Assam, the Special Officer Planning stated that the training conducted as part of the Scheme have benefitted the officials and have helped strengthen the functioning of GBCs. However, the effectiveness of the training could be enhanced if they are conducted more frequently.

Internship programme

Since the launch of the Scheme in 2016, 353 young students have been offered internships under various Bureaus of the Ministry between the years 2017-18 and 2019-20. The MWCD data highlights that in 2017-18, the component's utilisation was around 55%, which increased to 91% in 2018-19. In 2019-20, till December 2019, the fund utilisation was only around 34%. The figures highlight the utilisation of funds under the Scheme component.

Table 85: Year-wise interns hired, and funds utilised

FY	Total Internships offered	Funds Utilised (in lakhs)	Funds Allocated (BE in lakhs)
2017-18	74	11	20
2018-19	158	18.16	20
2019-20 (Till Dec 2019)	121	10.46	30

Source: MWCD Annual Reports 2017-18 to 2019-20

[564] https://www.panchayat.gov.in/documents/20126/0/GPDP.pdf/4aab2585-3fd4-0990-c2ae-fb53ec638ba5?t=1554891827998

Research and Publication

In the year 2015-16 and 2019-20, a sum of Rs. 7.38 crores have been sanctioned for various projects concerning women and children, their welfare and development, including food and nutritional aspects. The number of ongoing as well as new projects sanctioned during these years along with the financial outlay on these projects has been detailed in Table 85.

Table 86: Year-wise number of ongoing projects and funds sanctioned

FY	Projects*	Funds Sanctioned (in crores)
2015-16	18	1.42
2016-17		1.15
2017-18	10	1.6
2018-19	22	2.33
2019-20	22	0.88

Source: MWCD Annual Reports 2015-16 to 2019-20
*Includes new projects as well as old projects continuing from previous years

In the year 2019-20, 21 studies were ongoing from the previous year and a study on 'Sociological study on causes of rape and psychoanalysis of the accused in rape cases' was sanctioned to Karvy Data Management Services Ltd., Hyderabad. Other key ongoing studies undertaken as part of the Scheme include, "A Comparative Study of Nutritional and Health Status of Adolescent Girls Belonging to BPL and Non-BPL Families in India" conducted by Society for Economic Development and Environmental Management, New Delhi; "An evaluation of Beti Bachao Beti Padhao Scheme" by NCAER, New Delhi and "Child deprivation in Bundelkhand region of Madhya Pradesh and Uttar Pradesh" by Shyam Institute, Madhya Pradesh.

Box 68: Learning from the World: Gender Budgeting in the Philippines[565]

Gender equality is not just a fundamental human right: achieving gender equality also brings *tremendous socioeconomic benefits*. Several studies have shown that reducing gender inequality has many positive effects and leads to higher growth rates, healthier children, improved labour productivity and a more responsive government. Thus, gender mainstreaming and gender-responsive policies, are observed to not only contribute to gender equality but also simultaneously improve the population's welfare and lead to *more sustainable and inclusive growth and employment*.

One of the tools to facilitate gender mainstreaming is *gender budgeting* - a strategy to achieve equality between women and men by focusing on how public resources are collected and spent. The Council of Europe defines gender budgeting as a '*gender-based assessment of budgets incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures to promote gender equality*'.[566]

Over the last two decades, the Philippines has engaged in gender budgeting, at the national and local levels, for over two decades wherein *five% of the total budget* is mandated to be allocated for gender and development purposes. The five% quota the five% quota, which serves as *a benchmark, enforcement mechanism and tool for negotiation*. Key elements of gender budgeting in the Philippines are its *institutionalisation* (evident through legislation and the establishment of a gender architecture in the form of "gender and development" focal points), *capacity-building* of government and non-government entities, and *monitoring and accountability*.

Details of the intervention

Gender budgeting in the Philippines was introduced with the 1989-1992 Philippine Development Plan for Women which specified the *allocation of resources to initiatives targeting women*. Currently, the primary

[565] UNESCAP. (2013). *Empowering Women Economically: Illustrative Case Studies.*
[566] Quinn, S. (2008). *Gender Budgeting: Practical Implementation.* Council of Europe.

government entities with "gender and development" responsibilities – the Philippine Commission on Women, the National Economic and Development Authority and the Department of Budget and Management – issue annual Joint Circulars instructing government agencies in the *preparation of "gender and development" plans and budgets* for the coming year, as well as reports of the year to complete.

An additional pivotal element in the institutionalisation of gender budgeting in the Philippines is the *Magna Carta of Women* (Republic Act No. 9710), issued in 2010. In its application of the provisions of both the Beijing Platform for Action and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) to the national context, the Magna Carta of Women *confirms gender budgeting (with the associated minimum five% budget allocation) as a fundamental gender mainstreaming tool* through which gender equality is to be achieved in the Philippines.

Technical support and capacity-building assistance are provided to agencies to assist them in producing their "gender and development" plans and budgets. The Philippine Commission for Women is a key resource in this respect, providing training, workshops, advice and written guidelines. Annual "gender and development" plans, budgets and "accomplishment reports" are submitted to the Philippine Commission on Women for review and endorsement. Department of Budget also reviews gender budgets.

Impact

While there were individual differences across the Local Government Units, application of gender budgeting has resulted in (a) *increases in gender budget allocations*, possibly associated with the increased visibility of women (b) *greater awareness of and ability to mainstream gender*, (c) the *creation of gender databases*, and (d) *greater participation of women and other civil society actors* in the work of the Local Government Units.

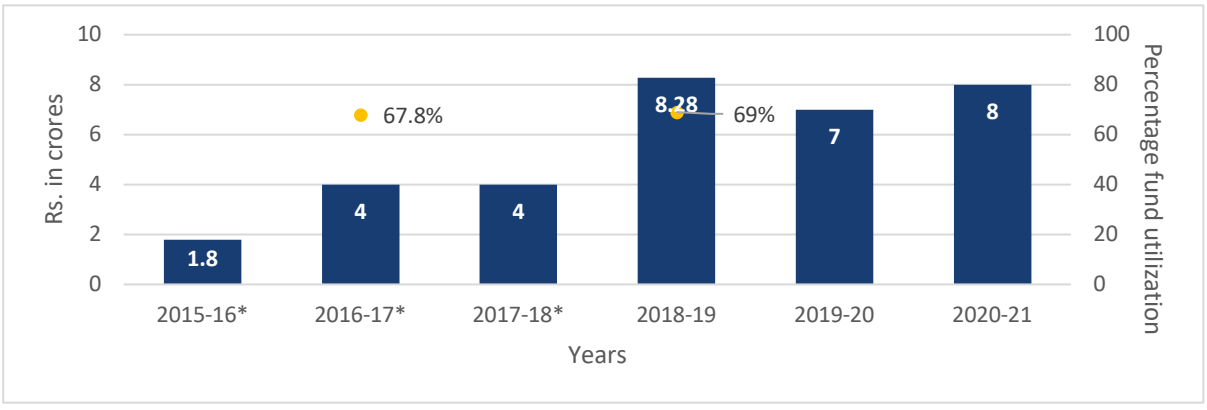
4.6.2.3. Efficiency

Allocation of funds declined in the FY 2019-20, however it increased in the current FY 2020-21. Utilization of funds increased from 67.8% in 2016-17 to 69% in the FY 2018-19. **The evaluation finds the effectiveness of the scheme to be 'Average'.**

Fund Allocation and Utilisation

The allocations of funds under the Scheme has significantly increased after the FY 2017-18, i.e. after the erstwhile Gender Budgeting scheme was merged under the umbrella research, publication and monitoring scheme (as shown in Figure 150). However, in FY 2019-20, there was a 15% decline in the funds allocated under the Scheme compared to FY 2018-19. Funds allocated were again revised upwards in the current FY20-21. Between the FY16-17 and 18-19, utilization of funds increased from 67.8% to 69%.

Figure 150: Allocation of Funds under the scheme (in Rs. Cr.)



Source: Union Budget

*In FY 2016-17 and 2017-18, the funds allocated (BE) has been calculated by aggregating the allocations under the gender budgeting and research, publication and monitoring schemes.

Besides, during the FY 2019-20, total BE for Gender Budgeting was Rs. 3.50 crore for conducting various training programmes and workshops on Gender Budgeting. Out of this, Rs. 1.49 crore has been utilised till 31 December 2019.

4.6.2.4. Sustainability

Over the last 15 years, the practice of gender budgeting has continued in India. However, a lack of adequate HR and institutional structures at the national level to effectively monitor whether the training converts into the creation of GBCs or reporting on statement 13. Even after 15 years since the Gender Budgeting was mainstreamed in the country, only around 20 States have institutionalised Gender Budgeting through trainings, Gender Budget Cells and Gender Budget Statement. Even in the states where nodal persons for GBC have been identified and capacitated through trainings, frequent transfers of officials in GBCs lead to the limited effectiveness of the training conducted. The Collection of Statistics Act, 2008, misses out collection of gender-disaggregated data. Nonetheless, the internship and research scheme in its current form is performing well as there are a growing number of applications and proposals every year, respectively. **Overall, the evaluation finds the sustainability of the scheme is 'Average'.**

With the concerted efforts of the ministry towards promoting the practice of gender budgeting through training and capacity building of stakeholders involved at all levels, gender budgeting in India has sustained itself over the last 15 years. It has even spread to subnational governments, including states and union territories. However, challenges remain, which limit the sustainability of gender budgeting as well as the benefits of the scheme in the long run.

While the MWCD has constituted a Broad-Based Committee for Gender Analysis and Budgeting and has been undertaking Gender Analysis of the Gender Budget Statement on a regular basis, the low HR capacity to drive the GB agenda remains the biggest challenge for the scheme. Interaction with MWCD officials revealed that there is a small team of officials handling multiple schemes. This limits their capacity to effectively monitor and focus on the implementation of all the schemes in the best possible manner.

The gap in monitoring and effective follow up, resulting in non-sustainability of the efforts of MWCD have been reiterated by a case in point. MWCD handbook on gender budgeting (2015) underscores that a gender budget cell was established in Uttarakhand in 2007, and capacity building workshops for gender awareness across different state government departments were undertaken. However, KIIs with state officials in Uttarakhand revealed that at present, neither training for gender budgeting was being undertaken (as highlighted in previous section) nor was the GBC active.

Box 69: Learnings from States: Madhya Pradesh GRB

For the first time, after persistent efforts of the DWCD and UN Women in Madhya Pradesh, a GRB monitoring committee was constituted in 2014 to hold periodic discussions on the trajectory of the GRB in the state. The committee comprises representatives from the Department of Finance, DWCD, Department of Planning and Department of Panchayati Raj and Rural Development with Commissioner, Directorate of Women Empowerment as the chair. A similar model can be emulated at the union government level which will ensure monitoring of GRB initiatives in the country.

Studies highlight that though it is mandatory to release the GB statement, there are no accountability mechanisms mandating impact assessment of allocations for female

beneficiaries (Chakraborty, 2013)[567]. This validated the fact that the emphasis in gender budgeting continues to be on expenditure rather than outcomes.

MWCD officials are involved in the formulation of the schemes when the EFCs are submitted for approval of the ministry (ex-post analysis of the schemes). However, the national level officials underscored that the ministry should be involved right from the time the intervention is being envisioned (ex-ante analysis of schemes) to ensure that the schemes are designed from a gender lens. In-depth analysis with support from MWCD officials needs to be undertaken with regards to the current scenario vis-à-vis target beneficiaries the scheme intends to reach, the type of interventions currently in place and the innovative/novel needs of the community that the new scheme intends to address.

Statement 13 or the Gender Budget Statement requires substantial and continuous investment of time and thought by gender budget cells of ministries and departments for proper implementation of the Gender Budget Charter 2007 issued by the finance ministry. However, bureaucratic transfers and officials appointed on deputation limit the scheme's sustainability. As it was emphasised during interactions with MWCD officials, that gender budgeting as a tool is a complex and technical practice that needs repeated training and capacity building of stakeholders. However, they shared that frequent transfers of the officials in the bureaucratic machinery tend to nullify the efforts made as the entire process of training and capacity building must be undertaken again for the newly designated officials.

There is also resistance from ministries/departments and States/UTs to take on the additional responsibility of gender budgeting. For instance, KIIs with national-level officials highlighted that efforts of the Ministry of Panchayati Raj towards enhancing women's political participation by reserving 33% seats in panchayats are well recognized. However, the ministry does not report on Statement 13 of the budget, and as a result, the fiscal impact of the efforts undertaken by the ministry are not recorded.

Even though legislative measures have been undertaken to facilitate the collection of statistics on economic, demographic, social, scientific and environmental aspects through the enactment of the Collection of Statistics Act, 2008, the Act does not explicitly state collecting gender disaggregated data.

Research and Internship Component

KIIs with the National Level stakeholders, also underscored that the Internship and Research, Publication and Monitoring components of the Scheme have been performing significantly well and can be sustained in the current form. For the internship scheme, the national level officials opined that the programme had been a success in terms of the growing number of applications that are received every year. The students show a keen interest and high levels of motivation to work in the Ministry to get an exposure to the functioning of the government machinery. The programme provides an opportunity for mutual learning to the interns as well as officials in the Ministry. Overall the programme is a well-intended intervention and can be sustained in the coming years with the increased interest of students and the increasing uptake of the Scheme.

[567] Chakraborty, L. (2013). *Integrating time in public policy: Any evidence from gender diagnosis and budgeting* (No. 13/127).

4.6.2.5. Impact

38 Ministries/Departments and UTs are reporting on Statement 13 of the expenditure budget. 23 States have adopted Gender Budgeting. Due to lack of monitoring and data on activities undertaken by GBCs, it is difficult to assess the impact of training conducted as part of the scheme on the creation of GBCs across states. With a sum of Rs. 136934.1 crores, Gender Budgeting, formed 4.9% of the total expenditure budget and only 0.63% of the GDP of the country. Further the recommendations presented in the research studies conducted under the Scheme significantly help in improving the corresponding schemes of the Ministry, as stated by National level officials. **Overall, the evaluation finds the impact of the scheme to be 'Average'.**

Reporting on Statement 13

There has been a gradual increase in the number of Ministries/Departments and UTs that have started reporting on the Gender Budget Statement (Statement 13). In the FY 2019-20, 38 Ministries/Departments and UTs reported on Statement 13, amounting to Rs. 1,36,934.10 Cr. (4.9 % of the total Union Budget), an increase from 28 in FY 2010-11[568] (MWCD Annual Report 2019-20). Between 20One of the significant achievements has been to get the Ministry of Railways on board for reporting on Statement 13, as highlighted during KIIs with National Level officials.

Table 87: Number of Ministries/Depts. reporting on Statement 13

FY	Ministries/Depts. Reporting on Statement 13 (No. of Demands)
2015-16	35(35)
2016-17	27(27)
2017-18	27(32)
2018-19	28(33)
2019-20	33(38)

Further, over the years, the focus has been particularly laid on institutionalising the process by creation of systems and mechanisms and capacity building of key personnel for mainstreaming gender through the process of Gender Budgeting. In this context, MWCD has facilitated the gender-neutral Ministries like the Ministry of Urban Development, Ministry of Information Technology, Ministry of Power, Ministry of Corporate Affairs, Ministry of Statistics and Programme Implementation for engendering their schemes and programmes for better planning and resource prioritisation.

National level officials also emphasised that over the years there have been some direct impact of their training and consultations in terms of an increased number of Ministries/Departments and UTs reporting on the gender budget statement. For instance, it was noted that post the training undertaken in the Ministry of Housing and Urban Affairs in September 2018 and Ministry of Defence in January 2019, both the ministries started reporting on the gender budget statement since the regular budget presented in July 2019.

Box 70: GRB Learnings from Ministries: Ministry of Agriculture[569]

A National Gender Resource Centre in Agriculture (NGRCA) was set up in the Department of Agriculture and Cooperation, MoA, in 2004–05 under the scheme "Extension Support to Central Institutes." Since its

[568] https://www.orfonline.org/wp-content/uploads/2018/08/ORF_OccasionalPaper_163_GenderBudget_NEW10Aug_f.pdf
[569] Jhamb, B., & Mishra, Y. (2015). Gender responsive budgeting in India. *Economic & Political Weekly*, *50*(50), 55-62.

establishment, the GBC located in the NGRCA of the Directorate of Extension has undertaken several key initiatives to ensure engendering of the ministry's schemes and programmes.

- At least 30% of funds earmarked for women farmers across all beneficiary-oriented schemes.
- Gender coordinators/nodal officers identified in every division.
- Women's representation to be ensured in decision-making committees.
- Various research studies were underway to assess existing schemes from a gender perspective (women friendly tools, a study on existing policies and their impact on women's access to land, etc.).
- Gender sensitisation modules have been prepared for programme implementers at different levels.
- Review of the financial allocations of schemes that are reporting in the Gender Budget Statement.
- Review of financial sanction of all beneficiary-oriented schemes of DAC to ensure integration of gender at the planning stage.
- Review of MIS formats to include sex-disaggregated

Box 71: GRB Learnings from Ministries: Ministry of Rural Development[570]

Since its inception in 2013, the GBC of the Ministry of Rural Development has undertaken several initiatives and has proactively provided information in the public domain on the actions taken with respect to the measures discussed in previous meetings. One of the areas which have received continued focus is engendering the flagship schemes of the ministry. The ministry, in its various publications, including the Outcome Budget and even as a separate note, provides detailed information on the actions taken by it to make existing schemes more gender responsive. For instance, documents provide information on schemes such as the Mahatma Gandhi National Rural Employment Guarantee Scheme, Indira Awaas Yojana, Indira Gandhi Widow Pension Scheme, National Rural Livelihoods Mission and Mahila Kisan Sashaktikaran Pariyojana citing specific policy measures, physical and financial data. The ministry continues to emphasise revisiting the schemes and making them more responsive to the specific needs and concerns of women.

The training programmes conducted as part of the Scheme have also helped facilitate States across India to adopt Gender Budgeting. Year-wise distribution of the 23 States that have adopted GB and are reporting on Statement 13 has been shown in table 87 below.

Table 88: Adoption of GB by the States

2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2015-16
Odisha	Tripura, Uttar Pradesh, West Bengal	Karnataka, Gujarat, Lakshadweep	Madhya Pradesh, Jammu & Kashmir, Arunachal Pradesh Chhattisgarh, Uttarakhand	Himachal Pradesh, Assam, Bihar	Nagaland	Kerala	Rajasthan, Dadra and Nagar Haveli	Andaman and Nicobar Islands, Punjab	Maharashtra	Jharkhand

Source: MWCD Annual Report, 2019-20

Box 72: GRB Learnings from States – Kerala

Kerala stands out as a successful early adopter of GRB. The State set up a Gender Advisory Committee in 2008, as a nodal agency for coordinating the preparation of the GBS. It also conducted a gender audit of two flagship schemes, one for protecting women from domestic violence, and another for skill training. Most notably, efforts have been made for gender-disaggregated data collection to promote gender planning at

[570] Ibid.

local government bodies (MWCD, 2015). For 2019-20, the Kerala Government earmarked INR 32.4 billion for their gender budget, amounting to 14.6% of their total budget outlay, well above the national average.

Box 73: GRB Learning from States: Odisha

The Odisha government, on an average, earmarks 36% or more of its total annual budgetary allocations to meet the requirements of gender budget. The Odisha government has been providing universal health care through its flagship scheme Biju Swasthya Kalyan Yojana (BSKY), wherein free health services are provided to people from local sub-centre level all the way up to medical college hospitals. In addition, over 70 lakh economically vulnerable families in the state are provided with annual health coverage of Rs 5 lakh per family and Rs 10 lakh for women members of the family. Another important initiative which has been taken by the Odisha government is to stop distress migration in rural areas by providing an additional 100 days of wage employment to rural folk under Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and an enhancement of MGNREGS wages on par with minimum wages in their respective blocks. This enhancement is possible through a top-up initiative announced by the state government to additionally ₹Rs 100 per day from its exchequer, in addition to the wages provided by the union government.

Source: https://www.epw.in/engage/article/union-budget-2020-21-contrasting-states-and-centres-approach

Gender Budgeting Cells

In response to the DO letter[571] issued in 2018-19, 25 Ministries/Departments have re-constituted their Gender Budget Cells and have appointed designated Nodal Officers (Annual Report 19-20).

The Stakeholders' Consultation held in 2013 revealed that MWCD officials are supposed to regularly monitor gender budgeting activities of the GBCs. However, no meetings are being held, and no records are being maintained on the part of GBCs to discuss initiatives or track progress. Jhamb and Mishra, 2015[572] also highlighted that there is an absence of a comprehensive knowledge repository on the initiatives undertaken by GBCs. This leads to challenges in assessing the impact of the training and capacity building undertaken as part of the scheme towards setting up of GBCs. The national-level officials also stated that there is non-uniformity in the establishment of GBCs across states. For instance, Rajasthan has a Gender Cell that undertakes capacity building exercises and is the nodal cell for promoting Gender Budgeting in the State. However, in Madhya Pradesh, it was stated that GBCs had been set up in 13 departments.

Similarly, there are variations in nomenclature across states as in Maharashtra the institutional mechanisms for gender budgeting are called 'outcome cells'. Further, states like Tamil Nadu that are carrying out extensive gender budgeting do not have an institutional structure. This further makes it difficult to document state-wise gender budgeting initiatives leading to challenges in assessing the overall impact.

Gender Budgeting as a proportion of Expenditure and GDP

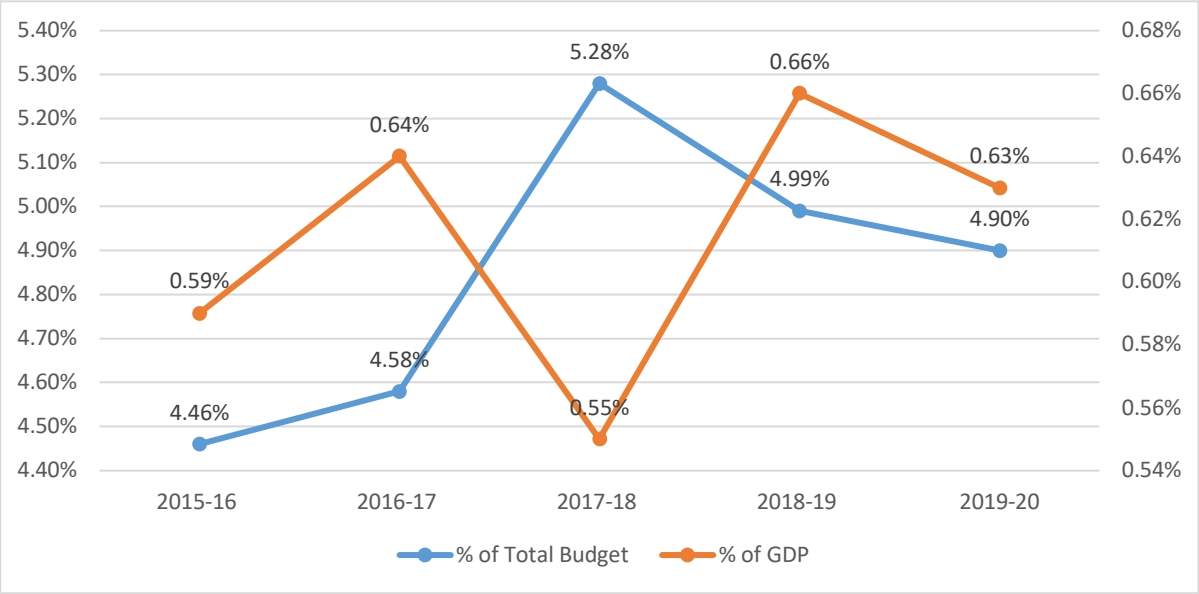
Even after concerted efforts in terms of training of officials, advocacy and research, GB continues to be a minuscule percentage of the total expenditure budget. Between 2015-16 and 2017-18, percentage of gender budgeting increased gradually and was 5.28% of the total budget in FY 2017-18. However, post-FY 2017-18, it started declining and reached 4.9% in FY 2019-20. On the other hand, fluctuating trends in GB as a proportion of GDP emerge. In FY 2017-18, there was a

[571] https://dea.gov.in/sites/default/files/Final%20Budget%20Circular%202020-2021.pdf

[572] Jhamb, B., & Mishra, Y. (2015). Gender responsive budgeting in India. *Economic & Political Weekly*, *50*(50), 55-62.

significant decline and GB was 0.55% of the total GDP. Nonetheless, it increased post-FY2018-19, only to decline again in FY 2019-20 to 0.63 per cent.

Figure 151: GB as a % of Total Budget and GDP



Source: Union Budget, MWCD

This necessitates that every ministry enhances its efforts to identify the specific needs of women in their domain of work and helps them by providing appropriate budgetary estimates in the gender budget statement. Further, our data systems need to be rectified to capture the economic contribution of women to the GDP as the majority of women in India work, but they are not counted as workers. The unpaid economic contribution of millions of Indian women on family farms, looking after livestock, and contributing to products that are sold by men in the household remains unrecognized and invisible.[573]

Research and Publication

The officials of MWCD stated that the recommendations presented in the research studies conducted under the Scheme, particularly the key studies such as evaluation of FCC, evaluation of Working Women's Hostel Scheme, among others have significantly helped in improving the corresponding schemes of the Ministry.

[573] https://www.epw.in/engage/article/union-budget-2020-21-contrasting-states-and-centres-approach

4.6.3. Analysis of Cross-Sectional Themes

4.6.3.1. Accountability & Transparency

Gender Budgeting constitutes the analysis of budgetary policies and fiscal allocations to identify their effects on gender development. This, in turn, can act as a significant tool to ensure transparency and accountability in gender mainstreaming by analysing equity and efficiency of programmes and policies from a gender lens. Since 2005, the Indian government has included a gender-budgeting statement as a part of the annual national budget. These statements presented information on money specifically targeted for women's schemes only and overlooked details on expenditures for women in programmes that are not exclusively for women. In 2007, the gender-budgeting statement in India introduced two distinct parts - the first part highlighted schemes whereby 100% of the expenditure was for women (women-specific schemes), for example, hostels for working women or nutritional programmes for adolescent girls. The second part drew attention to the schemes whereby 30% of the allocations were for women (pro-women schemes), for example, the national budget for AIDS control or the national programme for tuberculosis control. The Comptroller and Auditor General (CAG) has been publishing a Report on Gender Budgeting in the State Finance Accounts since 2010 to enhance accountability.

Accountability mechanisms for gender budgeting processes in India began with the Planning Commission's XII Five-Year Plan Report of the Working Group on Women's Agency and Empowerment (2012). The Working Group was mandated to carry out a review, analysis and evaluation of the existing provisions and programmes for women and make recommendations for the XII Five Year Plan. The Working Group suggested the following recommendations for accountability mechanisms:

- The Results Framework Document is an accountability mechanism that must be gender mainstreamed.
- Evaluation and impact assessment of schemes by an external agency is a mandatory requirement for the continuation of existing schemes beyond the plan period, and these should include impact assessment/ status of gender mainstreaming.
- At the state level, mandatory gender audits of all centrally sponsored schemes and central schemes should be undertaken.
- A quantum leap in Gender Responsive Budgeting can be achieved if gender perspectives are incorporated within the expenditure and performance audits conducted by CAG.

We can see that over the past 15 years, gender budgeting has evolved as a fiscal accountability mechanism, to assess whether the money spent by the federal and subnational governments gets translated into positive gender equity outcomes. Moreover, transparency in gender budgetary processes is a necessary condition for responsive decision making by the government apparatus. Transparency must be enhanced to bring-in better insights and strategies, encourage timely and effective implementation of policies, and help create public confidence in the willingness as well as the ability of the government to work for people.

Another aspect which makes the task of establishing accountability in gender budgeting in India difficult is the fact that only a minuscule proportion of the population understands the technicalities involved with budgets and some of the crucial phases of the budget cycle do not allow any kind of participation by the people. Therefore greater emphasis on public understanding and involvement in the budget process is required for ensuring that the

government accepts its accountability for the budget proposals and their implementation. In this context, it may be emphasised that to be conducive to public involvement, the gender budget process needs to be transparent. Lack of transparency in the gender budgeting process can restrict the degree of public involvement, and it can also limit the scope and depth of public debates over budget policies.

4.6.3.2. Direct/Indirect Employment Generation

The Union and State governments in India have directly or indirectly incorporated Gender Budgeting in their budgeting exercise. Various Central and State schemes and programmes allocate funds for women-oriented activities or provide substantial resources to bridge the gender gap in development outcomes, including in employment. From a policy perspective examples of including gender aspects in employment include the constitutional provision of 50% reservation for women in the Panchayati Raj Institutions (PRI), granted by the Union Cabinet of the Government of India on 27 August 2009, empowers women to participate in local governance. Moreover, the 11th Five Year Plan's requirement that "at least 33% of the direct and indirect beneficiaries of all government schemes are women and girl children has seen significant results for women's participation.

From a programmatic perspective, an example of how gender budgeting has been included in programme design is under MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act). Women constitute a large proportion of those who demand the right to work under MGNREGA. The programme has facilities for safe drinking water, first aid, shade for children etc., at the worksite. MGNREGA, however, provides the guarantee at the level of the household and not at the level of the individual. Therefore, the rights of women are subsumed under those of the household. An intervention by the Department of Women and Child Development led to the addition of a clause that required that at least one-third of the beneficiaries under MGNREGA should be women.

Other examples include The National Policy on Skill Development, 2009, which aims to increase women's participation in vocational training to at least 30% by 2012 through counteracting discrimination as well as proactive measures such as scholarships, transport, and loans. The policy promotes both vocational training in fields employing women and women's participation in non-traditional areas. National Rural Livelihoods Mission (NRLM) launched in 2011, and the National Urban Livelihoods Mission proposed later that year promote the formation and strengthening of self-help groups (SHGs), to involve a member of every poor household, preferably a woman. The missions seek to reach the poor with sufficient support, including training and access to credit, to enable them to access wage employment or undertake self-employment. Further, the flagship programme of revamping the rural health systems, National Rural Health Mission (NRHM), which has a cadre of Accredited Social Health Activists (ASHAs). ASHAs are the first point of contact for any health-related demands of the deprived sections of the population, especially women, children, elderly, infirm and disabled.

Another aspect which is receiving significant attention in Gender Budgeting is *Valuing Unpaid Work*. The economy currently does not take unpaid work like childcare, household work like cooking, cleaning, fetching water, caring for the elderly and voluntary work for civil society into account. However, it is being realised that the work of the unpaid sector plus the work of the monetary economic sector is what results in the total economic output of a society. Therefore

methods of supporting the women (and men) who contribute to the nation through unpaid work and lessening their burden, must be identified.

4.6.3.3. Gender mainstreaming

The need for gender budgeting arises from the fact that budgets – both national and State do not have an equal impact on men and women as a result of the existing pattern of resource allocation and social constraints. Women constitute approximately 48% of India's population. However, they continue to lag behind men on many social and economic indicators such as health, education, livelihood opportunities, wages earned etc. Through the Gender Budgeting exercise, specific focus is given to recognise the vulnerability and lack of access to resources that women face. It is well-known that a Government budget allocations have the potential to transform gender inequalities. Gender Budgeting acts as a tool for achieving gender mainstreaming by directing policies and budgets.

Gender Budgeting as an exercise is not a separate budget for women, rather through this tool, budgets are analysed to examine their gender-specific impact, and to translate gender commitments into budgetary operations. Gender budgeting is defined as an analysis of the entire budget process through a gender lens to identify the gender differential impacts and to translate gender commitments into budgetary commitments.[574]

4.6.3.4. Use of IT/Technology in driving efficiency

Gender budgeting is an exercise that requires data integrity and timely reporting of accurate data. In fact, as per the Gender Budgeting Handbook, Sex-disaggregated data to enable an analysis of the situation of women and girls, as well as men and boys in each sector, is a pre-requisite for Gender Budgeting. This requires further consideration and improvement in the Indian context. To meet the needs of Gender Budgeting, the data collection systems of all ministries need to include gender-relevant data items, and all items relating to individuals need to be sex-disaggregated. However, ensuring sex-disaggregated data in the gender-neutral sectors remains a challenge and requires a change in data collection mechanisms.

4.6.3.5. Development, dissemination & adoption of innovative practices, technology & know-how

Gender Budgeting is in itself a fiscal innovation by finding ways for public expenditure to be gender partitions, analysing the impact of public infrastructure on women and reviewing whether economic growth per se translates into better gender-sensitive human development. Gender Budgeting also assesses whether the contribution of women to the economy have been properly analysed and whether fiscal services have been designed to redress the capability deprivation of women in the unpaid care economy. In India, contextualising and leading the development of innovative processes in Gender budgeting have been led by UN Women and the Ministry of Women and Child Development (MWCD) in collaboration with the National Institute of Public Finance and Policy (NIPFP), and the Ministry of Finance.

NIPFP provided an analytical framework for gender budgeting by constructing a model to link fiscal policy to gender development. This pioneering study analysed the link between public spending on public education and health, and gender development, showing the positive effects

[574] Chakraborty, L. (2014). A Case Study of Gender Responsive Budgeting in India.

of such spending on the indicators of gender inequality. This approach was significant for the gender budgeting initiative, as it took the existing debate of economic growth viewed in isolation into the realms of how it translates into human development. Apart from this, the role of the NIPFP in the process of Gender Budgeting as innovation was multi-fold as it served as the nodal agency to provide policy inputs in the process of institutionalisation, it served as the coordinator and facilitator for capacity building for the sectoral budgetary processes of GRB, and it highlighted the need for accountability processes.[575]

Overall in India, Gender Budgeting has helped translate gender commitments into fiscal commitments by applying a "gender lens" to the identified processes, resources, and institutional mechanisms, and arrives at a desirable benefit incidence highlighting kits innovation.

4.6.3.6. Stakeholder and Beneficiary behavioural change

The Constitution of India not only grants equality to women but also empowers the State to adopt measures of positive discrimination in favour of women. However, wide gaps exist between the goals enunciated in the Constitution, legislation, policies, plans, programmes, and related mechanisms on the one hand and the situational reality of women and girls, on the other.[576] Achieving gender equity/ equality requires recognition of different needs, preferences and interests which affect the way men and women benefit from policies and budgetary allocations and a change in behaviour – which gender budgeting has allowed.

Gender budgeting acts as a lens to make policymakers aware of the extent of loss in economic efficiency that may arise out of gender-neutral fiscal policies and to frame policies to correct those biases to prevent the policies turning gender blind[577]. Further, through capacity building initiatives including regional meetings organised by UN Women and MWCD effort to coordinate with to train officials across ministries, gender budgeting is becoming a mainstay in discussions and changing the view of policy-makers towards gender-sensitive programming. One of the key thrusts of gender budgeting is also to eliminate the statistical invisibility of the care economy. Further, the Gender Budgeting Handbook and Gender Budgeting Manual, which were published by the MWCD for the training programmes have helped States and officials understand its various aspects and make necessary changes to have gender budgeting in place.

Some examples of how gender-sensitive programmes and policies can lead to behaviour change include the Sukanya Samridhi Yojana, a small deposit scheme exclusively for the girl child and tax systems which create incentives to increase women's ownership of property such as a reduction in the stamp duty if the land is registered in a woman's name.

4.6.3.7. Research & Development

Research on gender budget started in the year 2000 when the new concept was unclear for a meaningful public policy. Knowledge building and networking was started at this time when no gender budgeting models existed in the context of developing countries. It was pertinent to invest in research on developing an approach and tools in which a gender lens could be applied to government budgets.[578] Government of India and UN Women took the along with the National

[575] Chakraborty, L. (2014). Gender-responsive Budgeting as Fiscal Innovation: Evidence from India on'Processes'. Levy Economics Institute, Working Paper, (797).
[576] Ministry of Women and Child Development, National Policy for Women Empowerment, 2001
[577] Chakraborty, L., Nayyar, V., & Jain, K. (2020). The political economy of gender budgeting: Empirical evidence from India. In Handbook on Gender, Diversity and Federalism. Edward Elgar Publishing.
[578] Chakraborty, L. (2014). A Case Study of Gender Responsive Budgeting in India.

Institute of Public Finance and Policy (NIPFP) took the lead in initiating this research. NIPFP conducted a research study in 2000, which received national and international attention in terms of its effectiveness in research and public policy. An IMF paper by Stotsky (2006) highlighted the significance of this study in providing models linking fiscal policy to gender development. UN Women (2012) in an evaluation study on gender budgeting, highlighted the effectiveness of the NIPFP study in providing research inputs and supporting the institutionalisation of gender budgeting in the country within the Ministry of Finance.

Moving forward, in-depth research needs to be undertaken both before launching a scheme or including it under gender budgeting as well as after its implementation, i.e. both ex-ante and ex-post analysis is required. In the absence of such research, scarce resources may be spent on activities that do not deliver the desired results, but also be unaware of this reality and persist with the mistake for longer than necessary. Gender audits of key government programmes such as Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) should be in the research agenda for Gender Budgeting.

4.6.3.8. Unlocking Synergies with other Government Programmes

Gender Budgeting, as an activity, encompasses all government programmes and helps to identify budget components that are more closely associated with specific gender aims to bridge inequalities in India. Since 2005, the Gender Budgeting Statement released by the government consists of two parts - the first part reflects the women-specific schemes in which 100% allocation is only for women and the second part reflects pro-women schemes in which 30% of the allocation is earmarked for women.

An inter-departmental committee meeting on gender budgeting was first held in 2004, where all departments/ministries were asked to establish a 'Gender Budgeting Cell' by 1 January 2005 and to prepare gender-disaggregated benefit incidence analysis from the next financial year for inclusion in their annual reports/performance budgets, as per instructions and a checklist prepared by the MWCD in co-ordination with the NIPFP.[579] The 2005-2006 Budget also included a separate statement on gender sensitivities of budgetary allocations under ten Demands for Grants and also required all departments to present gender budget statements. The Ministry of Women and Child Development played a major role in sub-national initiatives on gender-responsive budgeting and on ensuring responses and synergies with government programmes.

Schemes such as the National Health Mission, National Rural Livelihood Mission, MGNREGA are some examples where considerable resource allocations have been examined from a gender perspective. MNREGA has gender-sensitive components, incorporating clauses that specify definitive quotas of beneficiaries as women, a similar pay scale for men and women as well as builds in the provision of childcare facilities within worksites. Chakraborty and Singh (2018) showed that MNREGA has a positive impact on female labour force 16 participation rates in India.[580] Ujjwala Yojana is a successful example of gender budgeting and has shown the immense impact on the health and social status of BPL women by providing them with cooking gas connections.

In the past decade, however, the majority of gender-responsive budgeting expenditure has been borne by four major ministries – Rural Development, Education, Health and MWCD. However, the

[579] ibid

[580] Chakraborty, L., & Singh, Y. (2018). Fiscal Policy, as the Employer of Last Resort: Impact of MGNREGS on Labour Force Participation Rates in India (No. 18/210).

time has come for a holistic approach leading to the convergence of all policies from the perspective of gender.

4.6.3.9. Reforms, Regulations

Gender budgeting uses the Budget as an entry point to apply a gender lens to the entire policy process and is concerned with the gender-sensitive formulation of legislation, policies, plans, programmes and schemes. However, it is not only about the Budget, and it is not just a one-time activity. It is a continuous process that must be applied to all levels and stages of the policy process.[581] The political economy of gender budgeting encompasses both the fiscal and legal frameworks. The fiscal frameworks of gender budgeting include" engendering" the taxation and public expenditure policies along with the intergovernmental fiscal transfers (IGFT) at ex-ante and ex-post levels. The legal framework of gender budgeting incorporates the mandate for earmarking the allocations for 'gender and development' through laws. Both these processes involve a heterogeneity of stakeholders, from the stages of budget formulation to implementation.[582] Gender budgeting in India has sustained for the last 15 years and has even spread to subnational governments, including states and union territories. However, there is a need to make a lot more progress in several areas including data integrity, better fiscal marksmanship, reporting consistently, emphasis on outcomes rather than expenditure, and more analysis of gender budgeting both ex-ante and ex-post.

A key reform, which gender budgeting is looking to make is to eliminate the statistical invisibility of care economy. For this, we need to identify the context-specific care economy infrastructure arrangements and how paid and unpaid components of it are arranged. Gender budgeting has no direct implications for the measurement of home production unless we identify the scope of public benefits by reducing the care economy burden through care economy infrastructure arrangements and release the excess burden felt in the sector.

[581] Ministry of Women and Child Development, Government of India, Gender Budgeting Handbook, 2015
[582] Chakraborty, L., Nayyar, V., & Jain, K. (2020). The political economy of gender budgeting: Empirical evidence from India. In Handbook on Gender, Diversity and Federalism. Edward Elgar Publishing.

4.6.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Lack of sustainability of scheme and gender budgeting in the country	• There is a lack of institutional mechanism and adequate staff at the national level to monitor and review the activities of the scheme and its impact leading to limited sustainability of scheme benefits • There exists resistance from the States/UTs to practice gender budgeting due to additional work responsibility • Lack of involvement of the ministry in guiding ministries in formulating schemes from a gender lens ex-ante • Frequent transfers and officials appointed on deputation in GBCs.	**To universalize gender budgeting and collection of gender-disaggregated data, the following legal, as well as institutional steps, need to be undertaken,** drawing from experiences of Korea and the Philippines, regular **conduct of Gender Response Budgeting across ministries, States and UTs may be made legally mandatory**. Towards this, a **Gender Budgeting Act** may be passed. Further, on the lines of Statistics Law in Israel[583], it may be legally mandated that every data collecting institution must analyse and publish gender-disaggregated statistics. A **Gender Resource Centre** at MWCD can be established in convergence with MoF. The institutional structure of these centre may include: • **Broad-Based Committee:** with representatives of key GRB agencies, that is, the MWCD and MoF and sectoral ministries. Formed to institutionalize the practice of holding a consultative dialogue between the representatives at the time of formulation of annual budgets. • **Executive members:** including women representatives from NGOs/CSOs, academicians, economists, researchers, policy experts, trade unionists and activists are working in the area of gender budgeting (Drawing from the UK's Women's Budget Group)[584]. Their roles and responsibilities include (i) through their work in academics as well as experiences as public policy advocates, inform amendments and course correction of the national budgets to make them more representative of women's needs; (ii) undertake assessments of the budgets formulated in terms of their quality and suggest improvements; (iii) documentation and presentation of a pre-budget consultation paper every year to outline the main policies and proposed changes; (iv) undertake periodic review meetings with representatives from various line ministries to assess the	**Short-Term:** Creation of Gender Resource Centre **Medium-term**: Formulation of gender budgeting act and development of gender resource portal **Long-term**: Effective implementation of the suggested scheme design	**Central Government**

[583] http://www.oecd.org/gender/Gender-Budgeting-in-OECD-countries.pdf
[584] https://wbg.org.uk/

		progress on gender budgeting in the country and recommend a way forward (Drawing from the Madhya Pradesh model)[585]. • **Consultants:** 3-5 consultants, in collaboration with development partners, trained in capacity building for gender budgeting, may be engaged. Their roles and responsibilities can include: (i) fast-tracking the creation of GBCs across ministries and States/UTs through regular training and capacity building of officials involved; (ii) monitoring the online Gender Resource Portal (detailed below) and ensuring regular collation of activities undertaken by GBCs and sex-disaggregated data on indicators and beneficiaries of various government interventions; (iii) creation of research calendar and accordingly seeking proposals that can guide policy and programmatic interventions for enhancing gender equality. • **Gender Resource Portal** may be created as a one-stop repository of (i) the ministries/departments and States/UTs reporting on statement 13 along with their BE, RE and actual expenditure; (ii) existing GBCs and details of the activities undertaken by them (updated on a bi-annual/annual basis); (iii) sex-disaggregated data on indicators related to various sectors like health, education, skills, employment, etc. and on the beneficiaries reached through various government interventions (data to be collected from various line ministries and collated on the portal).		
Ministries/sectors considered gender neutral and left out of gender perspective	• Gender Budgeting continues to be a small percentage of the total expenditure budget, i.e. 4.9% in FY 2019-20. • Gender Budgeting as a proportion of GDP, only 0.63 % in FY 2019-20.	**Impact assessment of gender budgeting needs to be strengthened by undertaking the following measures:** • Sectoral initiatives on gender budgeting to be given emphasis. • The gender differential impacts of direct and indirect taxes to be analysed. • The attempts to frame policies to integrate the unpaid care sector in GRB to be prioritised. • The institutional mechanisms for GRB to be strengthened, • A new header title in the budget classification on 'gender development', to be introduced	Medium-Term	**Central Government**: The suggested measures to be included while undertaking gender budgeting need to be put into effect by MoF

[585] Gender Budgeting Handbook, MWCD.

4.7. One-Stop Centre (OSC) Scheme

Summary of One-Stop Centre (OSC) Scheme Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ Provides institutional mechanism to support the survivors of VAW + Provides full range of services including police and judicial response, legal and health care services, psycho-social counselling. + Offers strong convergence for essential services needed by the survivors.
Effectiveness	Satisfactory	+ 684 OSCs have been set up supporting more than 2.8 lakh women. + A remarkable increase in coverage in the last 15 months, with 400 OSCs operationalised since Dec 2018. + Equipped with adequate infrastructure facilities. - Awareness of Scheme among primary respondents was just around 4%. This is despite there being a budget head in scheme guidelines for IEC and scheme popularisation. - Lack of data on the quality of services and beneficiary feedback. - No grievance redressal mechanism for beneficiaries to record complaints or feedback.
Efficiency	Needs Improvement	+ OSCs demonstrate effective convergence, both upstream – with Women's Helpline – and downstream – with Police, DLSA, DoHFW. + Examples of States working to streamline training capacity building, M&E, and supporting OSCs by providing rescue vehicles. - Only 20% of the funds released under the Scheme have been utilised. - OSCs are inadequately staffed. If each OSC was fully staffed since operationalisation, expenditure on account of salaries could have been Rs. 245 Crores instead of Rs. 61.34 Crores. - In the absence of standardised salary norms for positions, there is a difference in the quality of staff hired across OSCs. This makes it difficult to ensure that similar quality of services is provided. - Salary limit of Rs. 2,00,000 for 13 staff members is low for the expertise needed and leads to difficulty in finding trained staff. - No mechanism to track training of OSC staff members since there is no provision of systematic training of OSC functionaries. - Minimal IEC activities conducted to popularise the Scheme. The provision for training, IEC, and advocacy – Rs. 50,000/year is low.
Sustainability	Satisfactory	+ The OSCs have been operationalised in 640 districts + Supreme Court has mandated an OSC in each district + OSCs have been able to generate significant convergence by providing all services to survivors of violence at one place. - Relatively low salary for OSC staff leads to significant attrition, which hampers the institutional memory, and hence sustainability.
Equity	Average	+ The Scheme is universal and services can be used by any women in distress regardless of their caste, religion or economic status. - In absence of access to disaggregate data on the beneficiaries reaching out to OSCs, the evaluation is unable to assess the frequency of use of OSC by women from different economic strata.

4.7.1. Background of the Scheme

One-Stop Centres (OSCs) are intended to support women affected by violence, in private and public spaces, within the family, community and at the workplace. The key objectives of OSC are:

(i) To provide integrated support and assistance to women affected by violence, both in private and public spaces under one roof; and
(ii) To facilitate immediate, emergency, and non- emergency access to a range of services including medical, legal, psychological, and counselling support under one roof to fight against any forms of violence against women.

The OSCs support all women, including girls below 18 years of age affected by violence, irrespective of age, caste, class, religion, education status, sexual orientation, or marital status. For girls below 18 years of age, institutions and authorities established under Juvenile Justice (Care and Protection of Children) Act, 2000 and the Protection of Children from Sexual Offences Act, 2012 is linked with the OSCs (Scheme Guidelines).

MWCD has been implementing One Stop Centre (OSC) Scheme since 1st April 2015. The central objective of the OSC Scheme is to provide a range of integrated services under one roof for women affected with violence such as Police assistance, medical aid, providing psycho-social counselling, legal assistance and legal counselling and temporary shelter etc.

Popularly known as Sakhi One Stop Centres, the OSC Scheme is implemented through the Nirbhaya Fund with 100% funding from the MWCD. In 2015-16 funds were directly disbursed to the State Government; however, due to the change of guidelines of the MoF in 2016-17 for 60:40 disbursements of the Central Sector/Centrally Sponsored funds to the State, fund for the OSC Scheme are disbursed at the district level since 2016-17 to avail 100% of the funding from the Nirbhaya Fund. This shift led to the creation of dedicated bank accounts at the district level for the OSC Scheme. For those States already in receipt of funds in the first two phases (before the change in the guidelines) had to transfer the funds from State exchequer to the district level account of OSC managed by the District Magistrate.

As per the Supreme Court order dated 11/12/2018, every district in the country should set up one OSC within a year. OSCs have been approved by MWCD to be set up either in a newly constructed building or in existing buildings or temporary facility till the construction of OSC building is complete.

Services

Aggrieved women facing any kind of violence due to attempted sexual harassment, sexual assault, domestic violence, trafficking, honour-related crimes, acid attacks or witch-hunting who have reached out or been referred to the OSC are provided with specialised services and one-stop access to:

- **Emergency Response and Rescue Services:** To achieve these linkages are developed with existing mechanisms like National Health Mission (NHM), 108 services, Police (PCR Van) so that the woman affected by violence can be rescued from the location of abuse and refer to the nearest medical Centre either private or public or even a shelter home.
- **Medical Assistance:** Women and girls affected by violence are referred to the nearest hospital for medical aid/examination, which is undertaken as per MoHFW guidelines and protocols.

- **Assistance to Women in lodging FIR/NCR/DIR:** OSCs help victims in lodging of FIR/NCR/DIR at the appropriate places, so the violence does not go unnoticed, and the perpetrators of such violence may be suitably punished.
- **Psycho-Social Support/Counselling:** All OSCs have a skilled and trained counsellor for providing psycho-social counselling to the victims who are traumatised or otherwise.
- **Legal Aid and Counselling:** The women and girls who face violence are also supported to avail legal services. OSC facilitate access to legal aid and counselling through empanelled lawyers or the support of District Legal Service Authority (DLSA).
- **Shelter:** OSCs also provide temporary shelter to aggrieved women along with their children (girls of all ages and boys up to 8 years of age) for a maximum period of 5 days. For long term shelter requirements, arrangements are made with Swadhar Greh/Short Stay Homes.
- **Video Conferencing Facility:** OSCs provide video conferencing facility to aggrieved women/girls to facilitate speedy and hassle-free police and court proceedings. If needed, she can record her statement for police/courts from OSC itself using electronic means as prescribed under sections 161(3), 164(1) and 275(1) of the Code of Criminal Procedure and section 231(1) in line with Order XVIII Rule 4 of the Code of Civil Procedure.

OSC Staffing

The scheme guidelines provide for the following staff to be available in the One-Stop Centre for its smooth functioning to achieve its mandate:

1. **Centre Administrator** is a woman with requisite qualification, always available at OSC to cater to the needs of women affected by violence. She resides at the One-Stop Centre.
2. **Case Workers:** work in shifts to provide 24-hours service at OSC. Aids the Centre Administrator in facilitating services to women accessing OSC.
3. **Police Facilitation Officer:** helps aggrieved women in initiating appropriate police proceedings against the perpetrators. PFO helps speed up lodging of FIR/Complaint or any other assistance at the police station and in exceptional cases flag the issue to the Superintendent of Police and other relevant authorities.
4. **Paralegal personnel/Lawyer:** informs and orients women about legal rights and help the woman to initiate legal proceedings against the abuse/violence suffered if the aggrieved woman wants to.
5. **Para-Medical Personnel:** provides first aid and immediate life-saving medical assistance to the aggrieved woman until she reaches the hospital.
6. **Counsellor:** provides psychological counselling and guidance to women affected by violence and refers services that may be appropriate for the women affected by violence based on their needs.
7. **Information Technology Staff:** generates Unique ID of the women affected by violence through web-based software.
8. **Multi-Purpose Helper:** responsible for maintaining hygiene and sanitation at OSC.
9. **Security guard/Night Guard:** responsible for the overall security of OSC.

The State Government usually has autonomy in the number of functionaries to be maintained at the One-Stop Centre. However, the scheme guidelines mandate that the Centre Administrator, Multi-Purpose Helper and Security guard to be available at the OSC.

4.7.2. Performance of the Scheme

4.7.2.1. Relevance

Gender-based violence remains one of the most pervasive and systemic problems in our country. Progressive elimination of VAWG through multi-pronged and inter-sectoral approach involving a diverse range of stakeholders is one of the priorities of the Government of India. One-Stop Centre for Women/Girls is the manifestation of the roles that State takes up in addressing penal, civil, labour and administrative sanctions vis a vis the injustice meted out to the women affected by violence at the family, society and nation and the role the State plays in providing single window access to these women to access effective remedies and support mechanism. NCRB data indicates an increase in the levels of crimes against women over the years. Even though the literature suggests that a considerable number of VAW incidences go unreported, 3,78,277 cases of crime against women were reported during 2018. This number shows a 14.9% during the last four years and 5.12% over the 2017 figures. One-stop centres provide an important institutional mechanism to support the women survivors of violence by providing a full range of services and response including police and judicial responses, legal and health care services, psycho-social counselling, and other support services. Impact of violence against women ranges from immediate to multiple long-term physical, sexual and mental consequences for women and girls. In extreme cases, violence can lead to severe disability or even death, but even in less severe cases, it impacts on the everyday lives of women and girls. These centres offer a strong convergence of all the essential services needed by the survivors and are extremely relevant and an important support system for the country's mechanism to address the issues of Violence against Women in India. **The evaluation finds that the relevance of the OSC scheme is 'Satisfactory'.**

Relevance with the policy framework

The Principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The Constitution not only grants equality to women but also empowers the State to adopt measures of positive discrimination in favour of women.

Within the framework of a democratic polity, our laws and development policies have aimed at women's advancement in different spheres. From the Fifth Five Year Plan (1974-78) onwards, there has been a shift in the approach to women's issues from welfare to development. The empowerment of women has been recognised as a central issue in determining the status of women. Government's resolve to achieve women's empowerment by appealing the attention of its various agencies resulted in the formulation of the 'National Policy for the Empowerment of Women 2001' to bring about advancement, development and empowerment of women in all spheres of life through the creation of a more responsive judicial and legal system sensitive to women, and mainstreaming a gender perspective in the development process.

Despite various initiatives, there still exists a gap between the goals enunciated in the Constitution, law, policies, plans, programmes, and related mechanisms on the one hand and the situational reality of the status of women in India, on the other. Among the underlying causes of this unequal status of women, social stereotyping and violence against women are key.

"Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and

the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men." (Declaration on Elimination of Violence against Women, 1993). Women are subjected to various forms of violence, physical or mental, whether at domestic or societal levels, including those arising from customs, traditions, or accepted practices.

> ...States should pursue by all appropriate means and without delay, a policy of eliminating violence against women and, to this end should:
>
> (d) Develop penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence; women who are subjected to violence should be provided with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies for the harm that they have suffered; States should also inform women of their rights in seeking redress through such mechanisms;
>
> **– Article 4, Declaration on Elimination Violence against Women, 1993**

One-Stop Centre is the manifestation of the roles that State takes up in addressing penal, civil, labour and administrative sanctions vis-a-vis the injustice meted out to women affected by violence and the role the State plays in providing single window access to these women to access effective remedies and support mechanism.

Relevance with respect to the national context

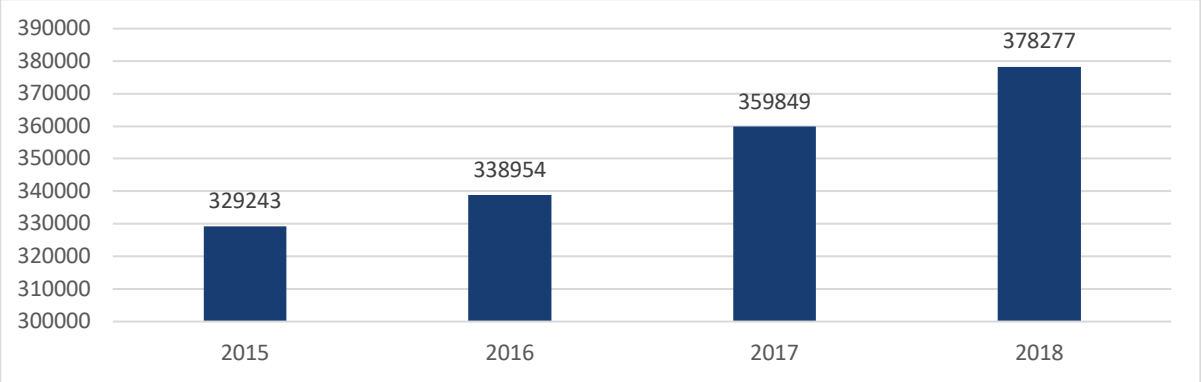
Violence against women (VAW) is a global problem, and one of the most pervasive forms of human rights violation, denying women and girls' equality, security, dignity, and self-worth. VAW violates several recognised human rights such as the right to life, freedom from torture, equal protection before the law, liberty and security of person, the highest achievable standards of physical and mental health, and the right to be heard. It negatively affects women's general well-being and prevents them from taking part as equal partners in national development. Violence has not only negative consequences for women but also their families, community, and the country at large. It has tremendous costs, from greater health care and legal expenses and losses in productivity, affecting national budgets and overall development. Violence against women and girls constitutes a worldwide human rights and health issue, as, by its very nature, it violates a woman's right to physical integrity and in severe cases, the right to life. VAW hinders their ability to earn a living, access education, and take part in social and political life, thus perpetuating poverty, and impeding development.

Impact of violence against women ranges from immediate to long-term physical, sexual and mental consequences for women and girls. In extreme cases, abuse can lead to severe disability or even death, but even in less severe cases, it affects the everyday lives of women and girls. At the individual level, VAW has negative psychological and physical health implications for women. Among the many consequences of VAW, an increase in suicide attempts amongst those women who survive violence, unintended pregnancy, abortion, risk of stillbirth or miscarriage, pregnancy loss is a matter of grave concern. There is also an association between VAW and increased risk of contracting HIV and other STIs. Women who survive physical or sexual intimate partner violence are more likely to be at risk of contracting an STI or HIV (Dude, A.M. 2011[586]).

[586] Dude, A. M. (2011). Spousal intimate partner violence is associated with HIV and other STIs among married Rwandan women. AIDS and Behavior, 15(1), 142-152.

Crimes against women and girls – such as rape, molestation, and physical abuse – are specific, legally recognised acts of violence and form a significant part of the continuum. **National-level data on crimes against women as per the National Crime Record Bureau (NCRB) shows an increase in the levels of crimes against women over the years. The total number of crimes against women increased between 2015 and 2018. A total of 3,78,277 cases of crime against women (both under various sections of IPC and SLL) were reported in the country during the year 2018 as compared to 3,29,243 in the year 2015, thus showing an increase of 14.9% during the four years. Crimes against women during the year 2018 increased by 5.12% over 2017.**

Figure 152: Crimes against Women (IPE+SLL) 2015-2018



Source: National Crime Record Bureau

Decades of advocacy by civil society and women's movements have put addressing gender-based violence' high on the National agenda. There have been many governmental and non-governmental interventions in India to effectively deal with the problem of violence against women and girls. GoI has worked extensively to strengthen existing legislation, enact new legislation, develop Institutional mechanisms, run projects that provide support to vulnerable women through schemes like Swadhar, Ujjawala, and helpline for women in distress etc.

Despite the changes in the legal framework following the outcry in the aftermath of Nirbhaya case, the Shakti Mills case in Mumbai and the Badaun gang-rape case, the need for a complete and coordinated approach, focusing on the swift and sensitive response of the justice system is reaffirmed. The low rate of conviction in cases of VAW, as reflected in the annual NCRB statistics, clearly suggest that along with deficiency of evidence, women dropping out during the trial proceedings acts as a significant barrier to the successful completion of the process of justice. In this context; there is a strong need to strengthen the emergency response and support system so that the State can respond to the needs of the survivors of violence more effectively and prevent them from dropping out/ withdrawing from the justice process.

The OSCs provide this important institutional mechanism to support the women survivors of violence by providing a full range of services and response including police and judicial responses, legal and health care services, psycho-social counselling, and other support services. OSCs offer a strong convergence of all the essential services needed by the survivors, and hence are extremely relevant and an important support system for the country's mechanism to address the issues of VAW in India.

4.7.2.2. Effectiveness

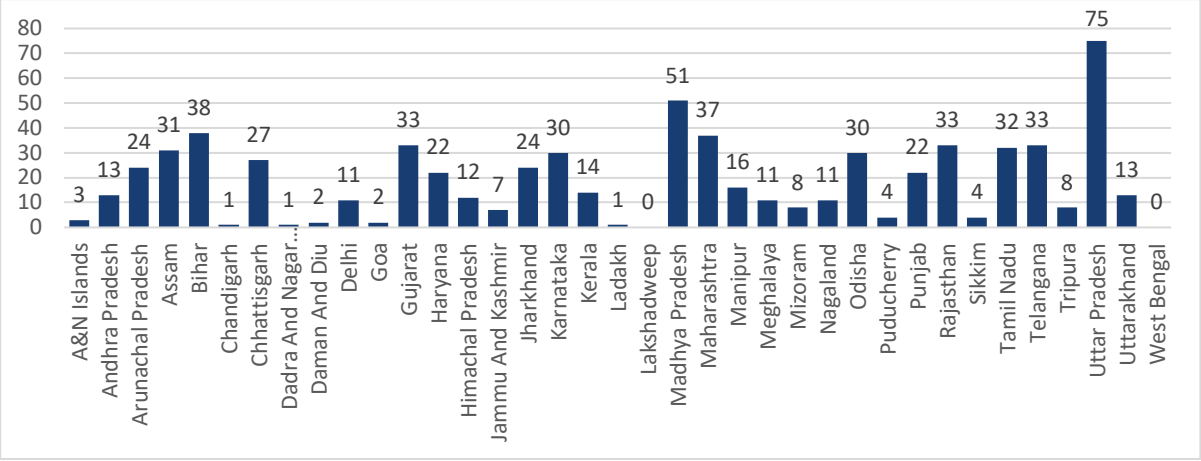
In the three years since its launch, 684 One-Stop Centres have been set up, supporting more than 2.8 lakh women in need of care and protection. The Scheme has been able to increase its coverage extensively in the last 15 months, with nearly 400 OSCs having been operationalised since Dec 2018. Discussions with the district, state and national level officials revealed that the Scheme has been able to achieve strong convergence on the ground, with the police, legal department, and the health departments in the states, with the Women's Helpline enabling extended reach for the OSCs, through downward linkages. Even though a few infrastructural issues were noted, the evaluation found that overall, the OSCs are equipped with adequate infrastructure facilities, including a separate room for Psycho-Social Counselling. One of the areas where Scheme has been less effective is the generation of scheme awareness. The evaluation found awareness of the OSC Scheme and its services among the population is extremely low at just around 4% as there are minimal IEC activities conducted to popularise the Scheme. The provision for training, IEC, and advocacy – which stands at Rs. 50,000 per year per OSC is quite low.

The evaluation was not able to assess the quality of services provided at the OSC due to not being able to speak with the beneficiaries – who are in a sensitive state, and due to there being no available data or monitoring mechanism to capture beneficiary feedback and quality of services of the OSC. **While the evaluation recommends the inclusion of tools to capture the quality of service indicators, the Scheme's effectiveness is found to be 'Satisfactory'.**

Coverage of the Scheme

In its order dated 11th December 2018, the Hon'ble Supreme Court ordered every district in the country to set up an OSC within a year. Latest available Government data[587] shows that as on 19th June 2020, 734 OSCs were sanctioned across the country, with 684 of these operationalised. As on 19th June 2020, West Bengal and Jammu and Kashmir are the two States/UTs with the maximum number of inoperational OSCs, with West Bengal having none of the 23 sanctioned OSCs in operation, and Jammu and Kashmir yet to operationalise 13 of the 20 sanctioned OSCs in the UT. Lakshadweep is also yet to establish any of the 2 OSCs that have been sanctioned to it. Apart from these three, Assam and Tamil Nadu are yet to operationalise 2 OSCs, and Andhra Pradesh and Arunachal Pradesh are yet to operationalise 1 OSC.

Figure 153: State-wise number of operational OSCs

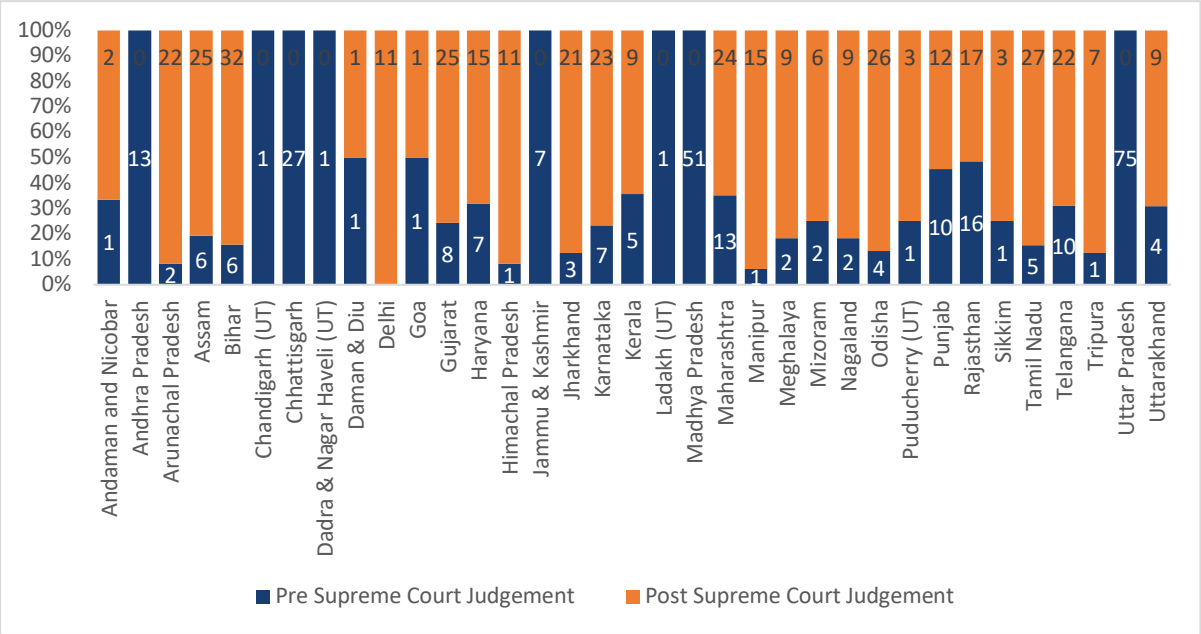


Source: Sakhi Dashboard, MWCD

[587] Sakhi Dashboard, MWCD – Retrieved 3rd April 2020.

Uttar Pradesh and Madhya Pradesh have the maximum number of operational OSCs in the country with 75 and 51, respectively. The supreme court order did hasten the operationalisation of the OSCs with almost 100% coverage achieved within 13 months form the Supreme Court judgement. Out of the total 684 OSCs, 388 have been operationalised since the Supreme court verdict. Of the 296 OSCs which had been set up before Dec 2018, Uttar Pradesh, Madhya Pradesh, and Chhattisgarh have been pioneers with 1 OSC per district already set up in these two states. Most other States have shown impressive speed in operationalising the OSCs in the last one year.

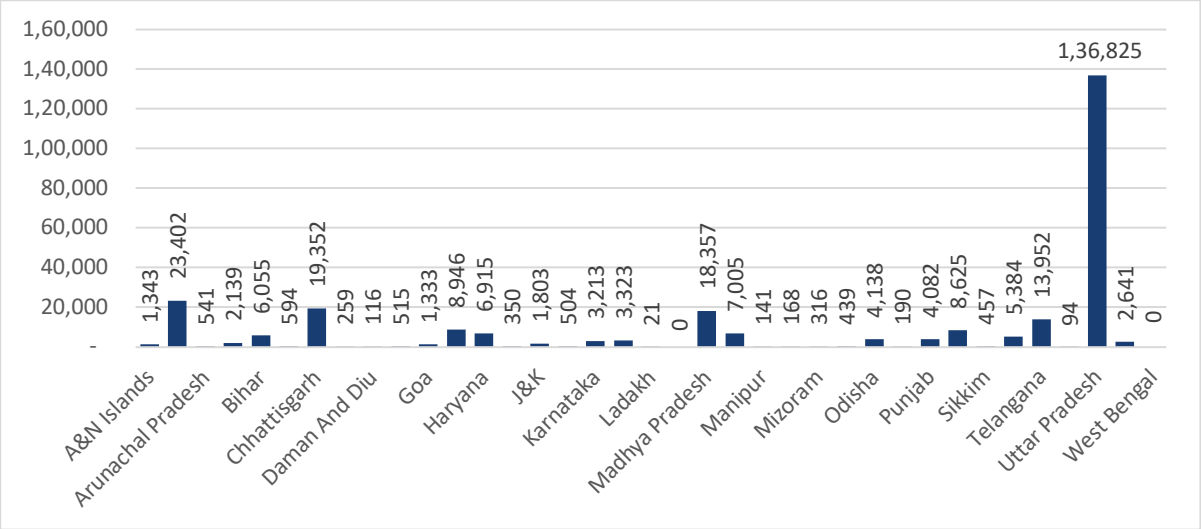
Figure 154: OSC Operationalisation – Pre vs Post Supreme Court Order



Source: Primary Analysis

These 684 operationalised OSCs have been able to provide services to around 2.83 lakh women since the beginning of the Scheme. Half of these have been in Uttar Pradesh. The state-wise number of beneficiaries served is presented in the figure below:

Figure 155: OSC Beneficiaries – State-wise



Source: Sakhi Dashboard, MWCD

The figure above shows that in terms of numbers burden of cases has been severely high in Uttar Pradesh, Andhra Pradesh, Telangana, Chhattisgarh, and Madhya Pradesh.

OSC Infrastructure

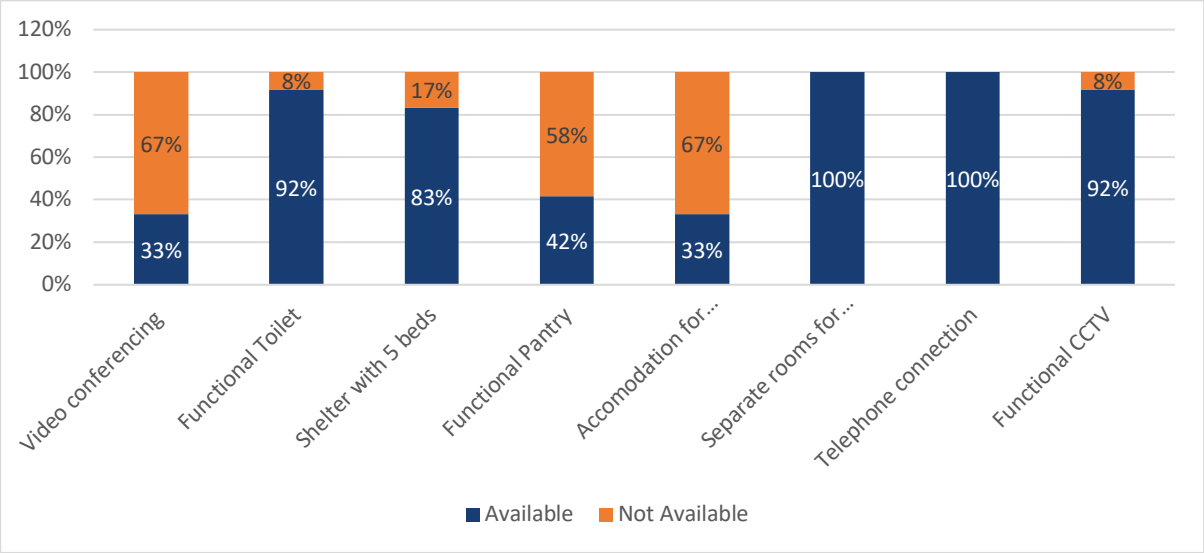
While the Sakhi Dashboard has provision for capturing the infrastructure and human resource availability at the OSCs, the data is not available in the public domain. Hence, the evaluation is not able to assess the OSC infrastructure across the country. However, the evaluation found – through the detailed list of OSCs available on the Sakhi website – that all OSCs are in or near hospitals, as prescribed under the scheme guidelines. Interviews with the state officials did highlight, however, that the OSCs need to have their own buildings to provide adequate privacy to the survivors and for the sustainability of the Scheme.

> "The OSCs are established with very good infrastructure. We ensure that the OSCs are of 3500-6000 sq. ft. Only 3 OSCs are located on own buildings; 16 districts have completed construction and yet to shift; 12 are located in medical colleges premises, 3 in hospitals and remaining at district headquarters. We plan to move all the OSCs on own buildings, thinking from sustainability perspective."
>
> Joint Director – Social Welfare, Tamil Nadu

> "The scheme is being run across the state. In 10 districts we have completed the construction of permanent buildings, in other districts actions are being taken for constructing permanent buildings."
>
> State Nodal Officer, Uttar Pradesh

The evaluation undertook an institutional survey of a limited number of OSCs and noted that some of the OSCs do not have the proper infrastructure to enable the quality delivery of services. It was found that only 33% of OSCs visited had video conferencing facility available. The implementation guidelines identify video conferencing to be an essential facility in an OSC, which allows the aggrieved woman to record her statement for police/courts from OSC itself. The pantry was available in only 42% of the 12 OSCs visited, and accommodation for the Administrator was only available in 33% OSCs. 92% of OSCs had an adequate number of toilets, and all OSCs had separate rooms available for counselling of women, and 92% OSCs had functioning CCTV camera. The institutional survey further found that in Pune (Maharashtra) and Dehradun (Uttarakhand), the OSCs did not have enough room for more than two persons' occupancy, even though the guidelines recommend a short stay shelter for five persons.

Figure 156: Infrastructure availability in OSCs



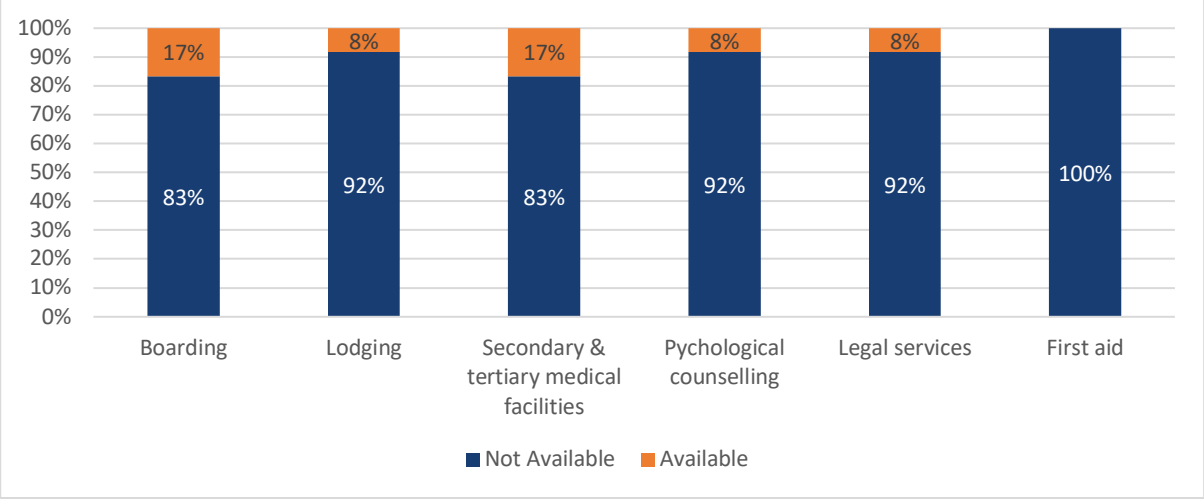
Source: Primary Data Analysis

Even though a few infrastructural issues were noted, the evaluation found that overall, the OSCs are equipped with adequate infrastructure facilities, including a separate room for Psycho-Social Counselling.

> "The infrastructure facility of all the centres are very good. There are separate rooms for providing Psycho counseling support, separate room for emergency shelter (for upto 5 days), separate room for medical assistance etc. Regarding the services provided to beneficiaries – Once a beneficiary comes to the centre, there is a welcome (survivor kit) provided and admitted in emergency shelter. The needy can stay there for 5 days and if needed, the beneficiary is then referred to Swadar Greh. The centre also provides psycho-social counseling support, legal aid and counseling services through DLSA (District Level Services Authority). Emergency medical assistance provided and if needed, referred to hospitals for medical treatment."
>
> Telangana State Representative

The institutional survey found that of the twelve centres visited, 83% of centres had adequate boarding and lodging facility. All the centres had access to first aid, while 83% centres had access to secondary and tertiary medical facilities – the two centres that did not have ready access to secondary and tertiary medical facilities were situated in a WWH (Mizoram) and an independent building (Delhi). Legal counselling and Psycho-social counselling was available in 92% centres.

Figure 157: Facilities available to beneficiaries at the OSCs



Source: Primary Data Analysis

Due to a small number of OSCs visited, and non-availability of monitoring data from the Ministry, the evaluation highlights that the infrastructure findings do not reflect the national picture, and these should not be considered as such. Most of the OSCs visited by the evaluation were all in the state capitals, and there is usually a difference in the availability of facilities at the state capital and other districts.

Quality of Services Provided

Interactions with women who had received services under the scheme were not undertaken due to privacy of beneficiaries. Therefore, it is difficult to assess the quality of services provided by the OSCs. It should also be noted that there is no data available at the Ministry to assess the quality of services offered by the OSCs. This is discussed in detail in the section on monitoring.

The evaluation also notes that the scheme guidelines do not have a provision for a Grievance Redressal Mechanism under the Scheme, and consequently, none of the states has a dedicated

GRM in case poor or inadequate services are provided by the OSCs to the aggrieved women who reach out to the OSCs.

"No, so far we have not developed any formal mechanism but informally we have the system where everyone can share their issues and immediately, we resolve it."
District Nodal Officer, OSC – Uttarabastar

"It is not part of the scheme guidelines, so we have not instituted it."
Deputy Director, WE - Mizoram

"We have a separate OSC number where the beneficiaries reach out to OSCs. In addition, there is Amma call center, where beneficiaries can report grievances. There is no separate grievance cell and we have not heard any grievances from districts as reported by beneficiaries."
Joint Director – Social Welfare, Tamil Nadu

Convergence

The OSC Scheme envisages delivery of services in a convergent manner by the MWCD, MoHFW, MHA (Police) and MoLA at the national as well as at the district level. Internally, the Scheme is run in a convergent manner with the Women's Helpline Scheme, and to a lesser extent, with the Mahila Police Volunteers Scheme.

Discussions with the district, state and national level officials revealed that the Scheme has been able to achieve strong convergence with the police, legal, and health departments in the states. KIIs with Ministry and state officials highlighted that most women coming to the OSCs receive all the five services mandated under the Scheme, and are linked with the police, health and legal officers. The convergence with MWCD is helped by the fact that many OSCs are currently set up within government hospitals or medical colleges. The states report the number of women receiving each service to the MWCD through MPRs and Sakhi Dashboard.

"Support and cooperation are very necessary to function a Sakhi one stop centre specially in tribal and Naxal affected area. I am fortunate, so I get other staff cooperation and DPO sir support which help me to easily solve the problems. Most of the women family are illiterate and create a violence environment, oppose to stay at centre, spread negative rumour about centre, very low understanding on women rights so in this matter we directly contact with police department, ICPS, Community people and judicial department too. So, these are the support we get from other people."
District Nodal Officer, OSC – Uttarabastar

One of the most critical aspects of OSCs is the convergence with Women's Helpline. In light of poor awareness of OSCs among women, the Women's Helpline becomes the most important ways to connect women in distress with OSCs. Data from MWCD (MWCD Annual Report 2019-20) shows that 32 states have already integrated the WHL with the OSCs and are regularly referring women to the OSCs. Sakhi Dashboard also captures the number of women calling the WHLs, who are referred to OSCs, and the actions taken by OSCs to support the referred women. Several state officials attested to a strong convergence between OSCs and WHL.

"The women helpline and OSC are integrated. The calls received through Women Helpline are diverted to OSC on a case to case basis. In addition, the OSC is also having its own landline number and beneficiaries reach through that as well."
Joint Director – Social Welfare, Tamil Nadu

"Actually, through a Government Order, OSC, Swadar Greh and Women helpline are very well integrated. If you see the way things work, Women in distress calls up women helpline, then based on the case, she is referred to OSC and after 5 days, if there is a need to refer to the Swadar Greh, she is being referred. This integration is working well. The Government saw the need and has done through Government Order. In addition to 181 helplines, the women in distress can also call 108, 100 and can be referred to. Based on the case, rescue vehicle is immediately provided to women facing violence."

Telangana State Representative

"The OSC model has integrated services and WH was only for calling but now that they have merged overall model is now the OSC model in the state. It is managed together. Both OSC and WH are being funded by the central govt. If the caller is being physically assaulted, we inform the nearest police station and for cases where they suffer from mental harassment, we refer them to their closest OSC. We tell them the location of the closest OSC. The OSC is also given the details of the victim."

State Representative, Bihar

IEC and Awareness

OSC Scheme is meant for providing emergency support services, so the awareness about the Scheme amongst the target beneficiaries is a significant indicator to assess the Scheme's effectiveness. The Scheme guidelines identify institutional structures under MWCD (ICDS, ICPS, NIPCCD, CSWB, State Commission for Women etc.) at the state/district/village level to be leveraged for creating awareness about the OSC and issues pertinent to VAW.

In all States/UTs visited[588], the state and district officials stressed that various means and mediums are used to popularise the OSC Scheme and OSCs. Some of the ways mentioned included the use of FLWs, large scale awareness camps, use of mass media, community meetings, use of NGOs etc.

"In addition, there are measures taken to reaching out vulnerable communities. OSC centre administrator organizes awareness every month, meet with ASHAs and explain about the OSCs. This is helpful in ensuring that access is available to all including vulnerable communities. From December 2017 to November 2019 a total of 1587 awareness programmes were conducted by Sakhi staff."

State Representative, Telangana

"To make people aware of the OSC scheme, we organise Lok Sankalp Abhiyaan at block level. Other than this people are made aware through radio, jingles, street plays etc."

State Representative, Uttar Pradesh

"We first start with training our own government employees and then they further start awareness campaigns in their areas of operation. We have not done anything specific for backward communities yet."

State Representative, Bihar

"There is a team of 1 staff of OSC, MSK, ICDS, Nirbhaya Funds respectively go to places to spread awareness. There are also 6-8 programs conducted every month."

State Representative, Uttarakhand

[588] Delhi, Rajasthan, Assam, Mizoram, Bihar, Telangana, Tamil Nadu, Uttar Pradesh, Uttarakhand, Jharkhand, Chhattisgarh, Maharashtra

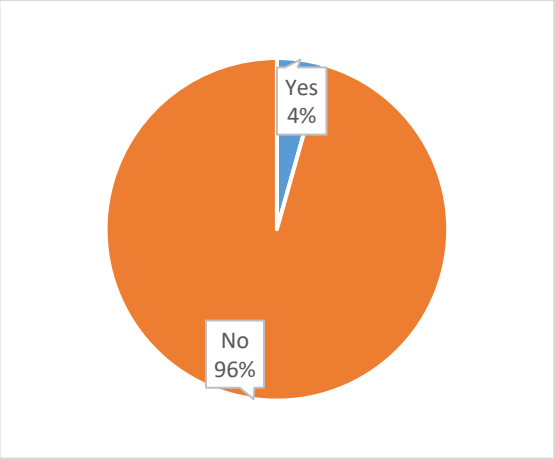
"Yes, we do a lot of it. We distribute pamphlets and raise awareness in schools and colleges. Some programs have also been done on local TV channels including doordarshan."
Deputy Director WE, Mizoram

"For marketing of the Schemes, we use money out of the Jagriti Shivar, it's under state budget. The money is used to organize community meetings which includes both males and females. In those meetings we touch upon all the women empowerment Schemes. We also put up boards and boards or hoardings for advertising our Sakhi centres and the 181 number."
Project Director- WE, Chhattisgarh

"Yes, our district run so much awareness campaign to inform the people about OSC. As we know Bastar district is a tribal and Naxal affected area, so we put lot of effort to bring awareness among people. Some places are very hilly and forest area, but we have been doing campaign with the support of community, and local authority. From last one year we have conducted awareness campaign twice to inform people about OSC so that nearer district, people also requesting us to stay at Sakhi home. We feel proud when other district people approach us to stay in our Sakhi one stop centre."
District Nodal Officer, OSC – Uttarabastar

While State and district officials in all 12 states mentioned undertaking extensive IEC campaigns and activities, the awareness of the Scheme on the ground was found wanting. The household survey of 3,048 women – including Adolescent Girls – found that only 133 women knew of the OSCs, translating to an awareness rate of just 4.46%. Of the 133 women who knew about the Scheme, 75% women had heard about the Scheme through the AWWs, and 49% had come across the Scheme on mass media (TV, News Paper, Radio).

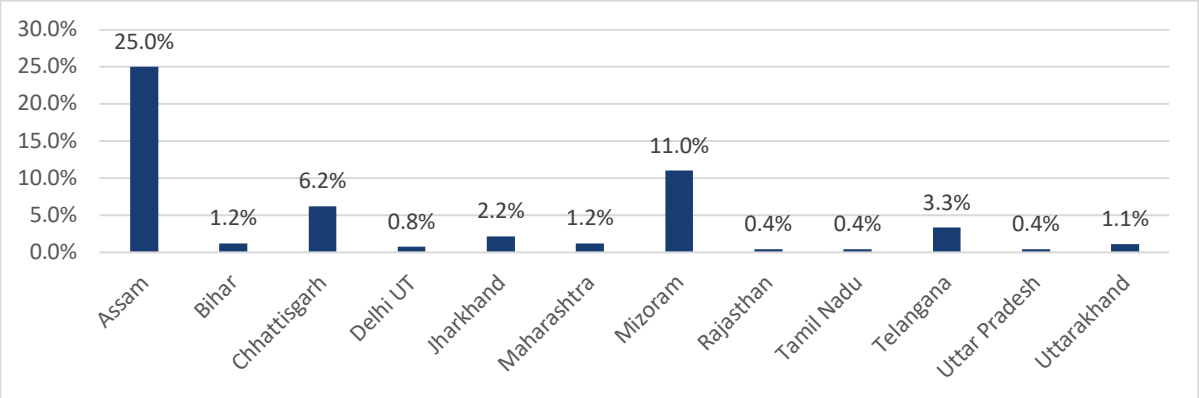
Figure 158: OSC Scheme Awareness



Source: Primary Data Analysis

In asking about the awareness of the centres, name of the centres used in the states were mentioned during village level HH survey – for example, Sakhi Centers in Chhattisgarh. In terms of state-level variations, the highest awareness of the Scheme and the centres was found in Assam, with 25% of the beneficiaries aware of the centres, followed by Mizoram, where 11% of the respondents knew about the centres. Lowest awareness of the centres was found in Rajasthan, Uttar Pradesh, and Tamil Nadu. This is surprising since half of the total cases handled by the OSC Scheme have been in Uttar Pradesh.

Figure 159: Scheme awareness - Variation across states



Source: Primary Data Analysis

One of the reasons for the low level of awareness compared to the efforts put in by the district and state offices in spreading awareness of the Scheme may be that most of the survey respondents come from the rural areas, and the IEC efforts in the districts could potentially be more focused on the urban population. The evaluation is not able to confirm the reasons for this. The evaluation also finds that the two complementary schemes being run by the MWCD on improving awareness of the Women protection – the Mahila Shakti Kendra Scheme and the Mahila Police Volunteers Scheme – have challenges of their own and have not been able to make the impact they were expected to. The challenges faced by the two schemes are discussed in detail in other chapters of this evaluation.

4.7.2.3. Efficiency

In three years since the Scheme's launch, OSCs have become an essential mechanism for providing care and protection to women survivors of violence and abuse. OSCs have been able to demonstrate effective convergence, both upstream – with the Women's Helpline – and downstream – with Police, DLSA and Health Department. There are also examples of state governments collaborating with academic institutes to streamline training capacity building, M&E as well as of states providing OSCs with rescue vehicles to better respond to the needs of women approaching OSCs. Even so, the Scheme's efficiency has suffered due to some other factors. The Scheme has routinely suffered from underutilisation, with only around 20% of the funds ever released under the Scheme having been utilised. The main reasons for this underspending are the low number of OSCs constructed – most OSCs are being run in already existing government buildings and hospitals. Another reason for the underutilisation is inadequate staffing at the OSCs. According to the analysis conducted as part of the study, if the OSCs were adequately staffed since the day each OSC was operationalised, the total expenditure of the Scheme just on account of salaries would have been 245 Crores. This potential 245 Cr. utilisation does not include the non-recurring costs as data on the exact number of OSCs operationalised in existing buildings and those in newly constructed buildings is not available.

The evaluation further finds that the Scheme's salary provisions are vague at best. The guidelines do not have any salary limits for any of the positions and a budget of Rs. 2 Lakh per month is available for salaries of all OSC staff members. This has meant that there is no standardisation in the quality of staff hired across the country for the same positions and makes it difficult to ensure that similar quality of services is provided across all OSCs. It was also found that the salaries are low for the level of expertise required and that it has been difficult for the OSCs to hire professionally trained social workers, counsellors, para-medics and paralegals in the salary budget provided for the OSCs. The Scheme has no mechanism to track how many of the OSC staff members have underwent training, since there is no provision of systematic training of OSC functionaries upon joining, and no mechanism for refresher training. While the Scheme has done well to expand to 684 districts in just over 3 years and has been able to provide convergent services to the women approaching OSCs in distress, factors such as low fund utilisation, inadequate staffing, lack of standardised training of staff and low-cost norms and salaries under the Scheme significantly undermine the Scheme's efficiency. **The evaluation finds that OSC scheme's efficiency 'Needs Improvement'.**

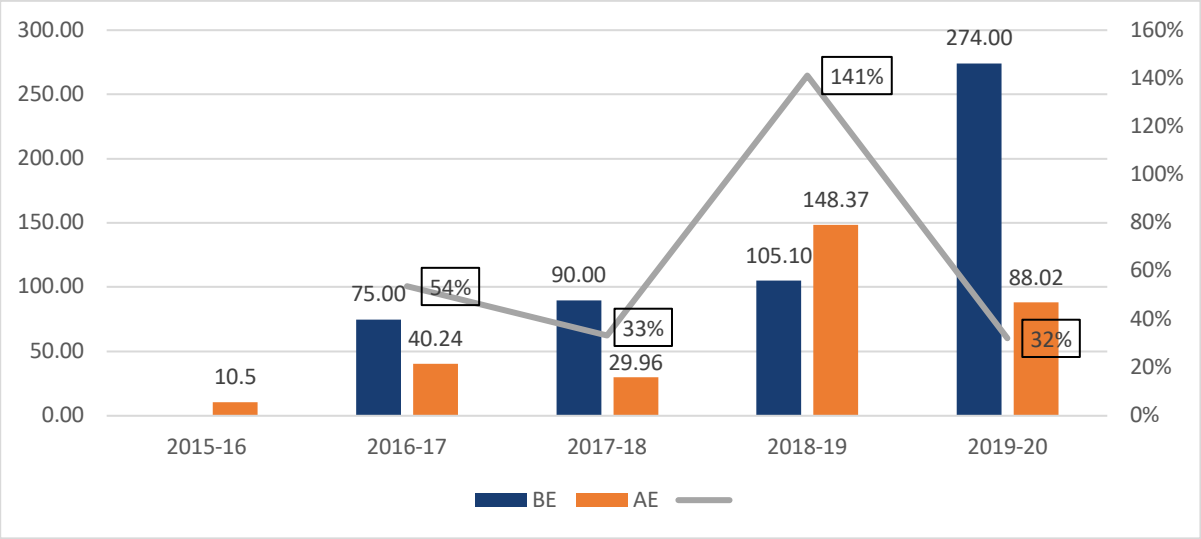
Fund Utilisation

The OSC Scheme is being implemented through the Nirbhaya Fund with 100% funding contribution from the Centre. In 2015-16 funds were directly disbursed to the State Government.

However, due to the change of guidelines of the Ministry of Finance in 2016-17 for 60:40 disbursements of the Central Sector/Centrally Sponsored funds to the State, fund for the OSC Scheme were provisioned for disbursement at the district level to avail 100% of the funding from the Nirbhaya Fund. This shift led to the creation of dedicated bank accounts at the district level for the OSC Scheme. For those States already in receipt of funds in the first two phases (before the change in the guidelines) had to transfer the funds from State exchequer to the district account of OSC managed by the District Magistrate.

Till date, 734 OSCs have been approved by the MWCD. Out of these, 684 OSCs are operational and have addressed more than 2.8 lakh cases of women. However, the Scheme's fund utilisation has remained extremely low over the life of the Scheme.

Figure 160: OSC Scheme fund utilisation (In Crores)



Source: www.indiabudget.gov.in

In the last five years, against the total budget allocation of more than Rs. 544 Crores, the actual expenditure from the MWCD has only been Rs. 316.94 Crore, which comes to just around 58% of the allocation. Against the Rs. 316.94 Crore released to the districts, as on 6th March 2020, the MWCD has received UCs worth only Rs. 61.34 Crores[589]. This comes to only around 19.35% of the funds released and just 11% of the overall budget allocations since 2016-17. There is absence of data on year-wise utilisation by the districts.

The increase in the fund release in 2017-18 and 2018-19 can be explained by the fact that earlier, the OSC scheme was designed in a manner to be implemented in phases. In the first phase (2015-16), one OSC was envisaged to be established in each State/UT. Further, 150 additional Centres were to be set up in phase 2 during 2016-17 in addition to 36 Centres in phase 1.

The Main heads under the scheme budget include (i) the OSC Management Cost – this was set at Rs. 78,400 for FY 2015-16 and 2016-17 and was revised to Rs. 2,00,000 from FY 2017-18; (ii) Cost of constructing new buildings for OSC – This was set at Rs. 37.68 Lakh per new building for FY 2015-16 and 2016-17 and was revised to Rs. 48.69 Lakh per new OSC from FY 2017-18; and (iii) One time setting up costs of Rs. 10,00,000 in case OSCs are being set up in existing buildings.

Analysis of the available secondary data reveals that the key reasons for underutilisation are OSC staffing and management fee. Based on the list of the operationalised OSCs available from the

[589] https://pib.gov.in/newsite/PrintRelease.aspx?relid=199941

Sakhi Dashboard website[590], which includes the date of operationalisation of the OSCs, Ideal management/staff cost was calculated assuming 100% staffing. It was found that if the OSCs were able to fully staff the centres the total utilisation on account of the OSC management cost would have been Rs. 245 Cr. from 1st April 2015, to March 2020. This figure has been reached by calculating the number of months each OSC has been in operation, multiplied with Rs. 78,400 for FY 15-16 and FY 16-17, and with Rs. 2,00,000 per month for FY 17-18 onward.

This potential 245 Cr. utilisation does not include the capital/non-recurring costs, as there is absence of data on the exact number of OSCs being operationalised in existing buildings and how many are being operationalised in newly constructed buildings. It is estimated that the Non-recurring expense budget could have been in the range of 50-100 Crore over the last five years.

Interviews with the MWCD officials suggests that receiving UCs from districts and states has been one of the biggest challenges being faced by them, which leads to the Ministry not being aware of the updated status of utilisation, and in assessing the long-pending staff vacancies across OSCs.

Human Resources

In terms of human resources, the KIIs with state and national level officials reveals that there are still several OSCs with vacant positions. Analysis conducted as part of this study also highlights that if all the OSCs were fully staffed since their operationalisation, the utilisation of the Scheme just on account of management cost and salaries would have been around 245 Crores. Current scheme guidelines provide for the following staff positions to be hired for each OSC:

- **Centre Administrator:** A residential staff attached to OSC.
- **Case Workers (2/3):** Case Workers work in shifts to provide 24-hour service at OSC.
- **Police Facilitation Officer (PFO)**
- **Para Legal Personnel/Lawyer**
- **Para Medical Personnel (2/3)**: Para-medical officer to provide 24-hr service.
- **Counsellor**
- **IT Staff (2/3)**: IT Staff work in shifts to provide 24-hour service at OSC.
- **Multi-purpose Helper:** Multi-purpose Helper work in shifts to provide 24-hour service.
- **Security Guard/Night Guard (2/3):** Security Guard to provide 24-hour service.

Based on these, provisions, every OSC is expected to have a staff of at least 13 people assuming that two people are hired for each position which is expected to provide services for 24 hours, with some of them being highly skilled and specialised such as the caseworkers, Lawyer, Counsellors, and IT staff.

Assuming that 13 staff is hired, this comes to an average salary of just over 15,000 per month for each of the positions, which is extremely low for the kind of services and specialisations that are needed for providing services under the OSCs. Based on a preliminary analysis of the prevailing salary norms for similar levels of qualification in the private/non-government organisations, the reference salaries for the positions are provided below.

Position	Qualification as per Scheme Guidelines	Reference Salary in the Private Sector based on the Qualification
Centre Administrator	Law degree/ Masters in Social Work with at least 5 years' experience of working on VAW issues with a Government	Rs. 45,000-60,000 per month

[590] http://sakhi.gov.in//assets/site/main/resource_directory/1584616553_683OSCDirectory-19.03.2020.pdf

	or Non-Government programme; Preferably at least 1 years' experience of counselling.	
Case Workers	Law degree/Masters in Social Work with at least 3 years' experience of working on VAW issues in a Government or Non-Government programme.	Rs. 25,000-40,000 per month
Police Facilitation Officer (PFO)	Police Officer deployed from amongst serving cadre/ retired a woman police officer preferably at the Sub-Inspector level, with experience of working for at least 5 years.	--
Para Legal Personnel	A person having a background in Law/ Social Sciences with paralegal training or knowledge of laws with at least 3 years' experience of working within a Government or Non-Government project/programme on VAW at the district.	Rs. 20,000-30,000 per month
Lawyer	Practising Lawyer with at least 2 years' experience of litigation in the court of fact.	Rs. 30,000-50,000 per month
Para Medical Personnel	Any woman having a professional degree in paramedics with a background in health right and preferably with at least 3 years' experience of working within a Government or Non-Government health project/programme on VAW at the district.	Rs. 15,000-30,000 month
Counsellor	Any woman having a postgraduate degree in Social Work/ Clinical Psychology with at least 3 years of experience of working as Counsellor/Psychotherapist in a reputed Mental Health Institute/Clinic at the District/State level.	Rs. 50,000-70,000 month
IT Staff	Any person who is a graduate with a diploma in computers/ IT etc. with a minimum of 3 years of experience in data management, process documentation and web-based reporting formats at the level of state/ district/ Non-Governmental/IT based organization.	Rs. 15,000-30,000 per month
Multi-purpose Helper	Any person who is literate with at least 3 years of experience of working as a helper, peon etc.	Rs. 10,000-15,000 per month
Security Guard/Night Guard	Any person having at least 2 years of experience of working as security personnel in a government or reputed organization in the district/ state level. He/ She should preferably be retired military personnel.	Rs. 10,000-15,000 per month

The guidelines currently do not have any salary limits for any of the positions and have budgeted Rs. 2 Lakh per month for salaries of all staff members. This has meant that there is no standardisation in the quality of staff hired across the country for the same positions and makes it difficult for the Ministry to ensure that similar quality of services is provided across all OSCs. The issue of low salaries to the OSC staff has been raised by officials both at the national as well as at the district level. The district-level officials mention that they find it difficult to hire resources such as caseworkers and counsellors because of a lack of availability of these highly specialised and skilled resources, particularly in some of the smaller districts, and when they do find someone to take up these positions, the low salary available for these positions becomes another major issue.

> "The salary that is given to us… you cannot get a trained professional from a premier institute in that salary structure so the delivery of services to the victims suffer. Better trained staff in order to be recruited would need better remunerations. Also, those recruited should be given regular training"
>
> OSC Worker, Maharashtra

This sentiment was echoed by the national level scheme managers who opined that there is an urgent need for the Ministry to relook at the cost provided for the OSC management Cost/Staff

Fee to ensure that high-quality resources are available to help the OSC beneficiaries, who are some of the most vulnerable and at-risk women in the country. It is essential that the MWCD further demarcates the salary limits for the various staff members of the OSCs, as well as prescribe how many staff should be hired to staff the positions that are expected to be available for 24 hours in 2 or 3 shifts. This will help in standardising the expertise available at the OSCs and ensuring that a minimum level of quality of services and be maintained in OSCs across the country.

Due to absence of state-level and OSC level data (available on Sakhi Dashboard) it is difficult to assess the exact level of staff vacancies. However, it can be inferred from the above analysis that steps need to be undertaken to ensure that the OSCs are appropriately staffed, both in terms of vacancies and in terms of the quality of staff hired. These include better monitoring of OSC level staff availability through the Sakhi Portal and revisiting the OSC management cost norms to ascertain the right compensation for each of the positions.

Capacity building of OSC Staff

The MWCD realises the importance of having trained OSC staff and has undertaken extensive training and capacity building workshops for the OSC staff, in partnership with NIPCCD and CSWB. Since the beginning of the Scheme, the MWCD has worked with the two institutes to provide training to OSC and women's helpline functionaries as below:

- Training and capacity building of over 540 OSC functionaries and nodal officials was undertaken across India by NIPCCD in it six Regional Centres in April and May 2017
- The National Workshop in Delhi on15th and 16th December 2017 was the second training of the OSC Functionaries and nodal officers States/UTs looking after the Scheme.
- A series of Regional Workshops was undertaken in February 2018 in Bhopal; Bengaluru, Guwahati, and Ahmedabad. A total of 1200 OSC functionaries underwent capacity building in these workshops.
- State-level Advanced and intensive training was held at State level in 16 States from October 2018 to April 2019 to build capacities of State Level Functionaries.

While the MWCD undertakes the capacity building of the OSC functionaries periodically, there is no mechanism available with the Ministry to monitor how many and what percentage of current OSC staff has been trained since there is no provision of systematic training of OSC functionaries upon joining, and no mechanism for refresher training.

While there is a demonstrated importance placed on the training of OSC staff the evaluation finds that MWCD has not yet been able to develop a systematic training plan or a training calendar to ensure that all new OSC staff joining the OSCs undergo training upon joining and periodic refresher training subsequently. Currently, the responsibility of induction training to the OSC staff is placed with the District Collector/District Magistrate, and in the absence of a systematic training plan/calendar, it is difficult to monitor whether the training is being imparted as and when needed. It is hence, recommended that the Ministry prescribe training for all new OSC staff to be undertaken every quarter. This training can be conducted at the state level so that all OSC staff joining in any quarter can be trained together at the state level. This one-day training can be organised by the Centre Social Welfare Board (CSWB) in collaboration with State Social Welfare Boards (SSWB).

Some states have taken steps to streamline the training and capacity building of OSC functionaries. For example, Telangana has signed an MOU with the Tata Institute of Social Sciences (TISS) to provide

training, capacity building, monitoring and evaluation in collaboration with various non-governmental organisations for recruitment of the staff and to look after day-to-day implementation. Telangana and Uttar Pradesh have also supported the OSCs from the state budgets and have provided them with rescue vehicles to help better the needs of the women approaching the OSCs, particularly those referred to the OSCs by the Women's Helpline.

Scheme Monitoring

The scheme implementation guidelines propose National, State and District level task forces to monitor the performance of the OSCs. The interviews with district-level officials revealed that in most states, the district and state-level reviews happen regularly. However, the task force meeting minutes are not available on the websites of the MWCD or the State WCD. Thereofre, it is difficult to assess the effectiveness of these monitoring platforms. In all 12 states, evidence of effective district-level monitoring was found with officials citing the use of field visits, WhatsApp, and periodic telephone updates for monitoring the functioning of the OSCs. In the interviews, the district level officials claim that:

> "Meetings and field visits are the major mechanism of mine to monitor the functioning of OSCs. In our meeting we discuss on progress and challenges. Similarly, in my field visits, I check overall infrastructures, talk to women, discuss on their daily routine at centre, other internal issues and conflict we resolve at that place but major issues we further discuss in our meetings. So far we have not faced any major challenges from community but some time we get social pressure to run the centre."
>
> District Nodal Officer, OSC – Uttarabastar

> "We get daily updates on our WhatsApp groups that also becomes an effective monitoring tool. The WhatsApp groups have participants from the district administration, and they keep posting their visits and other developments."
>
> Project Director- WE, Chhattisgarh

Chhattisgarh had developed a robust IT-based system which was being used by the state government to monitor the functioning of the OSCs across the State.

> "No complaints yet. The software has been built by an NGO and is very effective. It can be used for even real time monitoring purposes. Updates can be seen minute by minute. When at the centers they provide counselling, they type their conversations and the notes are uploaded onto the software."
>
> Project Director- WE, Chhattisgarh

In a similar vein, the MWCD launched the Sakhi Dashboard in October 2019. Sakhi Dashboard is a comprehensive technology platform with modules for monitoring the infrastructure and facilities of the OSCs across the country, as well as a case management and monitoring module, which has digitised details of all cases being managed by the OSCs, much like the software used by Chhattisgarh. Given that the Sakhi Dashboard will be able to capture the finer details of the case management, including the counselling provided to the aggrieved women, the support provided by the medical and legal officers and the police departments, the MWCD for the first time, will be able also to monitor the quality of services offered by the OSCs, which it has not been able to do until now.

Sakhi Dashboard has also been able to ease the monitoring efforts of the State governments – whose role on the Scheme is limited to monitoring and reporting, as the implementation rests with the district officials, and the funds are disbursed by the Centre directly to the districts.

Several state representatives mentioned that they find the Sakhi Dashboard to be a comprehensive step towards improving the monitoring of the OSCs, while also highlighting that connectivity issues in some of the backward districts continue to hamper the effective roll-out of the Sakhi Dashboard.

"Sakhi dashboard has been used throughout. We monitor beneficiaries who have received support from OSC in terms of types of violence and also monitor service wise beneficiaries also captured."
State Representative, Telangana

"At district level we utilize the information and technology very well. We keep our record, data, and information in our computer. Earlier we used to store Sakhi centre data offline so some time data has been misplaced which creates a problem for us but now we can access data easily. I think, in our official sites any one can access the overall data, information from any corner of the world."
District Nodal Officer, OSC – Uttarabastar

"The Sakhi dashboard which has been developed by the WCD Ministry. Sakhi dashboard has all the database of all the cases that can be monitored effectively."
Deputy Director WE, Mizoram

"Monitoring is done through the Sakhi Dashboard; however, the dashboard has not been fully functional yet. Data is yet to be uploaded on the dashboard. At some centres there are internet and connectivity issues because of which the dashboard cannot be used."
Deputy Director, WEC, Delhi

"Sakhi dashboard has been used to monitor the scheme implementation. The number of calls received by OSCs, number of beneficiaries benefitted, type of services provided etc. are monitored."
Joint Director – Social Welfare, Tamil Nadu.

Adequacy of financial norms

The cost norms under the OSC scheme were revised upward in December 2017, based on the feedback received from the states and district officials. The current implementation guidelines include provisions for constructing, setting up, and staffing the OSCs. The guidelines also provide for administrative costs and budget for capacity building and IEC. Details of the financial norms for recurring expenses are as under:

Table 89: OSC Recurring Cost Norms

Component	Unit	Amount	Annual Total
OSC Management Cost (Including Salaries)	Monthly	Rs. 2,00,000	Rs. 24,00,000
OSC Administrative Cost (Stationary, Electricity, Telephone, Food, Clothing & Medicine Kit, Transportation)	Monthly	Rs. 34,000	Rs. 4,08,000
Training, IEC, Advocacy	Annual	Rs. 50,000	Rs. 50,000
Contingency (5%)	Annual	Rs. 1,42,900	Rs. 1,42,900
			Rs. 30,00,900

While the inadequacy of the Management Cost (including Salaries) has already been discussed above, the evaluation finds that the budget for training, IEC, and advocacy – which stands at Rs. 50,000 per year per OSC is low. In earlier sections, the evaluation finds that the awareness of the OSC scheme and the OSC centres among the population is extremely low, and the Scheme needs to improve its efforts on increasing the awareness of the OSC centres among the urban and rural population. It is recommended that the Ministry revisit the annual provision for IEC and Advocacy for each OSC and that the provision increased to Rs. 30,000 per month for at least the first two

years of the OSC's operation, so that the OSC can generate awareness of the Centre and the Scheme amongst the catchment area's population. It is also noted that there is no provision of IEC at the National level, which also contributes to low publicising of the Scheme among the vulnerable women. BBBP provides valuable lessons to the Ministry in the importance of investing in IEC and advocacy at the national level to improve awareness of the issues, change behaviours, and to improve uptake of the Scheme. It is hence, recommended that the MWCD also add a provision for IEC and awareness generation under the Scheme at the national level, to undertake nation-wide mass-media campaigns to improve the visibility and awareness of the Scheme.

4.7.2.4. Impact

Interactions with women who had availed the services under the scheme were not undertaken as part of the study, given the privacy concerns of the beneficiaries. It is therefore, difficult to assess the impact of the Scheme. The scheme impact is also difficult to determine since most of the OSCs have only become operational in FY 2019-20, and this is a brief period for the Scheme to be able to have a meaningful impact.

4.7.3. Analysis of Cross-Sectional Themes

4.7.3.1. Accountability and Transparency

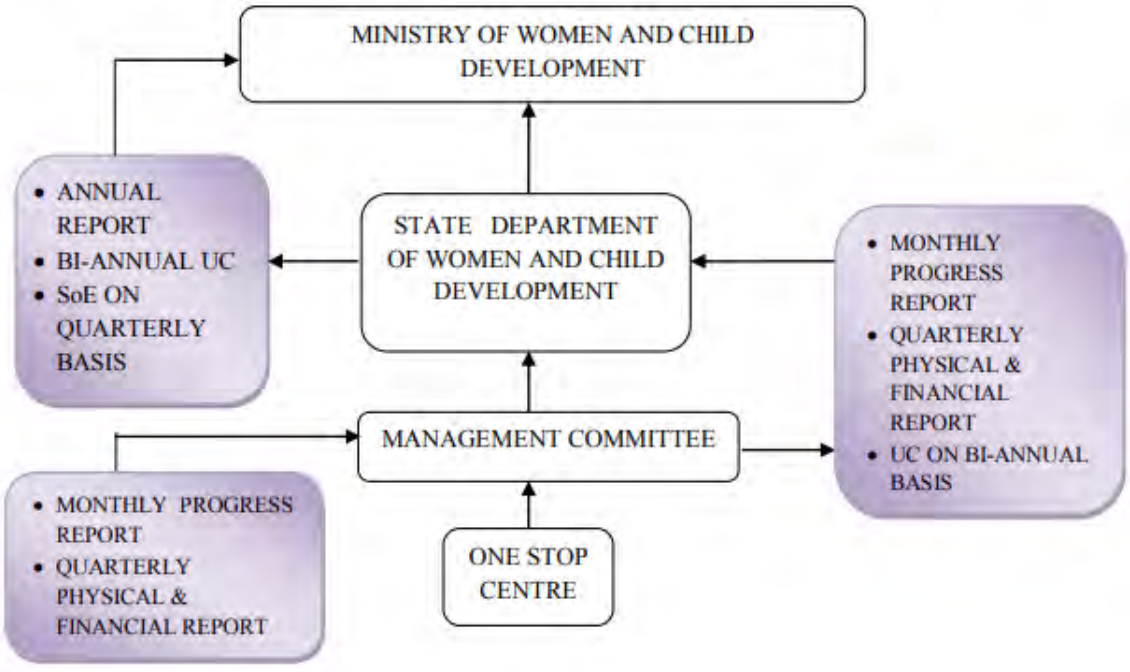
Availability of Data Records and Reports in public domain

The availability of the OSC data records and reports in the public domain is limited. The MWCD manages two dashboards which provide scheme level data to the public – the Sakhi Dashboard focused on three schemes – OSC, WHL and MPV, and the MWCD Dashboard comprising information of all MWCD schemes. Under the OSC scheme, publicly available data includes data on the total number of approved OSCs, Operational OSCs and the total number of cases addressed. Additionally, data is available on the district-wise number of cases in each State. However, there is no publicly available data on the output/outcome level information, such as the number of women who had access to a range of services provided under the Scheme such as medical, legal, psychological and counselling support. In the absence of any outcome or impact-related information in the public domain, it is challenging to assess the effectiveness of the scheme and its value to the tax-payer.

Monitoring Mechanisms

The scheme implementation guidelines propose National, State and District level task forces to monitor the performance of OSCs. OSCs are mandated to submit their monthly progress reports to the Monitoring Committee, which in-turn submit the monthly progress reports and quarterly physical and financial reports to the concerned District Collector. The District Collector/District Magistrate submits a consolidated annual report to the Ministry and UC on a bi-annual basis. The PMU compiles District monitoring reports of a State/UT on a six-monthly basis, and these are reviewed at the national level. The diagrammatic representation depicts the monitoring mechanism under the Scheme and the channels through which such monitoring takes place.

DIAGRAMATIC REPRESENTATION OF MONITORING MECHANISMS



Source: MWCD

Interviews with district-level officials revealed that in most states, the district level reviews happen regularly. In late 2019, MWCD also launched the Sakhi Dashboard for improved monitoring of the scheme. Even though there is a mechanism of social audits built into the scheme guidelines, the evaluation does not find any evidence of social audits of the OSC scheme till 31 March 2020.

Evaluation Mechanisms

There is an absence of previous impact or process evaluation of the scheme conducted by the Ministry since the launch of the scheme. The evaluation suggests that the Scheme as a whole along with its impact, needs to be evaluated periodically.

Citizen Accountability

A robust and functional grievance redressal mechanisms that successfully incorporates beneficiaries' and non-beneficiaries' concerns are not operating under the scheme. The scheme guidelines do not have a provision for a Grievance Redressal Mechanism under the Scheme, and consequently, none of the states has a dedicated GRM for OSCs.

Financial Accountability

The OSC Scheme is being implemented through the Nirbhaya Fund with 100% funding from the Centre. In 2015-16 funds were directly disbursed to the State Government. However, due to the change of guidelines of the Ministry of Finance in 2016-17 for 60:40 disbursements of the Central Sector/Centrally Sponsored funds to the State, fund for the OSC Scheme were provisioned for disbursement at the district level to avail 100% of the funding from the Nirbhaya Fund.

4.7.3.2. Direct/Indirect Employment Generation

The Scheme mandates the hiring of staff of various professional expertise under the different components of the Scheme, thus contributing to the overall employment generation both at the State, district and local level. The scheme guidelines provide for the list of staff to be available in the One-Stop Centre for its smooth functioning to achieve its mandate. It primarily consists of a centre administrator who is a woman, caseworkers, police facilitation officer, paralegal personnel/lawyer, para-medical personnel, counsellor, information technology staff, multi-purpose helper, security guard/night guard. Given that some of the positions in the OSCs are 24-hour positions, it is assumed that multiple people are needed to cover those positions. In total, one OSC staffs around 13 people, as a whole the scheme potentially generates direct employments for 9,464 people across the 728 approved OSCs.

The OSC Scheme promotes the hiring of women officials for most positions barring a few such as that of the security guard or IT staff. However there is absence of data on the proportion of informal jobs converted to regular jobs or the percentage of women participation in the scheme.

4.7.3.3. Gender mainstreaming

The Scheme is intended to support women affected by violence in private and public spaces, within the family, community and at the workplace. Therefore, the Scheme has been designed keeping gender considerations in mind. There are no separate provisions under the scheme for the inclusion of transgender individuals in availing the benefits of the Scheme who are otherwise one of the most vulnerable section to being abused and exploited and their rights infringed by the

society. The OSC services should also be extended to the transgender community to ensure effective gender mainstreaming under the Scheme.

4.7.3.4. Climate Change

The scheme does not have any component/strategy that addresses climate change or contributes to sustainable practices since climate change is not relevant to the scheme's objectives.

4.7.3.5. Role of Tribal Sub-Plan and Scheduled Caste Sub-Plan in mainstreaming Tribal and Scheduled Caste population

The scheme does not have any allocations toward TSP or SCSP. The scheme guidelines, however, state that at the National Steering and Monitoring Committee consists of representation from the Ministry of Tribal Affairs. Similarly, at the state level, the Principal Secretary/Secretary for Tribal welfare in Schedule-V and North Eastern Region is also part of the Committee. The OSCs are intended to support all women, including girls below 18 years of age affected by violence, irrespective of caste, class, religion, region, sexual orientation, or marital status.

4.7.3.6. Use of IT/Technology in driving efficiency

Interviews with district-level officials revealed that in most states, day-to-day district-level monitoring happens using IT mechanisms such as WhatsApp and periodic telephone updates. MWCD has also recently launched the Sakhi Dashboard, which is a comprehensive technology platform for monitoring infrastructure of the OSCs, as well as case management and monitoring. It provides digitised details of all cases being managed by the OSCs. Given that the Sakhi Dashboard will be able to capture the finer details of the case management, including the counselling provided to the aggrieved women, the support provided by the medical and legal officers and the police departments, the MWCD for the first time, will be able also to monitor the quality of services provided by the OSCs, which it has not been able to do until now. Sakhi Dashboard is a comprehensive step towards improving the monitoring of the OSCs, even though connectivity issues pose challenges for the effective roll-out of the dashboard.

4.7.3.7. Development, dissemination & adoption of innovative practices, technology & know-how

The scheme guidelines do not have any fund allocation towards the promotion of innovative practices or research and development. The evaluation was also not able to find any innovative practices being followed by OSCs in various states through secondary information or the KIIs with the state, district and national officials.

4.7.3.8. Stakeholder and Beneficiary behavioural change

The scheme guidelines identify institutional structures under MWCD (ICDS, ICPS, NIPCCD, CSWB, State Commission for Women etc.) at the state/district/village level to be leveraged for creating awareness about the OSC and generating behaviour change among target population for issues pertinent to violence against women.

While there is evidence of awareness generation activities being conducted by the OSCs and state governments to popularise the OSC scheme as well as to generate awareness among women of the perils of VAW, and the redressal mechanisms available to them, the low budget availability

under the scheme has hampered the behaviour change and awareness aspect of the scheme. State and District officials informed that they use mechanisms including MWCD FLWs, awareness camps, use of mass media, community meetings, NGOs etc. to effect behaviour change around VAW, but the efforts have not yet translated into results. The incidence of VAW in the country continues to go up as per the latest available NCRB data.

4.7.3.9. Research & Development

The scheme budget does not have any allocations for research activities, similar to most of the MWCD schemes. The issue of violence women and girls often intersects with their caste and ethnic identity. The UN Special Rapporteur on violence against women report (2013) argued that "the position and status of subaltern Indian woman can only be understood by unpacking the larger questions of identity, agency and self-determination within the community. Further, prevailing caste and secondary status of women in the society is largely responsible for the violation of human rights of Dalit women. To identify the issues of violence; the reality of Indian society in general; and the Dalit community and Dalit women, an analysis of caste-class-gender dynamics is important and needs to be conducted under the scheme.

4.7.3.10. Unlocking Synergies with other Government Programmes

The Scheme converges with other schemes addressing crimes against women and children. Supporting an aggrieved woman who approaches an OSC needs a multi-sectoral and a multi-departmental effort, and the scheme managers recognise the same. Discussions with the district, state and national level officials revealed that the Scheme has been able to achieve strong convergence on the ground, with the police, legal department, and the health departments in the states. KIIs with MWCD officials highlighted that a large number of the women coming to the OSCs receive all the five services mandated under the Scheme. States report the number of women receiving each service to the MWCD through MPRs and Sakhi Dashboard. In the discussions, most of the State and district representatives reached out to report a good level of convergence with the police and lawyers. The convergence with the health department is helped by the fact that a large number of OSCs are currently set up within government hospitals or medical colleges.

One of the most critical convergences needed for the OSC scheme is the convergence with Women's Helpline. In the absence of an awareness of the OSCs among women, the Women's Helplines become the most important ways to connect women in distress with the OSCs. Data received from the Ministry has shown that 32 States/UTs have already integrated the WHL with the OSCs and are regularly referring women to the OSCs. Sakhi Dashboard also captures the number of women calling the WHLs, who are referred to the OSCs, and actions taken by OSCs to support them.

4.7.3.11. Impact on and role of the private sector, community/ collectives/ cooperatives

As per the Criminal Amendment Act, 2013, it is mandatory for every hospital whether public or private to provide free of cost first aid or medical treatment to any women affected by acid attack or against whom an offence of rape has been committed. For providing medical treatment to women afflicted with violence other than acid attack or rape, the Monitoring Committee under the Scheme has the authority to empanel any private hospital/clinic/medical practitioner willing to provide emergency response and medical or psychosocial counselling services to the OSC.

There is evidence of States engaging with the private sector, civil society groups, women's organisation institutions such as TISS and Women's Studies Centres in Universities for providing training, capacity building and technical support. However, the impact of these engagements is not readily available since the engagements have been very recent – due to maximum OSCs being operationalised in 2019.

4.7.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Inadequate Infrastructure	• Most OSCs currently function in repurposed government buildings, government hospitals, or medical colleges • Infrastructure availability is not strictly in line with the guidelines – in many cases, short stay for 5 women is not available. • Even though MWCD has sanctioned more than 500 OSCs for new construction, only 30 new constructions had been completed by January 2020. • In major cities and state capitals, the one-time construction cost of Rs. 48.6 lakh per OSC is found to be lower than the prevailing PWD rates.	• **MWCD should mandate the completion of construction of OSCs within six months of approval.** Given that the approval of OSC construction is provided once land papers are available, six months is more than adequate time for construction of the OSCs. **A penalty of 5% per month may be proposed for districts exceeding the 6-month timeline for constructing the OSC** except for circumstances outside the control of the implementing agency.	**Short-Term**	**MWCD**
		• MWCD should consider revision of Construction Cost Norms and propose differential construction rates for Metropolitans, State Capitals, Hilly and remote areas, and other cities. **To minimise the impact on the government exchequer funds such as the District Mining Fund Trust (where available), MPLAD and MLALAD funds may be utilised for construction of the OSCs.** The districts may also be asked to make proposals under the Nirbhaya Fund to cover additional funding required for the OSCs. • The OSCs also need access to a vehicle to enable immediate and comprehensive response to women in distress, suffering from domestic violence or survivors of sexual assault. To this end, the **OSCs may be provided a suitable monthly allowance for hiring 1 vehicle per OSC.** However, effort may also be made to leverage vehicles already available with the Police or with the government hospitals for provision of the vehicles to the OSCs.	**Medium-Term**	**MWCD in consultation with District Administrations**
Concentration of OSCs in district centres and urban areas	• Currently, there is only one OSC per district, which are mostly located in the city-centre and urban centres. For many large districts, this poses a challenge due to the limited reach and accessibility of the OSCs.	• Over the long term, **the MWCD should look to expand the network of the OSCs to the rural areas as well, with full or mini-OSCs at block or Tehsil level** to provide safe spaces for women survivors of violence in rural areas as well. These rural OSCs could be linked with	**Long-Term**	**MWCD**

	• Almost all institutional mechanisms available for protection and care of women are located in urban or district centres. This leaves rural areas with a lack of safe spaces and rural women with a lack of emergency access to these services.	local Police Stations and the main district OSCs for legal aid and psycho-social counselling.		
Enhancing the efficiency of OSC response to enhance the rate of conviction against perpetrators of VAW	• While this is not necessarily the scheme's fault, the rate of conviction in cases of VAW remains very low in the country • The OSC scheme, as a one-stop point for services to survivors of violence, provides a chance for the State to further strengthen and speed-up the legal response to the cases of VAW.	• Since the OSCs are already expected to have a police officer at the Sub-Inspector level deployed at the OSC, **arrangements may be made, in coordination with the MHA to enable the registration of FIRs to be done at the OSCs themselves**. This will further speed the provision of services at the OSCs and ensure that quick police action is taken against perpetrators of VAW. • MWCD could also **consider stronger linkages with the Prosecution Officer to ensure better coordination between the investigating officer (Police) and the prosecution officer (DPO) from the very beginning.**	**Medium-Term**	**MWCD in consultation with MHA and MoLJ**
Ministry's Capacity to manage and monitor the scheme	• Discussions with MWCD officials highlight the inability of the limited MWCD staff under the women's welfare division, to monitor and effectively manage the OSC scheme, which has quickly expanded to a nationwide scheme, with more than 700 OSCs already sanctioned, and another 1000 OSCs being considered for sanction. • Even though there is provision for dedicated funds for setting up PMU under the OAE budget Head component, the same has not yet been operationalised even after 3 years of the scheme implementation. • The present capacity of WW Division comprises of 8 members in WW Division - 3 regular and 5 contractual staff (3 dedicated to 3 Schemes of One Stop Centre for 733 districts, Women Helpline for 36 districts and Mahila Police Volunteers Scheme for 13 States, 1 dedicated for court related matters and 1 for grievances).	• The WW Division may look at **hiring additional staff (consultants) at the National level for scheme monitoring and management**. The existing fund allocations under the OAE budget heads for OSC and Women's Helpline Schemes the schemes may be used to fund additional resources. • Alternately, **utilise Mahila Shakti Kendra to provide consultants to WW Division** for management and monitoring of OSC and WHL schemes.		

Issues with Scheme Monitoring and transparency	• Even though the IT-enabled Sakhi Dashboard has been launched to undertake near-real-time monitoring of the scheme, there is no way for monitoring the quality of service • Scheme monitoring relies on the scheme operators' reporting and does not capture beneficiary voices on satisfaction with services, or if there was any service which was not provided to them. • Even though there is a mechanism of social audits built into the scheme guidelines, the evaluation does not find any evidence of social audits happening.	• The Scheme should put in place a mechanism to record beneficiary feedback and grievances. MWCD needs to **institute a module within Sakhi Dashboard, whereby the feedback of all beneficiaries – for all the services provided to them – can be recorded, and this can act as a way to assess the quality of services offered.** Beneficiary feedback and voices will help the MWCD, and third-party evaluators assess the impact of the Scheme on the lives of beneficiaries.	**Short-Term**	**MWCD**
		• MWCD should **guide State Governments to conduct Social Audits of the OSCs on an annual basis** to assess the quality of infrastructure, services and the impact of the OSCs on the women survivors of violence.	**Medium-Term**	**MWCD and State Governments**
Human Resource Challenges	• Management cost provision of only Rs. 2,00,000 for 13-16 full time staff. • Low management cost leads to difficulty in hiring competent staff and high attrition, also leading to low fund utilisation. • Difficulty in finding specialised and skilled resources such as counsellors and paramedics in smaller cities. • No mechanism to ensure staff training in the absence of a systematic induction or refresher training plan. Also, no mechanisms to track which staff members have been trained and which ones are not. High attrition further aggravates this challenge.	• MWCD to **prescribe training for all new OSC staff to be undertaken quarterly.** This training can be **conducted at the state level so all OSC staff joining in any quarter can be trained together.** The CSWB in collaboration with SSWB can organise these one-day or two-day training.	**Short-Term**	
		• MWCD should assess the feasibility of **revising the norms for Management cost/staff cost to bring the salary norms in line with the prevailing market rates**, and additional details to be provided such as the number of staff to be hired for positions requiring 24-hour support, and cost norms for each post.	**Medium-Term**	**MWCD**
Low Scheme Awareness among Beneficiaries	• The household survey of 3048 women found that only 4.36% of the women were aware of the Scheme and the services provided by OSCs. • The scheme awareness is also hampered due to a lack of IEC budget and an IEC strategy at the national level.	• MWCD should utilise **Nirbhaya Funds to conduct mass-media campaigns on making women aware of their rights and to address social norms around violence against women**, and to popularise schemes meant for women's protection and redressal.	**Medium-Term**	**MWCD**
		• **Budgetary provision for training, IEC and Advocacy at the OSC level which stands at Rs. 50,000 per year per OSC, should be revised** to Rs. 30,000 per month for the first two years of the OSC's set up.	**Medium-Term**	**MWCD**

Based on the various revisions in the cost norms suggested in the recommendations above, the prescribed recurring cost norms under the OSC Scheme are as below:

S. No.		Current Expenditure Ceiling	Current annual provision	Recommended Expenditure Ceiling	Recommended Annual Provision
Management/Staffing Cost					
1.	Centre Administrator	Rs. 2,00,000 per month	Rs. 24,00,000	Rs. 50,000/ month	Rs. 6,00,000
2.	Case Workers (2)			Rs. 25,000/ month	Rs. 6,00,000
3.	Police Facilitation Officer (PFO)			Rs. 20,000/ month	Rs. 2,40,000
4.	Para Legal Personnel/ Lawyer			Rs. 30,000/ month	Rs. 3,60,000
5.	Para Medical Personnel (2)			Rs. 30,000/ month	Rs. 7,20,000
6.	Counsellor			Rs. 50,000/ month	Rs. 6,00,000
7.	IT Staff (2)			Rs. 20,000/ month	Rs. 4,80,000
8.	Multi-purpose Helper (2)			Rs. 16,000/ month	Rs. 3,84,000
9.	Security Guard/Night Guard (2)			Rs. 16,000/ month	Rs. 3,84,000
Administrative Cost					
10.	One-Stop Centre Administrative Cost (Stationary (Cartridge, Paper etc.), Electricity Telephone/Fax, Catering /Food, Clothing & Medicine & Kit etc., Transportation)	Rs. 34,000 per month	Rs. 4,08,000	Rs. 34,000 per month	Rs. 4,08,000
Training, IEC, Advocacy					
11.	Training, IEC, Advocacy	Rs 50,000 per annum	Rs. 50,000	Rs. 30,000 per month	Rs. 3,60,000
Contingency					
12.	Contingency (5% of recurring budget)		Rs. 1,42,900		Rs. 2,40,000
Total Annual Provision			**Rs. 30,00,900**		**Rs. 53,76,000**

4.8. Mahila Police Volunteers (MPV) Scheme

Summary of Mahila Police Volunteers (MPV) Scheme Analysis

Themes	Rating	Positives	Issues/Challenges
Relevance	Satisfactory	+ MPVs aim to link rural women with police and provide redressal ability to cope with the challenges faced by them. + Provides a support system to respond to the needs of the survivors of VAW and prevent them from dropping out from the justice process.	
Effectiveness	Needs Improvement	+ Awareness of other women-centric schemes has shown a small increase over the districts where the Scheme is not operational. - In over three years, the Scheme is still only operational in ten districts. - Suffers due to a complicated institutional structure. WCD departments are accountable for the Scheme's implementation, but the home department is responsible for delivery. - District Police selects the MPVs, and is responsible for training and monitoring the MPVs. This leaves WCD departments with little control over how quickly the Scheme gets rolled out or how it is scaled up. - Even though MPVs are expected to work closely with the ANMs, ASHA and AWWs, this was not happening on the ground. - MPV activities around awareness generation and conducting one to one and community meetings to build confidence among women, families and peer groups have taken a backseat.	
Efficiency	Needs Improvement	- The Scheme's fund utilisation has remained extremely low, with only Rs. 3.59 Crore utilised over almost 4 years since Scheme's launch. - The scheme size is too small for a centrally sponsored scheme, and accessing state funds has been challenging. - The Scheme has faced challenges in hiring MPVs, due to there being no fixed honorarium for the position. She is paid only Rs. 1,000 per month as reimbursement for expenses. - Even though the MPVs and the state/district administration are expected to undertake awareness generation activities, the Scheme does not have any monetary provisions for the same. - Even though Sakhi Dashboard is used to monitor the Scheme, it is dependent on the States' home department providing information, which is delayed in most cases. In the absence of a real-time monitoring mechanism, the MWCD is not able to exercise more control over the Scheme's implementation	
Sustainability	Needs Improvement	- The Scheme, due to its design and funding structure, has not been able to find its feet in most of the states and is only operational in 10 districts of the country. - The key challenges faced by the Scheme which hamper its sustainability include an inefficient institutional mechanism, inefficient fund transfer process, a lack of scheme monitoring and inadequate compensation to the MPVs.	
Equity	Average	+ The MPV scheme is universal and seeks to support all women in rural areas regardless of religion, caste, etc. + The Scheme is focused on the rural women, who especially suffer due to a lack of safe spaces in rural areas. - The Scheme has no linkage for the urban women, who suffer as much from VAW as rural women do.	

4.8.1. Background of the Scheme

Women rights are human rights which are universal, interdependent, interrelated and indivisible. Violence against women is an intolerable violation of human rights, and to safeguard women's rights, there is a need to eliminate all forms of violence against them. The last few years have seen a higher sensitivity to the issue of violence against women. Sustained efforts by the Government of India and campaigning by women's groups/organisations has led to stringent legislations to promote women empowerment, safety and protection.

The country has witnessed advancements in various fields, and even though the literacy rate amongst women has shown an improvement, century-old traditions and customs, biased against a girl child still prevail in large parts of the country. The primary paradox of our society is that the girl child is denied her right to survive, which is reflected in an unabated decline in Child Sex Ratio between 0-6 years. Census 2011 showed a significant decline in CSR with an all-time low of 918 girls for every 1000 boys, indicating the unequal status of women and girls in the society.

Violence against women and girls is rooted in unequal power relations between men and women in society and can be well understood within a gender framework. Unequal treatment and discrimination in child-rearing and caring practices in the family, male preference, and denial of rights to health care and education to women and girls are some of the factors that make women vulnerable and susceptible to different forms of violence. Gender-based inequalities in all stages of women's life manifest in the form of several acts of violence.

Role of Police is pivotal in the safety and security of citizens in general and women in particular. To increase the visibility of women in the police force, the Home Ministry has carried forward the initiative to give 33% reservation to women in the police force by implementing it in U.T.s and propagating in the States. There has been an increasing emphasis on gender sensitivity of police force through training programmes, performance appraisal, women police stations to tackle crime against women. An advisory dated 12th May 2015 by the Home Ministry[591] stressed on the need for sensitivity in handling women's issues. However, it is a matter of common knowledge that women who are victims of violence or harassment may not find it easy to approach the police or other authorities for getting help or support. It is, therefore, desirable to provide them with an effective alternative for getting help and support.

To promote these objectives and increase focused community outreach, MWCD initiated the Mahila Police Volunteers (MPV) Scheme in 2016-17. MPV Scheme aims to act as a link between police and community and facilitate women in distress in all States and U.T.s. MPVs are envisaged as empowered, responsible, socially aware women for fostering leadership in local settings to facilitate police outreach on gender concerns. They act as an interface between the society and police and serve as a public-police interface to fight crime against women. The broad mandate of MPVs is to report incidences of violence against women such as domestic violence, child marriage, dowry harassment and violence faced by women in public spaces.

This Scheme is funded through Nirbhaya Fund under 60:40 ratio except in case of North Eastern States, Uttarakhand, Himachal Pradesh and Jammu and Kashmir where the share of Centre and State/U.T.s is in the ratio of 90:10. In Union Territories, there is 100% Central Assistance.

Coverage

[591] https://mha.gov.in/sites/default/files/AdvisoryCompAppCrimeAgainstWomen_130515_0.pdf

In the first phase, the Scheme is being implemented on a pilot basis in all States and Union Territories (U.T.s). Two districts from every State and one district from every U.T. are planned to be chosen based on the Child Sex Ratio (CSR) and Crime against Women. The final selection of the districts is the responsibility of the concerned State/U.T.

Selection of MPVs

An MPV is selected by the Superintendent of Police (S.P.) of the respective districts. At least one MPV is to be engaged in every Panchayat/Ward. Bigger villages can have more than one MPV depending upon the area/requirement. The initial term of MPV is for two years only and is reviewed half-yearly. The termination of MPV can be done any time based on the review of performance. Termination orders can be given only by S.P. Re-selection of MPV could be done from the pool of waitlisted candidates drawn at the time of selection by the Committee. Deputy SP submits a quarterly report to SP on the performance of MPV.

Roles and Responsibilities of an MPV

An MPV could be any woman who is socially committed towards empowerment of women and girls, willing to raise her voice against gender-based violence and support the police in creating a gender-just society free from violence. The MPVs are chosen by the Home Department of the concerned State/U.T. through the Superintendent of Police of the district. The MPV directly report to the Circle Inspector in the Police Station. An MPV acts as a link between the police and the society on gender concerns. The MPV is expected to undertake the following activities:

- Create awareness of the existing services available for women and children, for example, One-Stop Centres (OSC), Short Stay Homes, Shelters, Police Helpline 100, Women's Helpline 181, Childline 1098, Mobile Application for Emergency.
- Inform the police personnel about any unpleasant behaviour or untoward incidences against women and girls in the community.
- Act as additional intelligence collection unit of the area regarding all issues on women in the area –suspicious arrivals in the village; information about missing women or children of the area; substance abuse and deviant behaviour among school and college students.
- Report incidences of missing children, domestic violence, child marriage, dowry harassment, trafficking and any other form of violence faced by women in both public and private spaces.
- Mobilise and facilitate Mahila aur Shishu Rakshak Dal to act as Community Watch Groups.
- Visit the local Anganwadi Centre once in a week on the day when the ANMs and ASHA workers also visit the Anganwadi. Building partnerships and provide a platform to meet women.
- Familiarise herself with the existing awareness generating portals such as www.wcd.nic.in and resources related to informational material for sensitising women and children.
- Conduct home visits and community meetings to build confidence among women, families and peer groups to approach the Police, Women Helpline and OSC in times of need.
- Establish linkages with Protection Officers under "The Protection of Women from Domestic Violence Act, 2005" at district/block level for convergence and coordination.
- Tie-up and stay in touch with stakeholders on women's and children's issues – the police station, ANMs, ASHA workers, women home guards, NSS, NCC, Mahila Mandal workers, women's collectives, SHGs, Mahila Samakhya (wherever available).
- Participate in meetings on Village Health Nutrition Day (VHND), Village Health Sanitation Nutrition Committee (VHSNC), Gram Sabhas, Special Gram Sabha, Mahila Gram Sabha regularly for better convergence and coordination on issues affecting women in these forums.

4.8.2. Performance of the Scheme

4.8.2.1. Relevance

Government of India has reiterated its commitment to support gender equality and safety of women and has put in several legal, constitutional and institutional frameworks to address the challenge of gender equality and safety of women. However, even with all the legal provisions, guarantees remain a distant dream for Indian women. Recent data shows that one in 3 married women in India has experienced physical, emotional or sexual violence, but the rate of reporting of the incidents remains low. 3,78,277 cases of crime against women were reported in 2018. Even though it's more than previous years, data shows that many more cases have gone unreported. Even when the cases are reported, the rate of conviction remains low due to insufficiency of evidence, women dropping out during the trial proceedings, etc. It is in this context that the MPV scheme provides institutional emergency response and support system so that it is in a position to more effectively respond to the needs of the survivors of violence and prevent them from dropping out/ withdrawing from the justice process. MPVs provide an important mechanism to link rural women with police and to provide them with the redressal ability to cope with the challenges faced by them to their and their children's safety and security. **The evaluation finds the Mahila Police Volunteers Scheme's relevance to be 'Satisfactory'.**

Unequal treatment and discrimination in child-rearing and caring practices in the family, male preference, and denial of rights to health care and education to women and girls are some of the factors that make women vulnerable and susceptible to different forms of violence. Gender-based inequalities in all stages of women's life manifest in the form of several acts of violence.

Achieving gender equality is a crucial SDG priority (SDG 5), and GoI has time and again reiterated its commitment to putting in place the relevant legal, constitutional and institutional frameworks to address the challenge of gender equality and safety of women.

Indian Constitution guarantees to all women equality, the prohibition of discrimination by the State, equality of opportunity and equal pay for equal work. The constitution also provides for making special enactments for women and children. It renounces practices derogatory to women's dignity and provides for just and humane conditions of work and maternity benefits. The Government has developed a robust legal framework to provide safety and protection to women. Some of the significant laws enacted to further the goal of providing safety and protection to women and to provide them with a conducive environment for empowerment include:

- The Immoral Traffic (Prevention) Act
- The Dowry Prohibition Act
- The Indecent Representation of Women (Prevention) Act
- The Commission of Sati (Prohibition)
- The Protection of Women from Domestic Violence Act.

However, even with all the legal provisions, guarantees remain a distant dream for Indian women. According to the NFHS 4, 31% of married women in India have ever experienced physical, sexual or emotional violence from their husbands, or spousal violence[592]. Physical violence is the most common form of spousal violence (27%), followed by emotional (13%) and sexual violence (6%). Violence perpetrated by other family members is rarely measured, but some studies suggest that

[592] International Institute for Population Sciences (IIPS) and ICF. (2017). National Family Health Survey (NFHS-4), 2015–16: India.

abuse from in-laws is common (Rew, Gangoli and Gill 2013, Raghwan and Iyenger 2017)[593,594]. Girls are not spared: at least 16% of girls aged 15–19 report physical or sexual abuse, and many more suffer violence earlier in life[1]. Women and girls with multiple intersecting socioeconomic vulnerabilities – the poorest, those from Scheduled Caste or Scheduled Tribe communities, and those with no or little education – are at greatest risk (Sabri, Renner et al. 2014)[595].

The low rate of conviction in cases of VAW, as reflected in the annual NCRB statistics, points out that along with insufficiency of evidence, women dropping out during the trial proceedings acts as a significant barrier to the successful completion of the process of justice. It is in this context; there was a felt need to work towards strengthening the institutional emergency response and support system so that it is in a position to more effectively respond to the needs of the survivors of violence and prevent them from dropping out/ withdrawing from the justice process (MWCD 2016).

The MPV scheme provides an important institutional mechanism to link rural women with police and to provide them with the redressal ability to cope with the challenges faced by them to their and their children's safety and security. It is common knowledge that women who are victims of violence or harassment may not find it easy to approach the police or other authorities for getting help or support. The MPV scheme provides them with a useful alternative for getting help and support.

[593] Rew, M., Gangoli, G., & Gill, A. K. (2013). Violence between female in-laws in India. Journal of International Women's Studies, 14(1), 147-160.
[594] Ragavan, M., & Iyengar, K. (2017). Violence perpetrated by mothers-in-law in northern India: perceived frequency, acceptability, and options for survivors. Journal of interpersonal violence, 0886260517708759.
[595] Sabri, B., Renner, L. M., Stockman, J. K., Mittal, M., & Decker, M. R. (2014). Risk factors for severe intimate partner violence and violence-related injuries among women in India. Women & health, 54(4), 281-300.

4.8.2.2. Effectiveness

The Mahila Police Volunteers Scheme has faced difficulty in finding its feet in the last three years since its launch. In more than three years of the Scheme's launch, the Scheme is still only operational in five states and ten districts. Even though eleven states and two U.T.s have sought MWCD's approval, the remaining States and U.T.s are yet to operationalise the Scheme. One of the key reasons behind limited uptake of the scheme is the scheme's institutional structure. Even though the home department is responsible for the delivery of the scheme, the WCD departments in the States have been made accountable for the Scheme's implementation. The District Police selects the MPVs and is responsible for training and monitoring the MPVs. This leaves a little role for the WCD department in managing the scheme or ensuring its scale-up. The recruitment of MPVs is an important, yet time-consuming task, and given that the accountability for scheme implementation is with the WCD department, the police and home departments are not able to prioritise the MPV scheme. Another challenge being faced by the Scheme in effective implementation is the lack of convergence the MPVs are able to create on the ground. The evaluation finds that even though MPVs are expected to work closely with the ANMs, ASHA and AWWs, this was not happening on the ground. The AWWs interviewed as part of the evaluation were not even aware of the MPVs in their areas and had not been reached out to by the MPVs for coordination. Given the focus on reporting and intelligence gathering, the MPV activities around awareness generation and conducting one to one and community meetings to build confidence among women, families and peer groups have taken a backseat. Even though the MPVs and the state/district administration are expected to undertake awareness generation activities, the Scheme does not have any monetary provisions for the same. This leads to the MPVs not being able to do one of the most important parts of their role – generating awareness about schemes, rights and protections available to women in the rural areas.

Due to the many challenges facing the MPV scheme, including a complicated institutional structure, the Scheme has had to face several challenged getting off the ground. It is the evaluation's view that significant changes need to be made in the scheme design for the Scheme to be able to carry out its mandate effectively. **The evaluation finds that the MPV Scheme's effectiveness 'Needs Improvement'.**

Coverage of the Scheme

Mahila Police Volunteers scheme was launched by the MWCD in 2016-17 to act as the link between police and community, and facilitate women in distress to approach the State for redressal of their issues. Even though it has been almost four years since the Scheme was launched, the Scheme has faced challenges in uptake amongst states. As on date, only 11 states and 2 U.T.s have approved the MPV scheme.

Table 90: Coverage of MPV Scheme

S. No.	States/U.T.s	Districts
1	Andhra Pradesh	All 13 districts
2	Chhattisgarh	Korea; Durg
3	Gujarat	Surat; Ahmedabad
4	Haryana	Karnal; Mahendragarh
5	Mizoram	Aizawl; Lunglei
6	Nagaland	Dimapur; Longleng
7	Jharkhand	Ranchi; Dhanbad
8	Madhya Pradesh	Vidisha; Morena
9	Karnataka	Gulbarga; Bagalkote

10	Tripura	West Tripura; Gomti
11	Uttarakhand	Haridwar; Udham Singh Nagar
12	Andaman & Nicobar Islands	Andaman & Nicobar Islands
13	Dadra and Nagar Haveli	Dadra and Nagar Haveli

Of the 13 States/U.T.s, only five have reported operationalisation of the Scheme and hiring of the MPVs. As on date, the five states have hired 9,531 MPVs across ten districts as below:

Table 91: Status of MPVs

S.No.	State	No. of Districts Approved	Districts which have reported operational MPVs	No. of MPVs
1	Andhra Pradesh	13	Anantpur	1500
			Kadapa	1500
2	Chhattisgarh	2	Durg	2412
			Korea	2156
3	Gujarat	2	Ahmedabad	348
			Surat	443
4	Haryana	2	Karnal	536
			Mahendergarh	431
5	Mizoram	2	Aizawl	105
			Lunglei	100
		21 Districts	**10 Districts**	**9,531**

As visible from the table above, the MPV scheme, even after almost four years, is operationalised in only ten districts. However, a cursory internet search shows that two other states – Tripura and Uttarakhand have also started the hiring of the MPVs in two districts each. Andhra Pradesh has also initiated the expansion of the Scheme to all 13 approved districts. No movement has been noted in other states to roll-out the Scheme.

Institutional Mechanism

In terms of the operationalisation of the MPV scheme, the State WCD or SWJ Departments are dependent on the home department. By design, the Scheme is driven by the home department, with the Police Superintendents in each district responsible for hiring, managing, and monitoring the working of the MPVs. Given this, the role of WCD Departments gets reduced to just fund disbursement and reporting to the MWCD.

Several State and national officials find that this institutional mechanism is one of the significant barriers in large scale roll-out out of the MPV scheme. Given that the home departments are responsible for the recruitment of the MPVs, the WCD department does not have much of a role in the scheme's roll-out and management. This current institutional structure constitutes an imbalance between responsibility and accountability, whereby the home department is responsible for running the Scheme, and yet, the WCD is accountable for the Scheme to GoI. This ends up in neither departments taking up an active role in rolling out the Scheme.

The currently constituted institutional mechanism has been cited as one of the critical reasons for the slow roll-out of the Scheme by many state representatives, as well as the MWCD representatives. In some states like Chhattisgarh, the Scheme has been handed over to the police department due to the scheme's natural fit with the police department, but the nodal at the National level remains MWCD.

> "We selected 2 districts for MPV- Patna and Darbhanga. Home dept has to do this. We have sent a letter to them. We only have to coordinate with them. They only will select the MPV's."
>
> State SRCW Member, Bihar

"Actually our state has decided to run this scheme with the police dept because so many scheme guidelines were more relevant to them. It has been officially handed over to them. I think same has been done in Haryana and Madhya Pradesh"

State SRCW head, Jharkhand

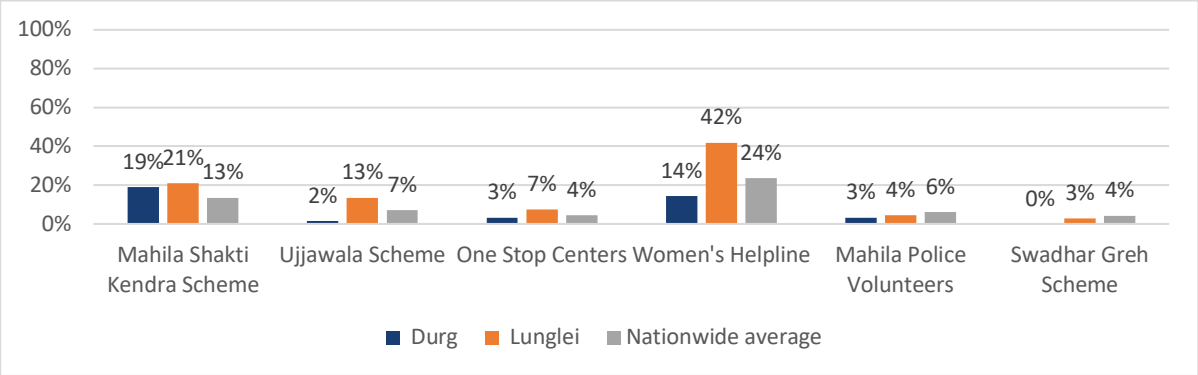
Convergence

The MPVs are expected to work closely with the field level workers of the ICDS and other WCD schemes and undertake activities such as creating awareness of services available for women and children such as One-Stop Centres (OSC), Short Stay Homes, Shelters, Police Helpline 100, Women's Helpline 181, Childline 1098, Mobile Application for Emergency. They are expected to visit AWCs weekly and be in constant touch with the stakeholders on women's and children's issues such as ANMs, ASHA workers, women, home guards, NSS, NCC, Mahila Mandal workers, women's collectives, SHGs, Mahila Samakhya (wherever available), etc. She is also expected to participate in meetings on Village Health Nutrition Day (VHND), Gram Sabhas, Mahila Gram Sabha regularly for better convergence and coordination on issues affecting women in these forums.

Among the districts that this evaluation undertook household data collection, only two districts – Lunglei in Mizoram and Durg in Chhattisgarh were the ones where MPVs were operational. The evaluation finds that even though MPVs are expected to work closely with the ANMs, ASHA and AWWs, this was not happening on the ground. The AWWs interviewed as part of the evaluation were not even aware of the Mahila Police Volunteers in their areas and had not been reached out to by the MPVs for coordination. Given the focus on reporting and intelligence gathering, the MPVs activities around awareness generation and conducting one to one and community meetings to build confidence among women, families and peer groups have taken a backseat.

The evaluation found that in the two districts where MPVs had been operational for two years, awareness among women of the government schemes available to them for dealing with violence and other issues was low. The figure below depicts the awareness of women in Durg and Lunglei around OSC scheme, Women's helpline, Swadhar Grehs, Ujjawala Homes, and MPVs themselves.

Figure 161: Awareness of Women's Safety and Protection Schemes



Source: Primary Data Analysis

Data shows that awareness of women's protection schemes in Lunglei on average is more than the national average, but the awareness levels remain low. Only about 13% women surveyed were aware of the Ujjawala Scheme, 7% were aware of the OSC's, 3% were aware of the Swadhar Grehs, and only around 4% women were aware of the existence of MPVs in their gram panchayat. In Durg, the awareness of these schemes was much lower than national averages and points to the fact that the MPVs – which stand at 2,412 in the district – has not been able to generate awareness among women of the avenues and protections available to them by the Government.

AWWs in these districts also suggested that they have not been in regular contact with the MPVs and their engagement with the households in the villages has been minimal.

One component of the MPV scheme, which was the mobilisation of Mahila aur Shishu Rakshak Dal (MASRD) has remained dormant since the Scheme was launched almost four years back. To date, no MASRD has been mobilised through the MPVs. This puts a question mark on the effectiveness of MPVs in engaging with the public to facilitate community-based protection and safety measures for women, as well as in their ability to create awareness among women of their rights and safeguards available to them.

4.8.2.3. Efficiency

Even though the Scheme has been rolled out in only 10 districts, the efficiency of the Scheme remains compromised due to various challenges and design issues. The Scheme's fund utilisation has remained extremely low, with only Rs. 3.59 Crore has been utilised under the Scheme over almost 4 years since the Scheme's launch. In the Scheme's current avatar, the DWCD is responsible for securing the funds for the Scheme, and the state home departments are responsible for running the Scheme. Given the hiring of the MPVs and their payments are being handled by the home department, the state WCD departments have little to no control over the scheme utilisation. Another key reason for the low fund utilisation is the issue of 60:40 split between the Central and the State Government. The budget of the Scheme is already meagre, and dividing the funding between the Centre and the State has not proven to be helpful. The State shares of the Scheme are rarely provided on time – if at all, and in the absence of or in cases of delays in reimbursements due to the MPVs, they end up leaving or becoming inactive. In terms of Human Resources, the Scheme has faced challenges in hiring MPVs, due to there being no fixed honorarium for the position. MPV is an honorary position, and currently, MPVs are paid up to Rs. 1,000 as reimbursement for out-of-pocket expenses for things such as travel, telephone usage, conducting awareness, visiting villages during VHSNDs, etc. Even though some women become MPVs for helping women around them feel safer and see joining MPV as a 'Social Service'[596], having such low/almost no honorarium does have an impact on the motivation of the MPVs. In the absence of any honorarium, MPVs end up losing interest in some time, and even though the MPVs are operationalised on paper, not a lot of work is being done by them. Due to the low funding, challenges in getting States to contribute their share, and the low pay to the MPVs, the MPV scheme has not been able to make a change on the ground, and its efficiency has suffered. **In the absence of clear structures and issues with hiring and retaining MPVs, the evaluation finds that the efficiency of the MPV scheme 'Needs Improvement'.**

Financial Resources

Since the Scheme became operational in 2016-17, the Government of India has released Rs. 16.24 Crores to the states for operationalising the MPV scheme, but the Ministry has received utilisation certificates for only Rs. 3.59 Crore[597]. This puts the Scheme's budget utilisation at around 22%. The fund release includes states for which the MWCD has approved the Scheme, but which have not yet operationalised the Scheme.

In the Scheme's current avatar, the DWCD is responsible for securing the funds for the Scheme, and the state home departments are responsible for running the Scheme. Given the hiring of the

[596] https://hindi.theprint.in/india/what-is-the-status-of-mahila-police-volunteer-scheme-under-nirbhya-scheme/75653/
[597] Figures from the scheme snapshot shared by MWCD

MPVs and their payments are being handled by the home department, the state WCD departments have little to no control over the fund utilisation.

One more challenge facing the Scheme is the 60:40 split of the scheme funding between the Centre and the State governments. The budget of the Scheme is already meagre, and dividing the funding between the Centre and the State has not proven to be helpful. Given there is a mismatch between the responsibility and accountability, securing state share for the Scheme also becomes difficult for the state departments, and often, the state shares – if at all provided, are much delayed. Some of the state government representatives also shared the view that it becomes challenging for them to respond to MWCD's queries regarding the fund utilisation since they are reliant on the home department to provide U.C. to them, which they forward to the MWCD.

> "Selection of candidates are done by police and remuneration are transferred by DWCD, therefore there is scope for leakage leading to money not put into the right use. Therefore, the WCD should have complete jurisdiction of the scheme."
>
> State Nodal Officer – MPV, Uttarakhand

> "The funds are routed through DWCD to Home Department in the state thus they are able to monitor the implementation at field level. We do not know about fund utilisation till they send us details."
>
> State Nodal Officer – MPV, Uttarakhand

The MPV scheme was launched to pilot the Scheme in 2 districts in each State, analysing and assessing the efficacy of the Scheme, and then roll it out nationwide. It would have been way more prudent for the MWCD to pilot the MPV scheme as a fully funded Central Sector Scheme, and convincing the State Governments of the effectiveness of MPVs in helping fight the challenges faced by women and children. During discussions at the national level, one senior MWCD official revealed that:

> "The scheme funding structure was so designed (60:40) so that the states feel involved in the scheme and take ownership of the scheme. However, currently, it looks like there is a risk of failure of the scheme as states are finding it difficult to operationalise the scheme due to the 40% share that the states will be required to contribute. The scheme is being ignored."

The evaluation further notes that even though the MWCD is providing 100% funding to states/districts under the other two similar schemes – the OSC and the Women's Helpline, the MPV scheme was decided to be rolled out as a scheme in which states have to contribute 40% share. To ensure uptake and expansion of the Scheme, it is recommended that the Scheme's funding pattern be modified and the Central Government provide 100 % funding for the Scheme.

The evaluation also notes that even though the MPVs and the state/district administration are expected to undertake awareness generation activities, the Scheme does not have any monetary provisions for the same. Similarly, no separate budgetary provisions have been made in the scheme guidelines for periodic training of the MPVs.

Human Resources

As discussed in the previous sections, the selection of the MPVs is made by the Superintendent of Police at the district level. At least one MPV is to be engaged in every Panchayat/Ward. Bigger villages can have more than one MPV depending upon the area/requirement. As on date, the government data suggests that there are 9,531 MPVs operational across ten districts in five

states[598]. In two other states – Tripura and Uttarakhand, recruitment of MPVs in two districts each were underway as on 31st March 2020. Andhra Pradesh, for which 13 districts have been approved for operationalising MPV Scheme based on the State's request, has only reported scheme's operationalisation in two districts. However, in discussions with the ministry, the state has reported movement on the operationalisation of scheme in the other 11 districts as well.

One of the significant challenges highlighted by both national and State level officials under MPV scheme is the extremely low payment ceiling to the MPVs. MPV is an honorary position, and currently, MPVs are paid up to Rs. 1,000 as reimbursement for out-of-pocket expenses for things such as travel, telephone usage, conducting awareness, visiting villages during VHSNDs, etc. There is no fixed honorarium prescribed for the MPVs in the scheme guidelines.

Even though many women applying for MPV become part of the Scheme for helping women around them feel safer and see joining MPV as a 'Social Service'[599], a lack of honorarium may have an impact on the motivation of the MPVs, and they may end up losing interest in the Scheme in some time. They are also required to submit monthly reports to the S.P.'s office of the activities undertaken by them, but in the absence of any pressure of loss of income, they end up being irregular in reporting. The district police, already overburdened, is also not able to routinely follow up with the MPVs to understand whether or not they are regularly working.

> "Funds involved in the entire scheme are too low. Due to low honorarium, there is no motivation to work among MPVs. 1500-2000 should be given to the staff to cover their mobile expenses and TA, etc. When student volunteers are offered Rs. 1000 under MSK, then it is unfair to offer Rs. 1000 to MPVs."
>
> State Nodal Officer – MPV, Uttarakhand

It is imperative for the Scheme to introduce a fixed honorarium for all MPVs, in addition to the reimbursable amount of Rs. 1,000 currently available to them. It is also recommended that the MPVs' honorarium should at least be equal to that for an AWW. Besides, the Scheme should also incorporate a performance-linked incentive mechanism to improve the accountability of MPVs and to enhance their motivation. The MWCD has, under the POSHAN Abhiyaan, instituted a performance-linked incentive scheme for the front line workers – the AWW, ASHA and ANM. Similar mechanisms can be introduced under MPV as well.

Another critical challenge facing the MPV scheme is a lack of coordination and convergence on the ground in a manner that was envisaged under the Scheme Guidelines. The scheme guidelines seek the MPV scheme to converge with the ICDS structures to enable every household to access the MPV platform. As discussed in earlier sections, this convergence has not happened on the ground yet, and MPVs have not been able to leverage the reach of the ICDS structures and the reach of the front line workers – the AWW, ASHA and ANM to expand the scope of the Scheme. One of the ways in which the Scheme could ensure convergence between the two structures is by looking into the provision of appointing some of the high performing AWWs and AWHs as MPVs. Currently, India has a network of more than 2 million AWWs and AWHs across the country. Engaging them to act as the link between public and police would be a much easier way to deepen the reach of the MPV scheme, as well as provides the MPV scheme with an already built structure on which to pin the scale-up of the Scheme. It is, however, recommended that the role of MPV be seen as a separate role for AWWs/AWHs/ ASHAs and they are provided with the full honorarium

[598] Source: Sakhi Dashboard; retrieved: 31st March 2020
[599] https://hindi.theprint.in/india/what-is-the-status-of-mahila-police-volunteer-scheme-under-nirbhya-scheme/75653/

under both the schemes, rather than merely increasing their responsibilities under their current role as the AWWs. If the AWWs/AWHs/ASHAs are offered the opportunity to also act as MPVs, in addition to ensuring convergence between the ICDS structures and the Sakhi structures, the State will also be able to help address the long-standing issue of low AWW honoraria, by supplementing it with MPV honorarium.

> "One of the criticisms of using AWWs to also take up the role of MPVs could be that these AWW will get overburdened. May be, but this would not be to the extent that anganwadi services would suffer. The work under MPV is not daily based since this programme is incident based, focuses on awareness generation and mobilising mahila aur shishu raksha dal. Anganwadi workers and ASHAs are best placed to act as change agents and are empowered to play this role and they should be converged with the scheme."
>
> MWCD official

Scheme Monitoring

As per the scheme guidelines, the monitoring of the functioning of the MPVs is to be done by the Police Department, who are also responsible for undertaking performance review of the MPVs. The only currently available mechanism available for the State WCD Departments/MWCD is the periodic reports received from the police department on the performance of MPVs in the district. The MWCD/State WCD Departments have almost no role to play in the monitoring of the Scheme.

One of the examples of the scheme's weak monitoring ability is the fact that the number of operational MPVs has not been updated since July 2019. The last reported number – 9,531 MPVs is based on the reports received from the states almost one year back. There is no mechanism available within the MPV scheme for the MWCD to have an updated record of the number of MPVs operational in each district, MPVs who have left or whose services have been terminated by the district police, and whether or not the honorariums are being paid to the MPVs regularly. The Ministry and the WCD department at the state level have to rely on periodic reporting from the home department to be able to get a sense of how the Scheme is performing. These reports from the home departments in states are not regular and are often delayed. In the absence of reporting or delayed reporting, the MWCD has no other way of monitoring the Scheme. There are no in-built mechanisms or I.T. systems by which the MWCD or the state WCD department could be able to monitor the Scheme in real-time. Given this, the role of MWCD/DWCD under this Scheme has been restricted to fund disbursal and a forwarding office of the U.C.s.

Even though the MWCD launched the Sakhi Dashboard in October 2019, which – in principle, will allow them to monitor the Scheme, but the dashboard data is to be filled and updated by the State WCD department, which can only do it once they receive the periodic reports from the districts. Currently, the Sakhi Dashboard data only shows the numbers of MPVs operational in each district but does not show the output/outcome level information such as how many cases were reported by MPVs to police, how many cases were referred to the OSCs, WHL, or other shelter homes, what was the conclusion of those cases, and what impact MPVs have had on crimes against women in the districts that they have been operational.

The inadequate scheme monitoring can also be linked directly to the scheme's institutional mechanism, whereby even though the Sakhi Dashboard provides for a monitoring framework, it has not been able to efficiently monitor the scheme due to the duality of accountability and responsibility on the ground.

4.8.2.4. Sustainability

The MPV scheme suffers from several challenges and operational issues. The Scheme, due to its design and funding structure, has not been able to find its feet in most of the states and is only operational in 10 districts of the country. The key challenges faced by the Scheme which hamper its sustainability include a complicated institutional mechanism and fund transfer process, weak scheme monitorability and inadequate compensation to the MPVs.

It is the evaluation's view that the GoI needs to undertake a comprehensive overhaul of the MPV scheme, to make it more effective and to enable it to set up sustainable systems and processes. While the Scheme relies on leveraging both the police and ICDS structures and their reach, the scheme's natural home lies with the MHA since the MPVs are expected to work as an extension of the Police force and create a bridge between women and children affected by violence and abuse, as well as act as an additional information gathering unit for the Police.

One of the ways that the MWCD could look to improve the sustainability of the Scheme is to have a more proactive role in the selection and management of the MPVs, and potentially, selecting some of the high performing AWWs/AWHs to act as MPVs. The MWCD will then be able to exercise better monitoring, ensure convergence of the Scheme at the ground level through the ICDS structures, and leverage the close connect of its FLWs with households in the remotest of areas. Alternately, the MPV scheme could be transferred to the MHA, under the same funding mechanism – the Nirbhaya Fund – with the state Home Departments accountable for the scheme.

4.8.2.5. Impact

While the evaluation finds the MPV scheme to be a vital scheme, which has the potential to become the backbone of India's fight ensure safety and protection to its women, at this point, the evaluation is not able to assess the scheme's impact. This scheme's evaluation is being done as part of the WCD Sector evaluation and aims to look at the impact of the sector. The focus of the evaluation when looking at the schemes is to identify key strategic challenges and issues faced by the Scheme, rather than a more granular analysis of Scheme's operations on the ground. Given that the MPV scheme has only been operational for just over three years, and the fact that out of the 12 states selected for survey under the evaluation, only two states and two districts with operational MPVs were selected, it is difficult for the evaluation to assess the impact of the Scheme. The impact assessment is also difficult due to a lack of available data on the number of cases referred to OSCs, WHL and shelter homes by MPVs, the number of cases reported by MPVs to police, and the conclusion of the reports and referral.

4.8.3. Analysis of Cross-Sectional Themes

4.8.3.1. Accountability and Transparency

MPV Scheme incorporates mechanisms for ensuring accountability and transparency at various levels. The scheme guidelines mandate setting up of a separate bank account for MPV scheme to maintain transparency of fund usage. Similarly, the scheme guidelines also mandate setting up of reporting mechanisms at the district level, with monthly reporting by the MPVs to the Superintendent of Police, monthly meetings in the police stations to take stock of scheme's implementation and address any issues or concerns arising from the meetings.

The evaluation finds that while the accountability and transparency mechanisms are in place, the scheme's design makes it challenging to ensure implementation and monitoring of these mechanisms as well of the scheme's progress. Assessment of the MPV scheme's transparency and accountability on various measures is detailed below:

Availability of Data Records and Reports in public domain

The availability of the MPV data records and reports in the public domain is limited. The MWCD manages two dashboards which provide scheme level data to the public – the Sakhi Dashboard focused on three schemes – OSC, WHL and MPV, and the MWCD Dashboard comprising information of all MWCD schemes.

The MWCD Dashboard does not have any data or information on the MPV scheme, and the Sakhi Dashboard only shows the numbers of MPVs operational in each district. There is no publicly available data on the output/outcome level information, such as how many cases were reported by MPVs to Police, how many cases were referred to the OSCs, WHL, or other shelter homes, what was the conclusion of those cases, and what impact MPVs have had on reduction in crimes against women in the districts that they have been operational. Similarly, the WCD website also does not have any information on fund sanctions, progress reports, etc. In the absence of any scheme related information in the public domain, it is challenging for the stakeholders to assess the effectiveness of the scheme and its value for money to the tax-payer.

Monitoring and Evaluation Mechanisms

The scheme guidelines provide for the monitoring of the MPVs to be undertaken by the Superintendent of Police at the district level. The MWCD does not have any role in day to day monitoring of the MPVs and their working. The MWCD/DWCD monitor the report based on the periodic reports submitted by the Superintendent of Police's office to the DWCD. The scheme's design suffers from a duality of the accountability/responsibility, with the DWCD in the state accountable for the delivery of the scheme in the state, but the Home/Police Department responsible for delivery of the scheme. Even though the MWCD has implemented the Sakhi Dashboard for monitoring the scheme, the data update in the dashboard is dependent on the frequency and quality of the progress reports received from the Police.

In terms of monitoring of scheme's implementation – Social Audits can also play a role in ensuring that through civil society's participation, the scheme's effectiveness and efficiency can be monitored. However, the MPV scheme guidelines do not have any provision for Social Audits, and there is no evidence of such Social Audits being conducted anywhere in the country.

The scheme guidelines do not provide for any evaluation mechanism. It is envisaged that Sakhi Dashboard will help in conducting periodic evaluation of the scheme based on data received from the States.

Citizen Accountability

The scheme does not have any formal Grievance Redressal Mechanism. However, the interviews with national, state and district officials point that members of the public can approach their local police stations for registering any complaint against the MPVs or for airing grievance against the scheme.

Financial Accountability

For implementing the Mahila Police Volunteers scheme, the fund is released out of Nirbhaya Fund to the States at 60:40 cost-sharing ratio except in case of North Eastern States, Uttarakhand, Himachal Pradesh and Jammu and Kashmir where the share of Centre and State/UTs is in the ratio of 90:10. In the case of Union Territories, there is 100% Central Assistance.

The MWCD is responsible for the budgetary regulation and administration of the scheme at the Central level. It transfers the funds to the consolidated funds of the State Government after obtaining a due appraisal from the empowered committee constituted for considering the proposal under Nirbhaya Fund and approval. The State Government is required to operate a separate bank account for the MPV scheme. State WCD Department transfers the funds to the concerned Superintendent of Police who also operates a separate bank account in the name of the scheme. The scheme does not use DBT for making payments to the MPVs.

4.8.3.2. Direct/Indirect Employment

The Mahila Police Volunteers Scheme has no provisions for hiring full-time resources, so the scheme does not contribute to the generation of employment directly or indirectly. Under the MPV scheme, women volunteers are engaged for two years, and they are paid Rs. 1,000 per month as reimbursement for any expenses they may have incurred in their role as MPVs.

4.8.3.3. Gender Mainstreaming

Gender Mainstreaming and Gender equality through the provision of adequate protection and safety to women are at the heart of the MPV scheme. The MPV scheme aims to have a cadre of women volunteers who serve as a public-police interface to fight crime against women. The broad mandate of MPVs is to report incidences of violence against women such as domestic violence, child marriage, dowry harassment and violence faced by women in public spaces.

The scheme notes the increasing incidence of violence against women in the country and highlights that women who are victims of violence or harassment may not find it easy to approach the Police or other authorities for getting help or support. To overcome this barrier, the MPV scheme provides women with a useful alternative for getting help and support.

4.8.3.4. Climate Change

The scheme does not have any component/strategy that addresses climate change since it is not relevant to the scheme's objectives.

4.8.3.5. Role of TSP and SCSP component in mainstreaming of Tribal and Scheduled Caste population

The MPV Scheme does not have separate allocations under TSP and SCSP. Hence the role of the scheme in mainstreaming ST and SC population is difficult to assess. However, given that the MPV scheme is universal and it aims to reach out to all women regardless of their caste, the scheme is expected to have an impact on the safety, security and protection of SC and ST women as well.

Of the 10 Districts being covered by the scheme currently, three districts – Aizawl, Lunglei, and Korea are primarily tribal, and Anantapur, Kadapa, Karnal, and Mahendragarh have a significant SC population. The scheme can potentially reach more than 24 lakh ST population and almost 30 lakh SC population. These two categories together constitute 22.4% of the scheme's target population.

Table 92: MPV Scheme Coverage of SCs and STs

S. No.	State	Districts which have reported operational MPVs	Total Rural Population	% of ST Population	% of SC Population
1	Andhra Pradesh	Anantpur	40,83,315	1,54,127 (3.8%)	5,83,135 (14.3%)
		Kadapa	28,84,524	75,886 (2.6%)	4,65,794 (16.1%)
2	Chhattisgarh	Durg	33,43,872	3,97,416 (11.9%)	4,58,040 (13.7%)
		Korea	6,58,917	3,04,280 (46.2%)	54,776 (8.3%)
3	Gujarat	Ahmedabad	56,33,927	89,138 (1.6%)	7,59,483 (13.5%)
		Surat	44,62,002	8,56,952 (19.2%)	1,58,115 (3.5%)
4	Haryana	Karnal	15,05,324	0	3,39,604 (22.6%)
		Mahendergarh	9,22,088	0	1,56,314 (17%)
5	Mizoram	Aizawl	4,00,309	3,73,542 (93.3%)	627 (0.2%)
		Lunglei	1,61,428	1,53,533 (95.1%)	178 (0.1%)
			2,40,55,706	**24,04,874 (10%)**	**29,76,066 (12.4%)**

Source: Census, 2011

4.8.3.6. Use of IT/Technology in driving efficiency

Sakhi Dashboard was launched by MWCD in October 2019 to aid the monitoring of the MPV scheme and to improve the effectiveness and efficiency of the scheme. The dashboard is designed to standardise better and functionally integrate OSCs, WHLs and MPVs into the Sakhi Vertical, a service for safety and empowerment of women offered by the MWCD. While the dashboard has found to be effective in improving scheme efficiency of the OSC and the WHL schemes, the dashboard's effectiveness for the MPV scheme remains limited.

As discussed in the previous sections, the MPV scheme is being implemented by the State Home/Police department, while the accountability for the scheme monitoring and the access to the Sakhi Dashboard remains with the WCD department. The MPVs submit their progress reports to the District Superintendent of Police, who then collates the performance of all MPVs and sends

the progress reports to the WCD department for uploading and updating on the Sakhi Dashboard. Even though it has only been around six months since the dashboard was launched, the dependence of the WCD Department on receiving the progress reports from Police has led to significant delays in updating the dashboard. This dual department engagement, while desired in line with the need for convergent actions, has made the MPV scheme a very complicated scheme to monitor. Due to this, the scheme, when though it has tried to use IT to improve scheme efficiency, the scheme's inherent design issues stop the scheme from realising technology's potential in improving scheme efficiency.

4.8.3.7. Development, dissemination & adoption of innovative practices, technology & know-how

The scheme does not have a separate budget for development, dissemination and adoption of innovative practices and technology. Given that the MPV scheme is a 'relatively' new scheme, which has been grappling with the scheme uptake challenges for almost 3 years, the focus of the scheme in the past 3 years has been to get the states to operationalise the MPV scheme. Given this, there has not been much focus on generation and dissemination of best practices. The evaluation could not find any incidences of innovative use of technology (except for the use of Sakhi Dashboard for scheme monitoring) or any innovative practices being undertaken by districts to deliver MPV scheme.

4.8.3.8. Stakeholder and Beneficiary Behaviour change

Mahila Police Volunteers Scheme focuses on the generation of awareness among women of the existing services available for protection of women and children, for example, One-Stop Centres (OSC), Short Stay Homes, Shelters, Police Helpline 100, Women's Helpline 181, and Childline 1098. The scheme guidelines also rely on the Home Department at the State/District level to widely publicise the MPV scheme to inform the target group about the presence of MPV in a given GP/Ward. All women from her geography need to know that in times of crisis, they can reach out to the MPVs.

The scheme envisages awareness generation to be undertaken through convergence with other government programmes, and through widely circulating the scheme information and contact details of the MPVs through displaying the notice prominently in key public places/offices/locations, through PRIs, through AWWs, ANMs and ASHAs, through local radio campaigns, and social media. The scheme also plans mobilisation of Mahila aur Shishu Rakshak Dal (MASRD) for creation of awareness about the existing laws, legislations, schemes and programmes for women and children, and to support women in distress through community partnership and action.

While the scheme looks to undertake significant awareness campaigns, the scheme guidelines do not provide for any budget for undertaking such activities. Due to this, the scheme has not been able to generate much awareness about the MPV scheme as well as the other measures available to women and children. The evaluation found that in the two districts where MPVs had been operational for the last two years, the awareness among women of the government schemes available to them for dealing with violence and other issues was low.

The scheme has also not been able to operationalise MASRDs in the MPV districts, which has added to the continued low awareness of the scheme and other laws among the women in those

districts. To be able to improve the awareness generation aspect of the scheme, the scheme's guidelines must be revised to include a provision for a budget for awareness generation and IEC.

4.8.3.9. Unlocking Synergies with other Government Programmes

The MPVs are expected to work closely with the ICDS FLWs and other WCD schemes to create awareness of services available for women and children such as OSC, Short Stay Homes, Shelters, Police Helpline (100), Women's Helpline (181), Childline (1098), and Mobile Application for Emergency. They are expected to visit AWCs weekly and be in constant touch with the stakeholders on women's and children's issues such as ANMs, ASHA workers, women, home guards, NSS, NCC, Mahila Mandal workers, women's collectives, SHGs, Mahila Samakhya (wherever available), etc. She is also expected to participate in meetings on Village Health Nutrition Day (VHND), Village Health Sanitation Nutrition Committee (VHSNC), Gram Sabhas, Special Gram Sabha, Mahila Gram Sabha regularly for better convergence and coordination on issues affecting women in these forums.

Among the districts that this evaluation undertook household data collection, two districts – Lunglei in Mizoram and Durg in Chhattisgarh were the ones where MPVs were operational. The evaluation finds that even though MPVs are expected to work closely with the ANMs, ASHA and AWWs, this was not happening on the ground. The AWWs interviewed as part of the evaluation were not even aware of the Mahila Police Volunteers in their areas and had not been reached out to by the MPVs for coordination. Given the focus on reporting and intelligence gathering, the MPVs activities around awareness generation and conducting community meetings to build confidence among women, families and peer groups have taken a backseat.

The evaluation found that in the two districts where MPVs had been operational for the last two years, the awareness among women of the government schemes available to them for dealing with violence and other issues was low. Data shows that awareness of women's protection schemes in Lunglei on average is more than the national average, but the awareness levels remain low. Only about 13% women surveyed were aware of the Ujjawala Scheme, 7% were aware of the OSC's, 3% were aware of the Swadhar Grehs, and only around 4% women were aware of the existence of MPVs in their gram panchayat. In Durg, the awareness of these schemes was much lower than national averages and points to the fact that the MPVs – which stand at 2,412 in the district – has not been able to generate awareness among women of the avenues and protections available to them by the Government. AWWs in these districts also suggested that they have not been in regular contact with the MPVs, and their engagement with the households has been minimal.

Hence, even though the scheme has built-in mechanisms to unlock synergies with other government programmes such as the Anganwadi Services to enhance the reach of the scheme and to increase the awareness of women and children protection and empowerment schemes, operationalisation of these mechanisms needs to be improved to be able to realise compounded effects of convergence.

4.8.3.10. Impact on and role of the private sector, community/ collectives/cooperatives

The MPV scheme does not see any role of the private sector in its operation and management. Given the role of the MPVs is to make women aware of the existing services and schemes available

for women and children, and monitoring and reporting of incidents of violence and abuse against women and children, the scope for private sector's engagement is minimal. However, the community and collectives have a significant role to play in the MPV scheme. The scheme seeks to engage with the community groups and SHGs to mobilise and facilitate Mahila aur Shishu Rakshak Dal (MASRD) to curb violence against women and girls. MASRDs are expected to comprise of local leader, Sarpanch/ward member/Resident Welfare Association member, Teacher, Social Worker, SHG member, Counsellor, Local Media representative, Frontline Workers (ASHA, AWW)/ Community /Youth volunteers to act as Community Watch Groups. Besides, the existing groups working in the community on women empowerment issues may be integrated with MASRDs.

While there is a significant role for community groups and collectives to support MPVs in intelligence collection and reporting incidences of missing children, domestic violence, trafficking and any other form of violence faced by women in both public and private spaces through MASRD's, the actual engagement of these groups have been limited to date. The MPV scheme has not been able to operationalise the MASRD's even almost 4 years after the launch of the schemes. Civil society and women's collectives will have a significant impact in enlarging the reach of the MPVs – which are expected to be one per Gram Panchayat – once engaged. Still, it is not yet clear what steps have been taken at the district level to facilitate the engagement of these collectives. Given this, there has not been any significant impact of community and collectives' participation in the scheme yet.

4.8.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Complicated Institutional Mechanism	• Weak institutional mechanism whereby the WCD departments are accountable for the Scheme, but the home departments are responsible for the delivery of the scheme. • The MPVs' hiring and performance monitoring are done by the police department at the district level, and the WCD has no control over the Scheme's implementation. • MPVs being aligned almost entirely with the police and its functioning, while their links with the MWCD and its structures have been completely lost. • Given the focus on reporting and intelligence gathering, the MPVs activities around awareness generation and conducting one to one and community meetings to build confidence among women, families and peer groups have taken a backseat.	• A **comprehensive redesign of the scheme be undertaken, with the scheme being transferred entirely to the MHA**, with the SP responsible and accountable for the scheme's delivery at the District Level. MWCD may support the MPV scheme in achieving ground level linkages through the ICDS structure and **FLWs to enable the flow of intelligence to MPVs and support in setting up MASRDs in villages.** • Alternatively, in case it is not feasible to transfer the scheme to MHA, it should be managed and implemented entirely by the MWCD, with the DM/SDM responsible for selection, training and monitoring of the MPVs.	**Short-Term**	**Central Government (MWCD in consultation with MHA)**
Inadequate Scheme information in Public Domain	• There is almost no information available on the MPV scheme in the public domain. The only information available is the scheme guidelines and the number of operational MPVs, which was last updated in July 2019. • It is difficult for the tax-payer, the civil society and public advocates to assess the value of the Scheme in the absence of such information in the public domain.	• **Scheme information and data from the Sakhi Dashboard be made available public domain**, with the district-wise number of cases reported by the MPVs and the number of cases leading to action against the perpetrators available through Ministry dashboards. Also, scheme's financial information such as allocation, release and utilisation be made available through the ministry website.	**Short-Term**	**Central Government**
Funding Structure	• The budget of the Scheme is already meagre, and dividing the funding between	• Regardless of the scheme being managed by the MWCD or the MHA in future, **the MPV scheme should be funded entirely by the central**	**Medium-Term**	**Central Government**

	the Centre and the State has not proven to be helpful. • Securing state share for the Scheme has been difficult for the state departments, and more often than not, the state shares – if at all provided, are much delayed.	**Government, given the importance of this Scheme and the fact that this is currently the only Scheme focusing on working at the village level on providing support to women affected by violence**. The scheme funding may continue to come from the Nirbhaya Fund.		
Lack of Honoraria for the MPVs	• There is no fixed honorarium prescribed for the MPVs in the scheme guidelines. • In the absence of any honorarium, MPVs may end up losing interest in the Scheme in some time. • Even though many women applying for MPV become part of the Scheme for helping women around them feel safer and see joining MPV as a 'Social Service', having such low/almost no honorarium does have an impact on the motivation of the MPVs.	• **Honoraria for all MPVs in addition to the reimbursable amount** of Rs. 1,000 currently available to them, needs to be introduced. • The honoraria may be **a combination of a monthly fixed amount supplemented by a performance-based variable pay** linked to the number of cases reported by them leading to action against the perpetrators of violence and abuse.	**Short-Term**	**Central Government**

4.9. Universalisation of Women Helpline

Summary of Scheme for Universalisation of Women's Helpline Analysis

Themes	Rating	Summary
Relevance	Satisfactory	+ WHL is a critical component of GOI's efforts to curb the menace of violence against women. + Enhanced use of WHL during Covid-19 lockdown shows its importance.
Effectiveness	Average	+ Operationalised in 33 States and UTs and supported more than 47.9 lakh calls to date. + Especially effective in States/UTs where the incidents of VAW has been high, such as Delhi, Uttar Pradesh, Bihar, Punjab and Gujarat. + States use multiple platforms to popularise WHL including FLWs, large scale awareness camps, mass media, community meetings, use of NGOs etc. - 3 States/UTs have not universalised the WHL yet. - Household survey found the awareness of WHL to be relatively low at around 23.5%. - Even though States are expected to undertake large scale campaigns to popularise the Scheme, budget for IEC is only available at the National level.
Efficiency	Satisfactory	+ Adequate budget available for WHL operation and maintenance. + Evidence of strong convergence within MWCD – with OSCs and Swadhar Grehs – and with other departments – police, health and SLSA. + 32 states have already integrated the WHL with the OSCs and are regularly referring women to the OSCs. + Has played an important role during COVID 19 lockdown, which saw a spike in the cases of domestic violence. + Sakhi Dashboard has improved the Scheme's monitoring significantly - Scheme's fund utilisation is low, with only around 56% of the allocations between 2016-17 and 2019-20 being released to the States. - Even though the services provided are the same in all states, salaries for staff in States with more than 5 crore population and those with less than 5 crore population are different. - Monitoring of indicators on the quality of service remains missing
Sustainability	Satisfactory	+ Due to being fully funded by MWCD through Nirbhaya Fund, the Scheme does not have to rely on the States to provide their share. + States like Uttar Pradesh and Telangana have enhanced the capacities of the WHL through their resources + WHL works closely with OSCs and Police, providing critical convergence needed to provide a comprehensive intervention to women in distress. + Monitoring of WHL at State-level is conducted jointly by Police, DWCD DoHFW, DoT, SLSA and Civil Society members. + Competitive salaries offered to the staff ensures low attrition.
Equity	Average	+ The Scheme is universal, and services can be used by any women in distress regardless of their caste, religion or economic status. - However, in the absence of access to beneficiary level data, evaluation is unable to assess the frequency of use of the WHL by women from different economic strata and geographies.

4.9.1. Background of the Scheme

Scheme for Universalisation of Women Helpline (WHL) was approved on 19th February 2015 with a total project cost Rs. 69.49 crore for implementation through States/UTs from 1st April 2015. The Scheme is intended to provide 24 hours emergency and non-emergency response to women affected by violence through referral (linking with appropriate authority such as police, OSC, hospital etc.) and by providing information about women related government schemes and programs across the country through a single uniform number. Department of Telecommunication, GoI has allocated shortcode 181 to all States/UTs as Women Helpline. Under the WHL Scheme, the States/UTs utilise or augment their existing women helplines through dedicated single national number. The number (181) is envisaged to be compatible with all the existing telecommunication channels. WHL acts as a referral and first point of contact for women in distress. It gives women access to formal support in their day to day problems and provides relevant information about policies. The key objectives of the WHL Scheme are as under:

- To provide toll-free 24 hours of telecom service to women affected by violence seeking support and information
- To facilitate emergency and non-emergency response through referral to the appropriate agencies such as Police/Hospitals/Ambulance Services/DLSA/OSC/Counselling Centres/ District Social Welfare Officer/District Panchayati Raj Officer/Blood Banks etc.
- To provide information about the appropriate support services, government schemes and programmes available to the women affected by violence, in her particular situation within the local area in which she resides or is employed.

At the national level, the MWCD is responsible for budgetary control and administration of the Scheme. At the State Level, DWCD is responsible for the overall direction and implementation of the Scheme.

Target Group

- Women and girls facing violence within the public or private sphere of life
- Women and girls seeking information about women welfare schemes and programmes.
- Women and girls in any difficult circumstance seeking help
- Women and girls seeking non- emergency referral services

Major Component of the Scheme

The key components of the Women's Helpline include:

- **Referral Service:** WHL acts as a referral service where the cases of women seeking assistance are referred to the appropriate agencies such as police, DLSA, OSC etc. Regular follow-ups are carried out with different agencies regarding the status of pending cases. Feedback is collected from the distressed women regarding the quality of service and future course of action.
- **Data Management through MIS:** A web-enabled MIS is developed to provide user-friendly and easily accessible one single portal giving due regard to the confidentiality of women affected by violence. Information of women seeking assistance is fed into the system as per the prescribed format, and a Unique ID Number is generated through which the authorities follow the case from district to the central level. A Resource Directory is also collated from resource mapping at the State Level and uploaded in the MIS.

- **WHL-OSC Integration:** OSC and WHL are integrated and have a common backend dashboard, which is used by both these services to continuously update the status of a case, including referral, follow-ups etc.

Services provided by the Women's Helpline

No.	Type of Service	Description
1	Violence Against Women (VAW) Prevention	As soon as an aggrieved woman (AG) or somebody on her behalf contacts WHL, her information is attended by the call responder appointed there. Based on the urgency and the requirements explained by the caller, the responder refers her to relevant support services like medical aid, police assistance or connects her to OSC for professional counselling, shelter, legal aid etc.; if the woman needs to be rescued from a violent situation or is in urgent need of medical assistance, then the PCR Van from the nearest police station or ambulance from nearest hospital/ 108 service is dispatched.
2	Information on Women Empowerment Schemes and programmes.	WHL provides information about the laws, existing schemes and government programs related to women empowerment and protection. Any woman in need of such information or someone on her behalf can call WHL, which will provide this information or refer the woman to the relevant department to access the same. WHL also guide women about processes to be adopted for accessing the benefits of these schemes and programs.

Funding mechanism

Funds for the WHL scheme were provided to the State Government in 2015-16. However, since 2016-17, the funds are directly being transferred to districts after the change of financial guidelines. After that District Collector/District Magistrate implements the Women Helpline Scheme in the State and funds are directly released to the designated DC/DM. The components under the Scheme are implemented by the State Governments/UT Administrations directly or through NGOs.

WHL Staffing

The scheme guidelines provide for the following staff to be available in the One-Stop Centre for its smooth functioning to achieve its mandate:

1. **Helpline Manager:** In-charge for the overall smooth functioning of WHL.
2. **Supervisor:** She ensures that all calls are being attended promptly and every call has been taken to its logical conclusion by the responder, as early, as possible.
3. **Senior Call Responder:** Advises women referred by call responders and supports Supervisor in weekly follow up with the aggrieved woman asking about the quality of service provided.
4. **Call Responder:** She attends the calls; does primary referrals, does data entry and forward serious cases to Supervisor and cases which need first point counselling to Senior Call Responder. She also provides information about the Government Schemes and programmes related to women empowerment, assists women in applying for such schemes and guides them through the process for accessing the same.
5. **IT Staff:** The IT staff looks after the technological aspect of WHL and ensure that it remains functional at all times.
6. **Multi-Purpose Helper:** Multi-Purpose Helper is responsible for maintaining hygiene and sanitation at the helpline centre.
7. **Security guard/Night Guard:** Security Guard/Night Guard is responsible for the overall security of the helpline centre.

4.9.2. Performance of the Scheme

4.9.2.1. Relevance

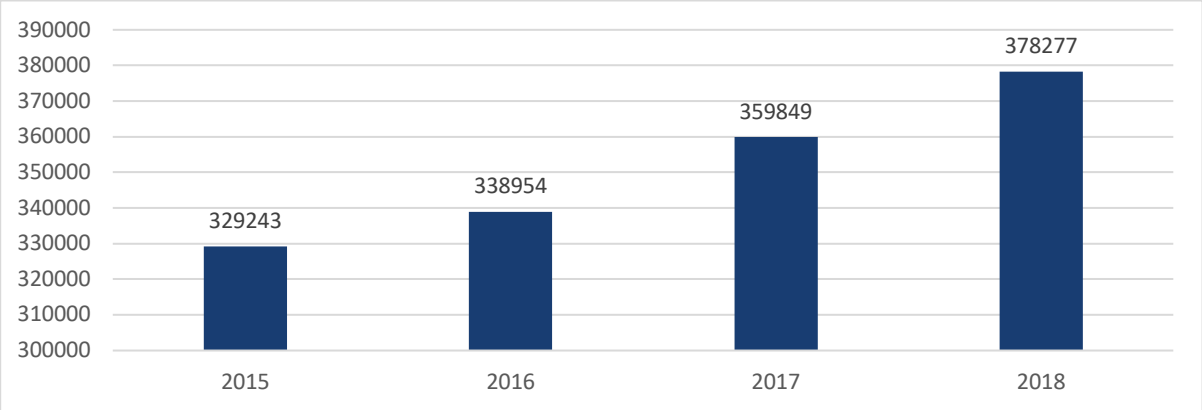
Given the increase in the number of crimes against women in the past few years and the lack of access and information that women have to redressal mechanisms and entitlement, the Women's Helpline Scheme provides an important platform for women to reach out to in situations of distress as well as to seek information about their rights and entitlements. Currently, apart from the WHL, there is no mechanism to ensure that women could access various support services, whether government or private, through information and referral from a centralised and integrated body. The ability of the helpline to provide immediate and 24-hour emergency response to women affected by violence including rescue (where necessary), information, first point contact counselling and referral (linking with appropriate authority such as police, OSC, hospital) services make the WHL scheme an extremely relevant scheme. **The evaluation finds the Mahila Police Volunteers Scheme's relevance to be 'Satisfactory'.**

The right to a life free of violence is a basic human right enshrined in Article 21 of the Indian Constitution. Violence or the threat of violence not only violate this right but restrict women's freedom and germinates imbalance of power between women and men. It has now been more than twenty years since India has ratified the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), thereby committing to incorporate the principle of equality of men and women within its legal system, abolish all discriminatory laws and adopt those laws which prohibit discrimination against women. Since then, changes have been made in the law not only to prevent violence but to create a system which rehabilitates women affected by violence and ensure their access to a violence-free life.

In recent years, there has been the enactment of various legislation by the Parliament which address the issue of VAW, i.e. Criminal Law Amendment Act, 2013, Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, the Protection of Women From Domestic Violence Act, 2005 and provided an opportunity to women facing violence to take the recourse to law. However, even with all the legal provisions, guarantees remain a distant dream for Indian women. According to NFHS 4, 31% of married women in India have ever experienced physical, sexual or emotional violence from their husbands, or spousal violence[600]. Physical violence is the most common form of spousal violence (27%), followed by emotional (13%) and sexual violence (6%). Violence perpetrated by other family members is rarely measured, but some studies suggest that abuse from in-laws is common (Rew, Gangoli and Gill 2013, Raghwan and Iyenger 2017)[601,602].

[600] International Institute for Population Sciences (IIPS) and ICF. (2017). National Family Health Survey (NFHS-4), 2015–16: India.
[601] Rew, M., Gangoli, G., & Gill, A. K. (2013). Violence between female in-laws in India. Journal of International Women's Studies, 14(1), 147-160.
[602] Ragavan, M., & Iyengar, K. (2017). Violence perpetrated by mothers-in-law in northern India: perceived frequency, acceptability, and options for survivors. Journal of interpersonal violence, 0886260517708759.

Figure 162: Crimes against Women (IPE+SLL) 2015-2018



Source: National Crime Record Bureau

National-level data on crimes against women as per the National Crime Record Bureau (NCRB) shows an increase in the levels of crimes against women over the years. The total number of crimes against women increased between 2015 and 2018. A total of 3,78,277 cases of crime against women (both under various sections of IPC and SLL) were reported in the country during the year 2018 as compared to 3,29,243 in the year 2015, thus showing an increase of 14.9% during the four years. The crime against women during the year 2018 increased by 5.12% over the year 2017.

These numbers must be viewed, keeping in mind that not all crimes against women are reported[603]. The actual numbers may give even greater cause for concern.

It is a matter of common knowledge that women who are victims of violence, abuse or harassment may not find it easy to approach the police or other authorities for getting help or support. The Women's Helpline, therefore, provides them with an effective alternative for getting help and support.

There are different numbers for different emergency services, i.e. 100-Police, 101-Fire, 102 and 108-Ambulance, 1091 and 181-women in distress etc. The caller needs to dial the correct number depending upon the type of emergency. In case the caller does not know the correct emergency number to dial or is confused between various emergency numbers, he will be either deprived of any help or will get help after an avoidable delay. Given the low literacy level in India, it is likely that crucial time may be lost in figuring out which number to dial.

Currently, apart from the WHL, there is no systematic mechanism to ensure that women could access various support services, whether government or private, through information and referral from a centralised and integrated body. While different State governments had set up a helpline in collaboration with NGOs, and private organisations and various NGOs have also undertaken helpline initiatives to provide information and referral service to women facing violence within the home as well as outside, but these attempts have been sporadic and state/ city-centric due to the limitations of outreach and resources.

Because of the above challenges and given the importance of providing women affected by violence a platform to reach out to the authorities in emergencies the Women's Helpline is an important initiative of the MWCD and a step in the process of providing unified emergency response to women in distress. The ability of the helpline to provide immediate and 24-hour emergency response to women affected by violence including rescue, information, first point

[603] Report of the Working Group On Women's Agency And Empowerment, 12th Five Year Plan

contact counselling and referral (linking with appropriate authority such as police, One Stop Centre, hospital) services make the WHL scheme an extremely relevant scheme.

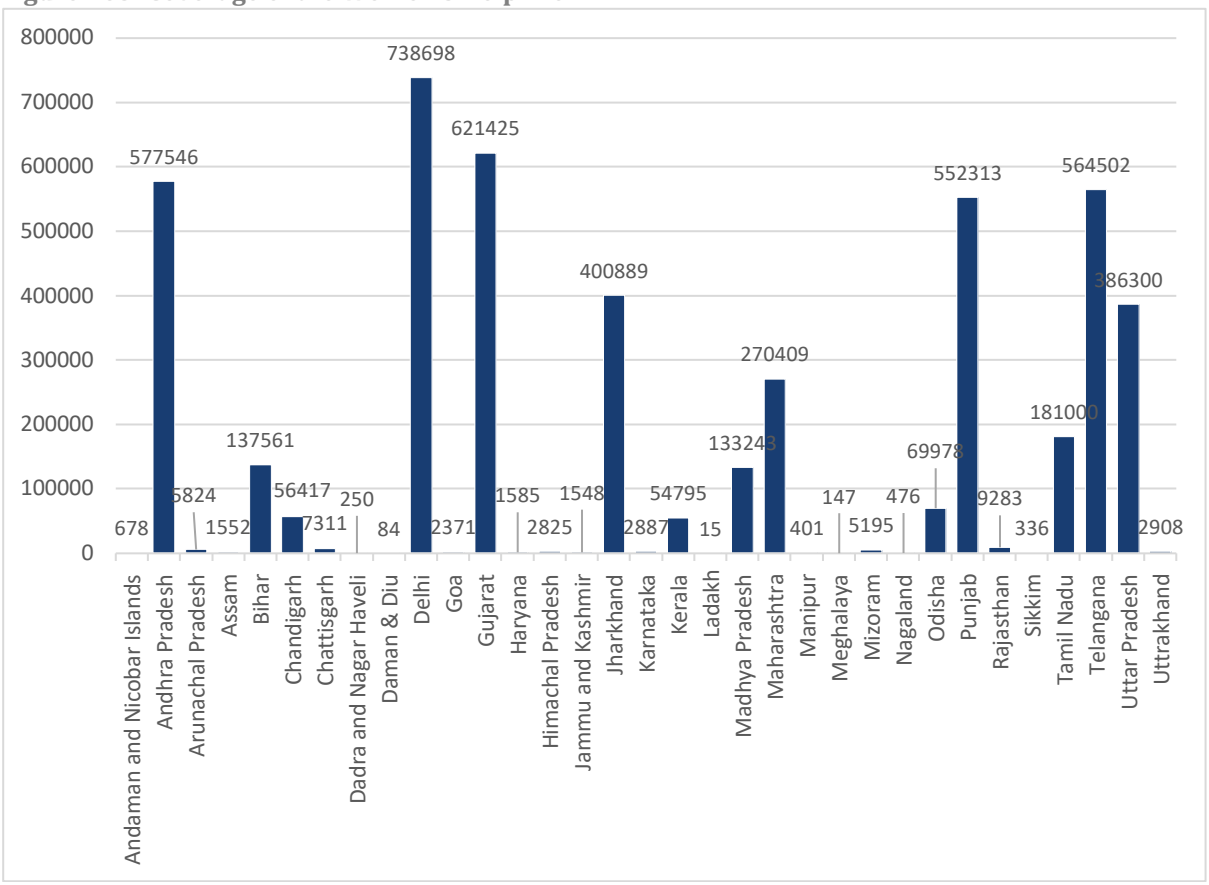
4.9.2.2. Effectiveness

The WHL scheme has been operationalised in 33 States and UTs and has supported more than 47.9 lakh calls to date. The Scheme has especially been very effective in States/UTs where the incidents of violence against women has been high, such as Delhi, Uttar Pradesh, Bihar, Punjab and Gujarat. While the State Governments and the MWCD have tried to focus on generating awareness of the WHL, the household survey found the awareness of WHL to be relatively low at around 23.5%. Even though the State Governments are expected to undertake large scale campaigns to popularise the Scheme, the budget for IEC is only available at the National level. It is expected that if the State Governments were provided with budgetary provision to popularise the Scheme, the Scheme's awareness would be expanded quickly and effectively. **Due to the relatively low level of the Scheme's awareness among the population, the evaluation finds the WHL Scheme's effectiveness to be 'Average'.**

Coverage

The Women's Helpline Scheme has been operationalised in 33 States/UTs – including Ladakh in the country as on 13th February 2020. Only Puducherry, Tripura and West Bengal are yet to operationalise the Helpline. The scheme has managed more than 47.9 Lakh calls across the country. The distribution of calls received across the states are depicted in the figure below:

Figure 163: Coverage of the Women's Helpline



Source: MWCD Dashboard, as on 31st March 2020

As is visible from the above figure, Delhi, Gujarat, Andhra Pradesh, Telangana and Punjab have received the maximum number of calls on the helpline, with North Eastern states receiving a generally low number of calls. In total, the six North Eastern States (except Tripura, which is yet to operationalise WHL) have received only 8,107 calls, which comprises just 0.17% of the total calls received by the scheme. Delhi has received more than 15% of all WHL calls across the country.

Awareness of the Scheme

Given that the Women's Helpline Scheme aims to provide toll-free 24 hours telecom service to women affected by violence seeking support and information and act as a referral and first point of contact for women in distress, the scheme's awareness among women it seeks to support is a key metric of the scheme's effectiveness. The scheme guidelines put a great emphasis on the need and importance of popularising the WHL.

In all States visited, State and District officials stressed that they use various awareness-generation strategies to popularise the WHL These include mass publicity campaign through the distribution of leaflets, pamphlets, brochures, posters and dissemination of information through public transport system, i.e. buses, auto-rickshaw, taxis, media channels (newspapers, radio and television), public conferences, special events such Women's Day, interface with youth through school and college-based outreach, etc.

"The WHL was launched by Hon'ble CM along with the launch of Amma call center. So enough publicity was done at that time. Police also create awareness and women helpline is also given in police advertisements. So enough awareness is provided."
Section Officer, Women Helpline Scheme, Tamil Nadu

"The women's helpline scheme has been promoted through jingles on various radio channels, through which awareness and program information is made available to women and girls."
Joint Secretary, Women Directorate, Uttar Pradesh

"The awareness is created through various modes including advertisements (TV, radio) and posters on prominent locations. The common public is very well aware. Also, the police helps in creating more awareness. Wherever possible, they spread the word and this helps in improving the awareness of the helpline"
CDPO, Telangana

"There is a team of 1 staff of OSC, MSK, ICDS, Nirbhaya Funds respectively go to places to spread awareness. There are also 6-8 programs conducted every month."
State Representative, Uttarakhand

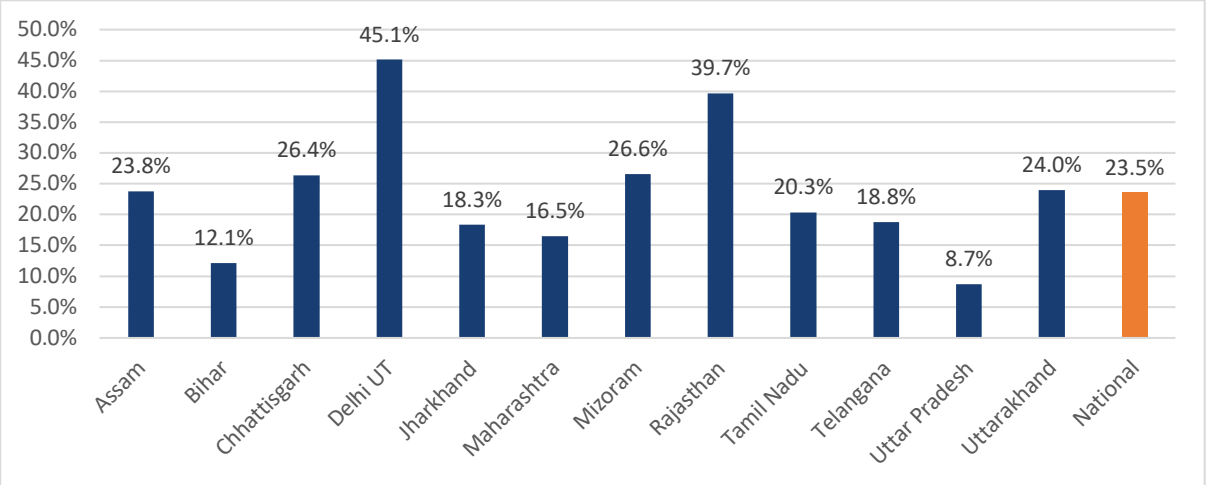
"In the scheme guidelines, there is some budget allocation from the centre for awareness. From the department here, we have made posters and pamphlets, which is the best way. And from here direction has gone to important district locations that there have to be display boards at bus stops and railway stations, at public places where footfall of women is more. Plus there is a linkage of Mahila Shakti Kendra, it has 3-3 people, they go to villages to create awareness, MSK, apart from that One stop centre counselors also conduct outreach camps, they go to schools, they go to colleges, where ever there is a Beti Bachao Beti Padhao campaigns, they go there and spread awareness. And referrals happen majorly from police and hospitals. From hospitals it's not so much, the connection is a little weak, so many do not come from there, but from police there are many."
Deputy Director, Women's Safety Cell, Rajasthan

"Group meetings, Rallies, Nukkad Natak, Competitions are done to spread awareness. This helps in effective implementation of the scheme."
Women Welfare Officer, Jhalawar, Rajasthan

"We have done publicity through school children during 26th January. We have sent letters to government offices, Education officer. We gave advertisement in newspaper also."
Women and Child Development Officer, Beed, Maharashtra

While the evaluation acknowledges the awareness generation activities undertaken by states to popularise the Women's Helpline, the household survey found that the awareness of Women's Helpline – although was higher than many other MPEW schemes – was still low at around 23.5% across a sample of 3048 women spread across 12 states.

Figure 164: Women's Helpline Awareness



Source: Primary Data Analysis

Highest awareness of the Women's Helpline was found in Delhi, with 45% of the beneficiaries aware of the Women's Helpline. This was followed by Rajasthan at almost 40%. Rest of the states were found to have a comparatively much lower awareness of the Women's Helpline, with it being the lowest in Uttar Pradesh, at just 8.7% and Bihar with only 12% awareness.

The relatively high awareness of WHL in Delhi is in line with the fact that Delhi registers the maximum number of calls through the WHL, as well as the fact that ever since the Nirbhaya Incident, women's safety and protection has been a very important agenda for the Delhi and the Central Government, and extensive IEC has been conducted in Delhi to make women aware of the helpline.

One of the reasons for the low level of awareness compared to the efforts put in by the district and state offices in spreading awareness of the Scheme is that most of the survey respondents come from the rural areas, and the IEC efforts in the districts could potentially be more focused on the urban population. The evaluation is not able to confirm the reasons for this.

Performance against the Output-Outcome Monitoring Framework (OOMF)

The Output-Outcome Framework for the scheme was developed with the NITI Aayog in 2018, and the targets are set on an annual basis. The WHL OOMF for FY 2019-20 is provided below:

Output	Outputs Indicator(s)	Targets	Outcome	Outcomes Indicators	Targets
1. Implementation of universalisation of WHL in 36 States/UTs	1.1. Implementation of universalisation of WHL in 36 States/UTs	Operationalisation of Women Helpline (181) in every State/UT	1. To provide an immediate response to women affected by violence to overcome the discrimination and violence against women in society	1.1 Number of effective calls received	40,000 calls (10,000 calls per quarter)
				1.2 % of calls referred to OSCs	Means of measurement to be developed; actual progress will be reported
				1.3 % of calls referred to authorities other than OSCs	Means of measurement to be developed; actual progress will be reported

In terms of achievements against the various indicators, the scheme has yet to achieve the output target set for itself at the beginning of the year. The scheme targeted operationalisation of the Women Helpline in all States and UTs, but as on 31st March 2020, the scheme has been able to operationalise in 33 States/UTs, with 2 States and 1 UT yet to operationalise the scheme.

In terms of outcome targets, the scheme set a target of effectively supporting 40,000 calls. On this parameter, the scheme has significantly exceeded the target, having supported more than 13.5 lakh calls[604]. The evaluation is unable to assess the performance of the scheme on the remaining two outcome indicators, due to a lack of access to this data.

While the scheme seems to have performed reasonably well compared to the targets set by itself in the OOMF, the evaluation finds that the identified outcome indicators are not suitable to a scheme such as the Women's Helpline which is used mostly by women in distress. The MWCD agrees that setting up targets of the number of calls received in WHLs, i.e. Women in distress or women affected by violence is neither appropriate nor desirable. Given this, the evaluation recommends that going forward, the effectiveness of the scheme be assessed on the quality of service provided by the Helpline instead of numbers of women helped. While the number of calls received by WHLs will be important to note to get a sense of the prevalence of DV and VAW in different Districts and States, this indicator should not be used to assess the scheme's outcome efficiency since the helpline does not have any control on the number of calls it receives. Instead, the scheme should use indicators such as number of cases closed, number of cases leading to the police or legal action, and number of women referred by WHL to Swadhar Grehs supported for rehabilitation and reintegration. Another key metric of assessing the effectiveness

[604] Data Source: MWCD Dashboard; http://wcd.dashboard.nic.in/ : Accessed 31 March 2020.

of the WHL scheme can be the qualitative or quantifiable feedback received from the women reaching out to the WHL.

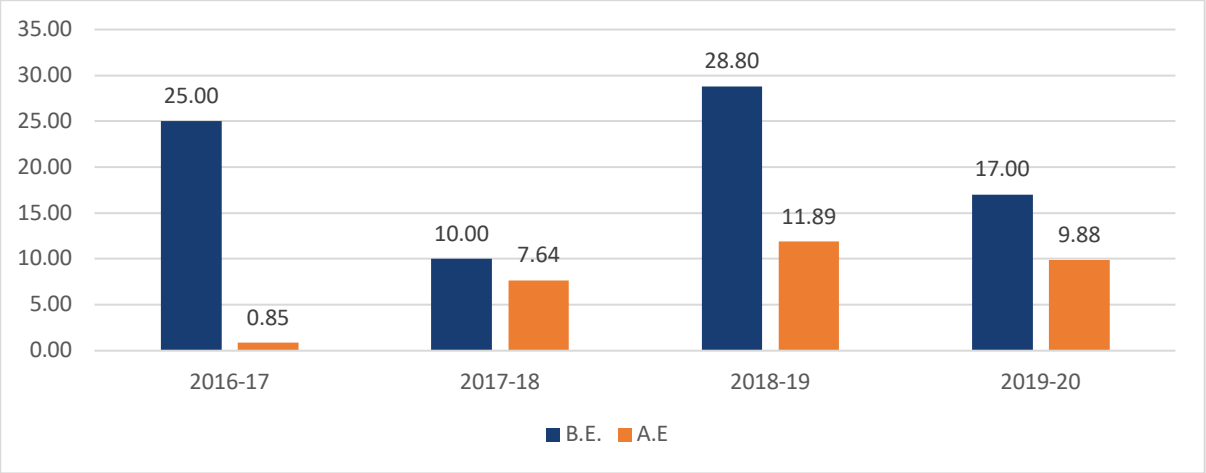
4.9.2.3. Efficiency

The evaluation finds that the Scheme's fund utilisation is much lower than the allocations, with only around 56% of the allocations between 2016-17 and 2019-20 being released to the States. In terms of the budget provisions and cost norms, the evaluation finds that the Scheme has provided for an adequate budget for WHL operation and maintenance, it notes that the salaries for staff in States with more than 5 crore population and those with less than 5 crore population are different. The services provided by the staff in all States is similar, and the compensation should be similar for staff in all States. The evaluation also finds that the Sakhi Dashboard has been able to improve the Scheme's monitoring significantly, but the monitoring of indicators on the quality of service provided by the Helpline remains missing. In a beneficiary facing Scheme, monitoring the quality of services provided to the women is extremely important. The WHL has also been able to create strong convergence both within the MWCD – with OSCs and Swadhar Grehs – and with other departments – Police, medical authority and SLSA. In recent times, the WHL has also been efficiently responding to the enhanced need for helpline services due to the rise of domestic violence cases as a result of the Covid-19 lockdown. Even though there are issues that the Scheme needs to iron out including improving the monitoring and the fund utilisation, the Scheme has been able to efficiently respond to the needs of the women in distress through convergent action. **The evaluation finds the efficiency of the WHL scheme to be 'Satisfactory'.**

Fund Utilisation

The Women's Helpline was approved on 19th February 2015 with a total project cost of Rs. 69.49 crore for 2 years – 2015-16 to 2016-17. However, even after 4 years, the scheme has only been able to utilise around 45 crores. In the two years 2015-16 and 2016-17, the utilisation was only Rs. 15.85 crore.

Figure 165: Women's Helpline Fund Utilisation (In Rs. Crore)



Source: https://www.indiabudget.gov.in/

The Utilisation of the scheme over these years has been presented in the figure above. The scheme has faced challenges in fund utilisation since its inception, mainly because of relatively slow uptake of the scheme among the States. The above figures show the amounts released by the MWCD to the states for implementation. Against Rs. 7.64 crores released to the states in 2017-18,

the Ministry has received UCs for Rs. 7.33 crore, and against the Rs. 11.89 crore released to the states in 2018-19, the Ministry has only received UCs for 5.34 crore.

Adequacy of Cost Norms

The Women's Helpline Scheme has recurring cost provisions of Rs. 68,16,000 p.a. for States with a population of less than 5 crore population, and Rs. 89,40,000 for States with a population of more than 5 crore population. The main components of these recurring expenses are the Helpline Centre Management, which includes the salaries of the WHL staff, Rental, Administrative Cost, including Vehicle Hiring, and Telephone Bill. The Details of the recurring expenses are provided below:

No.	Item	Cost Norm Category A (Population > 5 crore)	Annual Budget Provision Category A (Population > 5 crore)	Cost Norm Category B & C (Population < 5 crore)	Annual Budget Provision Category B & C (Population < 5 crore)
1	Women Helpline Centre Management	Rs. 6,00,000 per month	Rs. 72,00,000	Rs. 4,23,000 per month	Rs. 50,76,000
2	Rent	Rs. 30,000 per month	Rs. 3,60,000	Rs. 30,000 per month	Rs. 3,60,000
3	Administrative Cost including Hiring vehicle	Rs. 65,000 per month	Rs. 7,80,000	Rs. 65,000 per month	Rs. 7,80,000
4	Telephone Bills for the call centre	Rs. 50,000 per month	Rs. 6,00,000	Rs. 50,000 per month	Rs. 6,00,000
	Total		**Rs. 89,40,000**		**Rs. 68,16,000**

Given that the scheme provides 24x7 support and it is expected to have the 6 staff members prescribed under the scheme for the full 24 hours, it is expected that the Helplines function in up to 3 shifts, with a total of 18 staff members providing the WHL services. Given this, the average salary provision for the staff comes to just over 33,000 per month for staff in the Category A States and Rs. 23,500 per month for staff in Category B and C States. While the evaluation finds that the Salary of staff in Category A states to be adequate, the reasons for lower salary provision in smaller states are unclear. Given that the staff in Category B and C states is expected to deliver the same services as those in Category A states, and are expected to have the same qualifications, it is the evaluation's opinion that the salaries should be the same for all category of cities.

While the evaluation finds the other recurring expenses adequate for the functioning of the helpline, it does note that the cost norms do not contain provisions for staff's training and capacity building, as well as any IEC budget, especially since the State is expected to undertake IEC to popularise the helpline.

Scheme Monitoring

The WHL scheme guidelines mandate the Scheme Monitoring to be done at two levels:

- At the National level, a National Steering and Monitoring Committee is to be constituted under the chairpersonship of the Secretary, WCD comprising representation from the Ministry of Home Affairs, Ministry of Health and Family Welfare, Ministry of Communications and Information Technology, Ministry of Law and Justice along with National Legal Service Authority (NALSA). The National Steering and Monitoring Committee monitors and evaluates the functioning of all WHL annually.
- At the State level, a State Steering and Monitoring Committee under the chairpersonship of the Principal Secretary, WCD is set up with representatives from the Department of Home Affairs, Health and Family Welfare, Telecommunications, SLSA and Civil Society members. The State

Level Project Management Unit (PMU) functional under the supervision of the Secretary, Department of Women and Child Development monitors the functioning of WHL quarterly in association of designated District Collector/District Magistrate.

While the evaluation did not find any minutes of the monitoring committee meetings available in the public domain, the Ministry informed the evaluation that the review scheme mechanism was operational. During 21 trainings of OSC functionaries organised by MWCD through CSWB at National (1), Regional (4), State (17) level, concerned officials looking after OSC, WHL and MPV schemes were reviewed at National, Regional and State level in 2017, 2018 and 2019 respectively[605].

In addition to the monitoring committees, the Ministry has also launched the Sakhi Dashboard – a comprehensive IT-based MIS – for monitoring the WHL Scheme. The dashboard provides a simplified and common standardised format for cases of violence affected women coming to OSCs, WHLs and MPVs, which goes on to detail the support and referral services provided to them. It is designed to better standardise and functionally integrate OSCs, WHLs and MPVs into 'The Sakhi Vertical', focused on safety and empowerment of women. The Sakhi Dashboard now has a simplified and standardised common case format of capturing details of women affected by violence accessing services of OSC, WHL and MPV Scheme like the type of place, type of violence, type of support services and type of referral services. Given that the Sakhi Dashboard will be able to capture the finer details of the case management, including the referral provided to each caller, the path of the callers from Women's Helpline to OSCs, and the conclusion of the case, it is expected that the Sakhi Dashboard will enable extensive, high-quality monitoring of the scheme in real-time.

Sakhi Dashboard has also been able to ease the monitoring efforts of the State governments. Several state representatives mentioned that they find the Sakhi Dashboard to be a comprehensive step towards improving the monitoring of the OSCs and WHL, while also highlighting that connectivity issues in some of the backward districts continue to hamper the effective roll-out of the Sakhi Dashboard.

"The Sakhi dashboard which has been developed by the WCD Ministry. Sakhi dashboard has all the database of all the cases that can be monitored effectively."
Deputy Director WE, Mizoram

"Monitoring is done through the Sakhi Dashboard; however, the dashboard has not been fully functional yet. Data is yet to be uploaded on the dashboard. At some centres there are internet and connectivity issues because of which the dashboard cannot be used."
Deputy Director, WEC, Delhi

"Sakhi dashboard has been used to monitor the scheme implementation. The number of calls received by WHL and OSCs, number of beneficiaries benefitted, type of services provided etc. are monitored."
Joint Director – Social Welfare, Tamil Nadu.

While the Sakhi Dashboard is a key intervention in improving the monitoring of the scheme, the evaluation notes that the monitoring mechanism leaves out many qualitative indicators, such as the quality of service and advice provided to the beneficiaries. In private sector call centres and

[605] Information provided by MWCD

helplines, one of the most common ways of monitoring quality of services is the monitoring of calls by the managers, whereby they can drop in on the call on a random basis to monitor the way the responders are supporting the callers. A similar mechanism can be adopted under WHL, with the WHL Manager being assigned a target of monitoring at least 20% of the calls received in a month. This mechanism will help the scheme to ensure that the callers are supported well and that the Standard Operating Procedures devised as part of the Scheme implementation guidelines are adhered to.

Convergence

The Scheme guidelines highlight the convergent approach that the Women's Helpline takes to respond to the needs of women in distress and to provide them with immediate emergency and non-emergency support to provide them with care and protection services. It seeks to converge with other Ministries' schemes, as well as with the schemes run by the MWCD. External convergence of the WHL is sought with the Department of Telecommunications, Local Police Stations/Department of Home Affairs, Department of Health and Family Welfare, and the State and District Legal Service Authorities. Internally, the WHL scheme seeks to integrate with OSC scheme to provide the aggrieved women with all services due to them in one place, as well as leverage the ICDS institutional structures to generate awareness of the scheme and services available through the helpline.

While the data is not available on the number of calls referred by the WHL to OSCs and the other authorities such as police and health authorities, discussions with various State, District and National level officials pointed to a strong convergence of the Women's Helpline with the One-Stop Centres, police, and health departments. One of the most critical convergences of the helplines is the convergence with OSCs. In the absence of an awareness of the OSCs among women, the Women Helpline becomes one of the most important ways to connect women in distress with the OSCs. Data received from the Ministry has shown that 32 states have already integrated the WHL with the OSCs and are regularly referring women to the OSCs. Sakhi Dashboard also captures the number of women calling the WHLs, who have been referred to the OSCs, and the actions taken by the OSCs to support the referred women. Several state officials attested to the convergence between OSCs and WHL.

> "The OSC model has integrated services and WH was only for calling but now that they have merged overall model is now the OSC model in the state. It is managed together. Both OSC and WH are being funded by the central govt. If the caller is being physically assaulted, we inform the nearest police station and for cases where they suffer from mental harassment, we refer them to their closest OSC. We tell them the location of the closest OSC. The OSC is also given the details of the victim."
>
> State Representative, Bihar

> "The women helpline and OSC are integrated. The calls received through Women Helpline are diverted to OSC on a case to case basis. In addition, the OSC is also having its own landline number and beneficiaries reach through that as well."
>
> Joint Director – Social Welfare, Tamil Nadu

> "The various services provided by the WHL includes Police Assistance, Medical, Shelter homes, OSC, Child Marriage, POSCO and other issues."
>
> CDPO, Telangana

> "Actually, through a Government Order, OSC, Swadhar Greh and Women helpline are very well integrated. If you see the way things work, Women in distress calls up women helpline, then based on the case, she is referred to OSC and after 5 days, if there is a need to refer to the Swadhar Greh, she is being referred. This integration is working well. The Government saw the need and has done through Government Order. Based on the case, rescue vehicle is immediately provided to women facing violence."
>
> Telangana State Representative

Use of WHL during COVID-19 Pandemic

The Women's Helpline has also played a major role in providing support and redressal to women in Distress during the Covid-19 lockdown. Due to the fact that women and children were forced to stay indoors, the NCW noted a rise in the cases of Domestic Abuse during the lockdown[606].

On 7th April 2020, NCW chief Rekha Sharma stated that "Domestic violence cases have doubled than what it was before the lockdown. The cases of domestic violence are high in Uttar Pradesh, Bihar, Haryana and Punjab." She further said that the main reason for the rise of domestic violence is that the men are at home, and they are taking out their frustration on women, and they refuse to participate in domestic work. Women are also confined within the four walls of the house, and they cannot share their grief with anybody. In response to this, the MWCD, and many State governments have ramped up the popularisation of the Women's Helpline as a potential redressal mechanism for women suffering from domestic violence. The Women's Helpline has reported a doubling of calls received during the lockdown period and has been able to effectively and efficiently respond to the callers, linking them with police and health facilities[607].

4.9.2.4. Sustainability

The evaluation finds the sustainability of the WHL to be high, with high relevance and need for a service like the WHL that facilitates door-step access to remedial measures to women suffering from Violence. While the scheme has received strong support for the services from the States, the fact that the scheme is 100% funded by the MWCD, and that the scheme does not have to rely on the States to provide their share, has also helped in enhancing the sustainability of the scheme and the service. Many of the other women protection schemes which rely on the states to share their contribution have suffered many a time due to differing State government priorities or due to some of the poorer states unable to put in their contributions on time. Women's Helpline has emerged as a critical component of the Government of India's efforts to curb the menace of violence against women. 33 States and UTs have universalised the Women's Helpline, and the helpline has been able to generate awareness among the population as it is one-stop access to the GoI mechanisms to provide safety and protection to women survivors of domestic violence, rapes, and other physical or emotional violence. The enhanced use of the Women's Helpline during the Covid-19 lockdown points to the importance of the WHL as a critical service for supporting women in distress.

In many states, the Women's Helpline works closely with the OSCs and Police, thereby providing the critical convergence needed to provide a comprehensive set of interventions to the women in need. The sustainability of the helplines is further enhanced by the fact that the monitoring and

[606] https://www.outlookindia.com/website/story/india-news-rise-in-domestic-violence-across-all-strata-of-society-in-the-coronavirus-lockdown-period/350249

[607] Press Information Bureau (2020). Women Helpline emerges as One stop centre for Women in distress. https://pib.gov.in/PressReleseDetail.aspx?PRID=1621778; Accessed 15th May 2020

management of the helpline at the State-level is conducted jointly by representatives from the Department of Home Affairs, Health and Family Welfare, Telecommunications, SLSA and Civil Society members. This improved the ownership of the WHL processes and commitment to the services provided through the WHL for all the departments, especially Police and health authorities. In many states, particularly Uttar Pradesh and Telangana, the State Governments have enhanced the capacities of the WHL through their resources. For example, in Uttar Pradesh, the State Government has expanded the WHL from a 6 staff centre to a 24 staff centre through its resources. In Telangana and Tamil Nadu, the State Government has also provided rescue vehicles to the WHL. The competitive salaries offered to the staff under the WHL scheme further strengthen the sustainability of the scheme, and building of the crucial institutional memory and linkages. Many other MWCD schemes suffer from low salaries to the staff, which leads to a high rate of attrition, thereby hampering the scheme's sustainability.

4.9.2.5. Impact

The evaluation is not able to assess the impact of the WHL scheme since it does not have access to the data on the cases referred to OSC, Police, and hospitals, as well as information on the redressal services availed by the women who reached out to the helpline. The impact of the scheme is also difficult to assess given that the scheme has only been in place for around 3 years and because the helpline is only availed by the women in need.

4.9.3. Analysis of Cross-Cutting Themes

4.9.3.1. Accountability and Transparency

Availability of Data Records and Reports in public domain

The availability of the WHL data records and reports in the public domain is limited. The MWCD manages two dashboards which provide scheme level data to the public – the Sakhi Dashboard focused on three schemes – OSC, WHL and MPV, and the MWCD Dashboard comprising information of all MWCD schemes. The two dashboards have information on the total number of calls received by the women helplines in each state, but the data on the services provided to the callers, the number of callers referred to OSCs, other authorities, etc. is not available.

Monitoring Mechanisms

The Scheme's Monitoring is undertaken at two levels: at the National Level, through a National Steering and Monitoring Committee; and at the State Level through a State Steering and Monitoring Committee under the chairpersonship of the Principal Secretary, WCD, and with representation from Department of Home Affairs, Health and Family Welfare, Telecommunications, SLSA and Civil Society members. Daily reports are prepared, reported and analysed by the Helpline Manager. The Helplines also submit a monthly progress report (MPR) along with quarterly physical and financial reports (QPR) to Principal Secretary WCD. Since October 2019, the Sakhi Dashboard is being used to monitor the helplines as it provides an easy online recording and monitoring of cases received every day, enabling real-time monitoring of the WHLs. The dashboard provides a standardized format for cases of violence affected women reaching to WHLs along with the details of the support and referral services provided to them. The dashboard also provides for easy flow of information and case details between WHL and OSCs, with the MWCD able to monitor the details of each case closely at the National Level.

Evaluation Mechanisms

The scheme guidelines provided for an in-depth evaluation of the scheme to be conducted at the end of the 12th Five Year Plan to assess its impact and take corrective measures. However, this evaluation did not find any evaluation report of the helpline in the public domain. Going forward, it is envisaged that the Sakhi Dashboard will help in conducting periodic review and evaluation of the scheme based on the data received from the States/Helplines. The Scheme guidelines also provide for social audits to be conducted by civil society groups to obtain direct feedback from those who have availed services under the Scheme. However, this evaluation did not find evidence of any social audit taking place for the Women's Helpline Scheme in any state.

Citizen Accountability

The scheme does not have any formal Grievance Redressal Mechanism. However, the interviews with national, state and district officials point that members of the public can record their grievances, if any, on the State Chief Minister Grievance Redressal Portal or at the National level through the Department of Administrative Reforms and Public Grievances portal.

Financial Accountability

For implementing the Women's Helpline, the fund is released out of Nirbhaya Fund. The Central Government provides 100% financial assistance to the designated District Collector/District Magistrate directly. The day to day implementation and administrative matters are the

responsibility of the State Governments/UT Administrations. The MWCD is responsible for budgetary control and administration of the scheme at the Central level. The designated District Collectors/District Magistrate is expected to operate a separate bank account for Women Helpline Scheme. The Women Helpline submits the UC on a bi-annual basis to the State. The State submits quarterly Statement of Expenditure (SoE), consolidated annual report and UC to the Ministry on a bi-annual basis.

4.9.3.2. Direct/Indirect Employment

Women's Helpline Scheme mandated the hiring of staff for 6 positions in each state. Given that the WHL is expected to be operational 24 hours a day, it is expected that the States hire up to 18 people to man these 6 positions. Given this, the Women's Helpline Scheme directly contributes to generating direct employment opportunities for 648 people across 36 States.

4.9.3.3. Gender Mainstreaming

Gender Mainstreaming and Gender equality through the provision of adequate protection and safety to women are at the heart of the WHL scheme. Decades of mobilizing by civil society and women's movements have put 'ending gender-based violence' high on the National agenda. Despite the changes in the legal framework following the outcry in the aftermath of Nirbhaya case, the Shakti Mills case in Mumbai and the Badaun gang-rape case, the need for a holistic and coordinated approach, focusing on swift and sensitive response to women in need of support and redressal. To this end, the Women's Helpline provides an immediate and 24-hour emergency response to women affected by violence including rescue (where necessary), information, first point contact counselling and referral (linking with appropriate authority such as police, One Stop Centre, hospital) services to any woman in distress across the country.

4.9.3.4. Climate Change and Sustainability

The scheme does not have any component/strategy that addresses climate change s since climate change is not relevant to the scheme's objectives.

4.9.3.5. Role of TSP and SCSP component in mainstreaming of Tribal and Scheduled Caste population

The WHL Scheme does not have a component on Tribal Sub-Plan and Scheduled Caste Sub-Plan.

4.9.3.6. Use of Technology in driving efficiency

Sakhi Dashboard is being used by the scheme since late 2019 to aid the monitoring of the WHL scheme and to improve the effectiveness and efficiency of the scheme. The dashboard is designed to standardize better and functionally integrate OSCs, WHLs and MPVs into The Sakhi Vertical, a service for safety and empowerment of women offered by the MWCD. The interviews and discussions with various state and national level stakeholders highlight the effectiveness of the Sakhi Dashboard in improving the quality of monitoring of the scheme. This has been discussed in the efficiency section of this scheme's analysis.

In addition to the use of technology in monitoring, the Women's Helpline utilizes technology to expand its ambit of services and its reach. It provides 24-hour emergency response to all women affected by violence both in the public and private sphere. All the existing emergency services

such as Police (100), Fire (101), women helpline (1091), hospital/Ambulance (102), Emergency Response Services (108), NALSA Helpline for Free Legal Service (15100) and Child helpline (1098) are in the process of getting integrated with this helpline. In some states, the helpline also utilises the infrastructure of existing Chief Minister Helpline functioning through 181 as well as that of 108 services.

The helpline services are also available through text message for those women who are unable to speak and are sensitive to the needs of persons who are hearing and speech impaired or people with disability. It has a provision to locate/ trace the number from which a call has been received. In case a woman has been interrupted during her call or was unable to specify her problem or her address due to being sick/disabled then the same can be traced, and within minutes an emergency response can be facilitated through nearest One Stop Centre, Police Station or Hospital. Recently, the helpline has also started SMS and WhatsApp based referrals and case registration, for women who find it difficult to talk on the phone[608]. This has helped the government provide support to many women suffering from violence in the wake of the recently announced COVID-19 lockdown.

4.9.3.7. Stakeholder and Beneficiary Behaviour change

The focus of Women's Helpline Scheme is not on prevention of violence, or to change the behaviours of perpetrators of violence. The scheme is focused on providing emergency response and redressal to women suffering from violence and abuse. Given this, the scope for behaviour change under the scheme is minimal.

4.9.3.8. Unlocking Synergies with other Government Programmes

The Scheme guidelines highlight the convergent approach that the WHL takes to respond to the needs of women in distress and to provide them with immediate emergency and non-emergency support to provide them with care and protection services. While the data is not available on the number of calls referred by the WHL to OSCs and the other authorities such as Police and health authorities, discussions with various State, District and National level officials pointed to a strong convergence of the Women's Helpline with the One-Stop Centres, Police, and health departments. One of the most critical convergences of the helplines is the convergence with OSCs. In the absence of an awareness of the OSCs among women, the Women Helpline becomes one of the most important ways to connect women in distress with the OSCs. Data received from the Ministry has shown that 32 states have already integrated the WHL with the OSCs and are regularly referring women to the OSCs. Sakhi Dashboard also captures the number of women calling the WHLs, who have been referred to the OSCs, and the actions taken by the OSCs to support the referred women. Several state officials attested to the convergence between OSCs and WHL.

> "The OSC model has integrated services and WH was only for calling but now that they have merged overall model is now the OSC model in the state. It is managed together. Both OSC and WH are being funded by the central govt. If the caller is being physically assaulted, we inform the nearest police station and for cases where they suffer from mental harassment, we refer them to their closest OSC. We tell them the location of the closest OSC. The OSC is also given the details of the victim."
>
> State Representative, Bihar

[608] https://pib.gov.in/PressReleseDetail.aspx?PRID=1621778

"The women helpline and OSC are integrated. The calls received through Women Helpline are diverted to OSC on a case to case basis. In addition, the OSC is also having its own landline number and beneficiaries reach through that as well."

Joint Director – Social Welfare, Tamil Nadu

"Actually, through a Government Order, OSC, Swadhar Greh and Women helpline are very well integrated. If you see the way things work, Women in distress calls up women helpline, then based on the case, she is referred to OSC and after 5 days, if there is a need to refer to the Swadhar Greh, she is being referred. This integration is working well. The Government saw the need and has done through Government Order. Based on the case, rescue vehicle is immediately provided to women facing violence."

Telangana State Representative

4.9.4. Issues, Challenges and Recommendations

Issues/ Challenges	Problems Identified	Recommendations	Time Period	Action Agency
Insufficient awareness of Women's Helpline among women	• The household survey conducted as part of the evaluation found that the awareness of the Scheme was low – at 23.5% nationally – despite the States reporting extensive awareness campaigns through various channels. • States are expected to undertake awareness generation campaigns to popularise the WHL, but no budget allocation for the same at State Level	• A systematic mass media strategy and action plan be developed to popularise Women's Helpline through the IEC funds available under the scheme at the National Level. • State Governments should popularise the helpline in rural areas by advertising the helpline prominently in public spaces, schools, AWCs, PRI buildings etc. in rural areas in convergence with other MWCD Schemes such as AWC and other departments – PRI, Education, HFW, etc.	**Short-Term**	**Central Government** **State Government**
Lack of mechanisms to monitor the quality of service provided	• Sakhi Dashboard leaves out many qualitative indicators, such as the quality of service and advice provided to the beneficiaries.	• In line with the Private Sector Call Centers, institute a mechanism whereby the **WHL Manager is assigned a target of monitoring at least 20% of the calls received in a month – for adherence to the SOPs, and to assess the quality of information and support provided to the callers**. • A monthly report on the quality assessment may be submitted by the Helpline Manager to the MWCD. This mechanism will help the scheme ensure that the callers are supported well and that the SOPs devised as part of the scheme guidelines are adhered to.	**Short-Term**	**Central Government**
Differential Salary of Staff across States	• Salary provisions in smaller states are lower than larger states. The reasons for lower salary provision in smaller states are unclear. • Given that the staff in Category B and C states is expected to deliver the same services as those in Category A states, and are expected to have the same qualifications, it is the evaluation's opinion that the salaries should be the same for all States.	• **Streamline the Salaries across States** since the qualifications required, and the work to be done is the same. The differential may be in terms of the maximum number of staff that can be hired in Smaller and Larger States, but Salary Provisions should be standardised.	**Medium-Term**	**Central Government**

OOMF Indicators	• Setting up targets of the number of calls received in WHLs, i.e. Women in distress or women affected by violence is neither appropriate nor desirable.	• The scheme should use **indicators such as the number of cases closed, number of cases leading to the police or legal action, and number of women referred by WHL to Swadhar Grehs supported for rehabilitation and reintegration**. Another key metric of assessing the effectiveness of the WHL scheme can be the qualitative or quantifiable feedback received from the women reaching out to the WHL.	**Medium-Term**	**Central Government**

5. Rationalisation of Centrally Sponsored Schemes

In assessing the need for scheme rationalisation, the evaluation has considered various aspects of the schemes, such as their performance in the last few years, the scheme's impact, their efficiency, effectiveness and their relevance. As part of the evaluation, each scheme was analysed on the parameters of Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity. Following the analyses, the scheme has rated each scheme on these parameters as (i) Satisfactory; (ii) Average; and (iii) Needs Improvement.

To arrive at the overall performance of the scheme, the evaluation sought to give an overall mark to each scheme based on their rating for each of the REESI+E themes. The following marking scheme has been devised:

1. Satisfactory – 3 Marks
2. Average – 2 Marks
3. Needs Improvement – 1 Mark

For schemes where the impact is not possible to assess currently because of the scheme being less than 5 years old, the evaluation has allotted 1.5 Marks for impact.

The maximum marks achievable through this mechanism was 18 Marks, with 3 each for Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity. Following the cumulation of marks, overall schemes' performance has been categorized as Satisfactory (14-18 marks), Average (10-14 marks) and Needs Improvement (Less than or equal to 10 marks).

The detailed table with Ratings of schemes against the REESI+E parameters is as below:

Table 93: Summary of MWCD Schemes' REESI Performance

Scheme	Relevance	Effectiveness	Efficiency	Sustainability	Impact	Equity	REESI+E
Umbrella ICDS							
Anganwadi Services	3	2	1	2	3	2	13
POSHAN Abhiyan	3	2	1	3	1.5	3	13.5
Pradhan Mantri Matru Vandana Yojana	2	2	3	3	3	2	15
Scheme for Adolescent Girls (SAG)	2	1	1	1	1	3	9
National Creche Scheme	3	1	1	1	1.5	1	8.5
Child Protection Scheme (CPS)	3	1	1	1	1.5	2	9.5
Mission for Protection and Empowerment of Women							
Beti Bachao Beti Padhao	3	3	2	2	3	3	16
Swadhar Greh	3	1	1	1	1.5	2	9.5
Ujjawala Scheme	3	2	1	2	1.5	1	10.5
Working Women's Hostel (WWH)	3	2	2	2	2	3	14

Mahila Shakti Kendra (MSK)	3	1	2	1	1.5	3	11.5
Gender Budgeting, Research, Publication and Monitoring	3	2	3	2	2	1.5*	13.5
One-Stop Centre	3	2	1	3	1.5	2	12.5
Mahila Police Volunteers	3	1	1	1	1.5	2	9.5
Women's Helpline	3	2	3	3	1.5	2	14.5

*GBRPM is not a beneficiary-oriented scheme; therefore equity is not an applicable field for the scheme.

Satisfactory	Average	Needs Improvement	Not Available/Not Applicable

Scheme Name	Scheme Performance	Relevance of the Scheme	Recommendation for Rationalisation	Discussion on Way Forward
Umbrella ICDS				
Anganwadi Services				While the Scheme is the cornerstone of India's response to the issue of women and child nutrition, the scheme will need some modifications to improve its effectiveness and impact. Greater flexibility needs to be brought in to address regional challenges. Innovative models for delivery of SNP should be taken up, including Cash instead of THR, Private Sector led model of procurement and delivery of SNP, and distribution of THR through PDS. Restructuring of the PSE component needed with a greater role of MHRD in delivery and management of PSE and enhanced use of technology for improving PSE effectiveness and efficiency. Staff shortages, the low honorarium of AWWs and AWHs, and a clear distinction of roles need to be addressed.
POSHAN Abhiyan				The scheme aligns well with the current needs of the inter-sectoral approach to address malnutrition among U5. The convergent role of various ministries has been well-envisaged under the mandates of the scheme. However, greater clarity is required on what 'convergence' means at the household level and the service delivery level at an AWC. Going forward, the focus and reach of Jan Andolan to be more spread out rather than focusing around POSHAN Maah and POSHAN Pakhwada.
Pradhan Mantri Matru Vandana Yojana				The scheme's overall performance thus far has been satisfactory. However, there is a need to increase the maternity benefits offered under the scheme to Rs. 6000 to align with the NFSA. At present the scheme covers only the first live birth, leaving more than 60% PW&LMs without the entitlements of the NFSA. Therefore, it is recommended that PMMVY should offer maternity benefits to at least the first two live births.
Scheme for Adolescent Girls (SAG)				The scheme in its current form covers OOS adolescent girls in the age group 11-14 years. However, data shows that girls start dropping out of schools after 14 years of age, leading to the scheme not covering a majority of OOS AGs. The limited coverage of the scheme is leading to non-feasibility in implementation as the number of target beneficiaries per AWC is too low to conduct activities. It is therefore recommended to uniformly cover OOS girls in the age group 11-19 years.
National Creche Scheme (NCS)				The scheme's low reach and coverage mean that the scheme's effectiveness is limited. Therefore, it is recommended that instead of creating parallel structures, the 14 lakh AWCs having a pan-India coverage be used for provisioning of creche facilities with increased working hours and better remunerations for the staff. The same age group targeted by AWCs and Creches makes the merging of the schemes an efficient way to pool resources and improve service delivery.
Child Protection Services (CPS)				• The scheme is highly relevant in the present context with rising crimes against children. However, at present, there is a greater focus on institutionalizing care of CNCP, with minimum focus on foster care, sponsorship programmes and aftercare for older children. There is a need to strengthen and promote the non-institutional mechanisms of care along with the strengthening of CCIs with effective monitoring and tracking of children. The cost norms across all components of the scheme also need revisions. • ICPS to be moved to the "Child Protection Umbrella" Scheme.
The Mission for Protection and Empowerment of Women				

Beti Bachao Beti Padhao (BBBP)				• As a large-scale advocacy and sensitization initiative, the scope of scheme implementation needs to be broadened. This will include, analysis of the deep-rooted social, economic and political factors that lead to declining CSR designing a comprehensive BCC campaign with monitorable outputs and outcomes. • BBBP to be moved to the "Child Protection Umbrella" Scheme.
Swadhar Greh Scheme				• The scheme is recommended to be implemented as a central sector scheme; and with at least 10% financial contribution from the implementing agencies in case continued as a CSS. Greater focus on private sector participation in the provision of infrastructure and economic rehabilitation of residents is needed. Models such as setting up social enterprises, participating in the value chain of cottage industries and service sector need to be encouraged. SOPs/guidelines need to be put in place to ensure service delivery benchmarks. The evaluation study also recommends revisions in financial norms under the scheme. • To be included in "Women Safety and Protection Umbrella" Scheme
Ujjawala Scheme				• Ujjawala scheme is the only intervention aiming to rehabilitate survivors of commercial sexual exploitation of women and girls. However, more than 50% states do not have any Ujjawala homes. Scaling up of the scheme based on state-level needs assessment is recommended. The scheme's design could be changed to focus only on the aspects of prevention, rescue, and repatriation. Closer integration with Swadhar Grehs should be made to provide rehabilitation and reintegration services. Ujjawala Homes could start to function as temporary shelter for rescued victims of trafficking – with a maximum stay length of 6 months. Women who can't be repatriated or whose families cannot be traced may be transferred to the Swadhar Grehs for long term economic rehabilitation. • To be included in "Women Safety and Protection Umbrella" Scheme
Working Women's Hostel				• The scheme should be implemented as a central sector scheme for timely disbursement of funds and effective monitoring from the central ministry. Private Sector could be leveraged to provide land and construction of WWHs with long term rental agreements and higher rentals to make it lucrative for the private sector to invest in WWH infrastructure. Further, there is an urgent need for inclusion of data collection mechanisms to capture the overall impact of the scheme on the promotion of employment among women. • To be included in "Women Empowerment Umbrella" Scheme
Mahila Shakti Kendra (MSK)				• The intent of the scheme to empower women by creating one-stop convergent services and linking rural women with opportunities for employment, skill development, digital literacy, health and nutrition, is well-placed. However, the sustainability of the scheme as well as monitoring needs to be improved. • To be included in "Women Empowerment Umbrella" Scheme
GBRPM				• Lack of institutional structures and HR at the national and state levels limit the impact of the scheme, especially the gender budgeting component. Therefore, it is recommended that Gender Resource Cells be created within the Ministry to address issues related to gender at the law, act, policy and programmatic level. • To be included in "Women Empowerment Umbrella" Scheme

One-Stop Centre (OSC)				• The scheme provides highly relevant intervention given the increasing rate of crimes against women in the country. However, the coverage and implementation of the scheme need to be strengthened. The OSCs are only available in urban centres, so the provision of mini-OSCs should be made at the block level. To improve the efficiency of OSCs, arrangements may be made to enable registration of FIRs at the OSCs (since the OSCs already have an SI level official deployed). Training of OSC staff also needs to be strengthened and systematised, and large-scale media campaigns using Nirbhaya Fund may be undertaken to inform women of the redressal mechanisms available to them under OSCs, WHL, etc. • To be included in "Women Safety and Protection Umbrella" Scheme
Mahila Police Volunteers (MPV)				• The intent of the scheme to provide personnel at the grassroots level to reach to women in distress and victims of VAW are well placed. However, the current institutional structure (mismatch between responsibility and accountability) hampers the scheme's delivery and effectiveness. It is recommended that the Scheme be transferred entirely to the MHA. MWCD may support the MPV scheme in achieving ground level linkages through the ICDS structure and FLWs to enable the flow of intelligence to MPVs and support in setting up MASRDs in villages.
Women's Helpline (WHL)				• The scheme's objective to provide 24-hours emergency and non-emergency response to victims of VAW through referral and information about relevant interventions, is well-placed looking at the current scenario of increasing rate of crimes against women and girls. To improve the performance of the scheme, mechanisms to monitor the quality of services provided under the scheme should be developed. • To be included in "Women Safety and Protection Umbrella" Scheme

Satisfactory | Average | Needs Improvement

 To be continued

 To be continued with minor modifications

 To be continued with major modifications

 To be merged

6. Conclusion and Recommendations

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

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

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

In recent years, there have been enactment of various legislations i.e. the Prohibition of Child Marriage Act, 2006, the Protection of Children from Sexual Offences Act, 2012, the Juvenile Justice (Care and Protection of Children) Act, 2015, the Criminal Law Amendment Act, 2013, Dowry Prohibition Act, 1961, the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 the Protection of Women From Domestic Violence Act, 2005 etc. which address the issue of violence against women and children and upholds their right to live with dignity as enshrined under Article 21 of the Indian Constitution. Despite these laws, gender-based violence and discrimination against women and girls continue. Since legislative changes take time in implementation due to social, cultural and religious mores, changes in social norms and mind-sets towards girls and women can be brought about through institutional initiatives. This would entail involvement of the family, the community and religious and educational institutions. The state, as the largest public institution can initiate, strengthen and ensure implementation of its economic and social policies for gender equality.

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

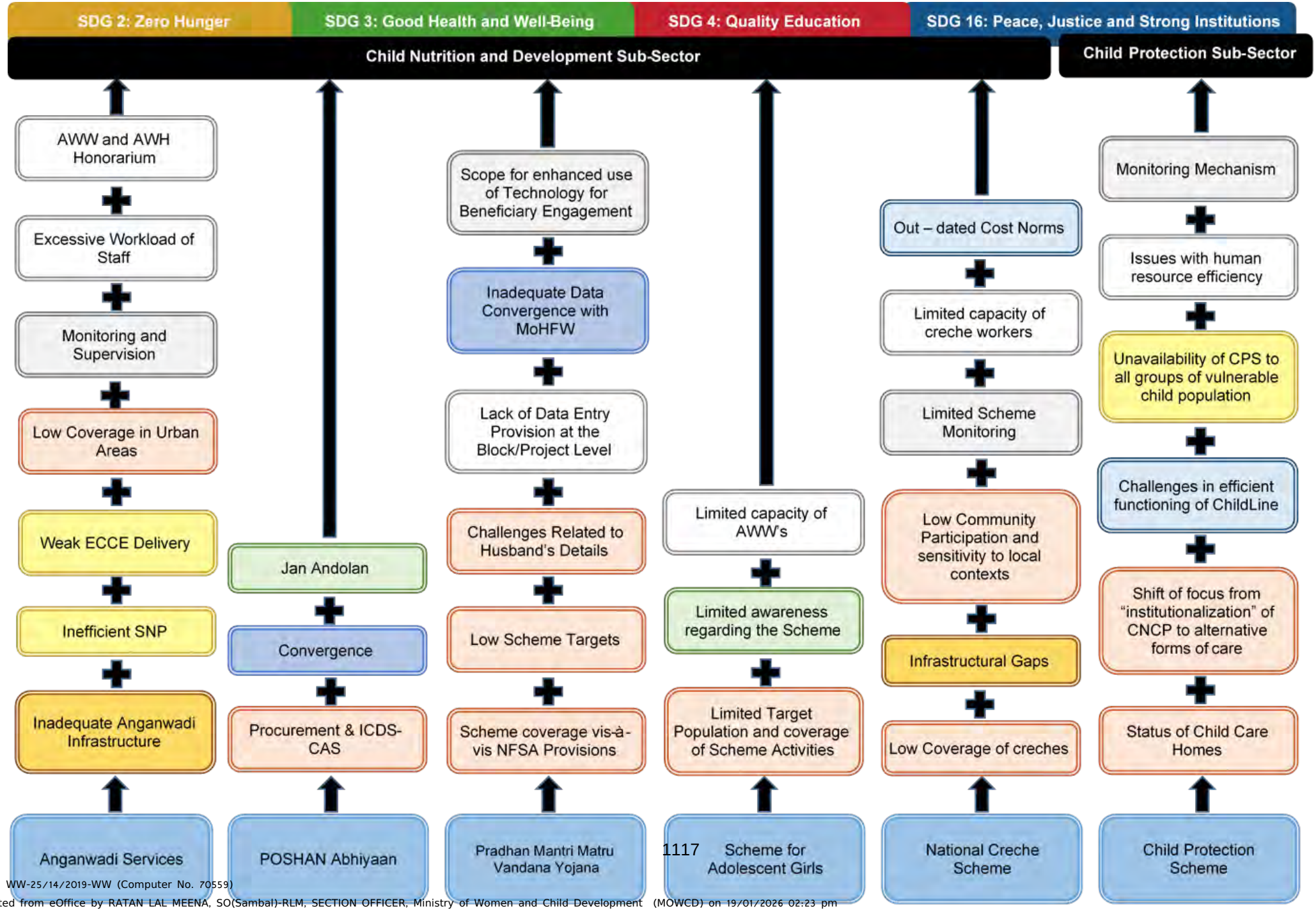
6.1. Gap Synthesis of CSS Schemes

The following section underscores the findings from the bottom-up analysis conducted as part of the study. Each CSS has been analysed using the REESI+E framework and the gaps emerging from the scheme analysis have been categorised as below and presented in this section along with the recommendations.

(i) Inadequacy in scheme design, coverage and sustainability, (ii) limited scheme awareness, (iii) financial bottlenecks, (iv) infrastructural bottlenecks, (v) gaps in last mile service delivery, (vi) HR bottlenecks, (vii) challenges related to MIS/use of IT/grievance redressal mechanisms and (viii) gaps in convergence with programs of other ministries/ other programs of MWCD.

	System strengthening and policy level inputs		Gaps in last mile service delivery
	Limited Scheme awareness		HR bottlenecks
	Financial Bottlenecks		MIS/use of IT/Grievance Redressal
	Infrastructural Bottlenecks		Convergence

6.1.1.1. Child Nutrition and Development and Child Protection Sub-Sectors



Issues/Challenges	Recommendations
ANGANWADI SERVICES	
Inadequate Anganwadi Infrastructure	• Ensuring adequate AWC infrastructure should be made a mandatory part of the Convergent Action Plans (CAP) and be monitored on a monthly basis. • Provision for electricity, water and other miscellaneous expenses to be increased from Rs. 2,000 to at least Rs. 10,000 per annum. • Solar panels/roofs may be installed in AWCs to ensure a sustainable, low-cost availability of electricity (Learning from UN WOMEN's project in Madhya Pradesh). • Where possible, co-location with schools should be encouraged for better integration and to leverage infrastructure, especially in urban areas. • Revision of MGNREGS cost norms for construction of AWCs (in convergence with AWS) from Rs. 1 Lakh to Rs. 2 Lakh. • Reviewing and revising the cost norms for construction of child-friendly toilets in AWCs.
Inefficient SNP	• Revising cost norms for SNP in line with the current inflation rates. • Age specific formulas to be developed and labelled to ensure consumptions by targeted beneficiaries only (e.g. for consumption by pregnant women etc.) • New models for delivery of SNP: o Utilising learnings from PMMVY deliver cash directly to a beneficiary's Aadhar linked bank account. o Using PDS delivery channels and providing digital vouchers to all beneficiaries registered under ICDS-CAS. o Using the private sector to deliver Take Home Rations directly to the beneficiary monthly. o A combination of Food and Cash Transfer Modality (Learning from Peru (Juntos), Mexico (Opportunidades). • HCM guidelines to be updated to provide minimum dietary diversity and ensure adequate nutrition intake for PLWs as well as improve attendance at the AWCs. (Learning from the Aarogya Lakshmi (Telangana), Indiramma Amrutha Hastham (Andhra Pradesh) and Mahtari Jatan Yojana (Chhattisgarh)) • Designing a telephone/app-based grievance redressal mechanism (managed by the MWCD) where beneficiaries, NGOs or independent monitors may record their grievances around SNP delivery in any part of the country.
Weak ECCE Delivery	• Enhancing the role of MHRD in Early childhood education delivery, particularly around standardising ECE curriculum, setting up learning standards for ECE, and provision of ECCE facilitators at a cluster level (similar to LS) • Mainstreaming IT enabled smart-classrooms in AWCs to deliver interactive, standardised learning and impart English language skills. • Framework of cost sharing between beneficiaries, government and private providers should be explored (Learnings from Balwadi Programme[609]).
Low Coverage in Urban Areas	• Up scaling AWS in urban areas (Learnings from PPP models such as Mobile Crèches in Delhi[610], Sneha in Mumbai[611]). • Anganwadi Hubs can be developed by combining 3-4 AWCs in areas with high population density to enable effective pooling of resources, enhancing affordability in terms of rent and creating synergies by combining the efforts of multiple AWWs • Convert all urban AWCs to AWC cum Creche.
Monitoring and Supervision	• Training DPOs, CDPOs and LS on the use and assessment of monitoring data and generate performance trends. • Building mentoring capacities of the LS' through the ILA modules with greater focus on hand holding of AWWs

[609] https://akshara.org.in/en/what-we-do/pre-school-programme/
[610] https://www.thebetterindia.com/2221/mobile-creches-caring-for-children-of-construction-workers/
[611] https://snehamumbai.org/wp-content/uploads/2018/12/SNEHA-Annual-Report-2017-18.pdf

	• Developing mechanisms for automated data sharing between the RCH (MoHFW) and the ICDS CAS (Learnings from AAA application in Rajasthan, Antara Foundation).612 • Involving development Partners/NGOs/Donors in the state to facilitate and leverage funds for state-wide independent social audits of the scheme.
Excessive workload of the Staff	• Adding a 3rd worker to the AWC who maybe an additional AWH to support outreach activities and home visits; or she creche worker/ Helper leveraged through NCS under an AWC cum Creche Model; or provided by the MHRD to lead the delivery of the ECE/PSE component in the AWCs. • Productivity analysis, Job analysis and Workload analysis need to be undertaken to review and revise staffing norms.
AWW and AWH Honorarium	• Given the increased workload of the AWWs and AWH under the various schemes of the umbrella ICDS the AWWs need to be treated as skilled workers and Helpers need to be treated as semi-skilled workers. Their honorarium should be revised to meet the prescribed minimum daily wages. In addition, outcome linked incentives over and above the fixed honoraria may be offered.
POSHAN ABHIYAAN	
Delays in Procurement and effective implementation of ICDS-CAS	• To achieve economies of scale and help link the fast-tracked roll-out of ICDS-CAS with 'Make in India' campaign, centralised procurement of mobile phones and GM devices, based on a consolidated demand from States can be undertaken. • MWCD may identify suppliers and models at the national level, along with negotiated prices with the identified mobile phone suppliers. States may then place orders with identified suppliers at rates negotiated by MWCD. • Alternatively, AWWs may be encouraged to buy phones or use their own phones and a monthly allowance for rental/usage can be offered.
Limited Convergence	• Mechanisms need to be developed to ensure seamless data sharing between ICDS-CAS and RCH. • Empowered convergence committees need to be made effective. • Joint convergence trainings/activities with the field level staff need to be undertaken on real-time data and information sharing. • Clearer guidelines on the tangible outcome of convergence and stage-wise identification of services to be delivered to PLW and infant during the first 1,000 days.
Limited effectiveness of Jan Andolan	• Need to undertake sustained capacity building of the eligible households through interpersonal dialogue to build their knowledge levels along with information dissemination. • SHGs/NGOs can be involved in the 'Jan Andolan' for negotiating household behaviour change for positive nutrition outcomes. (Learnings from Bihar's Jeevika Project) • NGO/CSOs can be involved to create pool of Master Trainers/ Counsellors at the Block/Sector level in addition to the ICDS functionaries.
PRADHAN MANTRI MATRU VANDANA YOJANA	
Scheme coverage vis-à-vis NFSA provisions	• Need to increase the coverage of beneficiaries to at least the first two live births. This will ensure improvements in health outcomes for almost 70% of children born in the country each year. • Entitlements under the PMMVY Scheme need to be increased from Rs. 5,000 to Rs. 6,000 to align with the provisions of NFSA.
Low Scheme Targets	• Annual target of 51.7 lakh set by MWCD while potential beneficiaries are around 1 Cr. MWCD needs to annually revisit the national and state targets and scientifically identify them jointly with the state governments.
Challenges Related to Husband's details	• To include the most marginalised and vulnerable women, including destitute women, widows, unwed mothers and rape survivors, requirement for the husband's details and ID should be removed as a pre-requisite for receiving any instalment.

612 https://antarafoundation.org/integrated-aaa-app

Lack of Data Entry Provision at the Block/Project Level	• Provisions need to be made in the scheme guidelines for data entry operators at the block level. Alternatively, states can be guided on use of Flexi-funds to fulfil to hire additional HR for the same. • The data entry operators can be offered performance-linked salaries. (Learnings from Rajasthan's model of payment to DEOs based on successful applications entered by them in PMMVY CAS).
Scope for enhanced use of IT	• Expanding SMS integration to inform applicants about their status of applications at each stage via SMS, including upon rejection. Information on healthy MIYCN behaviours can also be disseminated through SMS on a regular basis. • A beneficiary facing online-app/website can be developed where applicants can fill and submit their applications directly through mobiles/desktops/ laptops.
SCHEME FOR ADOLESCENT GIRLS	
Limited Target Population and coverage of scheme activities	• Need to expand the intervention to include all OOS girls in the age group 11-18 years as under the erstwhile SABLA scheme. • The scheme can be rolled-out through two sub-groups, (i) 11-14 years with a focus on mainstreaming OOS girls to school and (ii) 15-19 years with a focus on ARSH, life-skills, vocational training and skill development.
Limited capacity of AWWs to implement scheme components	• AWWs role should be restricted to identification and enrolment of OOS AGs, provision of nutrition, monitoring and follow-up of services received by AGs. • ASHAs/ ANMs should be made responsible for IFA supplementation, Health check-up and referral services, Nutrition and Health Education. • Teachers/counsellors of the nearest senior secondary schools responsible for mainstreaming OOS AGs and connecting them to government's remedial/ alternative learning programmes. • OOS AGs to be included as target beneficiaries of National Programme for Youth and Adolescent Development (NPYAD) for life-skills training. • Programmes for job-oriented skills, orientation of AGs aged 15-19 years on available skill training courses, their prospects as well as information on existing support structures - staff of training centres run by MSDE and MoRD.
Limited awareness regarding the scheme	• Awareness generation about the scheme through (i) role-plays, nukkad nataks in the community by school-going children (ii) gram sabhas (iii) word of mouth messaging by SHG members and AGs already enrolled in the scheme. • Strengthening Kishori Diwas and Sakhi-Saheli Samoohs by increasing target population and coverage
NATIONAL CRECHE SCHEME	
Low Coverage of creches **Infrastructural Gaps** **Low Community Participation and sensitivity to local contexts**	In order to increase the coverage of crèches, plug infrastructural gaps and enhance community participation along with addressing local needs, the following three types of models for running crèches are recommended. • **Model A: AWC-cum-crèches:** All AWCs to be run as AWC-cum-crèches, with increased timing and infrastructure. Infrastructure enhancement of the AWCs can be undertaken in a PPP mode with private sector contributing or undertaking complete revamp of the existing centres as their CSR initiative. (Learnings from Vedanta's in Rajasthan). • **Model B: Community led child-care centres:** Childcare cooperatives owned and run by community women interested in opening crèches. (Learning from community-led childcare centres i.e. SEWA's Sangini Child Care centres, Asmare Waste Pickers Cooperative, Brazil and Nutrition-Cum-Day Care Centres (NDCCs), Andhra Pradesh613,614) • **Model C: Urban Crèches:** In urban areas, on-site crèches at construction sites, factories etc. to be established. Builders/Private sector organizations operating the construction sites/factories, can be approached to contribute partially or fully towards setting up and running of these centres (Learnings

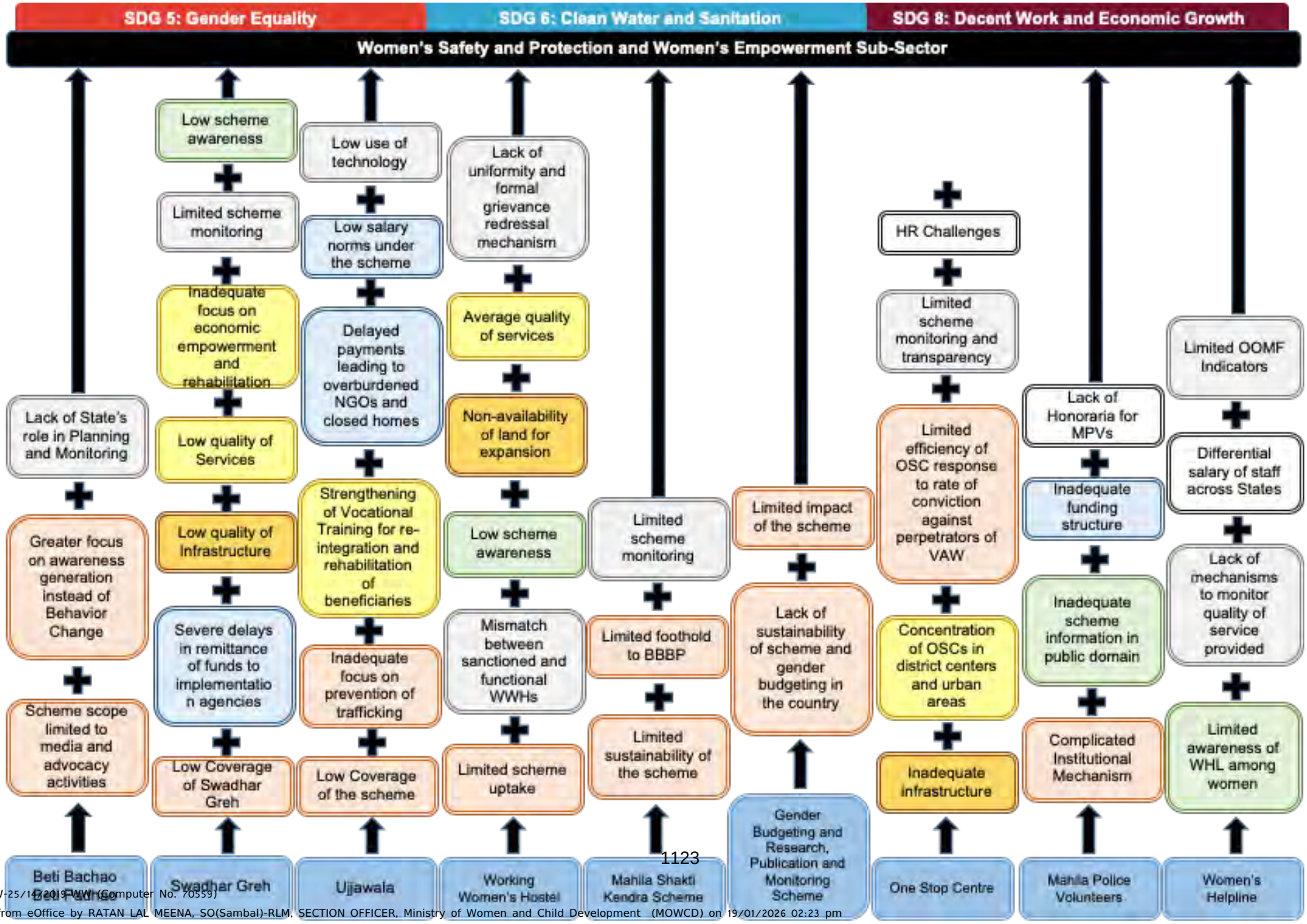
613 https://apolitical.co/en/solution_article/this-indian-womens-union-invented-a-flexible-childcare-model
614 https://www.worldbank.org/en/news/feature/2012/03/27/community-run-centers-improve-nutrition-for-women-and-children

	drawn from Mobile Crèches)615. CSOs may be involved to provide cooked meals to the children. For health-related components, possibilities of on-ground convergence with medical practitioners of the nearby dispensaries/U-CHCs/U-PHCs may be explored.
Limited Scheme Monitoring	• Develop an MIS to capture the number of functional crèches and beneficiaries, employment status of mothers, centre-wise output indicators related to children offered SNP, ECCE, growth monitoring and health check-ups and outcome related indicators including weight, height and learning outcomes of children. Data on these indicators needs to be collected and updated annually on the MIS and trends emerging thereof need to be analysed.
Limited Capacity of creche workers	• A training course can be included under the skill development programmes of MSDE and MoRD including PMKVY and DDU-GKY, among others for creche workers and helpers. Men/women who successfully complete the trainings can be directly placed at the creche centres functioning under the scheme. Alternatively, training modules in line with the ILA model under POSHAN Abhiyaan can be developed, and induction trainings for Creche workers and helpers can be undertaken at the cluster level. Refresher trainings can be conducted every two years at the district level to update the knowledge levels of the workers and helpers regarding innovations and improvements in learning and play-materials.
Out-dated Cost Norms	• There is a need to revise the honorariums of creche workers and helpers in line with their qualifications and required skill sets. • Provisions for rent and utilities need to be included for crèches run in rented premise.
CHILD PROTECTION SCHEME	
Status of Child Care Homes	• Ensuring infrastructure and staffing in all homes meet the specific protection needs of differently abled vulnerable and marginalized children including provision of special educators, construction of ramps, etc. in all homes.
Focus on institutional care instead of non-institutional care	• Awareness on alternate models of care among State/UT officials, CCI Staff, and CWCs need to be developed. • Revision of budgets allocated under sponsorship to make it a sustainable and feasible option for alternative care of children. • Statutory bodies like CWCs, JJBs, SAAs with appropriate infrastructural and staffing mechanisms, to be setup wherever not present.
Challenges in efficient functioning of ChildLine	• Increased budget allocation for ChildLine to identify new partners, monitor existing partners, and build capacities of existing staff and partner organisations. • A strategic plan of action to be prepared by MWCD for increasing awareness about ChildLine amongst both allied CPS systems and target beneficiaries and/or stakeholders.
Unavailability of CPS to all groups of vulnerable child population	• Mobilization of community at the grassroots level to raise awareness and empower them to take collective action against child labour, child marriage and other issues with respect to child rights violations. • Exclusion of vulnerable children (OOS children and children without parental care) from service provisioning to be addressed. • Data on various child rights violation issues, functioning of statutory bodies and performance of staff under ICPS must be made available in the public domain for better knowledge management and subsequent action.
Issues with human resource efficiency	• Regular training and capacity building of DCPOs, DMs, Police officials, staff of CCIs to be undertaken to enhance sensitivity and awareness towards child protection issues. Toward this, e-learning modules can also be developed in line with the ILA under AWS scheme. • In partnership with leading universities and research institutes, new education programmes must be started in aspects of child protection, child psychology etc. to create a pool of qualified and trained professionals with skills to handle

615 https://www.mobilecreches.org/

	complexities concerning the protection of children. Tie-ups with major social science institutes in India such as TISS, NIMHANS, etc. can be explored.
Monitoring Mechanisms	• A real time IT based MIS to be developed and staff to be employed at the national level for monitoring CCIs and ensuring that all CCIs are registered under the JJ Act, are equipped with adequate infrastructural facilities, etc. • Create a database and grading system of all CCIs in India and grade their performance as per the ICPS guidelines and JJ norms. Accordingly ensure focused efforts, monitoring, inspections and concurrent social audits for the homes ranking lower in the grading scale. • A more rigorous end-to-end child tracking mechanisms must be established with multi-level checks and balances to track children right from the time they become victims of crime/abuse/exploitation till they are linked to a child protection system.

6.1.1.2. Women's Safety and Protection and Women's Empowerment Sub-Sectors



Issues/Challenges	Recommendations
BETI BACHAO BETI PADHAO	
Scheme scope limited to media and advocacy activities	• An assessment of the impact of the mass-media activities should be undertaken. • BBBP should expand focus to address issues that impede girls from staying in schools – such as constructing/repairing girls' toilets in schools; providing vending machines for sanitary napkins etc. • Engaging NGOs for (a) engaging with parents and young couples (b) planning awareness activities with MSK volunteers and assisting in monitoring; (c) sensitizing PRI members for increased participation; (d) coordinating with FLWs for leveraging forums such as Kishori Diwas, VHNDs, and CBEs for SBCC. • Strengthening synergy between BBBP and MSK by preparing State action plans to address key social deterrents to gender equality and empowerment in the state. Further, engaging SRCW and DLCW for community mobilization, BCC, monitoring, and documentation.
Scheme focuses on awareness generation rather than behaviour change	• Conducting a nationwide KAP study analysing social determinants affecting the status of girls to analyse key social, economic and political factors that impact the social determinants influencing CSR. • Designing a comprehensive women's rights-based BCC Strategy that addresses Knowledge, Attitude and Practice (KAP) of the intended audience. • Clearly defining outcomes, and stakeholders, and audience segmentation for targeted messaging; • Joint activity planning with out-of-school (OOS) girls' programmes will be useful.
Lack of State's role in Planning and Monitoring	• Monitoring and review mechanisms between State, districts and other line departments needs to be strengthened for regular sharing and use of information. Towards this, greater engagement of SRCWs can be sought information/data collated from the line departments can be streamlined quarterly at district level and bi-annually at state level.
SWADHAR GREH	
Low Coverage of Swadhar Grehs	• Mandate conducting a needs assessment exercise in all districts within the next 6 months and prioritise the creation of more Swadhar Grehs in districts where the need is found high. • Encourage State women's cooperatives, PRIs, Municipal Bodies, and cooperatives to set up and manage Swadhar Grehs in districts where no NGO proposal comes.
Severe Delays in remittance of funds to implementation agencies	• To improve the fund flow efficiency and to ensure that the funds are received and utilised by NGOs on time, the scheme should be converted from CSS to Central Sector Scheme. • In case the scheme continues as a CSS, Swadhar Greh Scheme should mandate at least a 10% contribution from the implementing agency, in line with the Ujjawala Scheme. This contribution should be available as flexible pot of funds for running the Swadhar Grehs. • Swadhar Grehs should be encouraged to link up with industry associations or cottage industries to participate in the value chain. Linkages with organisations which provide raw material and training and purchase finished products – should be developed. • Swadhar Grehs may develop linkages with social enterprises, providing training and long-term economic opportunities to residents, even after they have left the Swadhar Greh.
Low Quality of Infrastructure	• Instead of construction grants, the focus should be on partnering with Private Sector where they construct the Swadhar Greh infrastructure and implementing agencies enter into a rental agreement for minimum 10 years with annual increase of 10%. This will help stagger the capital cost of Swadhar Grehs over a longer period and will ensure that Swadhar Greh infrastructure is properly maintained by the lessor. • Rental provision needs to be revised upward, to incentivise the private sector to invest in Swadhar Greh Infrastructure. • Existing Swadhar Grehs should be mandated to construct ramps for differently-abled women. A one-time up-gradation grant of up to Rs. 1 Lakh per Swadhar Greh may be provided.

Low Quality of Services	• Salary caps for Swadhar Greh staff should be revised in line with the current market rates. • Systematic periodic training and sensitisation of Swadhar Greh Staff on aspects of counselling, human rights, gender rights, and legal aid should be mandated. • The MWCD may put in place e-ILA based training material which can be accessed by Swadhar Greh Staff. • Develop clear guidelines, service benchmarks and standard operating procedures for each service provided under the scheme.
Inadequate focus on economic empowerment and rehabilitation	• Private Sector should be leveraged to enhance the skill development, apprenticeship, and economic rehabilitation of women residents. National and international fast-food chains and hotel chains could be roped-in to train and hire women from Swadhar Grehs. • The post of rehabilitation officer may be reinstated in the Scheme Guidelines.
Limited Scheme Monitoring	• To improve the quality of scheme monitoring, the Ministry should develop an online monitoring system, linked directly with Swadhar Grehs and Ujjawala Homes, and where the implementing agencies directly update information of beneficiaries, services provided, infrastructure, and fund utilisation. • Installation of video cameras, bio-metric attendance of residents twice a day, and geo-tagging of Swadhar Grehs to enable remote monitoring. • Facilitating linkage of residents with Aadhar and Banks to enable direct transfer of pocket money.
Low Scheme Awareness among women	• Revise cost provisions to provide budgetary allocations for IEC at State and implementation agency level to increase awareness of the scheme among the population. • Undertake prevention-focused campaigns targeting men to educate them on norms around masculinity and gender, and the impact that violence can have on women around them and their future generations. • Awareness generation at National Level could be focused on Mass Media, and the State government's IEC could be regional mass media, community meetings, etc. Nirbhaya fund may be utilised for conducting these mass-media campaigns by MWCD or states.
UJJAWALA SCHEME	
Low coverage of the Scheme	• Detailed vulnerability mapping and needs assessment once in every two years to be mandated across states to assess the areas in which women and children are more susceptible to trafficking. • New Ujjawala homes to be set up in partnership with the private sector with a long-term rental agreement with the implementing agency for a minimum 10 years with a yearly increase of 10%. • Rental provisions may be revised upward to incentivise the private sector to invest in Ujjawala Infrastructure.
Inadequate focus on Prevention of Trafficking	• The scheme's design could be changed for a greater focus on prevention of trafficking. • Closer integration with Swadhar Grehs should be made to provide rehabilitation and reintegration since Swadhar Greh's major focus is on rehabilitation and reintegration of women in distress. • Women who cannot be repatriated or whose families cannot be traced may be transferred to the Swadhar Grehs for long term rehabilitation.
Limited Vocational Training for re-integration and rehabilitation of beneficiaries	In case the Scheme designed cannot be altered in a way that the rehabilitation component is handled by Swadhar Greh, the Ujjawala Scheme will need to strengthen the rehabilitation component through partnerships with the Private Sector by: • Signing MOUs with Private Sector organizations (industrial units, market associations) to provide apprenticeship and training to the victims. • Engagement with organizations that can provide training and raw materials to the residents and procure the finished products (Learnings from Fab India model). • Possibilities of convergence with government skill-development programmes such as DDU-GKY, PMKVY, etc. can be explored.
Delayed payments leading to overburdened NGOs and closed homes	• Given the small size of the scheme and the fact that the scheme was being managed extremely successfully by the MWCD till recently, the scheme may be made a Central Sector Scheme.

	• The 10% financial contribution of the implementing agency should not be tied with different heads and be utilized as flexible funds in provision of services/enhancing cost norms as deemed necessary.
Low Salary norms under the scheme	• Revision of the Salary norms under the scheme to ensure hiring of more qualified and trained staff for better scheme efficiency.
Lower Use of Technology	• An online monitoring system needs to be developed where the implementing agencies directly update information of beneficiaries, services provided, infrastructure, and financial utilization. • Installation of video cameras, bio-metric attendance of residents twice a day, and geo-tagging of Ujjawala homes to enable remote monitoring. • To ensure decentralised and cost-effective training of staff, e-learning modules in line with the Incremental Learning Modules (ILA) under AWS scheme need to be developed.
WORKING WOMEN'S HOSTEL	
Non-availability of land for expansion	• Private Sector may be leveraged for providing WWH land and infrastructure with long term rental agreements and higher rentals to make it lucrative for the private sector to invest in WWH infrastructure. • New hostels can be constructed in non-prime locations of the city where land is available. Transport facilities in association with the private/government companies employing women residents will need to be provided.
Low Scheme Awareness	• IEC activities to be undertaken. Information about WWHs can be disseminated in the Gram Sabhas, e-mitra, women-ITIs, RSETI and DDU-GKY, and Rojgar Melas under PMKVY. • Publicly accessible information about each functional WWH should be uploaded on the MWCD portal along with the application procedures.
Quality of Infrastructure	• New hostels with disabled-friendly infrastructure and day-care facilities can be developed based on the Tamil Nadu model. SPVs can be established for setting up and maintaining hostels. A feasibility study can also be undertaken on demand for hostels in each district to arrive at the number of beds needed and infrastructure required. • The rent of the hostels can be calculated based on the principle of cross-subsidy to ensure the quality of services to all. • An IT Based MIS to capture real-time data on hostels sanctioned, hostels functional, number of beneficiaries in each hostel, the employment profile of women residing and the number of children availing benefits of day-care centres (if any). • Geo-tagging all existing and proposed hostels to be undertaken.
Lack of uniformity and lack of formal grievance redressal mechanisms under the scheme	• As mandated, HMCs to be formed across all hostel. Participation of State officials, members of the management and beneficiaries to be ensured. • Grievance redressal mechanisms can be developed as part of the MIS portal where all stakeholders, beneficiaries as well as third parties can raise concerns related to functioning of hostels, quality of services offered, and other concerns.
MAHILA SHAKTI KENDRA SCHEME	
Sustainability of the scheme **Limited foothold to BBBP**	• The approved implementation period for the scheme should be at least 5 years to ensure setting up of required institutional structures as well as effective implementation of various scheme components. • There is a need to ensure setting up of DLCWs across all 640 districts. Development partners can be involved to place their consultants to eliminate delays in staff hiring, gaps in availability of skilled personnel and streamlining the activities under the scheme. • BLCs need to be formed across all 405 BBBP multi-sectoral districts. Along with student volunteers, out of college/dropout youth, OOS AGs enrolled in SAG and beneficiaries of the NPYAD can also be engaged in scheme implementation at the grassroots level.
Scheme Monitoring	• Indicators on number of inter-sectoral convergence meetings, number of women reached, and awareness generation activities should be tracked through the MSK-MIS. • Online data repositories need to be developed as part of the MIS portal at the district level. This will include, records of women reached out through student volunteers, schemes/programmes of various ministries they are eligible to enrol in, whether required support was offered, and number of women successfully enrolled.

	• An online application can be developed that can be used by student volunteers to fill in the details of each woman reached out to and lined with various schemes. • The application can also offer personal targets to each student volunteer in terms of number of women to be successfully linked to interventions and top performing volunteers can be felicitated and offered rewards like books, stationery etc.
GENDER BUDGETING AND RESEARCH, PUBLICATION AND MONITORING	
Lack of sustainability of scheme and gender budgeting in the country	• Drawing from experiences of Korea and the Philippines, regular conduct of Gender Response Budgeting across ministries, States/UTs may be made legally mandatory. Towards this, a Gender Budgeting Act may be passed. Further, on the lines of Statistics Law in Israel, every data collecting institution should be mandated to publish gender disaggregated statistics. • A Gender Resource Centre at MWCD can be established in convergence with MoF. The institutional structure may include (i) Broad-Based Committee with representatives of MWCD, MoF and sectoral ministries, (ii) Executive members including women representatives from NGOs/CSOs, academicians, economists, researchers, policy experts, trade unionists and activists working in the area of gender budgeting616, (iii) Consultants trained in capacity building for gender budgeting. • Gender Resource Portal may be created as a one-stop repository of (i) the ministries and States/UTs reporting on statement 13; (ii) details of the activities undertaken by GBCs; (iii) sex-disaggregated data on indicators related to health, education, skills, employment, etc.

Limited impact of the scheme	• Impact assessment of gender budgeting need to be strengthened by undertaking the following measures:
	  ○ Sectoral initiatives on gender budgeting to be given emphasis.
	  ○ The gender differential impacts of direct and indirect taxes to be analysed.
	  ○ Policies to integrate the unpaid care sector in GRB to be prioritized.
	  ○ The institutional mechanisms for GRB to be strengthened.
	• A new header title in the budget on 'gender development', to be introduced.

ONE STOP CENTRE	
Inadequate Infrastructure	• Mandate completion of OSC construction within six months of approval. A penalty of 5% per month may be proposed for districts exceeding the 6-month timeline. • Revision of Construction Cost Norms, with differential rates for Metropolitans, State Capitals and other cities. • Additional financial assistance may be sought through the District Mining Fund Trust (where available), MPLAD and MLALAD for construction of the OSCs. The districts may also make proposals under Nirbhaya Fund to cover additional funding requirements for the OSCs.
Concentration of OSCs in district centers and urban areas	• Expand the network of the OSCs to the rural areas as well, with full or mini-OSCs at block or Tehsil level to provide safe spaces for women survivors of violence in rural areas as well. These rural OSCs could be linked with local Police Stations and the main district OSCs for legal aid and psycho-social counselling.
Lower rate of conviction against perpetrators of VAW	• Since the OSCs are already expected to have a Sub-Inspector level officer deployed at the OSC, arrangements may be made to enable the registration of FIRs at the OSCs themselves. • To ensure quick police action against perpetrators of VAW, better coordination between the investigating officer (Police) and the prosecution officer (DPO) from the very beginning can be ensured.
Ministry's Capacity to manage and monitor the scheme	• The WW Division may look at the possibility of setting up an expanded PMU to enable day-to-day management and rigorous monitoring of the OSC scheme as well as the Women's Helpline Scheme. The funds under the OAE budget heads for both the schemes may be used to fund the PMU operations.
Issues with Scheme Monitoring and transparency	• A module within the Sakhi Dashboard can be introduced to record feedback of all beneficiaries on services provided to them. This can act as a way to assess the quality of services offered. • State Governments to conduct Social Audits of the OSCs on an annual basis.

616 https://wbg.org.uk/

Human Resource Challenges	• Prescribe training for all new OSC staff to be undertaken quarterly. This training can be conducted at the state level so all OSC staff joining in any quarter can be trained together. The CSWB in collaboration with SSWB can organise these one-day or two-day training. • Revise staff salaries in line with the prevailing market rates. Details on the number of staff to be hired for positions requiring 24-hour support, and cost norms for each post need to be outlined.
Low Scheme Awareness among Beneficiaries	• Nirbhaya Funds can be utilized to conduct mass-media campaigns and inform women about their rights, existing schemes addressing women's protection and social norms around violence against women. • Budgetary provision for training, IEC and Advocacy at the OSC level needs to be revised to Rs. 30,000 per month for the first two years of the establishment of OSCs.
MAHILA POLICE VOLUNTEERS	
Complicated Institutional Mechanism	• The scheme needs to be transferred entirely to the MHA, with the SP responsible and accountable for the scheme's delivery at the District Level. MWCD can support in achieving ground level linkages through the ICDS structure.
Inadequate Scheme information in Public Domain	• Scheme information and data from the Sakhi Dashboard be made available public domain, with the district-wise number of cases reported by the MPVs and the number of cases leading to action against the perpetrators available through Ministry dashboards.
Funding Structure	• The scheme needs to be implemented as a central sector scheme given the significance of the scheme and the fact that this is currently the only scheme at the village level providing support to women affected by violence.
Lack of Honoraria for the MPVs	• Honoraria for all MPVs to be introduced in addition to the reimbursable amount of Rs. 1,000 currently available to them. • The honoraria may be a combination of a monthly fixed amount and a performance-based variable pay linked to the number of cases reported by them.
WOMEN'S HELPLINE	
Insufficient awareness of WHL among women	• A systematic mass media strategy and action plan should be developed to create awareness on Women's Helpline through the IEC funds available under the scheme at the National Level. • State Governments to spread awareness about the helpline in rural areas by advertising in public spaces, schools, AWCs, PRI buildings etc. in convergence with other MWCD Schemes and other line departments.
Lack of mechanisms to monitor quality of service provided	• Institute a mechanism whereby the WHL Manager is assigned a target of monitoring at least 20% of the calls received in a month – for adherence to the SOPs, and to assess the quality of information and support provided to the callers. • A monthly report on the quality assessment may be submitted by the Helpline Manager to the MWCD.
Differential Salary of Staff across States	• Streamline the Salaries across States since the qualifications required, and the work to be done is the same. The differential may be in terms of the maximum number of staff that can be hired in Smaller and Larger States, but Salary Provisions should be standardised.
OOMF Indicators	• Use indicators such as the number of cases closed, number of cases leading to the police or legal action, and number of women referred by WHL to Swadhar Grehs supported for rehabilitation and reintegration. Another key metric of assessing the effectiveness of the WHL scheme can be the qualitative or quantifiable feedback received from the women reaching out to the WHL.

5.1.1.3 CSS contribution to the Sector

The analysis presented below maps the contribution of each scheme component to sectoral determinants. It also highlights the performance of each component, identifies the emerging gaps and challenges and recommends way forward to ensure effective implementation of schemes and achievement of sectoral determinants.

Child Nutrition and Development

Sectoral Determinants	Schemes addressing the Determinants	Scheme components intended to address the Determinants	Components Performance	Issues and challenges of the components	Way Forward
First 1000 days					
Maternal Health Care including Ante-Natal Care	PMMVY	First Instalment of Rs. 1000 for early registration of pregnancy with FLW within five months of pregnancy. Second Instalment of Rs. 2000 for receipt of at least one ANC check-up in first six months of pregnancy.	• 85% and 79% of the target beneficiaries had received the 1st and 2nd instalments respectively till June 2019. • Percentage of women registering pregnancies for ANC increased to around 98% and those registering for ANC check-ups in the first trimester to around 70% between 2015-16 till December 2019. • Of the 166 women surveyed, who had received PMMVY benefits, 55% women reported using the PMMVY money for buying additional food and 49% reported using the money for medical needs.	• The payments for the 2nd instalment are on an average made in 66 days after the submission of corresponding forms compared to less than 30 days from registration as mandated. This delay in payments hampers the potential impact the scheme intends to make.	• Robust payment mechanisms and system strengthening to be undertaken.
Safe Delivery by Skilled Health Personnel and Post-Natal Care	PMMVY	Instalment of Rs.2000 for registration of childbirth and receipt of first cycle of immunization	• Till June 2019, 52% of the target beneficiaries had received Rs. 2000 for registration of childbirth and completion of the first cycle of immunization. • Till December 2019, the percentage of children receiving BCG vaccine was almost 100%. Number of	• Only 52% of the beneficiaries enrolled have been paid the third instalment as remaining were found ineligible due to the requirement of both the beneficiary's and her husband's Aadhar Card with updated information.	• Application process can be simplified by eliminating the requirement for husband's Aadhar card details

			children fully immunized increased to 83.4% compared to 62% in 2015-16.		
	AWS	Immunization Growth Monitoring and Health Check up	• Majority of the children below 6 months had received preliminary immunization. • More than 80% of the respondents surveyed reported receiving immunization under the scheme. • 64% of AWCs visited had functioning infant meters, around 73% AWCs had functional infant weighing scale and growth monitoring devices, and around 73% had functional mother and child weighing scale.		
Nutritional Support	AWS	Take home ration for PW&LM and children in the age group 0-3 years	• HH survey revealed high coverage of THR beneficiaries among PW&LM and children in the age group 6 months to 3 years at AWCs. • 29% women reported consuming the THR themselves, 63% reported sharing it with the family. • 60% respondents found the quality to be good or very good. 32% found quality to be satisfactory (neither good nor bad).	• 26% respondents surveyed shared that THR is offered to them but not regularly.	• Improved monitoring and enhanced supply chain management systems need to be put in place.

Nutrition and Health Education (NHED) including information on the advantages of breastfeeding, hygiene and environmental sanitation	AWS	Nutrition and Health Education for women in the age group of 15-49 years Home visits to inform PW&LM about good child nutrition and health practices	• 70% respondents stated that AWW/ASHAs visited their homes around 4-5 times in the last 6 months, to share information on nutrition and health practices especially related to new-born and PW&LM.	• Under AWS, restricted knowledge of AWWs limits the effectiveness of NHED and therefore hampers the improvement of the growth status of children.	• Capacity building of FLWs to provide effective NHED as well as informing them about the significance of the component needs to be undertaken.
	POSHAN	Community Mobilization and Behaviour Change Communication (BCC)	• 60% of respondents had received NHED under POSHAN Abhiyaan. • In Bihar, Jharkhand, Mizoram, Rajasthan and Tamil Nadu, a small proportion of respondents were aware of the first 1000 days. However, all of them knew the criticality of ensuring complete nutrition of mother and child during this period. • In Chhattisgarh, Maharashtra, Rajasthan, Tamil Nadu and Telangana more than 70% respondents stated that community-based events on themes related to improving maternal and child health are organized twice a month. • Approximately, 25 Crore people participated, and more than 22 lakh activities were conducted across the country during the Rashtriya Poshan Maah	• Across States, HH survey revealed low awareness regarding the first 1000 days among respondents. • In better performing states not all respondents who were aware of the first 1000 days, knew about the importance of this period. • In Uttar Pradesh only a small proportion (38%) shared that CBE takes place.	• There is a need to create a strong knowledge base of FLWs to ensure effective information dissemination through community mobilization.

			conducted in September 2018.		
3-6 years					
Quality ECCE	AWS	Pre-school education	• In Assam, Bihar, Chhattisgarh, Delhi, Jharkhand and Telangana the uptake of PSE was found to be more than 90% (HH Survey). • 50% mothers/ caregivers of children in the age group of 3-6 years perceived significant positive impacts of PSE on their child.	• In Uttarakhand and Uttar Pradesh, the component continues to be a weak link. • Impact of PSE continues to be limited across the country due to lack of capacity of the AWWs and limitations in the current pedagogy.	• An additional worker trained in ECCE can be appointed at the AWCs by MHRD.
	NCS	Pre-school Education		• Overall uptake of services offered is limited due to limited coverage of creches and lack of awareness among respondents as highlighted in the primary survey.	• Restructuring and universalization of crèches with improved quality of service delivery mechanisms need to be put in place to increase uptake.
Nutritional support	AWS	Hot cooked meals (HCM)	• More than 75% respondents in Assam, Delhi, Chhattisgarh, Mizoram and Telangana reported availing HCM from the AWCs and 70% of them reported liking the quality of HCM offered.	• The HH surveys indicated limited uptake (less than 75%) of HCM by children in the age group 3-6 years in 7 out of 12 states surveyed. • Limited variety of food items offered to the beneficiaries.	• Involvement of SHGs in preparing food and enhancement of cost norms to procure better and more variety in food items needs to be undertaken to improve taste and quality of HCM offered.
	NCS	Supplementary Nutrition	• 52% respondents reported receiving SNP at the creches.		

Basic healthcare facilities	AWS	Growth Monitoring and Health check-up	• Around 70% AWCs had functional stadiometers.	• Inflated numbers of SAM children due to limited knowledge and capacity of FLWs regarding growth monitoring and use of measurement.	• Enhanced supportive supervision and hand holding of AWWs needs to be undertaken.
	NCS	Growth Monitoring and Health check-up		• Overall uptake of services offered is limited due to limited coverage of creches and lack of awareness among respondents as highlighted in the primary survey.	• Restructuring and universalization of crèches with improved quality of service delivery mechanisms need to be put in place to increase uptake.
11-18 years					
Nutritional Support	SAG	Nutrition Component	• In 2018, 13.2 lakh girls received nutrition support from AWC. • 77.8% AGs reported receiving THR from AWCs. 78.5% girls reported consuming THR they received.	• Only 36.1% AGs reported receiving THR regularly while 41.7% reported receiving THR irregularly. • Only 54% parents surveyed knew that the THR was meant to be consumed by their daughters.	• Improved monitoring and supply chain management systems need to be put in place to ensure regular supply and receipt of THR.
Access to secondary education	SAG	Non-nutrition Component	• Out of the total AGs surveyed, 83.3% were aware of the importance of attending school and 68.1% wanted to rejoin school. Around 65% parents were willing to send their daughters back to school.	• Only 11% girls have been mainstreamed back to school to date.	• The intervention needs to be scaled up to include all AGs in the age group from 11 to 19 years to enhance feasibility and ensure effective implementation of scheme components.
Access to technical and vocational skills	SAG	Non-nutrition Component		• Out of the 25 lakh girls enrolled, none were offered vocational/skill training.	

Child Protection

Sectoral Determinants	Scheme addressing the Determinants	Scheme components intended to address the Determinant	Components Performance	Issues and Challenges in the Component	Way Forward
Social Measures	CPS	Advocacy at National/State/District level about rights of the child and availability of child protection services and structures at all levels		• Inadequate awareness across regions and communities about child protection schemes, its role and components.	• SBCC interventions to mobilize and sensitize families and communities with the aim to change attitudes and social norms that eliminate violence need to be initiated.
Rescue	CPS	Emergency outreach through ChildLine 1098		• Limited data on children successfully rescued by ChildLine from sites of violence and abuse.	• A Pan-India database on children successfully rescued to be created.
Rehabilitation	CPS	Family based non institutional care through sponsorship, foster-care, adoption and after-care. Institutional care through children's homes, shelter homes, observation homes, special homes and specialized homes for children with special needs	• Based on the MWCD data, there are a total of 9589 childcare homes, out of which 66.4% are Children's Homes, 3.9% are Shelter Homes, 3.5% are SAAs, 2.9% are Observation Homes, 0.5% are Special Homes.	• Certain states have a higher number of CNCP but do not have the required number of homes compared to others. • Till 2018, only 32% of the total CCIs/ Homes across the country were registered under the JJ Act. • Secondary data reveals that across India, 50% of the CCIs do not have sick rooms, 64% do not have visitors' rooms, 35% do not have a separate kitchen and 10% do not have separate toilet facilities for children. • Only one-third of the target (approx. 6000) CNCP beneficiaries have been supported through sponsorships.	• Need based construction of homes with improved monitoring structures to be undertaken to ensure adequate quality of service provisioning. • Budgetary allocations for sponsorship to be enhanced to at least Rs. 5000 per year per child.

Reintegration	CPS	After care plans Outreach through ChildLine 1098	• Study reveals that girls living in CCIs perceive themselves to be prepared for residing independently outside the care institutions after seeking life skills at the centres.	• Lack of data on performance of CPS and Child Line regarding the number of rescued children successfully reintegrated. • Study reveals lack of confidence among children leaving CCIs in accessing higher education, social support, employment, and financial independence.	• An online database on children rescued, rehabilitated and reintegrated as well as a grading system of all CCIs in India as per the ICPS guidelines and JJ norms needs to be created. • Extensive counselling and support needs to be provided to children leaving CCIs till they are successfully reintegrated in higher education or have been employed.

Women's Safety and Protection

Sectoral Determinants	Scheme addressing the Determinants	Scheme components intended to address the Determinant	Components Performance	Issues and Challenges in the Component	Way Forward
Prevention	Ujjawala	Prevention of trafficking of women and children for commercial sexual exploitation through social mobilization and involvement of local communities, awareness generation programmes, generate public discourse through training, workshops/seminars.	• The highest average of vigilance committees (10) and workshops per centre were recorded in West Bengal, followed by Kerala (6 committees and 70 workshops) and Karnataka (5 committees and 20 workshops). The lowest average of vigilance committees per centre was recorded for Gujarat (2) and the lowest average of workshops conducted was in Tamil Nadu (4).		
Rescue	Mahila Police Volunteers	Inform the police personnel about any unpleasant behavior or untoward incidents against women and girls in the community. Act as an additional intelligence collection unit of the area regarding all issues on women in the area.		• There is a lack of available data on the number of cases reported by MPVs to police, and the number of case reports and referrals successfully concluded.	• There is a need to develop monitoring and review mechanisms including collating the number of cases reported and referred by MPVs to police and other available support structures, respectively.
	Ujjawala	Rescue of victims from the site of exploitation and place them in safe custody.	• In 2016-17, 136 victims were rescued by the homes with the highest number of rescue operations undertaken by homes in	• Challenges emerge with respect to rescue, due to non-cooperation from the local police, victims, and the community members.	• Required support needs to be extended to the service providers to ensure effective rescue of victims of commercial sexual exploitation.

			Chhattisgarh and lowest in West Bengal.		
	One Stop Centre	Emergency Response and Rescue Services		• It is difficult to assess the impact of the scheme due to lack of data on coverage in terms of service delivery and number of beneficiaries reached under the scheme.	• There is a need to collate data on the number of women rescued by the OSC staff.
Rehabilitation	Swadhar Greh	Provision of shelter, food, clothing, medical treatment and care for women in distress and those without social and economic support.	• Until February 2020 a total of 419 Swadhar Grehs with 12908 beneficiaries were operational across the country.	• Several evaluations have found the infrastructure available at Swadhar Grehs to be of poor quality. Delays in payments and lack of provisions for maintenance of the buildings exacerbates the problem. • It is difficult to objectively rate the quality of services delivered by the Swadhar Grehs due to absence of clearly established service quality standards and SOPs. • There is limited focus on economic rehabilitation of women through Vocational Training. Majority vocations taught by the staff at the shelter homes are gendered traditional vocations such as basket making, sewing, etc.	• Robust mechanisms need to be developed for regular monitoring of shelter homes to review their performance and the quality of infrastructure and services offered. • SOPs/guidelines need to be formulated to ensure uniformity in service provisioning across shelter homes, irrespective of implementing agency. • Regular review and monitoring of the number of women seeking formal NCVT approved skill training needs to be undertaken. Such training needs to be promoted among all eligible women by implementing agencies.
	Ujjawala	Provision of both immediate and long-term services including shelter, food, clothing, medical treatment, counselling, legal aid, guidance and vocational training.	• Basic facilities and infrastructure were present in all homes visited. Similar findings also emerge in the MWCD report (2017). Residents in homes visited were satisfied with the	• In a few homes, televisions or telephones were not available. • CCTV was installed in only 2 out of the 6 states. Concerns over CCTV cameras also emerged in the MWCD evaluation (2017).	• Infrastructure and service provisioning need to be enhanced across Ujjawala homes through effective monitoring and review by the ministry.

			quality of food and sanitation in the premises. • Counselling, legal services and medical facilities were offered in all homes visited. Vocational training was also imparted in all homes except in Telangana. MWCD report (2017) also highlights that majority homes offered medical aid (97%), trauma counselling (95%), professional counselling (97%), vocational training (98%) and legal services (94%).	• Legal, counselling, and vocational training services are mostly provided on a part-time basis due to inadequacy in funding and lack of trained professionals.	
Redressal	One Stop Centres	Emergency response and rescue services, assistance to women in lodging FIR/NCR/DIR, medical assistance, psycho-social support/counselling, legal aid and counselling, shelter and video conferencing facility		• It is difficult to assess the impact of the scheme due to lack of data on coverage in terms of service delivery and number of beneficiaries reached under the scheme.	• There is a need to collate data on the number of women offered redressal through OSCs to assess the overall impact of the scheme.
	Women's Helpline		• The WHL scheme has been operationalized in 33 States and UTs and has supported more than 47.9 lakh calls to date.		
	Mahila Police Volunteers	Report incidences of missing children and VAW/C to the concerned authorities/police, call up 1098 or connect survivors to the available redressal mechanisms.		• There is a lack of available data on the number of cases referred to OSCs, WHL and shelter homes by MPVs.	• There is a need to develop mechanisms to collate data on the number of women linked to the available support structures i.e. OSC, WHL and shelter homes.

Reintegration	Swadhar Greh	Provision of legal aid and guidance to enable survivors to readjust with their families/society and enable them to start their life afresh with dignity and conviction.	• All homes visited had a full-time counsellor. • Efforts are made to reintegrate residents with their respective families. In case reintegration is not possible, they are encouraged to continue their education or vocational skill training to gain livelihood security.	• The effectiveness of counselling was found to be varied across the Swadhar Grehs visited, due to lack of trained counsellors. • The scheme guidelines have no provision for follow-up of women reintegrated with their families or released based on economic self-sufficiency.	• Regular training and follow-up need to be conducted for the counsellors, to enable them to offer effective psychosocial support. • Mechanisms to follow-up with the ex-residents need to be designed and implemented keeping in view their safety and privacy concerns.
	Ujjawala	Provisions for facilitation of reintegration of the victims into the family and society and repatriation of cross-border victims to their country of origin.	• In some homes/centres visited contact with the ex-residents was maintained.	• There is a lack of formal follow-up mechanisms to track reintegrated beneficiaries.	• Mechanisms to follow-up with ex-residents need to be put in place, keeping in view their safety and privacy concerns.
Advocacy and sensitization of stakeholders at all levels including men and boys	Beti Bachao Beti Padhao	Media and advocacy with target beneficiaries including, youth and adolescent boys and girls, in-laws, among others and multi-sectoral interventions in selected areas to celebrate the birth of the girl child and ensure her education.	• Under the multi-sectoral actions, 2,76,036 awareness activities have been organized through various modes such as Nukkad Natak, puppet shows, magic shows, street plays, community meetings, etc.	• Appropriate messages addressing the rights and entitlements of women and girls, social discrimination and in-utero violence and stringent patriarchal biases only partially inform the BCC strategy.	• An analysis of the existing social, economic and political factors negatively impacting the value of girl child needs to be undertaken to inform a comprehensive BCC strategy incorporating regional disparities. Output and outcome indicators can also be formulated to assess the impact of the strategy.

Women's Empowerment

Sectoral Determinants	Scheme addressing the Determinants	Scheme components intended to address the Determinant	Components Performance	Issues and Challenges in the Component	Way Forward
Promote secure Employment and Entrepreneur opportunities among women	Working Women's Hostel	Provision of hostel facilities to women working in urban employment hubs.		• Lack of data on the number of employed women residing in the hostels as well as their socio-economic backgrounds.	• There is a need to collect data on the employment as well as socio-economic profiles of the residents and analyse the emerging trends.
	National Creche Scheme	Provision of day-care services/crèches for all working women in the organized and unorganized sectors, irrespective of their socio-economic backgrounds		• Lack of data on the number of women accessing creche facilities under the scheme.	• There is a need to collect data on the employment profiles of the mothers of the beneficiaries and to analyse the emerging trends in terms of promotion of employment among women.
Vocational and Skill Training	Swadhar Greh	Provision of Skill training to women residing in Swadhar Grehs.		• Limited focus on economic rehabilitation of women through vocational training. • Majority vocations taught are gendered traditional vocations such as basket making, sewing, embroidery, pickle making etc.	• Regular monitoring and review of the number of residents seeking formal NCVT offered skill training across shelters, needs to be undertaken by the ministry.
	Ujjawala	Provision of Skill training to women residing in Ujjawala homes	• Vocational training was provided in most centres visited except for Telangana.	• Vocational training services are mostly provided on a part-time basis due to inadequacy in funding and lack of trained professionals.	• Possibilities of enrolling residents in the ongoing skill training programmes offered by other ministries, can be explored.
Access to Information	Mahila Shakti Kendra Scheme	Provision of one-stop convergent support services for empowering rural women		• Lack of data on the total number of beneficiaries reached and total number of activities undertaken as part of the scheme.	• Monitorable outcome indicators need to be developed to measure the number of women reached through awareness generation activities and linked to ongoing women-centric programmes.

6.2. Recommendations at the Sector level

6.2.1. Financial and Funding Related Challenges

Bringing Flexibility to Scheme Implementation Budgets

It is recommended that the MWCD encourage states to utilise flexi funds in accordance with the guidelines of the Ministry of Finance. In schemes such as POSHAN Abhiyaan and CPS, states can be afforded greater flexibility in utilisation of funds, in order to identify and focus on the key barriers to malnutrition in each state. An example of this is the Samagra Shiksha Abhiyan, which allows states to prioritise interventions and sectors (elementary/secondary) as per their need. Preliminary evidence of the scheme budget shows that indeed states (albeit guided by GoI) are making decisions in keeping with their specific needs and local contexts. Thus, while Uttar Pradesh and Bihar which continues to lag in elementary education allocated over 80% of their Samagra Shiksha budget for elementary education, states such as Haryana and Himachal Pradesh have also focused on secondary education, allocating over 40% to the same[617].

Improved funding flow to the WCD Schemes

Given the importance of the schemes put in place by the MWCD for improving the safety and protection of women affected by violence, and the small size of most of these schemes, it is essential that the WCD schemes are not starved of funds. It has been noted that a majority of the WCD CSS schemes – particularly the smaller MPEW schemes, are not able to access State shares due to their small size and differing State Government priorities. Even though the 14th finance commission increased the financial devolution to the states, the increased funds available to the States have not been used to increase, or even streamline their contribution to essential social sector CSS schemes – particularly around women and child development.

Keeping the increased funds available to the States since the 14th finance commission, the Government of India should encourage the State Governments to increase their budgetary allocation towards women and child development, protection and welfare schemes to ensure improved fund availability and utilisation of schemes since most of the schemes suffer from poor utilisation due to delays in or absence of State contribution. It will also result in improvement of infrastructure under a number of MPEW schemes since one of the major reasons for the poor infrastructure is the poor infrastructure provisions available under the scheme guidelines as well as delays in the NGOs receiving funds. Alternately, given the importance of the schemes put in place by the MWCD for improving the safety and protection of women affected by violence, and the small size of most of these schemes, the MWCD may consider converting schemes less than 200 Crore to Central Sector Schemes, with adequate provision of staff and IT-based MIS be made at the National level to improve the monitoring and management of these schemes.

Building a pool of untied funds to be used for plugging funding and intervention gaps

In order for the MWCD to be able to be agile and respond to the emerging needs and gaps in GoI's sectoral response, it is recommended that the MWCD have access to a pool of untied funds. In order to minimise the burden on the government exchequer, particularly due to the additional financial stress facing our country due to the recent COVID 19 pandemic, the MWCD may look at options such as a a pooled Public CSR fund in line with "PM CARES", or pooling the flexi-fund component of the constituent schemes at the Umbrella level and use this pool as untied funds to

[617] https://accountabilityindia.in/wp-content/uploads/2019/05/india_seminar_com_2019_717_717_avani_kapur_htm.pdf

ensure all gaps and critical interventions for women and child development can be addressed. Proposals for use of these untied funds may be made by the MWCD or by the States.

6.2.2. MWCD Capacity to manage and implement WCD schemes

Restructuring the MWCD Schemes

In order to improve the efficiency of the MWCD CSS schemes, to enable the required focus, resources, linkages and convergence among schemes and with other GoI initiatives, and to ease the governance and monitoring of MWCD schemes, it is recommended that the 15 schemes be restructured into four overarching Umbrella Schemes – (i) Integrated Child Development Scheme incorporating AWS, POSHAN Abhiyaan, PMMVY, SAG and NCS; (ii) Integrated Child Protection Umbrella – incorporating CPS and BBBP; (iii) Women Protection Umbrella incorporating OSC, WHL, Swadhar Greh and Ujjawala Scheme; and (iv) Women Empowerment incorporating MSK, WWH, and Gender Budgeting, and also including other WCD activities such as RMK and Mahila e-haat.

Contractual hiring of professional, technical experts and researchers providing technical leadership

The evaluation finds that the MWCD has limited technical capacity to implement and monitor its CSS schemes, with high vacancies and a lack of professionally trained experts on the issues of nutrition, women empowerment and protection, and child protection. These challenges lead to inefficient management and sub-optimal outcomes of the schemes. The evaluation recommends a strong focus on professionalising and de-bureaucratisation of the MWCD through hiring of senior, well paid technical experts and advisors to manage the schemes and to provide technical leadership to the ministry on the issues of women and child development.

A model similar to NITI Aayog may be adopted by MWCD, wherein the ministry hires a team of young, middle level and senior technical advisors for each of the four proposed Umbrellas –on a contractual basis. Alternately, a separate PMU for each scheme may be set-up, the size of the PMU to be in line with the size of the scheme and the priority of the Ministry.

Corporatisation of MWCD Autonomous Bodies

There is also a need identified to streamline and professionalise the autonomous bodies under the MWCD. Currently, the Autonomous bodies under MWCD include NIPCCD and RMK. Both these bodies are registered as Societies under the societies act. In order to improve the governance of these autonomous bodies as well as to enhance transparency of these bodies, it is recommended that NIPCCD and RMK be registered as Section 8 companies. This would help improve the governance, accountability and transparency of these bodies, as well as help them become self-sustainable in the long-run through engaging in independent research, advisory and training services in the area of child development and protection.

Institutionalisation of data disaggregation

There is a strong need to generate gender-disaggregated data and create a repository for all type of data related to women and children. A data hub can be created by MWCD where collated gender-disaggregated data is made available on a single unified portal. In addition, it is recommended that a Gender Budgeting Act be put in place, to mainstream gender-based budgeting across all ministries and States/UTs and legally mandate all data collecting institution

to analyse and publish gender-disaggregated statistics. (learning from Israel, South Korea, Philippines).

The evaluation acknowledges MWCD's current interventions, i.e. Gender Budgeting, Research, Publication and Monitoring scheme and the MSK scheme, which aim to promote gender budgeting, and collection of gender-disaggregated data across ministries as well as the creation of an institutional structure to empower women through greater knowledge and access to schemes and programmes. However, there is a need to strengthen and effectively implement these interventions (recommendations have been included in the scheme-analysis).

6.2.3. Enhancing Convergent Action

Enhancing private sector engagement

Currently, the MWCD sector's engagement is limited primarily to the Anganwadi Services Scheme. There is no policy guidance in the MWCD to improve private sector linkages among other MWCD schemes, even though these is significant scope for engagement for women empowerment and women protection schemes, as highlighted in the individual scheme analyses. In this regard, it is recommended that the MWCD develop specific guidance notes for all its schemes on how States can engage private sector under each MWCD scheme – including for rehabilitation and reintegration of at-risk women and children.

It is also recommended that steps be undertaken to incentivise private sector to invest in services and infrastructure provision for WCD sector – this may include competitive rents and long term agreements for homes/hostels under schemes such as Swadhar Greh, Ujjawala, WWH and OSCs; value chain engagement for Swadhar and Ujjawala Scheme beneficiaries; etc.

Focus on improved convergence and developing new partnerships

Greater emphasis needs to be given to the role of MWCD as a nodal agency for ensuring the well-being of women and children in the country through adopting a convergent approach at the policy and programmatic level. This will require MWCD to:

- **Transform laws, programs and policy**: At the national level, MWCD should work towards transforming the institutions, laws, policies, procedures, consultative processes, budgetary allocations and priorities of the government to take into account the needs and aspirations of all women. **Towards this end, measures can be taken to finalising the National Policy for Women after making the necessary amendments in the 2016 draft policy.**
- **Synergise programs across ministries** implemented for the welfare of women and children to ensure their rights and promote gender equality. This interdisciplinary and multi-sectoral approach will require gender institutional architecture that can be offered under MWCD at all levels. In addition, greater participation of CSOs, associations, federations, etc., needs to be ensured in the monitoring of policies and programmes impacting women and children. Village-level institutions can also play a key role in making services available to eligible beneficiaries.

Forging partnership and driving convergence to mobilize resources, capacities, innovations, knowledge, etc. This will include partnership and convergence efforts with:

- **Social enterprises and start-ups** to drive innovation in policy design and service delivery through challenge funds, innovation funds, hackathons, etc.
- **Public private partnerships** to leverage CSR and private sector investments in employment opportunities and infrastructure development to expand the support services coverage of WCD schemes.

- **Convergence at district level through enhanced role of district administration** – convergence of health, rural development schemes, etc. to improve nutrition delivery and to derive operational efficiencies by providing convergent services to households.
- **Promoting active role of Panchayati Raj** in women's empowerment and women's protection, through setting up of safe spaces managed by PRI institutions in rural areas, institutionalising a "Women's Empowerment Month" on the lines of "POSHAN Maah" and "POSHAN Pakhwada", led and managed by the Panchayati Raj officials and functionaries – and focused on generating awareness of women's schemes, her rights and entitlements, and changing behaviours and social norms around women's participation in household decision-making, education, and labour force.
- **Promotion of food and nutrition forestry and plantations** in convergence with Forest and Environment, Rural development, Panchayati Raj, Agriculture, Animal Husbandry, etc., in line with the Odisha Millets Mission.
- **Partnership with national and international research institutes and think-tanks** for innovation research and knowledge economy.

6.2.4. Addressing Intra-sectoral Gaps

Setting up Safe Spaces for Women in Rural Areas

Sexual violence is a global pandemic. Women and girls find it difficult to report these acts, resulting in a lack of action to curb violence against women. The MWCD has set up the Mahila Police Volunteer Scheme which aims at bridging the gap between the rural women and the police. However, the scheme only envisions one MPV per gram panchayat, and that still leaves a lot of scope of under-reporting of acts of violence against women. It is recommended that the MWCD designate specific buildings and spots in the rural areas as safe spaces for women and provide relevant supportive infrastructure and institutional mechanisms to operationalise them. Some of the examples of these safe spaces could be Anganwadi Centers, PHC/SHC, PWD office, PRI office, etc. These safe spaces could be linked with the MPVs or with the women's helpline to provide immediate support and redressal to women in need of care and protection.

Enhancing Reach of Interventions for Adolescent Well-being

In order to ensure holistic development of the adolescent population, Rashtriya Kishor Swasthya Karyakram (RKSK) is being implemented. The programme expands the scope of adolescent health from sexual and reproductive health to including nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. There is a need to scale up the intervention to a Pan-India level. A holistic and unified model for adolescent empowerment can also be developed, that addresses adolescent physical and mental health, education, skilling, and SRHR. This can be made possible by ensuring effective convergence between the two existing adolescent programs i.e. SAG and RKSK.

Addressing Declining Enrolment and Increasing Dropouts

There is a need to provide effective and sufficient infrastructure to enable all students to access safe and engaging school education at all levels from pre-primary school through Grade 12. This will include (i) upgrading and enlarging existing schools; (ii) building additional quality schools in areas where they do not exist; (iii) providing safe and practical conveyance and/or residential facilities; (iv) carefully tracking students and their learning levels; (v) providing suitable opportunities for remediation and re-entry to catch up in case they have fallen behind or dropped out. Further, the 'free and compulsory' aspect of the RTE Act needs to be enforced and extended

through Grade 12. An overhauling of the curriculum to make it more engaging, dynamic, and useful, can also be undertaken.

Enhancing reach of Technical/ Vocational Education and Training

The existing Scheme for Adolescent Girls (SAG) aims to provide vocational training to OOS girls in the age group of 11-14 years. In order to offer universal formal technical and vocational education and training to all OOS adolescent boys and girls in the age group of 11-18 years, there is a need to scale up SAG to cover the boarder range of target beneficiaries. Possibilities of convergence with MSDE can also be explored, to enable OOS adolescent boys and girls to enrol in the ongoing skill development programmes.

Addressing Rising Rate of Crimes Against Children

Drawing from the WHO's Inspire: Seven Strategies for Ending Violence Against Children[618], the current interventions addressing crimes against children i.e. CPS and NCLP need to be strengthened. Some of the key approaches that can be included in the existing programmes are: (i) reducing violence by identifying "hotspots" to interrupt the spread of violence, (ii) delivering parent and caregiver support through home visits and comprehensive programmes in community settings, (iii) providing cash transfers, group saving, and loans combined with gender equity training, microfinance and gender norm training, (iv) increasing enrolment of survivors in pre-school, primary and secondary schools and establishing a safe and enabling school environment and (v) improving children's knowledge about sexual abuse and how to protect themselves against it through life skills education and social skills training.

Assessing the Performance of Child Protection Determinants

There is a need to address data gaps regarding children successfully rescued from sites of various forms of violence and abuse, rehabilitated to care institutions and families and reintegrated into society, under programmes implemented by various ministries. This will require creation of a National level common child protection database to guide policies and legislations and strengthen existing systems. Key parameters to be included in the database comprise of (i) mapping of all National and State level interventions for the protection of children across departments and ministries and (ii) information on children rescued, rehabilitated and reintegrated under each of the interventions working towards child protection along with pan-India figures.

Addressing increasing rates of Crime against Women

Addressing issues of VAW in India requires design, implementation and review of quality social service responses for women and girls subject to all forms of gender-based violence, drawing from the UN's essential services package. These include providing a coordinated multi-sectoral response to women and girls subject to violence comprising of health services, justice and policing services, coordination and governance mechanisms as well as social sector services. Along with this, there is an urgent need to scale up existing interventions for creation of safe cities, especially to cover emerging urban hubs. In Rural areas, MWCD should designate specific buildings and spots (eg. AWCs, PHC/SHC, PRI office) in the rural areas as safe spaces for women and provide relevant infrastructure and institutional mechanisms to operationalise them. These safe spaces could be linked with the MPVs or with women's helpline to provide immediate support and redressal to rural women in need of care and protection.

[618] https://www.who.int/violence_injury_prevention/violence/inspire/INSPIRE_ExecutiveSummary_EN.pdf

Addressing Declining FLFP Rate and Female Worker Population Ratio

It is recommended that along with policy, legislative and social measures, extensive research should be undertaken in order to identify the prime causes of the decline in labour force participation among women including assessing geographical, socio-economic as well as gender norms that might be indirectly impacting the emerging trends. Subsequently evidence-based policy amendments and programmatic interventions need to be put in place.

6.2.5. Critical areas requiring interventions

Initiating Schemes or Interventions to Address the Inherent Social Norms Regarding Gender Equality

Violence against women and girls is rooted in gender-based discrimination and social norms and gender stereotypes that perpetuate such violence. Given the devastating effect violence has on women, efforts have mainly focused on responses and services for survivors. However, the best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes. Awareness-raising and community mobilisation, including through media and social media, is another key component of an effective prevention strategy. It is recommended that the MWCD initiate a flagship programme on the lines of BBBP on social and cultural norms change to end violence against women in all forms.

Providing comprehensive nutritional support to Adolescents

The current interventions, i.e. Mid-day meal scheme and SAG, can be scaled up to include all adolescent boys and girls in the age group 11-18 years, respectively. This would also mean moving from a cereal-based mid-day meal in schools to more nutrient-dense meals. In addition, diets balanced with proteins and adequate calories are essential. As the consumption of fruits and vegetables among adolescents remains low, providing nutrition counselling for young people to make the right food choices is another critical step that should be taken.

Promoting Freedom of Expression of Children and Adolescents

Forums/platforms to promote children's voice, opinions and decision making in matters concerning them need to be created. Drawing from Zambia's AGEP, such forums/platforms need to provide safe spaces for weekly meetings of adolescent girls and boys in the presence of a mentor. The meetings can include discussions around rights and safety of children and adolescent boys and girls, gender-based discrimination, social evils prevalent in society. These platforms should aim to enable young men and women to express their views freely and help develop their self-confidence, problem solving skills and leadership qualities. Further, broader community can also be included in the programme and provisions can be made to reach out to the most vulnerable adolescents.

Addressing mental health and well-being of women

In order to comprehensively address the mental health issues of women, corresponding interventions will need to be put in place. Drawing from the WHO's Nation for Mental Health programme, a comprehensive plan to improve women's mental health needs to be developed. This will require multi-pronged action including (i) development of policies and legislations to improve women's mental health; (ii) provisioning interventions through population-based settings, ensuring that community services and supports are adequate and accessible for women; (iii) supporting and promoting grassroots activities to facilitate improvements in women's

mental health, and (iv) utilizing media-based strategies to influence awareness on women's mental health issues among the community and to facilitate more desirable attitudes and behaviour with regard to women's mental health.

Valuing Unpaid Care Work

Policies that provide services, social protection and basic infrastructure and promote sharing of domestic and 'care work' between men and women, and create more paid jobs in the care economy, are urgently needed to accelerate progress on valuing unpaid care work and thereby achieving women's economic empowerment. Some of the recommended solutions include (i) investing in time-saving technology and infrastructure; (ii) enhancing access to better public services, childcare and care for the elderly; (iii) provisioning of equal amounts of maternity and paternity leave; (iv) creating family-friendly working conditions including a flexible work schedule or teleworking and (v) tackling entrenched social norms and gender stereotypes to 'de-feminize' caregiving and shape gender norms that prevent men from assuming equal care-giving responsibilities.

Promoting Women's Political Participation

Interventions enhancing women's representation at all levels of governance need to be designed. Some of the key components of such interventions can be (i) mentoring and training programs that prepare women for political responsibilities and enhance their political skills; (ii) building women's platforms, networks, and pool of potential candidates; (iii) consistent and methodical training with female candidates; (iv) working with political parties to identify potential women candidates; (v) establishing formal or informal women's caucuses to provide support inside the legislature; (vi) collating regular and reliable data on women's representation to track progress and identify challenges and successes and (vii) designing and conducting gender-sensitive civic and voter education programs for women.

Promoting Women's Social Participation

Special forums/platforms/community-based groups should be instituted for women where they can collectively be informed about their rights, campaign for reforms of discriminatory laws and practices as well as support each other in critical decision making concerning them. These platforms can also be used to give women 'voice' and help them claim resources by creating bottom-up pressure through participatory budgeting, expenditure tracking and community scorecards.

6.3. Summary for Rationalisation of Schemes

In assessing the need for scheme rationalisation, the evaluation has considered various aspects of the schemes, such as their performance in the last few years, the scheme's impact, their efficiency, effectiveness and their relevance. As part of the evaluation each scheme was analysed on the parameters of Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity. The summary of schemes' performance on REESI+E have been highlighted below. The detailed table with Ratings of schemes against the REESI+E parameters is as below:

Table 94: Summary of Scheme Rationalisation

Scheme	Relevance	Effectiveness	Efficiency	Sustainability	Impact	Equity	REESI+E
Umbrella ICDS							
Anganwadi Services							
POSHAN Abhiyan							
Pradhan Mantri Matru Vandana Yojana (PMMVY)							
Scheme for Adolescent Girls							
National Creche Scheme							
Child Protection Scheme (CPS)							
Mission for Protection and Empowerment of Women							
Beti Bachao Beti Padhao (BBBP)							
Swadhar Greh							
Ujjawala Scheme							
Working Women's Hostel (WWH)							
Mahila Shakti Kendra (MSK)							
Gender Budgeting, Research, Publication and Monitoring (GBRPM)*							
One-Stop Centre							
Mahila Police Volunteers							
Women's Helpline							

*GBRPM is not a beneficiary-oriented scheme, therefore equity is not applicable for the scheme.

Satisfactory	Average	Needs Improvement	Not Available/Not Applicable

Rationalization of schemes in terms of continuation/discontinuation of existing schemes as well as merging interventions to ensure efficient use of resources has been summarized below in the table.

Scheme Name	Scheme Performance	Scheme Relevance	Recommendation for Rationalisation	Discussion on Way Forward
Umbrella ICDS				
Anganwadi Services				Scheme to be continued with greater flexibility in scheme design to address regional challenges; innovative models for delivery of SNP (Cash Transfer, PDS, Private Sector); enhanced role of MoE and technology in PSE; greater focus on engaging private sector in AWC infrastructure improvement. 3rd AWC Staff may be added in the form of a Creche Worker, an additional AWH or leveraged from MoE to lead PSE component.
POSHAN Abhiyan				Scheme to be continued with fast tracking the roll-out of ICDS CAS and Growth Monitoring Devices, quickening the pace of setting up SPMUs, greater clarity on 'convergence' indicators at the service delivery (AWC) level. Additionally, Jan Andolan's focus to be expanded to ensure continuity of efforts across the year rather than concentrating on POSHAN Pakhwada and POSHAN Maah.
Pradhan Mantri Matru Vandana Yojana (PMMVY)				Scheme to be continued with provision of Rs. 6000 as maternity benefit in line with the NFSA and the benefits expanded to at least the first two live births.
Scheme for Adolescent Girls				Scheme to be continued with an expanded coverage of all OOS AGs in the age group 11-18 years.
National Creche Scheme (NCS)				Scheme to be merged with Anganwadi Services and creches to be run as AWC-cum-crèches. Existing resources of the NCS may be used to hire additional worker in AWCs to enable focus on all aspects of AWC services including Creche facility. Expansion of AWS infrastructure where possible to incorporate Creches.
Child Protection Services (CPS)				• Scheme to be continued with greater focus on non-institutional care of CNCP, strengthening CCIs with effective monitoring and tracking of CCIs. Revision in cost norms across all scheme components recommended. • ICPS to be moved to the "Child Protection Umbrella" Scheme.
The Mission for Protection and Empowerment of Women				
Beti Bachao Beti Padhao (BBBP)				• Scheme to be continued with wider scope and a comprehensive BCC campaign with monitorable outputs and outcomes. • To be included in Child Protection Umbrella Scheme
Swadhar Greh Scheme				• Scheme to be continued as a central sector scheme; and to partly financed by implementing agencies in case continued as a CSS. Greater focus on private sector participation in provision of infrastructure and economic rehabilitation of residents is needed. Models such as setting up social enterprises, participating in the value chain of cottage industries and service sector need to be encouraged. • To be included in "Women Safety and Protection Umbrella" Scheme

Ujjawala Scheme				• Scheme to be continued as a central sector scheme with a need-based scaling up of the intervention. The scheme's design could be changed to focus only on prevention, rescue, and repatriation. Ujjawala Homes could start to function as temporary shelter for rescued victims of trafficking – with a maximum stay length of 6 months. Closer integration with Swadhar Grehs needed to provide long term stay, rehabilitation and reintegration services. • To be included in "Women Safety and Protection Umbrella" Scheme
Working Women's Hostel				• Scheme to be continued as a central sector scheme with inclusion of data collection mechanisms to capture the overall impact of the scheme on promotion of employment among women. Private Sector to be leveraged for providing WWH infrastructure with long term rental agreements and higher rentals to make it lucrative for the private sector to invest in WWH infrastructure. • To be included in "Women Empowerment Umbrella" Scheme
Mahila Shakti Kendra (MSK)				• Scheme to be continued with improved design to enhance sustainability and monitoring of the activities of the scheme. • To be included in "Women Empowerment Umbrella" Scheme
GBRPM				• Scheme to be continued with creation of National Gender Resource Center and a gender portal. Focus also needs to be made on assessing the Impact of gender budgeting. • To be included in "Women Empowerment Umbrella" Scheme
One-Stop Centre (OSC)				• Scheme to be continued with enhanced coverage across all districts, regular training of service providers, provision of FIRs in OSCs and revision of cost norms for recurring expenditure. • To be included in "Women Safety and Protection Umbrella" Scheme
Mahila Police Volunteers (MPV)				• Scheme to be transferred entirely to the MHA. • MWCD may support in achieving ground level linkages through the Umbrella ICDS structures.
Women's Helpline (WHL)				• Scheme to be continued with formulation of mechanisms to monitor the quality of services provided under the scheme. • To be included in "Women Safety and Protection Umbrella" Scheme

Appendices

Appendix 1 – Details of Key Informant Interviews

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
1	Assam	Both Umbrellas	SAG, MSK, BBBP	04/03/20	Mr. Kausar Jamal Hilaly	Commissioner - PWDs	Bashistha
2	Assam	MPEW	BBBP & MSK	06/03/20	Mrs. Ruby Sharma	State Coordinator, SRCW	Sarumatariya
3	Assam	ICDS	ICPS	07/03/20	Mr. Ashoka Sarma	Program Manager – IEC, Advocacy & Outreach	Beltola Tiniali
4	Assam	ICDS	ICPS	07/03/20	Savio Lakra	Program Manager, Institutional Care	
5	Assam	MPEW	Gender Budgeting	14/03/20	Mr. Sameer Das	Special Officer Planning	Uzaan Bazaar
6	Assam	ICDS	Aanganwadi, NCS	14/03/20	Mrs. Monideepa Saikya	District Program Officer	Telephonic
7	Assam	ICDS	POSHAN, PMMVY	06/03/20	Mr. Hemen Das	Secretary, Government of Assam	Dispur
8	Assam	MPEW	WWH	07/03/20	Mrs. Deepti Phukan	Probation Officer/DCPO	Uzaan Bazaar
9	Assam	MPEW	OSC, Women's Helpline	15/03/20	Mrs. Mandira Baruah	Branch Officer	Via Email (Uzaan Bazaar)
10	Assam	Both Umbrellas	All schemes	08/02/20	Dinesh Chandra Das	Dist social officer	Nagaon
11	Assam	Both Umbrellas	All schemes	01/02/20	Debojit Bora	Dist social officer	Morigaon
12	Assam	ICDS	PMMVY	02/02/20	Runjun Devi	Dist Cord PMMVY	Morigaon
13	Assam	MPEW	OSC	30/01/20	Huwanhirhi Das	OSC centre admn	Morigaon
14	Assam	MPEW	WE schemes	18/02/20	Dikshita Barman	Women welfare officer	Barpeta
15	Assam	ICDS	SAG	18/02/20	Maipak Singha	Consultant	Barpeta
16	Assam	ICDS	PMMVY	18/02/20	Hiraniya Bairagi	Dist Coordinator PMMVY	Barpeta
17	Assam	ICDS	SAG	18/02/20	Gagan Bishya	Dist Coordinator SAG	Barpeta
18	Assam	ICDS	Poshan Abhiyaan	18/02/20	Akash Boral	District lead swasth Bharat	Barpeta
19	Assam	ICDS	ICPS	18/02/20	Sima Barman	PO	Barpeta
20	Assam	Both Umbrellas	All schemes	07/03/20	Mrs Padamshweri Sitya	Dist social welfare officer	Nalabri
21	Assam	ICDS	AWS	08/03/20	Papori Sharma	Dist administrator	Nalbari
22	Assam	ICDS	Poshan Abhiyaan	09/03/20	Humen Baishya	District Coordinator	Nalbari
23	Assam	ICDS	PMMVY	09/03/20	Bobita Talukdar	Dist coordinator PMMVY	Nalbari
24	Assam	ICDS	AWS	08/02/20	Rulimani Saika	L.S	Nagaon
25	Assam	ICDS	AWS +Poshan	09/02/20	Rupa Sharma	Poshan abhiyaan incharge	Nagaon
26	Assam	Both Umbrellas	All schemes	09/02/20	Tarun Handique	ICPS +	Nagaon

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
						SAG+WH incharge	
27	Assam	ICDS	AWS	02/02/20	Santosh Khutum	AWS incharge	Morigaon
28	Assam	ICDS	AWS	02/02/20	Bidyut Hazarika	PMMVY + SAG	Morigaon
29	Assam	Both Umbrellas	All schemes	09/02/20	Tarun Handique	CDPO	Nagaon
30	Assam	Both Umbrellas	All schemes	02/02/20	Santosh Khutum	CDPO	Burbonhaa block
31	Assam	Both Umbrellas	All schemes	02/02/20	Bidyut Hazarika	CDPO	Lahorighat block
32	Assam	ICDS	AWS	01/03/20	Smriti Bhuyan	L.S	Morigaon
33	Assam	ICDS	AWS	08/02/20	Rulimani Saika	L.S	Nagaon
34	Assam	ICDS	AWS	01/03/20	Binita Nez	L.S	Morigaon
35	Assam	Both Umbrellas	All schemes	20/02/20	Mahendra Adhikjary	CDPO	Barpeta
36	Assam	ICDS	AWS	21/02/20	Archana Das Mudoi	L.S	Barpeta
37	Assam	ICDS	AWS	21/02/20	Bhanu Das	L.S	Barpeta
38	Assam	Both Umbrellas	All schemes	02/03/20	Geetanjali Talukdar	CDPO	Nalbari
39	Assam	ICDS	AWS	04/03/20	Bhupen Bhattacharya	L.S	Nalbari
40	Assam	ICDS	AWS	06/03/20	Deepali Talukdar	L.S	Nalbari
41	Assam	ICDS	AWS	06/03/20	Momi Talukdar	L.S	Nalbari
42	Assam	Both Umbrellas	All schemes	09/01/20	Miss Rahima Khatun	PRI member	Balagaon
43	Assam	Both Umbrellas	All schemes	16/01/20	Smriti Devi	PRI member	Ahaturi Natua Gaon
44	Assam	Both Umbrellas	All schemes	15/01/20	Akhtara Begum	PRI member	Sitolimari Gaon
45	Assam	Both Umbrellas	All schemes	17/01/20	Manija Begum	PRI member	Sutar Gaon (Sulargia)
46	Assam	Both Umbrellas	All schemes	17/01/20	Husnara Khatun	PRI member	Garumara No.1
47	Assam	Both Umbrellas	All schemes	12/01/20	Moynal Ali	PRI member	Na Para Pam
48	Assam	Both Umbrellas	All schemes	12/01/20	Jutika Devi	PRI member	Batshor
49	Assam	Both Umbrellas	All schemes	11/01/20	Minoara Bibi	PRI member	Joy Mangla
50	Assam	Both Umbrellas	All schemes	11/01/20	Shawaly Das	PRI member	Garemara
51	Assam	Both Umbrellas	All schemes	07/01/20	Aliya Khatun	AWW	Barpeta Road (MB) WARD NO.-0002
52	Assam	Both Umbrellas	All schemes	07/01/20	Firuja Begum	AWW	Maj Gaon
53	Assam	Both Umbrellas	All schemes	09/01/20	Ojala Khatun	AWW	Milekuchi
54	Assam	Both Umbrellas	All schemes	10/01/20	Nabiran Nessa	AWW	Islam Pur
55	Assam	Both Umbrellas	All schemes	10/01/20	Binita Deka	AWW	Sarthebari (TC) WARD NO.-0003

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
56	Assam	Both Umbrellas	All schemes	11/01/20	Dipika Medhi	AWW	Ahaturi Natua Gaon
57	Assam	Both Umbrellas	All schemes	12/01/20	Asma Parbin	AWW	Dura Bandhi Bil
58	Assam	Both Umbrellas	All schemes	12/01/20	Khairun Nessa	AWW	Mairabari Town (CT) WARD NO.-0001
59	Assam	Both Umbrellas	All schemes	14/01/20	Afikun Nessa	AWW	Marigaon (MB) WARD NO.-0007
60	Assam	Both Umbrellas	All schemes	14/01/20	Ayesha Khatun	AWW	Banpara Darapani
61	Assam	Both Umbrellas	All schemes	15/01/20	Tulu Begum	AWW	Sutar Gaon (Sulargia)
62	Assam	Both Umbrellas	All schemes	16/01/20	Rina Mai Baruah	AWW	Dhing (TC) WARD NO.-0008
63	Assam	Both Umbrellas	All schemes	16/01/20	Konika Rani Sarkar	AWW	Jamunamukh (CT) WARD NO.-0001
64	Assam	Both Umbrellas	All schemes	17/01/20	Miss Mazida Begum	AWW	Bechamari
65	Assam	Both Umbrellas	All schemes	18/01/20	Anima Barmon	AWW	Bali Koria (CT) WARD NO.-0001
66	Assam	Both Umbrellas	All schemes	18/01/20	Rohima Khatun	AWW	Na Para Pam
67	Assam	Both Umbrellas	All schemes	19/01/20	Binita Devi	AWW	Batshor
68	Assam	Both Umbrellas	All schemes	19/01/20	Minati Das	AWW	Joy Mangla
69	Assam	Both Umbrellas	All schemes	19/01/20	Daiji Rani Das Deka	AWW	Tihu (TC) WARD NO.-0004
70	Assam	MPEW	Swadhar Greh	28/02/20	Monomoti	Centre admin	Guwhati
71	Assam	MPEW	WWH	12/03/20	Sadiya Ahmed	Warden	Guwhati
72	Assam	ICDS	ICPS	02/03/20	Rashmi	Counsellor	Guwhati
73	Assam	MPEW	Ujjawla	28/02/20	Monty	Centre admin	Guwhati
74	Bihar	MPEW	WE schemes	08/01/20	Ms Vijaylakshmi	MD-WCD	Patna
75	Bihar	Umbrella ICDS	ICDS	09/01/20	Alok Kumar	ICDS Director	Patna
76	Bihar	Umbrella ICDS	Poshan Abhiyaan	09/01/20	Shweta Sahay	Asst Dir Poshan Abhiyan	Patna
77	Bihar	Umbrella ICDS	SAG, creche	09/01/20	Kumari Shobha	SAG creche	Patna
78	Bihar	Umbrella ICDS	Poshan, AWS	09/01/20	Sugandha Sharma	Monitoring officer	Patna
79	Bihar	Umbrella ICDS	AWS	09/01/20	Manteshwar	WB consultant	Patna

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
80	Bihar	Umbrella ICDS	PMMVY	07/01/20	Anita Chaudhary	PMMVY	Patna
81	Bihar	ICPS	ICPS	09/01/20	Shri Raj Kumar	ICPS	Patna
82	Bihar	MPEW	MPEW	07/01/20	Rupesh Singh	MPEW Nodal officer	Patna
83	Bihar	MPEW	MPEW	07/01/20	Pratyush Sharma	SRCW	Patna
84	Bihar	MPEW	MPEW	07/01/20	Anupama	Gender specialist	Patna
85	Bihar	MPEW	WH	07/01/20	Supriya	WHL coordinator	Patna
86	Bihar	Umbrella ICDS	ICDS	29/01/20	Kumari Pratibha Giri	DPO ICDS	East Champaran
87	Bihar	ICDS	ICPS	03/02/20	Rakesh Kumar	CPO ICPS	East Champaran
88	Bihar	ICDS	Poshan Abhiyaan	04/02/20	Amrita Kumari	Dist Coordinator Poshan	East Champaran
89	Bihar	ICDS	PMMVY	04/02/20	Nidhi Kashyap	Dist Cord (PMMVY)	East Champaran
90	Bihar	Umbrella ICDS	ICDS	09/01/20	Rekha Kumari	DPO ICDS	Munger
91	Bihar	ICPS	ICPS	10/01/20	Bablu Kumar	CPO ICPS	Munger
92	Bihar	ICDS	Poshan Abhiyaan	10/01/20	Mukta Kumari	Dist Coordinator Poshan	Munger
93	Bihar	ICDS	PMMVY	10/01/20	Ravikant Prasad	DPC PMMVY	Munger
94	Bihar	MPEW	Women helpline	10/01/20	Rajeev Kumar	DPM	Munger
95	Bihar	MPEW	OSC	10/01/20	Anjali Kumar	OSC incharge	Munger
96	Bihar	ICPS	ICPS	20/01/20	Sams Javed Ansari	DPO ICDS	Gopalganj
97	Bihar	MPEW	WWH	21/01/20	Najia Mumtaj	Proj Manager WH	Gopalganj
98	Bihar	ICPS	ICPS	22/01/20	Alok Kumar Gautam	DCPU officer in charge	Gopalganj
99	Bihar	ICDS	Poshan Abhiyaan	27/01/20	Brij Kishore Prasad Srivastav	Dist Coordinator Poshan	Gopalganj
100	Bihar	ICDS	PMMVY	27/01/20	Subodh Kant Pant	DPC PMMVY	Gopalganj
101	Bihar	ICDS	Poshan Abhiyaan	13/02/20	Anshu Kumari	Dist Coordinator Poshan	Madhepura
102	Bihar	ICDS	PMMVY	13/02/20	Md Imran Alam	Dist Coordinator PMMVY	Madhepura
103	Bihar	MPEW	OSC+WH	12/02/20	Dr Manoj Sinha	DPM	Madhepura
104	Bihar	ICDS	AWS	12/02/20	Md Kabir	DPO	Madhepura
105	Bihar	ICDS	ICPS	12/02/20	Satish	Legal officer	Madhepura
106	Bihar	Both Umbrellas	All schemes	04/02/20	Ashish Nandan	CDPO	East Champaran
107	Bihar	Both Umbrellas	All schemes	15/01/20	Endu Kumari	CDPO	Munger
108	Bihar	Both Umbrellas	All schemes	16/01/20	Sushmita	CDPO	Munger
109	Bihar	Both Umbrellas	All schemes	24/01/20	Surendra Gilani	CDPO	Gopalganj
110	Bihar	Both Umbrellas	All schemes	25/01/20	Sadanand Das	CDPO	Gopalganj
111	Bihar	Both Umbrellas	All schemes	01/02/20	Jyoti Rani	L.S	East Champaran
112	Bihar	Both Umbrellas	All schemes	30/01/20	Vandita	L.S	East Champaran

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
113	Bihar	Both Umbrellas	All schemes	14/01/20	Preety Priya	L.S	Munger
114	Bihar	Both Umbrellas	All schemes	16/01/20	Shivani Kri	L.S	Munger
115	Bihar	Both Umbrellas	All schemes	25/01/20	Poonam Kri	L.S	Gopalganj
116	Bihar	Both Umbrellas	All schemes	11/02/20	Vinita	CDPO	Madhepura
117	Bihar	Both Umbrellas	All schemes	17/02/20	Sabana Parveen	CDPO	Madhepura
118	Bihar	ICDS	AWS	17/02/20	Kumari Pushpa	L.S	Madhepura
119	Bihar	ICDS	AWS	12/02/20	Kumari Nibha	L.S	Madhepura
120	Bihar	Both Umbrellas	All schemes	01/11/20	Tunna Pandy	PRI member	Barahra
121	Bihar	Both Umbrellas	All schemes	13/01/20	Manoj Kumar Duby	PRI member	Sasamusa
122	Bihar	Both Umbrellas	All schemes	20/01/20	Kiran Devi	PRI member	Narthua
123	Bihar	Both Umbrellas	All schemes	19/01/20	Akhilesh Yadav	PRI member	Bhagipur
124	Bihar	Both Umbrellas	All schemes	01/09/20	Ajola Devi	PRI member	Bhabhantoli
125	Bihar	Both Umbrellas	All schemes	01/08/20	Rita Devi	PRI member	Marpa Kalan
126	Bihar	Both Umbrellas	All schemes	17/01/20	Nagendra Pandit	PRI member	Gobadda
127	Bihar	Both Umbrellas	All schemes	16/01/20	Lalsahab Singh	PRI member	Sariatpur
128	Bihar	Both Umbrellas	All schemes	01/11/20	Pushpa Devi	AWW	Kataiya (NP) WARD NO.-0001
129	Bihar	Both Umbrellas	All schemes	01/12/20	Renu Devi	AWW	Jasauli
130	Bihar	Both Umbrellas	All schemes	01/12/20	Meera Devi	AWW	Natwa
131	Bihar	Both Umbrellas	All schemes	20/01/20	Pratibha Kumari	AWW	Narthua Bhagipur
132	Bihar	Both Umbrellas	All schemes	19/01/20	Indu Kumari	AWW	Babhantoli
133	Bihar	Both Umbrellas	All schemes	21/01/20	Usha Kumari	AWW	Madhepura Ward 16
134	Bihar	Both Umbrellas	All schemes	01/08/20	Anuradha Devi	AWW	Gazipur (CT) WARD NO.-0001
135	Bihar	Both Umbrellas	All schemes	01/07/20	Yasmin Bano	AWW	Jamalpur WARD NO.-0018
136	Bihar	Both Umbrellas	All schemes	01/08/20	Sangita Yadav	AWW	Gobadda
137	Bihar	Both Umbrellas	All schemes	17/01/20	Kiran Devi	AWW	Sariatpur
138	Bihar	Both Umbrellas	All schemes	15/01/20	Renuka Kumari	AWW	Chintamanpur
139	Bihar	Both Umbrellas	All schemes	16/01/20	Nusrat Parveen	AWW	Raxaul Bazar WARD NO.-0001
140	Bihar	ICDS	ICPS	10/01/20	Raj Kumar	Centre Manager	Patna
141	Chhattisgarh	ICDS	AWS	03/03/20	Mr Marabi	ICDS & Nutrition	Raipur

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
142	Chhattisgarh	Both Umbrellas	All WE schemes PMMVY	03/03/20	Mrs C.S Lal	WE	Raipur
143	Chhattisgarh	ICDS	ICPS	04/03/20	Asseem Datta	Prog Manager ICPS	Raipur
144	Chhattisgarh	ICDS	ICPS	04/03/20	Ramesh Sahu	Prog Manager ICPS	Raipur
145	Chhattisgarh	ICDS	SAG+Poshan	04/03/20	Shruti Nelkar	Poshan Abhiyaan + SAG	Raipur
146	Chhattisgarh	Both Umbrellas	All schemes	06/02/20	Suresh Singh	DPO	Bilaspur
147	Chhattisgarh	ICDS	Poshan	03/02/20	Ms Neha	Dist Cord Poshan Abhiyaan	Bilaspur
148	Chhattisgarh	ICDS	SAG	06/02/20	Anjana Washim	SAG officer in charge	Bilaspur
149	Chhattisgarh	ICDS	PMMVY	07/02/20	Swadha Pande	PMMVY officer in charge	Bilaspur
150	Chhattisgarh	ICDS	ICPS	05/02/20	Parvati Verma	Dist Cord ICPS	Bilaspur
151	Chhattisgarh	ICDS	ICPS	20/02/20	Preeti Dangeree	Dist Cord ICPS	Durg
152	Chhattisgarh	ICDS	AWS	18/02/20	Pratibha Singh	Dist cord ICDS	Durg
153	Chhattisgarh	ICDS	SAG	18/02/20	Pratap Singh	Dist Cord SAG	Durg
154	Chhattisgarh	Both Umbrellas	All schemes	17/02/20	Bipin Jain	DPO	Durg
155	Chhattisgarh	Both Umbrellas	All schemes	13/02/20	Anand Prakash	DPO	Korba
156	Chhattisgarh	ICDS	ICPS	14/02/20	Daya Dash	Dist Cord ICPS	Korba
157	Chhattisgarh	ICDS	Poshan Abhiyaan	16/01/20	Abhisar Ji	Dist Cor Poshan Abhiyan	Korba
158	Chhattisgarh	MPEW	OSC+WH	18/02/20	Pushpa Naren	OSC incharge	Korba
159	Chhattisgarh	Both Umbrellas	All schemes	21/01/20	C.S Mishra	DPO	Uttar Bastar
160	Chhattisgarh	ICDS	ICPS	22/01/20	Rina Lariya	ICPS officer	Uttar Bastar
161	Chhattisgarh	MPEW	Swadhar Greh	23/01/20	Tulsi Minikpuri	Swadhar Greh off in charge	Uttar Bastar
162	Chhattisgarh	ICDS	PMMVY +AWS	24/01/20	Nandam Mishra	Dist Cord AWS +PMMVY	Uttar Bastar
163	Chhattisgarh	Both Umbrellas	All schemes	06/07/20	Atul Dindekar	CDPO	Bilaspur
164	Chhattisgarh	ICDS	AWS	04/02/20	Annapurna Singh	L.S	Bilaspur
165	Chhattisgarh	ICDS	AWS	07/02/20	Santosh Tripathy	L.S	Bilaspur
166	Chhattisgarh	ICDS	AWS	11/02/20	Elen Roman	L.S	Bilaspur
167	Chhattisgarh	Both Umbrellas	All schemes	14/01/20	Vikash Singh	CDPO	Korba
168	Chhattisgarh	Both umbrellas	All schemes	15/01/20	Monaj Agarwal	CDPO	Korba
169	Chhattisgarh	ICDS	AWS	05/02/20	Annupama Singh	L.S	Bilaspur
170	Chhattisgarh	ICDS	WE schemes	06/02/20	Sontosh Tripathi	L.S	Bilaspur
171	Chhattisgarh	ICDS	WE schemes	07/02/20	Elen Rumana Ekta	L.S	Bilaspur
172	Chhattisgarh	ICDS	WE schemes	13/01/20	Sushma Sahoo	L.S	Korba
173	Chhattisgarh	ICDS	WE schemes	13/01/20	Dipti Asafi	L.S	Korba

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
174	Chhattisgarh	Both Umbrellas	All schemes	19/02/20	Jitendra Sao	CDPO	Durg
175	Chhattisgarh	Both Umbrellas	All schemes	18/02/20	Ajaya Sahoo	CDPO	Durg
176	Chhattisgarh	ICDS	AWS	20/02/20	Rekha Lonare	L.S	Durg
177	Chhattisgarh	ICDS	AWS	17/02/20	Pramila Verma	L.S	Durg
178	Chhattisgarh	Both Umbrellas	All schemes	30/01/20	Shakuntala Komre	CDPO	Uttarbastar Kanker
179	Chhattisgarh	Both Umbrellas	All schemes	31/01/20	Vattawe Didi	CDPO	Uttarbastar Kanker
180	Chhattisgarh	ICDS	AWS	31/01/20	Vattawe Didi	L.S	Uttarbastar Kanker
181	Chhattisgarh	ICDS	AWS	29/01/20	Sushama Sahoo	L.S	Uttarbastar Kanker
182	Chhattisgarh	Both Umbrellas	All schemes	01/10/20	Kirti Bai Dhurve	PRI member	Totakapa
183	Chhattisgarh	Both umbrellas	All schemes	17/01/20	Suniti Verma	PRI member	Kharra
184	Chhattisgarh	Both umbrellas	All schemes	16/01/20	Ramkrishna	PRI member	Kaudiya
185	Chhattisgarh	Both umbrellas	All schemes	15/01/20	Shri Sunita Bai Patel	PRI member	Jano
186	Chhattisgarh	Both Umbrellas	All schemes	01/12/20	Sugnandan Singh Kariyam	PRI member	Kumahari Sani
187	Chhattisgarh	Both Umbrellas	All schemes	01/12/20	Mangal Das Mahant	PRI member	Katori Nagoi
188	Chhattisgarh	Both Umbrellas	All schemes	19/01/20	Bhawesh Kemaro	PRI member	Parsoda
189	Chhattisgarh	Both Umbrellas	All schemes	19/01/20	Mamki Mahaveer	PRI member	Chapeli
190	Chhattisgarh	Both Umbrellas	All schemes	20/01/20	Sukhranjan Paal	PRI member	Vivekanand Nagar
191	Chhattisgarh	Both Umbrellas	All schemes	20/01/20	Madhu Bhartriya	PRI member	Brajpur
192	Chhattisgarh	Both Umbrellas	All schemes	01/07/20	Santi Shrivas	AWW	Bilaspur (M Corp.) WARD NO.-0010
193	Chhattisgarh	Both Umbrellas	All schemes	01/07/20	Maya Manikpuri	AWW	Bodri (NP) WARD NO.-0007
194	Chhattisgarh	Both Umbrellas	All schemes	01/10/20	Gangotri Marko	AWW	Boiraha
195	Chhattisgarh	Both Umbrellas	All schemes	01/08/20	Bimla Jaishwal	AWW	Semarchua
196	Chhattisgarh	Both Umbrellas	All schemes	01/10/20	Shree Devi Yadav	AWW	Totakapa
197	Chhattisgarh	Both umbrellas	All schemes	15/01/20	Rewati Umre	AWW	Salhe
198	Chhattisgarh	Both umbrellas	All schemes	16/01/20	Khushabu Nagar	AWW	Maro (NP) WARD NO.-0003
199	Chhattisgarh	Both umbrellas	All schemes	16/01/20	Kalindrikoshle	AWW	Kaudiya

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
200	Chhattisgarh	Both umbrellas	All schemes	15/01/20	Anita Kaushal	AWW	Jano
201	Chhattisgarh	Both Umbrellas	All schemes	01/11/20	Annpurna Devangan	AWW	Chhurikala (NP) WARD NO.-0002
202	Chhattisgarh	Both Umbrellas	All schemes	13/01/20	Jhur Bai Rathur	AWW	Kharwani
203	Chhattisgarh	Both Umbrellas	All schemes	13/01/20	Shrimati Triveni Sahu	AWW	Korba (M Corp.) WARD NO.-0043
204	Chhattisgarh	Both Umbrellas	All schemes	01/12/20	Phoolmati Korche	AWW	Kumahari Sani
205	Chhattisgarh	Both Umbrellas	All schemes	01/12/20	Basanti Yadav	AWW	Katori Nagoi
206	Chhattisgarh	Both Umbrellas	All schemes	01/11/20	Sulochna Maravi	AWW	Damau Kunda
207	Chhattisgarh	Both Umbrellas	All schemes	19/01/20	Duleshwari Kawade	AWW	Parsoda
208	Chhattisgarh	Both Umbrellas	All schemes	21/01/20	Poonam Nirmalkar	AWW	Kanker ward 14
209	Chhattisgarh	Both Umbrellas	All schemes	19/01/20	Pemin Salam	AWW	Chapeli
210	Chhattisgarh	Both Umbrellas	All schemes	20/01/20	Geeta Majundar	AWW	Vivekanand Nagar
211	Chhattisgarh	ICDS	ICPS	16/01/20	-	Centre Manager	Raipur
212	Chhattisgarh	MPEW	WWH	18/01/20	Mr Chaubey	Hostel incharge	Raipur
213	Delhi UT	Both umbrellas	All schemes	16/01/20	Mr. S.B. Shashank	Director, DWCD	New Delhi
214	Delhi UT	MPEW	WE schemes	16/01/20	Ms. Lata Negi	Dpty. Director, WEC	New Delhi
215	Delhi UT	MPEW	WE schemes	16/01/20	Inderpreet Pathak	Dpty. Director	New Delhi
216	Delhi UT	MPEW	WE schemes	16/01/20	Ms. Jyoti Goyal	Representing Dpty Director	New Delhi
217	Delhi UT	ICDS	ICPS	17/01/20	Ms. Nisha Agarwal	Dpty. Director, ICPS	New Delhi
218	Delhi UT	ICDS	WE schemes	17/01/20	Ms. Shuchi Sehgal	Dpty. Director, ICDS-I	New Delhi
219	Delhi UT	ICDS	WE schemes	17/01/20	Ms. Savita Malik	Dpty. Director, ICDS-II	New Delhi
220	Delhi UT	MPEW	WE schemes	17/01/20	Ms. Swati Sharma	Asst. Director, WEC	New Delhi
221	Delhi UT	ICDS	NCS	17/01/20	Ms. Reena	Supervisor, NCS	New Delhi
222	Delhi UT	Both umbrellas	All schemes	28/02/20	Kiran Gandhi	District officer	East Delhi
223	Delhi UT	Both umbrellas	All schemes	29/02/20	Manju Varshney	District officer	North and NW Delhi
224	Delhi UT	Both umbrellas	All schemes	05/03/20	Nafees Ahmed	District officer	South West Delhi
225	Delhi UT	Both umbrellas	All schemes	13/03/20	Sunita	CDPO	Narela
226	Delhi UT	ICDS	AWS	13/03/20	Vineeta	L.S	Narela
227	Delhi UT	ICDS	AWS	13/03/20	Sheenu	L.S	Narela
228	Delhi UT	ICDS	AWS	13/03/20	Poonam	L.S	Narela
229	Delhi UT	ICDS	AWS	13/03/20	Poonam Khatri	L.S	Narela

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
230	Delhi UT	Both umbrellas	All schemes	13/03/20	Sukhversha	CDPO	Alipur
231	Delhi UT	ICDS	AWS	13/03/20	Sunita	L.S	Alipur
232	Delhi UT	ICDS	AWS	13/03/20	Usha	L.S	Alipur
233	Delhi UT	Both umbrellas	All schemes	11/03/20	Neeru	CDPO	Neemri
234	Delhi UT	ICDS	AWS	11/03/20	Shanti	L.S	Neemri
235	Delhi UT	ICDS	AWS	11/03/20	Shashi	L.S	Neemri
236	Delhi UT	ICDS	AWS	11/03/20	Jyoti	L.S	Neemri
237	Delhi UT	Both umbrellas	All schemes	11/03/20	Pratima	CDPO	Ranibagh
238	Delhi UT	ICDS	AWS	11/03/20	Swati	L.S	Ranibagh
239	Delhi UT	ICDS	AWS	11/03/20	Neelam	L.S	Ranibagh
240	Delhi UT	ICDS	AWS	11/03/20	Vandita	L.S	Ranibagh
241	Delhi UT	Both umbrellas	All schemes	13/03/20	Shisla	CDPO	Najafgarh
242	Delhi UT	ICDS	AWS	12/03/20	Kavita	L.S	Najafgarh
243	Delhi UT	ICDS	AWS	13/03/20	Sona	L.S	Najafgarh
244	Delhi UT	Both umbrellas	All schemes	13/03/20	Nandini	CDPO	Nawada
245	Delhi UT	ICDS	AWS	13/03/20	Kishori	L.S	Nawada
246	Delhi UT	ICDS	AWS	13/03/20	Nuzhat	L.S	Nawada
247	Delhi UT	Both umbrellas	All schemes	12/03/20	Nalini	CDPO	Trilokpuri+Kondli
248	Delhi UT	ICDS	AWS	12/03/20	Meena Rayan	L.S	Trilokpuri+Kondli
249	Delhi UT	ICDS	AWS	12/03/20	Meena Tejrana	L.S	Trilokpuri+Kondli
250	Delhi UT	Both umbrellas	All schemes	11/03/20	Chanchal	CDPO	Wazirpur
251	Delhi UT	ICDS	AWS	17/01/20	Anjli Saxsena	AWW	DMC (U) (Part) WARD NO.-0214
252	Delhi UT	ICDS	AWS	20/01/20	Rekha Bhat	AWW	DMC (U) (Part) WARD NO.-0218
253	Delhi UT	ICDS	AWS	20/01/20	Usha	AWW	DMC (U) (Part) WARD NO.-0231
254	Delhi UT	ICDS	AWS	21/01/20	Archana	AWW	DMC (U) (Part) WARD NO.-0241
255	Delhi UT	ICDS	AWS	17/01/20	Gitanjali	AWW	Saba Pur Shahdara
256	Delhi UT	ICDS	AWS	18/01/20	Rakhi	AWW	Garhi Mendu

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
257	Delhi UT	ICDS	AWS	18/01/20	Sunita Rani	AWW	Sher Pur
258	Delhi UT	ICDS	AWS	17/01/20	Mamta	AWW	DMC (U) (Part) WARD NO.-0056
259	Delhi UT	ICDS	AWS	15/01/20	Manju Devi	AWW	Holambi Khurd
260	Delhi UT	ICDS	AWS	15/01/20	Punam	AWW	Katewara
261	Delhi UT	ICDS	AWS	16/01/20	Shusila	AWW	Taj Pur Kalan
262	Delhi UT	ICDS	AWS	16/01/20	Meena Devi	AWW	Tigi Pur
263	Delhi UT	ICDS	AWS	17/01/20	Kusum Lata	AWW	Rani Khera (CT) WARD NO.-0030
264	Delhi UT	ICDS	AWS	22/01/20	Suresh	AWW	Malikpur Najafgarh
265	Delhi UT	ICDS	ICPS	07/04/20	-	Superintendent	Delhi
266	Delhi UT	MPEW	Swadhar greh	17/01/20	Snehalaya	Centre admin	Delhi
267	Delhi UT	MPEW	WWH	04/03/20	-	Warden	Delhi
268	Jharkhand	Umbrella ICDS	AWS	09/01/20	Preeti Rani	Asst Dir ICDS	Ranchi
269	Jharkhand	Umbrella ICDS	Poshan Abhiyaan	10/01/20	Bablu Kumar	Consultant Poshan Abhiyan	Ranchi
270	Jharkhand	Umbrella ICDS	PMMVY + SAG	09/01/20	Madhuesh	Consultant	Ranchi
271	Jharkhand	Both umbrellas	All schemes	10/01/20	Shashi Kumar	SRCW	Ranchi
272	Jharkhand	ICDS	ICPS	28/02/20	Mrs Kanchan	Dir ICPS	Ranchi
273	Jharkhand	Both Umbrellas	All schemes	17/02/20	Shweta Bharti	DSWO	Dumka
274	Jharkhand	Both Umbrellas	All schemes	31/01/20	Kanak Tirki	DSWO	Simdega
275	Jharkhand	Both Umbrellas	All schemes	31/01/20	Kanak Tirki	CDPO	Simdega
276	Jharkhand	Both Umbrellas	All schemes	07/02/20	Renuka	CDPO	Chatra Sadar
277	Jharkhand	Both Umbrellas	All schemes	09/02/20	Rekha Rani	CDPO	Tandwa Chatra
278	Jharkhand	ICDS	AWS	06/02/20	Chandrawati Nayak	L.S	Tandwa Chatra
279	Jharkhand	ICDS	AWS	11/02/20	Kumari Anju	L.S	Chatra Sadar
280	Jharkhand	Both Umbrellas	All schemes	14/02/20	Sweta Bharti	CDPO	Dumka Sadar
281	Jharkhand	Both Umbrellas	All schemes	15/02/20	Sikha Das	CDPO	Kathikund Dumka
282	Jharkhand	ICDS	AWS	17/02/20	Mala Sah	L.S	Kathikund Dumka
283	Jharkhand	ICDS	AWS	12/02/20	Sarita Kumari	L.S	Dumka Sadar
284	Jharkhand	Both Umbrellas	All schemes	28/01/20	Padamsree Kashyap	CDPO	Simdega Sadar
285	Jharkhand	ICDS	AWS	01/02/20	Jahaara Khatun	L.S	Kurdeg Simdega

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
286	Jharkhand	ICDS	AWS	29/01/20	Husnaara	L.S	Simdega Sadar
287	Jharkhand	Both Umbrellas	All schemes	25/05/20	Sadhna Chaudhary	CDPO	Sonuva Paschimi Singhbhum
288	Jharkhand	Both Umbrellas	All schemes	26/05/20	Sangeetha Snehlata	CDPO	Chaibasa Sadar Paschimi Singhbhum
289	Jharkhand	ICDS	AWS	25/05/20	Mohini Tikri	L.S	Sonuva Paschimi Singhbhum
290	Jharkhand	ICDS	AWS	26/05/20	Vinita Sinha	L.S	Chaibasa Sadar Paschimi Singhbhum
291	Jharkhand	ICDS	ICPS	03/03/20	Sister Jayashree	Centre manager	Ranchi
292	Jharkhand	Both umbrellas	All schemes	01/10/20	Sarita	PRI member	Jaber
293	Jharkhand	Both umbrellas	All schemes	01/11/20	Sakhiya Devi	PRI member	Bad Bigha
294	Jharkhand	Both umbrellas	All schemes	23/01/20	Chandar Chakhar Singh	PRI member	Kumirkhala
295	Jharkhand	Both umbrellas	All schemes	19/01/20	Damutiriya	PRI member	Bara Muhuldiha
296	Jharkhand	Both umbrellas	All schemes	24/01/20	Gunmuni Pal	PRI member	Asanbani
297	Jharkhand	Both umbrellas	All schemes	20/01/20	Bhdhani Hemrem	PRI member	Kumirta
298	Jharkhand	Both umbrellas	All schemes	15/01/20	Kanti Jojo	PRI member	Ghansilori
299	Jharkhand	Both umbrellas	All schemes	16/01/20	Rajesh Dungdung	PRI member	Dumki
300	Jharkhand	ICDS	AWS	01/11/20	Nasir Husain	AWW	Bachra (CT) WARD NO.-0001
301	Jharkhand	ICDS	AWS	13/01/20	Hina Tabassum	AWW	Chatra (Nagar Parishad) WARD NO.-0007
302	Jharkhand	ICDS	AWS	01/12/20	Gita Davi	AWW	Mirpur
303	Jharkhand	ICDS	AWS	01/11/20	Prabha Davi	AWW	Bad Bigha
304	Jharkhand	ICDS	AWS	23/01/20	Padmavati Pahariya	AWW	Kumirkhala
305	Jharkhand	ICDS	AWS	23/01/20	Kiran Devi	AWW	Pinraa
306	Jharkhand	ICDS	AWS	24/01/20	Rupali Datta	AWW	Asanbani
307	Jharkhand	ICDS	AWS	21/01/20	Sajda Khatoon	AWW	Chakardharphur Ward 15
308	Jharkhand	ICDS	AWS	19/01/20	Manjary Tirey	AWW	Bara Muhuldiha

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
309	Jharkhand	ICDS	AWS	20/01/20	Kavita Biruwa	AWW	Kumirta
310	Jharkhand	ICDS	AWS	21/01/20	Rani Heyberam	AWW	Tensera
311	Jharkhand	ICDS	AWS	15/01/20	Anju Baleriya Kido	AWW	Shahpur Kondekera
312	Jharkhand	ICDS	AWS	15/01/20	Guloriya Jojo	AWW	Ghansilori
313	Jharkhand	ICDS	AWS	17/01/20	Katula Lakhanda	AWW	Simdega (NP) WARD NO.-0016
314	Maharashtra	Umbrella ICDS	POSHAN	30/01/20	Mr.J.B.Girase	Deputy Commissioner Monitoring-MIS	Mumbai
315	Maharashtra	Umbrella ICDS	POSHAN	30/01/20	Neha	Consultant-POSHAN	Mumbai
316	Maharashtra	Umbrella ICDS	POSHAN	30/01/20	Tejas	World Bank Consultant	Mumbai
317	Maharashtra	Umbrella ICDS	SAG	30/01/20	G.V.Deore	Deputy Commissioner	Mumbai
318	Maharashtra	Umbrella ICDS	Anganwadi services	30/01/20	Shashikant Chavan	Assistant Commissioner	Mumbai
319	Maharashtra	Both umbrellas	BBBP, Anganwadi, MSK, NCS	30/01/20	Sandhya Nagarkar	Assistant Commissioner	Mumbai
320	Maharashtra	Both umbrellas	ICPS, MPV	02/03/20	Manisha Biraris	Deputy Commissioner	Pune
321	Maharashtra	Both umbrellas	ICPS	02/03/20	-	Program Manager	Pune
322	Maharashtra	Both umbrellas	ICPS	02/03/20	-	Section officer	Pune
323	Maharashtra	MPEW	Ujjawala, Swadar, Women helpline, MSK	02/03/20	Munde	Deputy Commissioner	Pune
324	Maharashtra	MPEW	Ujjawala, Swadar, Women helpline	02/03/20	Pramod	WE program person	Pune
325	Maharashtra	MPEW	WWH	02/03/20	-	WWH incharge	Pune
326	Maharashtra	ICDS	PMMVY	27/02/20	Ravindra Pol	PMMVY coordinator	Beed
327	Maharashtra	ICDS	AWS+Poshan	05/03/20	Chandrakant Ketan	DPM	Beed
328	Maharashtra	Both umbrellas	BBBP+SAG	05/03/20	V.S Shelke	BBBP , SAG Dist Cord	Beed
329	Maharashtra	Both umbrellas	All schemes	21/02/20	R.D Kulkarni	WCD Officer	Beed
330	Maharashtra	MPEW	OSC	04/03/20	Ashok Panwar	OSC coordinator	Nashik
331	Maharashtra	MPEW	Ujjawala, Swadar, Women helpline, WWH	04/03/20	Mr Jadhav	DWCD	Nashik
332	Maharashtra	MPEW	BBBP	04/03/20	Premlata Sawahne	Jr Asst to Deputy CEO	Nashik
333	Maharashtra	ICDS	SAG	04/03/20	Umesh Rajput	Sr Asst to Deputy CEO	Nashik

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
334	Maharashtra	ICDS	Poshan	04/03/20	Pratiksha Kaparaj	Swasth Bharat Prerak	Nashik
335	Maharashtra	Both umbrellas	WE schemes+NCS	25/02/20	A.V Manatkar	Supervisory Officer	Parbhani
336	Maharashtra	ICDS	ICPS	25/02/20	Mrs Meshram	Dist Cord ICPS	Parbhani
337	Maharashtra	ICDS	AWS	25/02/20	Kailas Khodke	DPM	Parbhani
338	Maharashtra	Both Umbrellas	All schemes	08/02/20	Pritam Bharbhuvan	CDPO	Nashik
339	Maharashtra	Both Umbrellas	All schemes	10/02/20	Pandit Wagte	CDPO	Nashik
340	Maharashtra	ICDS	AWS	08/02/20	Harshada Kuvar	L.S	Nashik
341	Maharashtra	ICDS	AWS	10/02/20	Jyoti Deshmukh	L.S	Nashik
342	Maharashtra	Both Umbrellas	All schemes	25/02/20	B.A Sonawane	CDPO	Parbhani
343	Maharashtra	Both Umbrellas	All schemes	26/02/20	B.T Munde	CDPO	Parbhani
344	Maharashtra	ICDS	AWS	25/02/20	Jayashree Shere	L.S	Parbhani
345	Maharashtra	ICDS	AWS	26/02/20	Sangita Dalvi	L.S	Parbhani
346	Maharashtra	Both Umbrellas	All schemes	15/02/20	Rameshwar Mundhe	CDPO	Beed
347	Maharashtra	Both Umbrellas	All schemes	15/02/20	Kishor D Aghav	CDPO	Beed
348	Maharashtra	ICDS	AWS	13/02/20	Sunita Bhimrao Pise	L.S	Beed
349	Maharashtra	ICDS	AWS	27/02/20	S.L Landge	L.S	Beed
350	Maharashtra	Both Umbrellas	All schemes	26/02/20	Balasaheb Bandedar	CDPO	Latur
351	Maharashtra	Both Umbrellas	All schemes	27/02/20	Rathod Narayan Lalsingh	CDPO	Latur
352	Maharashtra	ICDS	AWS	26/02/20	Usha Suryavanshi	L.S	Latur
353	Maharashtra	ICDS	AWS	27/02/20	Thombre Sangitha	L.S	Latur
354	Maharashtra	Both umbrellas	All schemes	01/12/20	Bhujang Ambadas Shelake	PRI member	Chavhanwadi
355	Maharashtra	Both umbrellas	All schemes	13/01/20	Sindhu Govind Taur	PRI member	Kalegaon Thadi
356	Maharashtra	Both umbrellas	All schemes	17/01/20	Ranjna Amrut More	PRI member	Ajani Kh
357	Maharashtra	Both umbrellas	All schemes	16/01/20	Parthsarthi Sitaram Babalsure	PRI member	Ramtirth
358	Maharashtra	Both umbrellas	All schemes	23/01/20	Ashok Shivram Borse	PRI member	Kharde Digar
359	Maharashtra	Both umbrellas	All schemes	23/01/20	Ramesh Nana Pawar	PRI member	Gangavan
360	Maharashtra	Both umbrellas	All schemes	24/01/20	Dharmaraj Gawande	PRI member	Kopurli Bk.
361	Maharashtra	Both umbrellas	All schemes	21/01/20	Dasharath Tandale	PRI member	Tokwadi
362	Maharashtra	Both umbrellas	All schemes	21/01/20	Seema Devidas Shinde	PRI member	Wangi
363	Maharashtra	Both umbrellas	All schemes	19/01/20	Bhashkar Baliram More	PRI member	Gavha
364	Maharashtra	ICDS	AWS	12/01/20	Vijaymala Namdev Krad	AWW	Chopanwadi
365	Maharashtra	ICDS	AWS	13/01/20	Dhavale Mandakini Sarjerao	AWW	Kalegaon Thadi
366	Maharashtra	ICDS	AWS	14/01/20	Meena Gundappa Aagre	AWW	Nagapur

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
367	Maharashtra	ICDS	AWS	14/01/20	Shaik Yasmin	AWW	Parli (M Cl) WARD NO.-0027
368	Maharashtra	ICDS	AWS	17/01/20	Savitri Nivrati Yenage	AWW	Ajani Kh
369	Maharashtra	ICDS	AWS	16/01/20	Anjirbai Nivrutti Kamble	AWW	Ramtirth
370	Maharashtra	ICDS	AWS	16/01/20	Radha Annarao Anchule	AWW	Nilanga (M Cl) WARD NO.-0015
371	Maharashtra	ICDS	AWS	24/01/20	Mandakini Rajendra Gadhe	AWW	Igatpuri (M Cl) WARD NO.-0016
372	Maharashtra	ICDS	AWS	23/01/20	Sarla Nimba Pawar	AWW	Gangavan
373	Maharashtra	ICDS	AWS	24/01/20	Shakuntala Eknath Jadhav	AWW	Kopurli Bk.
374	Maharashtra	ICDS	AWS	21/01/20	Dehubai Pandurang Kathkade	AWW	Tokwadi
375	Maharashtra	ICDS	AWS	20/01/20	Sangita Gunjale	AWW	Jintur (M Cl) WARD NO.-0014
376	Maharashtra	ICDS	AWS	20/01/20	Aruna Bansi Solanke	AWW	Palodi
377	Maharashtra	ICDS	AWS	21/01/20	Bharti Rajendra Kumar Bhajibhakri	AWW	Wangi
378	Maharashtra	ICDS	ICPS	01/02/20	Manisha	Superintendent	Mumbai
379	Maharashtra	MPEW	Swadhar greh	10/01/20	-	Centre Manager	Mumbai
380	Maharashtra	MPEW	Ujjawala	03/02/20	-	Centre Manager	Pune
381	Maharashtra	MPEW	WWH	11/01/20	-	Warden	Mumbai
382	Mizoram	ICDS	ICDS	14/01/20	A Vanlalzamawii	Joint Dir ICDS	Aizwal
383	Mizoram	ICDS	ICPS	14/01/20	Amy Lalrinpuii	Asst Dir ICPS	Aizwal
384	Mizoram	MPEW	WE schemes	14/01/20	Pi Lallianpuii	Deputy Director WE	Aizwal
385	Mizoram	Both umbrellas	All schemes	04/03/20	Dr R Lalrinhlua	District official WCD	Mamit
386	Mizoram	ICDS	Poshan	02/03/20	H. Lalrinchhani	Dist Cord, Poshan Abhiyaan	Mamit
387	Mizoram	ICDS	PMMVY	05/03/20	Laltanpuii Chhangte	Dist Cord PMMVY	Mamit
388	Mizoram	Both Umbrellas	All schemes	02/03/20	Vanlalhruaii	DPO	Mamit
389	Mizoram	MPEW	MSK	11/05/20	Vl Hemruti Hmar	Women Welfare officer	Mamit
390	Mizoram	ICDS	Poshan	19/05/20	Muansanga	Dist Cord Poshan Abhiyaan	Champhai
391	Mizoram	ICDS	ICPS	20/05/20	R. Lalrinchhani	CPO	Champhai
392	Mizoram	MPEW	OSC	21/05/20	Malsawmkini	OSC admin	Champhai
393	Mizoram	MPEW	All WE schemes	22/05/20	K. Lalrinfilmi	Women welfare officer	Champhai

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
394	Mizoram	ICDS	PMMVY	28/05/20	Rodinglianan	Dist Cord PMMVY	Champhai
395	Mizoram	ICDS	AWS+SAG	27/05/20	Rina	DPO assistant	Champhai
396	Mizoram	ICDS	Poshan	13/05/20	Heibikliana Thangtu	Dist Cord Poshan Abhiyaan	Saiha
397	Mizoram	ICDS	PMMVY	14/05/20	Kc Robin Thahmo	Dist Cord PMMVY	Saiha
398	Mizoram	MPEW	OSC	15/05/20	Imelda C Zozuanzuali	Dist Cord OSC	Saiha
399	Mizoram	ICDS	ICPS	18/05/20	Dr David Zaitingawara	CPO	Saiha
400	Mizoram	MPEW	Ujjawala	19/05/20	Judith Ngoli	Dist Cord Ujjawala	Saiha
401	Mizoram	MPEW	BBBP	19/05/20	K.L Zuithanga	Proj Coord BBBP	Saiha
402	Mizoram	ICDS	AWS	20/05/20	B Zisia	Progarm Coordinator	Saiha
403	Mizoram	ICDS	AWS	19/06/20	C Duhveli	Dist Cord ICDS	Lunglei
404	Mizoram	ICDS	ICPS	23/07/20	Lalrinkini Hmar	DCPO	Lunglei
405	Mizoram	MPEW	OSC	14/06/20	Laldanmawii	Centre admin OSC	Lunglei
406	Mizoram	ICDS	Poshan Abhiyan	17/05/20	Vanlalthanga	Dist Cord Poshan Abhiyan	Lunglei
407	Mizoram	ICDS	PMMVY	25/05/20	Lalramnunpuii Punte	Dist Prog Asst PMMVY	Lunglei
408	Mizoram	ICDS	AWS	25/05/20	Reuben Lallawmsanga	Dist Cord	Champhai
409	Mizoram	ICDS	ICDS	05/03/20	Mr Lalrhruaritlangi	CDPO	Mamit
410	Mizoram	ICDS	ICDS	05/03/20	Lalhmachhuani Sailo	L.S	Mamit
411	Mizoram	Both umbrellas	All schemes	19/05/20	Clalnun Selo	CDPO	Saiha
412	Mizoram	Both umbrellas	All schemes	18/05/20	Hmelmawia	CDPO	Saiha
413	Mizoram	ICDS	L.S	15/05/20	Hepaw Hlychho	L.S	Saiha
414	Mizoram	ICDS	L.S	18/05/20	K Lalrinfimi	L.S	Champhai
415	Mizoram	ICDS	L.S	10/06/20	C.Chawgngthangpuii	L.S	Lunglei
416	Mizoram	ICDS	L.S	13/06/20	Hmelmawia	L.S	Saiha
417	Mizoram	MPEW	Swadhar greh	06/06/20	Lillanrinmawii	Centre admin	Aizwal
418	Mizoram	MPEW	Ujjawala	04/06/20	-	Centre admin	Aizwal
419	Mizoram	MPEW	WWH	17/06/20	-	Hostel Incharge	Aizwal
420	Mizoram	Both umbrellas	All schemes	03/02/20	B Dawngzela	PRI members	Kawlkulh
421	Mizoram	Both umbrellas	All schemes	05/02/20	Pc Lalrinenga	PRI members	Neihdawn
422	Mizoram	Both umbrellas	All schemes	04/02/20	Lalbiakliana	PRI members	Pawlrang
423	Mizoram	Both umbrellas	All schemes	04/02/20	C Lalthantluanga	PRI members	Saichal
424	Mizoram	Both umbrellas	All schemes	21/01/20	Lungtiawia Sailo	PRI members	Rawpui
425	Mizoram	Both umbrellas	All schemes	23/01/20	Lalpianmawia	PRI members	Chhipphir

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
426	Mizoram	Both umbrellas	All schemes	21/01/20	C Vanlalnghaki	PRI members	Ramlaitui
427	Mizoram	Both umbrellas	All schemes	15/01/20	K. Lalduhkima	PRI members	Rawpuichhip
428	Mizoram	Both umbrellas	All schemes	17/01/20	Lalhminghlui	PRI members	Damparengpui
429	Mizoram	Both umbrellas	All schemes	16/01/20	Lalzawmliani	PRI members	Kawnmawi
430	Mizoram	Both umbrellas	All schemes	18/01/20	Joseph Laldawngliana	PRI members	Bawngva
431	Mizoram	Both umbrellas	All schemes	28/01/20	H Lalthianghlima	PRI members	Phura
432	Mizoram	Both umbrellas	All schemes	30/01/20	S. Vamo	PRI members	Vahai
433	Mizoram	Both umbrellas	All schemes	29/01/20	S.Tluasa	PRI members	Lawngban
434	Mizoram	ICDS	AWS	06/02/20	Mary Lalnunmawii	AWW	Champhai (NT) WARD NO.-0007
435	Mizoram	ICDS	AWS	03/02/20	Lalremkimi	AWW	Kawlkulh
436	Mizoram	ICDS	AWS	05/02/20	Pc Lalrinzuali	AWW	Neihdawn
437	Mizoram	ICDS	AWS	04/02/20	B Vanlalhruaii	AWW	Saichal
438	Mizoram	ICDS	AWS	21/01/20	C. Lalrosiami	AWW	Rawpui
439	Mizoram	ICDS	AWS	21/01/20	Zd Lalramhmuaki	AWW	Ramlaitui
440	Mizoram	ICDS	AWS	24/01/20	V Hranghmingthangi	AWW	Lunglei (NT) WARD NO.-0008
441	Mizoram	ICDS	AWS	23/01/20	P Lalrinawmi	AWW	Tlabung (NT) WARD NO.-0002
442	Mizoram	ICDS	AWS	22/01/20	Lalchhuanawmi	AWW	Buarpui
443	Mizoram	ICDS	AWS	15/01/20	Lalremmawii	AWW	Lengpui (NT) WARD NO.-0002
444	Mizoram	ICDS	AWS	15/01/20	Lalhmingchuangi	AWW	Rawpuichhip
445	Mizoram	ICDS	AWS	17/01/20	Lalthanpuii	AWW	Damparengpui
446	Mizoram	ICDS	AWS	16/01/20	Lalrammawii	AWW	Kawnmawi
447	Mizoram	ICDS	AWS	27/01/20	Vannunpari	AWW	Saiha (NT) WARD NO.-0012
448	Mizoram	ICDS	AWS	27/01/20	S Lalchhuanthangi	AWW	Saiha (NT) WARD NO.-0016
449	Mizoram	ICDS	AWS	28/01/20	Santy	AWW	Phura
450	Mizoram	ICDS	AWS	30/01/20	Hani	AWW	Lungpuk
451	Mizoram	ICDS	AWS	30/01/20	H.Ngopaw	AWW	Vahai
452	Rajasthan	Both umbrellas	All schemes	07/01/20	Dr. K.K. Pathak	Secretary, DWCD	Jaipur
453	Rajasthan	ICDS	ICDS	07/01/20	Dr. Pratibha Singh	Director, ICDS	Jaipur
454	Rajasthan	MPEW	WE	07/01/20	Mr. Prakash Chand Pawan	Director, DWE	Jaipur

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
455	Rajasthan	ICDS	ICDS	09/01/20	Ms. Ranjitha	Addn. Director, ICDS	Jaipur
456	Rajasthan	ICDS	ICDS	09/01/20	Richa	MIS ICDS	Jaipur
457	Rajasthan	ICDS	ICDS	09/01/20	Manju Yadav	Dep Dir ICDS	Jaipur
458	Rajasthan	ICDS	ICDS	09/01/20	Mukesh	Consultant	Jaipur
459	Rajasthan	MPEW	All schemes	09/01/20	Dr. Jagdish Prasad	Asst. Director, SRCW	Jaipur
460	Rajasthan	ICDS	SAG	09/01/20	Dr Abha Jain	Addn. Director	Jaipur
461	Rajasthan	ICDS	SAG	10/01/20	Ms. Trisha	Asst to Addn Director	Jaipur
462	Rajasthan	MPEW	WE	10/01/20	Ms. Abhilasha Sood	Dpty. Director, Women's Safety Cell	Jaipur
463	Rajasthan	ICDS	ICPS	10/01/20	Ms. Reena Sharma	Addn. Director, ICPS	Jaipur
464	Rajasthan	MPEW	WE	10/01/20	Mr Manoj Sharma	Dpty. Director, Women Welfare, DSJE	Jaipur
465	Rajasthan	MPEW	WE	10/01/20	Mr. Ramesh Sharma	Asst to Dpty Director	Jaipur
466	Rajasthan	ICDS	ICDS	20/01/20	Nagendra, Diesh	Dpty Director ICDS	Bhilwara
467	Rajasthan	MPEW	WE schemes	20/01/20	Sharatjeet Sharma, Kamal Jain	Dpty Director S.J & E	Bhilwara
468	Rajasthan	MPEW	WE schemes	20/01/20	Kamal Jain	Dpty Director S.J & E	Bhilwara
469	Rajasthan	MPEW	WE schemes	23/01/20	Hemant Jain	Social security officer	Jaisalmer
470	Rajasthan	MPEW	All schemes	23/01/20	Rajendra Chaudhary	Dep Dir ICDS & WE	Jaisalmer
471	Rajasthan	ICDS	ICDS	08/01/20	Raj Komari Kharwal	Dep Dir ICDS	Jhalawar
472	Rajasthan	MPEW	WE schemes	09/01/20	Pinki Gautam	Women welfare officer	Jhalawar
473	Rajasthan	MPEW	WE schemes	09/01/20	Manoj Kumar	Dep Dir WE	Jhalawar
474	Rajasthan	ICDS	ICDS	08/01/20	Vishnu Kumar	Coordinator	Jhalawar
475	Rajasthan	ICDS	AWS+Poshan	08/01/20	Rhythnm Mathur	Swasth Bharat Prerak	Jhalawar
476	Rajasthan	MPEW	WE schemes	08/01/20	Gauri Shankar Meena	Dpty Director S.J & E	Jhalawar
477	Rajasthan	ICDS	ICDS	15/01/20	Usha Rani	Dist Proj Assi ICDS	Kota
478	Rajasthan	Both umbrellas	All schemes	21/01/20	Shiv Kanwar	CDPO	Bhilwara city
479	Rajasthan	Both umbrellas	All schemes	22/01/20	Lalita Pathodia	CDPO	Mandal
480	Rajasthan	ICDS	AWS	21/01/20	Mamta	L.S	Bhilwara city
481	Rajasthan	ICDS	AWS	24/01/20	Kanta	L.S	Jaisalmer city
482	Rajasthan	Both umbrellas	All schemes	12/05/20	Om Prakash	CDPO	Pokaran
483	Rajasthan	ICDS	AWS	24/01/20	Devi Ram Meena	L.S	Sam
484	Rajasthan	Both umbrellas	All schemes	10/01/20	Nirmala Chaturvedi	CDPO	Jhalrapatan
485	Rajasthan	Both umbrellas	All schemes	13/05/20	Dilip Gupta	CDPO	Bakani
486	Rajasthan	ICDS	AWS	01/05/20	Anita Soni	L.S	Jhalrapatan

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
487	Rajasthan	ICDS	AWS	13/01/20	Premlata Sharma	L.S	Bakani
488	Rajasthan	Both umbrellas	All schemes	05/05/20	Jyotsana	CDPO	Ladpur
489	Rajasthan	Both umbrellas	All schemes	16/01/20	Prabha Mishra	CDPO	Kota City
490	Rajasthan	ICDS	AWS	15/01/20	Roshan Verma	L.S	Ladpur
491	Rajasthan	ICDS	AWS	16/01/20	Savitri Devi	L.S	Kota City
492	Rajasthan	Both umbrellas	All schemes	01/07/20	Madan Lal Sen	PRI member	Pandroo
493	Rajasthan	Both umbrellas	All schemes	01/08/20	Seema Sarma	PRI member	Bhilwara (M Cl) WARD NO.-0049
494	Rajasthan	Both umbrellas	All schemes	01/08/20	Mohan Lal Bhairwa	PRI member	Akhepura
495	Rajasthan	Both umbrellas	All schemes	01/12/20	Nen Singh	PRI member	Arjana
496	Rajasthan	Both umbrellas	All schemes	01/11/20	Suresh Singh	PRI member	Kheenwsar
497	Rajasthan	Both umbrellas	All schemes	01/11/20	Kheta Ram	PRI member	Baloosingh Ki Dhani
498	Rajasthan	Both umbrellas	All schemes	01/12/20	Buri Bai	PRI member	Lasooriya Shah
499	Rajasthan	Both umbrellas	All schemes	01/11/20	Ishwar Singh	PRI member	Hanotiya Hindusingh
500	Rajasthan	Both umbrellas	All schemes	01/07/20	Mahavir Mehta	PRI member	Kurar
501	Rajasthan	Both umbrellas	All schemes	01/07/20	Ratan Kawar	PRI member	Doongarpur
502	Rajasthan	ICDS	AWS	01/07/20	Ram Kaniya Sen	AWW	Pandroo
503	Rajasthan	ICDS	AWS	01/08/20	Ranjna Chodhari	AWW	Bhilwara (M Cl) WARD NO.-0049
504	Rajasthan	ICDS	AWS	01/07/20	Manju Jar	AWW	Akhepura
505	Rajasthan	ICDS	AWS	01/09/20	Shima Devi	AWW	Harpura
506	Rajasthan	ICDS	AWS	13/01/20	Shobha Sharma	AWW	Jaisalmer (M) WARD NO.-0012
507	Rajasthan	ICDS	AWS	01/12/20	Endra	AWW	Toga
508	Rajasthan	ICDS	AWS	01/11/20	Sunita Devi	AWW	Baloosingh Ki Dhani
509	Rajasthan	ICDS	AWS	01/10/20	Padma Sharma	AWW	Jhalawar (M) WARD NO.-0009
510	Rajasthan	ICDS	AWS	01/12/20	Santosh Mina	AWW	Lasooriya Shah
511	Rajasthan	ICDS	AWS	01/12/20	Asha	AWW	Kachra Kheri
512	Rajasthan	ICDS	AWS	01/09/20	Pooja	AWW	Ramganj Mandi (M) WARD NO.-0014

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
513	Rajasthan	ICDS	AWS	01/07/20	Durgesh Sharma	AWW	Kurar
514	Rajasthan	ICDS	AWS	01/07/20	Damyanti	AWW	Doongarpur
515	Rajasthan	ICDS	ICPS	09-01-2020	-	Superintendent	Jaipur
516	Rajasthan	ICDS	Swadhar Greh	13-01-2020	-	Centre admin	Jaipur
517	Rajasthan	ICDS	WWH	14-01-2020	Rajeshwari	Warden	Jaipur
518	Tamilnadu	Umbrella ICDS	Sector	13/01/20	Kavita Ramu Ias	Directr, ICDS	Chennai
519	Tamilnadu	Umbrella ICDS	Sector	20/01/20	Dr Senthil Kumar	Deputy Director	Chennai
520	Tamilnadu	Umbrella ICDS	POSHAN Abhiyan	20/01/20	Yamuna	Joint Director(NNM)	Chennai
521	Tamilnadu	Umbrella ICDS	POSHAN Abhiyan	20/01/20	Dr Saranya	Consultant POSHAN	Chennai
522	Tamilnadu	Umbrella ICDS	POSHAN Abhiyan	20/01/20	-	Finance incharge	Chennai
523	Tamilnadu	Umbrella ICDS	POSHAN Abhiyan	20/01/20	-	MIS person	Chennai
524	Tamilnadu	Umbrella ICDS	PMMVY	21/01/20	Dr Chandra Mohan	Deputy Director	Chennai
525	Tamilnadu	Umbrella ICDS	PMMVY	21/01/20	Nambi Azhagappan	System Analyst	Chennai
526	Tamilnadu	Umbrella ICDS	Anganwadi services, SAG, NCS	20/01/20	Rani	Deputy Director (ICDS)	
527	Tamilnadu	Umbrella ICDS	Anganwadi services, SAG, NCS	20/01/20	Gnana	ICDS incharge	
528	Tamilnadu	Umbrella ICDS	Anganwadi services, SAG, NCS	20/01/20	-	Joint Director(Admin)	Chennai
529	Tamilnadu	MPEW	Sector	13/01/20	Mr.Abraham	Director, Social Welfare	Chennai
530	Tamilnadu	Both umbrellas	ICPS, Ujjawala	4/01/20	Mr.Lal Vena Ias,	Commissioner, Social Defence, Program Officer	Chennai
531	Tamilnadu	Umbrella ICDS	ICPS	1/01/20	Benin	Program Manager	Chennai
532	Tamilnadu	MPEW	Women helpline	22/01/20	Ramu	Section officer	Chennai
533	Tamilnadu	MPEW	OSC, BBBP, Swadar, MPV, Gender Budgeting	22/01/20	Ms.Sundari	Joint Director (SW)	Chennai
534	Tamilnadu	MPEW	Working women hostel	22/01/20	Ms.Anbu	Section officer	Chennai
535	Tamilnadu	MPEW	MSK	22/01/20	Suganya	SRCW	Chennai

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
536	Tamilnadu	MPEW	MPEW schemes	24/01/20	Shanthi	Dist Social Welfare officer	Madurai
537	Tamilnadu	ICPS	ICDS	25/01/20	Mr Ganean	DCPO	Madurai
538	Tamilnadu	Umbrella ICDS	Medical, officer	26/01/20	Manoj Pandiyan	Medical health officer	Madurai
539	Tamilnadu	Umbrella ICDS	ICDS	27/01/20	Mrs Poongodi	ICDS PO	Madurai
540	Tamilnadu	MPEW	MPEW schemes	30/01/20	Ms Indra	Dist Social Welfare officer	Virudhnagar
541	Tamilnadu	Umbrella ICDS	ICDS	31/01/20	Mr Palaniswamy	Medical health officer	Virudhnagar
542	Tamilnadu	Umbrella ICDS	ICDS	31/01/20	Mrs Rajam	ICDS PO	Virudhnagar
543	Tamilnadu	Umbrella ICDS	ICDS	29/01/20	Shanmuga Sundaram	Medical health officer	Theni
544	Tamilnadu	Umbrella ICDS	ICDS	29/01/20	Helen Rose	ICDS PO	Theni
545	Tamilnadu	Umbrella ICDS	ICPS	28/01/20	Ms Meenakshi	DCPO	Theni
546	Tamilnadu	MPEW	MPEW schemes	28/01/20	Arul Selvi	DCPO	Perambular
547	Tamilnadu	MPEW	MPEW schemes	23/01/20	Mrs Thamumizha	Dist Social Welfare officer	Perambular
548	Tamilnadu	Umbrella ICDS	ICDS	23/01/20	Mrs Geetha Rani	Medical health officer	Perambular
549	Tamilnadu	Umbrella ICDS	ICDS	24/01/20	Mrs Bhubhaneshwari	ICDS PO	Perambular
550	Tamilnadu	Both umbrellas	ICDS +MPEW	22/01/20	Mrs Prema	CDPO	Perambular
551	Tamilnadu	Both umbrellas	ICDS +MPEW	23/01/20	Mrs Arun	CDPO	Perambular
552	Tamilnadu	Both umbrellas	ICDS +MPEW	24/01/20	Mrs Thirumagal	CDPO	madurai
553	Tamilnadu	Both umbrellas	ICDS +MPEW	27/01/20	Mrs Vithya	CDPO	Madurai
554	Tamilnadu	Both umbrellas	ICDS +MPEW	28/01/20	Mrs Vishunupriya	CDPO	Theni
555	Tamilnadu	Both umbrellas	ICDS +MPEW	29/01/20	Mrs Vijaya	CDPO	Theni
556	Tamilnadu	Both umbrellas	ICDS +MPEW	30/01/20	Mrs Veeralakshmi	CDPO	Virudhunagar
557	Tamilnadu	Both umbrellas	ICDS +MPEW	31/01/20	Mrs Hemalatha	CDPO	Virudhunagar
558	Tamilnadu	Umbrella ICDS	ICDS	22/01/20	Yakula Meri	L.S	Perambular
559	Tamilnadu	Umbrella ICDS	ICDS	23/01/20	Mrs Pappa	L.S	Perambular
560	Tamilnadu	Umbrella ICDS	ICDS	24/01/20	Mrs Selvi	L.S	Madurai
561	Tamilnadu	Umbrella ICDS	ICDS	27/01/20	Mrs Tamilarasi	L.S	Madurai
562	Tamilnadu	Umbrella ICDS	ICDS	28/01/20	Mrs Amalthaai	L.S	Theni
563	Tamilnadu	Umbrella ICDS	ICDS	29/01/20	Mrs Subbu Lakshmi	L.S	Theni
564	Tamilnadu	Umbrella ICDS	ICDS	30/01/20	Mrs Matha Mari Navarojini	L.S	Virudhunagar
565	Tamilnadu	Umbrella ICDS	ICDS	31/01/20	Mrs Rani	L.S	Virudhunagar
566	Tamilnadu	Both umbrellas	All schemes	07/01/20	Jayaraman	PRI member	Surappatti
567	Tamilnadu	Both umbrellas	All schemes	09/01/20	Jayaraj	PRI member	Valaichikulam

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
568	Tamilnadu	Both umbrellas	All schemes	09/01/20	P. Kannan	PRI member	Keeranur
569	Tamilnadu	Both umbrellas	All schemes	21/01/20	Kamaraj	PRI member	Puduvettagudi
570	Tamilnadu	Both umbrellas	All schemes	22/01/20	Ramya Devi	PRI member	Keelapuliyur (South)
571	Tamilnadu	Both umbrellas	All schemes	21/01/20	Pandeeswari	PRI member	Uppukottai
572	Tamilnadu	Both umbrellas	All schemes	20/01/20	Muthu	PRI member	Alagapuri
573	Tamilnadu	Both umbrellas	All schemes	13/01/20	Muthuraj	PRI member	Seelayampatty
574	Tamilnadu	Both umbrellas	All schemes	11/01/20	D. Karrupasamy	PRI member	Kovilangulam
575	Tamilnadu	Umbrella ICDS	AWS	07/01/20	K.V.Shanthi	AWW	Chokkalingapuram
576	Tamilnadu	Umbrella ICDS	AWS	09/01/20	Malliga	AWW	Keeranur
577	Tamilnadu	Umbrella ICDS	AWS	08/01/20	R. Sasikala	AWW	Sholavandan (TP) WARD NO.-0002
578	Tamilnadu	Umbrella ICDS	AWS	22/01/20	Amutha	AWW	Perambalur (M) WARD NO.-0015
579	Tamilnadu	Umbrella ICDS	AWS	21/01/20	K. Lalitha	AWW	Puduvettagudi
580	Tamilnadu	Umbrella ICDS	AWS	22/01/20	Parimalam	AWW	Keelapuliyur (South)
581	Tamilnadu	Umbrella ICDS	AWS	21/01/20	Amaravathi	AWW	Uppukottai
582	Tamilnadu	Umbrella ICDS	AWS	20/01/20	Meena	AWW	Alagapuri
583	Tamilnadu	Umbrella ICDS	AWS	18/01/20	Pothum Mani	AWW	Gudalur (M) WARD NO.-0008
584	Tamilnadu	Umbrella ICDS	AWS	13/01/20	Pounaeswari	AWW	Seelayampatty
585	Tamilnadu	Umbrella ICDS	AWS	11/01/20	Poonjoolai	AWW	Kovilangulam
586	Tamilnadu	Umbrella ICDS	AWS	10/01/20	Tamil Selvi	AWW	Attikulam
587	Tamilnadu	Umbrella ICDS	ICPS	26/01/20	M.Vasuki	Superintendent	Putthokotai
588	Tamilnadu	Umbrella ICDS	Swadhar Greh	24/01/20	T. Umapathi	Centre admin	Perambular
589	Tamilnadu	Umbrella ICDS	Ujjawala	25/01/20	A. Paripoorna Lilly	Project director	Putthokotai
590	Tamilnadu	Umbrella ICDS	WWH	20/01/20	Latha M	Centre director	Tamilnadu
591	Telangana	Both Umbrellas	Sector, ICDS	12/01/20	Mr.Jegadeeshwar Ias	Principal Secretary to Government	Hyderabad
592	Telangana	Umbrella ICDS	SAG	01/10/20	Shweta	State CDPO	Hyderabad
593	Telangana	MPEW	Sector	01/09/20	Sabita	Joint Director - Schemes	Hyderabad
594	Telangana	Umbrella ICDS	BBBP	01/09/20	Suneeta	Consultant	Hyderabad

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
595	Telangana	Umbrella ICDS	PMMVY	10/01/20	Santhi Kumari Ias	Special Chief Secretary	Hyderabad
596	Telangana	MPEW	Sector+ NCS+ SAG + WE schemes	01/09/20	Shweta	State CDPO	Hyderabad
597	Telangana	MPEW	MSK	01/09/20	Pragati	SRCW consultant	Hyderabad
598	Telangana	MPEW	Swadar & Ujjawala	01/09/20	Mary	consultant	Hyderabad
599	Telangana	Umbrella ICDS	POSHAN Abhiyan	01/09/20	-	Assistant Director (POSHAN)	Hyderabad
600	Telangana	Umbrella ICDS	POSHAN Abhiyan	01/09/20	-	Consultant (POSHAN)	Hyderabad
601	Telangana	Umbrella ICDS	POSHAN Abhiyan	01/09/20	-	Finance incharge	Hyderabad
602	Telangana	ICDS	ICPS	01/08/20	Dr.Saradha	Section officer	Hyderabad
603	Telangana	Both umbrellas	ICPS + WE schemes	07/02/20	Mrs Saradha	Dist welfare officer	Karimnagar
604	Telangana	ICDS	ICPS	20/01/20	Mr Saighar	CPO	Nalgonda
605	Telangana	Both umbrellas	ICPS+WE	07/02/20	Mrs Saradha	Dist welfare officer	Karimnagar
606	Telangana	Both umbrellas	All schemes	20/01/20	Ms Subhadra	Dist welfare officer	Nalgonda
607	Telangana	Both umbrellas	All schemes	24/01/20	Ms Manjula	Ext officer	Nizamabad
608	Telangana	Both umbrellas	All schemes	18/01/20	Mr Moti	Dist welfare officer	Rangareddy
609	Telangana	Both umbrellas	WE schemes	20/01/20	Nirmala Bhovangiri Mandal	CDPO	Nalgonda District
610	Telangana	ICDS	WE schemes	20/01/20	Mahalakshmi Bhovangiri Mandal	L.S	Nalgonda District
611	Telangana	Both umbrellas	WE schemes	24/01/20	Soundarya	CDPO	NIzambad
612	Telangana	ICDS	AWS	24/01/20	Vijayalakshmi	L.S	NIzambad
613	Telangana	Both umbrellas	WE schemes	24/01/20	Sunitha	CDPO	Dechipalle Mandal
614	Telangana	ICDS	AWS	24/01/20	Sameena Begum	L.S	Dechipalle Mandal
615	Telangana	Both umbrellas	WE schemes	25/01/20	Sabitha	CDPO	Karimnagar
616	Telangana	ICDS	AWS	25/01/20	Vijaya Mankondur Mandal	L.S	Karimnagar
617	Telangana	Both umbrellas	WE schemes	25/01/20	Uma Rani	CDPO	Karimnagar
618	Telangana	ICDS	WE schemes	25/01/20	Lalitha	L.S	Karimnagar
619	Telangana	Both umbrellas	WE schemes	18/01/20	G. Santhi Sree	CDPO	Rangareddy
620	Telangana	ICDS	WE schemes	18/01/20	Padmanjali	L.S	Rangareddy
621	Telangana	Both umbrellas	WE schemes	18/01/20	Priyadarsini	CDPO	Parigi
622	Telangana	ICDS	WE schemes	18/01/20	Indira	L.S	Doma Mandal

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
623	Telangana	Both umbrellas	WE schemes	18/01/20	Krishna Veni	CDPO	Bantwaraw mandal
624	Telangana	ICDS	WE schemes	18/01/20	Jyothi	L.S	rampur mandal
625	Telangana	Both umbrellas	All schemes	20/01/20	P.V Nirmala	CDPO	Nalgonda
626	Telangana	ICDS	AWS	18/01/20	-	L.S	Nalgonda
627	Telangana	ICDS	AWS	20/01/20	R. Vinodha Kumari	L.S	Nalgonda
628	Telangana	Both umbrellas	All schemes	21/01/20	M.Mohan Reddy	PRI member	Katnepalle
629	Telangana	Both umbrellas	All schemes	22/01/20	Kistayah	PRI member	Yenkepalle
630	Telangana	Both umbrellas	All schemes	13/01/20	Bugga Santhosh Kumar	PRI member	Veera Vally
631	Telangana	Both umbrellas	All schemes	24/01/20	Lakshmi	PRI member	Amdapur
632	Telangana	Both umbrellas	All schemes	25/01/20	Sakrusing	PRI member	Siddapur
633	Telangana	Both umbrellas	All schemes	18/01/20	A.Anitthareddy	PRI member	Rampur
634	Telangana	Both umbrellas	All schemes	19/01/20	Anitha	PRI member	Doma
635	Telangana	ICDS	AWS	21/01/20	Jeya Kowsalya	AWW	Karimnagar WARD NO.-0004
636	Telangana	ICDS	AWS	22/01/20	K.Nagarani	AWW	Yenkepalle
637	Telangana	ICDS	AWS	21/01/20	P.Sridevi	AWW	Chengerla
638	Telangana	ICDS	AWS	13/01/20	G Pallavi	AWW	Veera Vally
639	Telangana	ICDS	AWS	13/01/20	Sukka Prameela	AWW	Bibinagar (CT) WARD NO.-0001
640	Telangana	ICDS	AWS	17/01/20	M.Bhagya Lakshmi	AWW	Ummapur
641	Telangana	ICDS	AWS	17/01/20	R.Sujatha	AWW	Dameracherla
642	Telangana	ICDS	AWS	17/01/20	Vimala	AWW	Gollaguda (R) (OG) WARD NO.-0011
643	Telangana	ICDS	AWS	13/01/20	V Rajitha	AWW	Saidapur
644	Telangana	ICDS	AWS	24/01/20	A.Suguna	AWW	Amdapur
645	Telangana	ICDS	AWS	24/01/20	B Gangamani	AWW	Suddepalle
646	Telangana	ICDS	AWS	24/01/20	Uday Sri	AWW	Nizamabad WARD NO.-0004
647	Telangana	ICDS	AWS	25/01/20	S.Manjula	AWW	Siddapur
648	Telangana	ICDS	AWS	25/01/20	K.Swarupa	AWW	Ramareddy
649	Telangana	ICDS	AWS	18/01/20	Himavathi	AWW	Rampur
650	Telangana	ICDS	AWS	19/01/20	K.Suryakala	AWW	Doma
651	Telangana	ICDS	AWS	18/01/20	Nirmala Devi	AWW	GHMC (M Corp.)

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
							WARD NO.-0092
652	Telangana	ICDS	AWS	19/01/20	Chinnammulu	AWW	Ramnathgudpalle
653	Telangana	ICDS	AWS	18/01/20	B.Anitha	AWW	Secunderabad (CB) WARD NO.-0007
654	Telangana	ICDS	AWS	19/01/20	Manjula Gullapalli	AWW	Mukundapur
655	Telangana	ICDS	ICPS	27/01/20	-	Centre Manager	Telangana
656	Telangana	MPEW	Swadhar Greh	19/01/20	Psln Kumari	Centre admin	Telangana
657	Telangana	MPEW	Ujjawala	19/01/20	Srinivas Rao	Project director	Telangana
658	Telangana	MPEW	WWH	25/01/20	-	Centre admin	Nalgonda
659	Uttar Pradesh	ICDS	SAG, charge	07/01/20	D Balamani	SAG officer in charge	Lucknow
660	Uttar Pradesh	ICDS	ICDS	07/01/20	Kalpana Pandey	Additional Project Management	Lucknow
661	Uttar Pradesh	ICDS	ICDS	07/01/20	Arti Yadav	Additional Project Management	Lucknow
662	Uttar Pradesh	ICDS	PMMVY	25/01/20	Dr. Ajay Raja	Additional CMO	Lucknow
663	Uttar Pradesh	ICDS	PMMVY	25/01/20	Niranjan Bijendra	Additional CMO	Lucknow
664	Uttar Pradesh	MPEW	Ujjawala; Swadhar greh; MSK	03/03/20	Anu Dagrant	Mahila Kalyan officer	Lucknow
665	Uttar Pradesh	ICDS	SAG	06/01/20	Lily Singh	SAG officer in charge	Lucknow
666	Uttar Pradesh	Both umbrellas	All schemes	08/01/20	Renu Yadav	DPO Women welfare	Unnao
667	Uttar Pradesh	ICDS	ICDS	08/01/20	Durgesh Pratap Singh	DPO ICDS	Unnao
668	Uttar Pradesh	Both umbrellas	All schemes	10/01/20	Mohd. Sajid Ansari	CDPO	Unnao
669	Uttar Pradesh	Both umbrellas	All schemes	10/01/20	Harish Mauriya	CDPO	Unnao
670	Uttar Pradesh	ICDS	AWS	09/01/20	Mrs. Anupam Singh	L.S	Unnao
671	Uttar Pradesh	ICDS	WE	10/01/20	Sarita Rathore	L.S	Unnao
672	Uttar Pradesh	Both umbrellas	All schemes	10/05/20	Parmendra Kumar	DPO	kannauj
673	Uttar Pradesh	Both umbrellas	All schemes	13/01/20	Mrs Neela Katiyar	DPO	kannauj
674	Uttar Pradesh	MPEW	OSC	10/05/20	Supriya Pandey	OSC incharge	kannauj
675	Uttar Pradesh	Both umbrellas	All schemes	17/01/20	Pooja Singh	CDPO	kannauj
676	Uttar Pradesh	Both umbrellas	All schemes	13/01/20	Pankaj Yadav	CDPO	kannauj
677	Uttar Pradesh	ICDS	AWS	17/01/20	Mrs. Chaya Katiyar	L.S	kannauj
678	Uttar Pradesh	ICDS	AwS	17/01/20	Mrs. Sanju Verma	L.S	kannauj
679	Uttar Pradesh	Both umbrellas	All schemes	22/01/20	Arvind Kumar	DPO + CDPO	Pilibhit District
680	Uttar Pradesh	ICDS	AWS	22/01/20	Nishi Mishra	CDPO	Pilibhit District

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
681	Uttar Pradesh	ICDS	AWS	22/01/20	Nishi Mishra	L.S	Pilibhit District
682	Uttar Pradesh	ICDS	AWS	22/01/20	Alka Gangawar	CDPO	Pilibhit District
683	Uttar Pradesh	ICDS	AWS	22/01/20	Alka Gangawar	L.S	Pilibhit District
684	Uttar Pradesh	Both umbrellas	All schemes	20/01/20	Satendra Kumar Singh	DPO	Deoriya
685	Uttar Pradesh	ICDS	ICPS	20/01/20	Jp Tiwari	Child protection officer	deoriya
686	Uttar Pradesh	Both umbrellas	All schemes	21/01/20	Prabhat Kumar	DPO	Deoriya
687	Uttar Pradesh	ICDS	PMMVY	07/03/20	Rajesh Gupta	DCPM	Deoriya
688	Uttar Pradesh	MPEW	OSC	09/05/20	Mrs Neetu	OSC incharge	Deoriya
689	Uttar Pradesh	Both umbrellas	All schemes	21/01/20	Vimal Kumar Pal Singh	CDPO	Deoriya
690	Uttar Pradesh	Both umbrellas	All schemes	22/01/20	Richa Panday	CDPO	Deoriya
691	Uttar Pradesh	ICDS	AWS	23/01/20	Sangeeta Rai	L.S	Deoriya
692	Uttar Pradesh	ICDS	AWS	24/01/20	Nandini Panday	L.S	Deoriya
693	Uttar Pradesh	Both umbrellas	All schemes	01/09/20	Rajesh Tiwari	PRI member	Mukundpur
694	Uttar Pradesh	Both umbrellas	All schemes	01/08/20	Brija Nand Yadav	PRI member	Sahjour
695	Uttar Pradesh	Both umbrellas	All schemes	01/08/20	Vimla Devi	PRI member	Tilpai Digsara
696	Uttar Pradesh	Both umbrellas	All schemes	01/08/20	Deeraj Rajput	PRI member	Khudlapur
697	Uttar Pradesh	Both umbrellas	All schemes	01/12/20	Raj Kumar Patel	PRI member	Andha
698	Uttar Pradesh	Both umbrellas	All schemes	13/01/20	Lalchand	PRI member	Abhaipur Chaina Nakti
699	Uttar Pradesh	Both umbrellas	All schemes	01/06/20	Umasankar	PRI member	Kanchanpur
700	Uttar Pradesh	Both umbrellas	All schemes	01/08/20	Rambabu	PRI member	Kajipur Banger
701	Uttar Pradesh	Both umbrellas	All schemes	01/06/20	Kuldeep Kumar	PRI member	Gunamau
702	Uttar Pradesh	ICDS	AWS	01/07/20	Devwanti Tripathi	AWW	Maharajganj
703	Uttar Pradesh	ICDS	AWS	01/09/20	Reema Devi	AWW	Mukundpur
704	Uttar Pradesh	ICDS	AWS	01/07/20	Mamta Gupta	AWW	Lahilpar/Ratanpur
705	Uttar Pradesh	ICDS	AWS	01/08/20	Ram Sakhi	AWW	Tilpai Digsara
706	Uttar Pradesh	ICDS	AWS	01/08/20	Ram Beti	AWW	Khudlapur
707	Uttar Pradesh	ICDS	AWS	01/09/20	Sunita Devi	AWW	Shahpur
708	Uttar Pradesh	ICDS	AWS	13/01/20	Manjesh Lata	AWW	Harharpur Hasan
709	Uttar Pradesh	ICDS	AWS	01/12/20	Sushma Devi	AWW	Andha
710	Uttar Pradesh	ICDS	AWS	01/11/20	Barkha Sagar	AWW	Bisalpur (NPP) WARD NO.-0011
711	Uttar Pradesh	ICDS	AWS	01/06/20	Ranno Devi	AWW	Kanchanpur
712	Uttar Pradesh	ICDS	AWS	01/08/20	Munni Tiwari	AWW	Kajipur Banger

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
713	Uttar Pradesh	ICDS	AWS	01/06/20	Sakuntla	AWW	Gunamau
714	Uttar Pradesh	MPEW	Swadhar greh	08/01/20	-	Centre admin	Faizabad
715	Uttar Pradesh	MPEW	Ujjawala	08/01/20	Preeti Maurya	Centre admin	Faizabad
716	Uttar Pradesh	MPEW	WWH	10/01/20	Neera Singh	Warden	Lucknow
717	Uttar Pradesh	ICDS	ICPS	09/01/20	Rita	Centre Manager	Moti Nagar
718	Uttrakhand	ICDS	PMMVY	13/01/20	Mr. Hira Singh	State coordinator	Dehradun
719	Uttrakhand	ICDS	NCS	13/01/20	Ms. Arti	NCS nodal officer	Dehradun
720	Uttrakhand	ICDS	ICDS	13/01/20	Mr. Akhilesh Mishra	State nodal officer	Dehradun
721	Uttrakhand	ICDS	ICDS	14/01/20	Ms. Bimla	State programme coordinator	Dehradun
722	Uttrakhand	ICDS	ICPS	15/01/20	Ms. Anjana	ICPS nodal officer	Dehradun
723	Uttrakhand	MPEW	WE schemes	15/01/20	Major Yogendra Yadav	Additional Secretary	Dehradun
724	Uttrakhand	Both umbrellas	All schemes	16/01/20	Ms. Sowjanya	Secretary, wcd	Dehradun
725	Uttrakhand	ICDS	ICDS	15/01/20	Ms.Jharna Kamthan	icds director	Dehradun
726	Uttrakhand	ICDS	ICDS	15/01/20	Ms.Sujata	Dy. Director ICDS	Dehradun
727	Uttrakhand	ICDS	PMMVY	26/02/20	Jyoti Joshi	Dist Cord PMMVY	Champawat
728	Uttrakhand	Both umbrellas	All schemes	26/02/20	Prakash Brijwal	DPO	Champawat
729	Uttrakhand	ICDS	ICPS	26/02/20	Diwakar Sharma	PO	Champawat
730	Uttrakhand	ICDS	Poshan	26/02/20	Harshita Bagoli	Dist Cord NNM	Champawat
731	Uttrakhand	MPEW	OSC	04/03/20	Maya Negi	Centre Admin OSC	Dehradun
732	Uttrakhand	ICDS	PMMVY	04/03/20	Vishal Ghildiyal	Dist Cord PMMVY	Dehradun
733	Uttrakhand	ICDS	Poshan	04/03/20	Nisha Rautela	Dist Cord NNM	Dehradun
734	Uttrakhand	MPEW	BBBP+MSK	04/03/20	Saroj Dhyani	Women welfare officer	Dehradun
735	Uttrakhand	ICDS	PMMVY	04/02/20	Durga Chamoli	Dist Cord PMMVY	Haridwar
736	Uttrakhand	ICDS	Poshan	26/02/20	Riya Gupta	Dist Cord NNM	Haridwar
737	Uttrakhand	Both umbrellas	All schemes	04/02/20	Mukul Chaudhary	DPO	Haridwar
738	Uttrakhand	MPEW	OSC	22/01/20	Lakshmi Rawat	OSC incharge	Pauri Garwhal
739	Uttrakhand	ICDS	PMMVY	04/02/20	Vikas Bahuguna	Dist Cord PMMVY	Pauri Garwhal
740	Uttrakhand	ICDS	Poshan	22/01/20	Surendra Rawat	Dist Cord NNM	Pauri Garwhal
741	Uttrakhand	Both umbrellas	All schemes	22/01/20	Jitendra Kumar	DPO	Pauri Garwhal
742	Uttrakhand	ICDS	AWS	01/02/20	Yashodhara Sharma	L.S	Haridwar
743	Uttrakhand	ICDS	AWS	21/02/20	Geeta Majundar	L.S	Pauri Garwhal
744	Uttrakhand	ICDS	AWS	24/02/20	Kamla Martolia	L.S	Champawat
745	Uttrakhand	ICDS	AWS	25/02/20	Kiranlata Joshi	L.S	Champawat

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
746	Uttrakhand	Both umbrellas	All schemes	24/02/20	Laxmi Pant	CDPO	Champawat
747	Uttrakhand	Both umbrellas	All schemes	25/02/20	Pushpa Chaudhary	CDPO	Champawat
748	Uttrakhand	Both umbrellas	All schemes	11/02/20	Anju Dabral	CDPO	Dehradun
749	Uttrakhand	Both umbrellas	All schemes	12/02/20	Devendra Prasad Thapliyal	CDPO	Dehradun
750	Uttrakhand	ICDS	AWS	11/02/20	Ishita Kathait	L.S	Dehradun
751	Uttrakhand	ICDS	AWS	12/02/20	Indira Shah	L.S	Dehradun
752	Uttrakhand	Both umbrellas	All schemes	01/02/20	Gyanendra	CDPO	Haridwar
753	Uttrakhand	Both umbrellas	All schemes	03/02/20	Varsha Sharma	CDPO	Haridwar
754	Uttrakhand	ICDS	AWS	03/02/20	Anchal Chaudhary	L.S	Haridwar
755	Uttrakhand	ICDS	AWS	01/02/20	Yashodhra Sharma	L.S	Haridwar
756	Uttrakhand	Both umbrellas	All schemes	21/01/20	Meena Shah	CDPO	Pauri Garwhal
757	Uttrakhand	Both umbrellas	All schemes	22/01/20	Jitendra Kumar	CDPO	Pauri Garwhal
758	Uttrakhand	ICDS	AWS	22/01/20	Geeta Bisht	L.S	Pauri Garwhal
759	Uttrakhand	Both umbrellas	All schemes	14/01/20	Manoj Kumar	PRI member	Pachpakariya
760	Uttrakhand	Both umbrellas	All schemes	16/01/20	Nisha	PRI member	Amauli
761	Uttrakhand	Both umbrellas	All schemes	15/01/20	Rakhi	PRI member	Sahab Nagar
762	Uttrakhand	Both umbrellas	All schemes	15/01/20	Harish Jwala	PRI member	Nagal Jwalapur
763	Uttrakhand	Both umbrellas	All schemes	13/01/20	Paramjeet Kaur	PRI member	Jeevan Wala
764	Uttrakhand	Both umbrellas	All schemes	14/01/20	Fakruddin	PRI member	Nawabgarh
765	Uttrakhand	Both umbrellas	All schemes	24/01/20	Gindi Das	PRI member	Simalchaur
766	Uttrakhand	Both umbrellas	All schemes	21/01/20	Rakhi Negi	PRI member	Garh Ka Margaon
767	Uttrakhand	Both umbrellas	All schemes	12/01/20	Santosh Kashyap	PRI member	Pherupur Ramkhera
768	Uttrakhand	Both umbrellas	All schemes	12/01/20	Manita Saini	PRI member	Jasawa Wala
769	Uttrakhand	Both umbrellas	All schemes	11/01/20	Ruksana	PRI member	Baleki Yusufpur
770	Uttrakhand	Both umbrellas	All schemes	11/01/20	Mangram	PRI member	Fakkarhedi
771	Uttrakhand	ICDS	AWS	14/01/20	Usha Chand	AWW	Pachpakariya
772	Uttrakhand	ICDS	AWS	18/01/20	Laxami Binbal	AWW	Nadhan
773	Uttrakhand	ICDS	AWS	15/01/20	Rekha	AWW	Sahab Nagar
774	Uttrakhand	ICDS	AWS	13/01/20	Pratima Pal	AWW	Jeevan Wala
775	Uttrakhand	ICDS	AWS	24/01/20	Vimlesh	AWW	Simalchaur
776	Uttrakhand	ICDS	AWS	21/01/20	Chandra Kala	AWW	Garh Ka Margaon
777	Uttrakhand	ICDS	AWS	22/01/20	Pushpa Kuthail	AWW	Kunaith
778	Uttrakhand	ICDS	AWS	11/01/20	Mantlesh	AWW	Baleki Yusufpur

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
779	Uttrakhand	ICDS	AWS	11/01/20	Rekha Pundir	AWW	Fakkarhedi
780	Uttrakhand	ICDS	AWS	10/01/20	Sangeeta	AWW	Jhabrera (NP) WARD NO.-0005
781	Uttrakhand	ICDS	AWS	10/01/20	Sunita	AWW	Roorkee (NPP) WARD NO.-0003
782	Uttrakhand	ICDS	ICPS	15/01/20	-	Centre Manager	Dehradun
783	Uttrakhand	MPEW	Ujjawala	15/01/20	Mr Joshi	Centre admin	Champawat
784	Uttrakhand	MPEW	WWH	03/02/20	Varsha Sharma	WWH warden	Haridwar
785	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	09/12/2019	Dr. Alok Ranjana	Nutrition Lead, Bill and Melinda Gates Foundation	New Delhi
786	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	12/02/2020	Rasmi Avula	Research Fellow, IFPRI	New Delhi
787	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	11/12/2019	Mohini Kak	Health Specialist, World Bank	New Delhi
788	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	11/12/2019	Dr. Deepika Nayar Chaudhery	Nutrition Specialist, World Bank	New Delhi
789	National	ICDS	ICPS	12/12/2019	Prabhat Kumar	Child Protection Head, Save The Children, India	Gurgaon
790	National	ICDS	ICPS	19/12/2019	Dr. Rita Panicker	Butterflies (NGO), India	New Delhi
791	National	ICDS	ICPS	10/01/2020	Dr Mahua Bandyopadhyay	Associate Dean - School of Research Methodology, Centre for Study of Developing Societies, School of Development Studies, TISS	Mumbai
792	National	ICDS	ICPS	10/01/2020	Trupti Panchal	Chairperson, Women Centred Social Work Practice, TISS	Mumbai
793	National	ICDS	ICPS	03/01/2020	Harleen Walia	Deputy Director, CHILDLINE India Foundation (CIF)	Gurgaon
794	National	MPEW	All Scheme	22/01/2020	Anju Pandey	Programme Specialist, EVAW, UNWomen	New Delhi

	State	Umbrella CSS	Scheme	Date	Name	Designation	Location of interview
795	National	MPEW	All Schemes	22/01/2020	Suhela Khan	WeEmpower Asia Programme, UN Women	New Delhi
796	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	24/01/2020	Gayatri Singh	Child Development Specialist, UNICEF	New Delhi
797	National	ICDS	AWS, PMMVY, POSHAN Abhiyaan	28/01/2020	Sunisha Ahuja	Early Childhood Education Specialist, UNICEF	New Delhi
798	National	Both	ICPS, BBBP	23/12/2019	Aastha Saxena Khatwani	Joint Secretary, MWCD	New Delhi
799	National	Both	NCS, MSK	20/11/2019	Anuradha Chagti	Joint Secretary, MWCD	New Delhi
800	National	ICDS	AWS, POSHAN Abhiyaan, PMMVY	21/01/2020	Sajjan Singh Yadav	Joint Secretary, MWCD	New Delhi
801	National	MPEW	Swadhar Greh, Ujjawala Scheme, Gender Budgeting	23/01/2020	Santosh Kumar	Statistical Advisor, MWCD	New Delhi
802	National	MPEW	One Stop Centre, Mahila Police Volunteers, Women's Helpline	08/01/2020	Ashish Srivastava	Joint Secretary, MWCD	New Delhi

In addition to the above list, KIIs were undertaken with the staff and residents of CCIs, Swadhar Grehs, Ujjawala Homes, and Working Women's Hostels. These have not been included in the list above due to privacy concerns.

Appendix 2 – Derivation of Sector Determinants

Child Nutrition and Development

Prenatal to first 1000 days		
Maternal Health Care Including Ante-Natal Care	CRC	Art. 6: States Parties shall ensure to the maximum extent possible the survival and development of the child. Art. 24: To diminish infant and child mortality; To ensure appropriate pre-natal and post-natal health care for mothers
	NPAC	Sub-objective 1.1: Improving maternal health care, including ante-natal care, safe delivery by skilled health personnel, post-natal care and nutritional support. Sub-objective 1.4: Ensuring availability of essential services, supports and provisions for nutritive attainment in a life-cycle approach, including maternal, infant and young child feeding (MIYCF) practices
Safe Delivery by Skilled Health Personnel and Post Natal Care	SDG	3.2 By 2030, end preventable deaths of new-borns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
	CRC	Art. 6: States Parties shall ensure to the maximum extent possible the survival and development of the child. Art. 24: To diminish infant and child mortality; To ensure appropriate pre-natal and post-natal health care for mothers
	NPAC	Sub-objective 1.1: Improving maternal health care, including ante-natal care, safe delivery by skilled health personnel, post-natal care and nutritional support. Sub-objective 1.4: Ensuring availability of essential services, supports and provisions for nutritive attainment in a life-cycle approach, including maternal, infant and young child feeding (MIYCF) practices
Nutritional Support	SDG	2.1 by 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round
	CRC	Art. 24: To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
	NPAC	Sub-objective 1.1: Improving maternal health care, including ante-natal care, safe delivery by skilled health personnel, post-natal care and nutritional support. Sub-objective 1.3: Addressing key causes and determinants of child mortality and morbidity through interventions based on a continuum of care, with emphasis on nutrition, safe drinking water, sanitation and health education
Safe Drinking Water, Sanitation and Hygiene	SDG	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
	CRC	Art. 24: To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
	NPAC	Sub-objective 1.3: Addressing key causes and determinants of child mortality and morbidity through interventions based on a continuum of care, with emphasis on nutrition, safe drinking water, sanitation and health education

Health and Nutrition Education including information on the advantages of breastfeeding, hygiene and environmental sanitation	CRC	Art. 24: To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents
	NPAC	Sub-objective 1.3: Addressing key causes and determinants of child mortality and morbidity through interventions based on the continuum of care, with emphasis on nutrition, safe drinking water, sanitation and health education.

3-6 years		
Quality ECCE	SDG	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
	NPAC	Sub-objective 2.1: Providing universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children of the age group 3–5 years.
Nutritional Support	SDG	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age
	CRC	Art. 24: To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
Basic Healthcare facilities including disability screening	SDG	3.2 By 2030, end preventable deaths of children under five years of age, with all countries aiming to reduce under-five mortality to at least as low as 25 per 1,000 live births
Safe Drinking Water, Sanitation and Hygiene	SDG	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
	CRC	Art. 24: Diminish child mortality Provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution

6-14 years		
Access to Primary Education	SDG	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary education leading to relevant and effective learning outcomes
	CRC	Art. 28: Make primary education compulsory and available free to all. Take measures to encourage regular attendance at schools and the reduction of drop-out rates.
	NPAC	Sub-objective 2.2. Ensuring that every child in the age group of 6–14 years is in school and enjoys the fundamental right to education as enshrined in the Constitution.
Nutrition Support	CRC	Art. 24: Provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
Safe Drinking Water,	SDG	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

Sanitation and Hygiene		6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
	CRC	Art. 24: provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution

11-18 years		
Nutritional Support	SDGs	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
	CRC	Art. 24: To combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
Basic Health Facilities	SDG	3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
Mental Health and Well-Being	SDG	3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
Prevention from Substance Abuse	SDG	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
	CRC	Art. 33: States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.
	NPAC	Sub-objective 1.5: Providing adolescents access to information, support and services essential for their health and development, including ARSH, information and support on appropriate lifestyle and healthy choices and awareness on the ill effects of alcohol and substance abuse.
Access to Sexual and Reproductive Health Care Services	SDG	3.7 By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
	NPAC	Sub-objective 1.5: Providing adolescents access to information, support and services essential for their health and development, including ARSH, information and support on appropriate lifestyle and healthy choices and awareness on the ill effects of alcohol and substance abuse.
Access to Secondary Education	SDG	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
	NPAC	Sub-objective 2.3. Promote affordable and accessible quality education up to the secondary level for all children. Sub-objective 2.6. Ensuring that all out of school children are tracked, rescued, rehabilitated and have access to their right to education.
Access to Technical and Vocational Skills	SDG	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship 8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training
	CRC	Art. 28: Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need

	NPAC	Sub-objective 2.4. Foster and support inter-sectoral networks and linkages to provide vocational training options including comprehensively addressing age-specific and gender-specific issues of children's career choices through career counselling and vocational guidance
Career Counselling	NPAC	Sub-objective 2.4. Foster and support inter-sectoral networks and linkages to provide vocational training options including comprehensively addressing age-specific and gender-specific issues of children's career choices through career counselling and vocational guidance
Freedom to Express	CRC	Art. 13: The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.
	NPAC	Sub-objective 4.1: Enable children to express their views freely on all matters concerning them.

Child Protection

Prevention	SDGs	5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation. 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. 8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
	CRC	Art. 16: No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation. Art. 37: Ensure that: (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without the possibility of release shall be imposed for offences committed by persons below eighteen years of age; (b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;
Protection	CRC	Art. 12: For this purpose, the child shall, in particular, be provided with the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law. Art. 14: Respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child. Art. 19: Take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide the necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child

		maltreatment described heretofore, and, as appropriate, for judicial involvement. Art. 20: 1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. 2. States Parties shall, in accordance with their national laws, ensure alternative care for such a child. 3. Such care could include, inter alia, foster placement, kafala of Islamic law, adoption or if necessary, placement in suitable institutions for the care of children. Art. 21 (a) Ensure that the adoption of a child is authorised only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary; (b) Recognise that inter-country adoption may be considered as an alternative means of child's care if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin; (c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption; (d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it Art. 32: Recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development. Art. 34: Undertake to protect the child from all forms of sexual exploitation and sexual abuse. Art. 36: Protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare. Art. 37: Ensure that: (c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner, which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances; (d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action. Art. 39: Take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child. Art. 40: Recognise the right of every child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth,

		which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society. Promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognised as having infringed the penal law. A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.
	NPAC	Sub Objective 3.1: Create a caring, protective and safe environment for all children to reduce their vulnerability in all situations and to keep them safe at all places. Sub-objective 3.2: Legislative, administrative, and institutional redressal mechanisms for Child Protection strengthened at National, State and district level. Sub-objective 3.5: Ensure rights of all children temporarily/permanently deprived of parental care are secured by ensuring family and community-based arrangements, including adoption, sponsorship and foster care. Sub-objective 4.1: Enable children to express their views freely on all matters concerning them.

Women's Safety and Protection

Prevention Rescue Rehabilitation Redressal Reintegration	SDGs	5.1 End all forms of discrimination against all women and girls everywhere 5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation 16.1 Significantly reduce all forms of violence and related death rates everywhere
	DNPW 2016	Address all forms of violence against women with a holistic perspective through a life cycle approach in a continuum from the fetus to the elderly starting from sex-selective termination of pregnancy, denial of education, child marriage to violence faced by women in the private sphere of the home, public spaces and at the workplace.
	CEDAW	**Art. 2:** Condemn discrimination against women in all its forms through appropriate means.
Advocacy and sensitisation of stakeholders including men and boys	DNPW 2016	Advocacy through awareness and sensitisation in order to change the mindsets of communities and stakeholders. Engage men and boys through advocacy, awareness generation programmes and community programmes.
Mental Health and Well-Being	SDGs	3.4 Reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
	DNPW 2016	Health interventions will aim at both physical and psychological well-being of women. Women have a greater risk of mental disorders due to various reasons, primarily due to discrimination, violence and abuse. A systematic approach to provide requisite screening, care and treatment, especially at the primary level to be made.
Creation of Safe Spaces	SDGs	8.8 Protect labour rights and promote safe and secure working environments for all.

	NPW 2016	Address all forms of violence faced by women in the private sphere of the home, public spaces and at the workplace.

Women's Empowerment

Access to economic resources	SDG	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, and appropriate new technology. 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in economic life. 10.2 By 2030, empower and promote economic inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
	CEDAW	Art. 13: States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic life in order to ensure, on the basis of equality of men and women, the same rights, in particular: (a) The right to family benefits;
Productive, safe and secure Employment with equal remunerations	SDG	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value. 10.2 By 2030, empower and promote economic inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or another status.
	CEDAW	Art. 11: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on the basis of equality of men and women, the same rights, in particular: (a) The right to work as an inalienable right of all human beings; (c) The right to free choice of profession and employment, the right to promotion and job security; (d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work; (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures: (a) To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status; (b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances; (c) To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities.
	DNPW 2016	Increasing the participation of women in the workforce, the quality of work allotted to them and their contribution to the GDP. Entrepreneurial development must ensure the participation of women through accelerated involvement in various sectors. Gender wage gap across rural and urban, agricultural and non- agricultural jobs, regular and casual employment to be addressed. Ensuring pay parity and satisfactory conditions of work, especially for women in informal employment.

Social Security	CEDAW	Art. 11: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on the basis of equality of men and women, the same rights, in particular: (e) The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacities to work, as well as the right to paid leave.
	DNPW 2016	Efforts to be made to strengthen the existing supportive social infrastructure for women, especially the vulnerable, marginalised, migrant and single women. Concerted efforts will be made towards strengthening social security services.
Vocational and Skill Training	SDG	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
	CEDAW	Art. 10: States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on the basis of equality of men and women: The same conditions for career and vocational guidance, this equality shall be ensured in all types of vocational training. Art. 11: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on the basis of equality of men and women, the same rights, in particular: (c) all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training.
	DNPW 2016	Effort to be made for training and skill up-gradation of women in traditional, new and emerging areas to promote women employment in both organised /unorganised sectors with special emphasis on skill development of marginalised women and those in difficult circumstances in the unorganised sector. Special provisions to be made for promoting re-entry of highly /technically skilled women in the job market, especially for those who resign or take a break to manage the care economy.
Financial Inclusion	SDG	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to financial services, including microfinance. 10.2 By 2030, empower and promote economic inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
	CEDAW	Art. 13: States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic life in order to ensure, on the basis of equality of men and women, the same rights, in particular: (b) The right to bank loans, mortgages and other forms of financial credit.
	DNPW 2016	Universalisation of the financial inclusion of women to ensure that they gain a financial identity.
Value unpaid care work	SDG	5.4 Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
	DNPW 2016	Recognising women's unpaid work in terms of economic and societal value and undertake suitable strategies to integrate unpaid work with the major programmes. Further measures to be undertaken to free a woman's time for paid work through time-saving technologies, infrastructure, child/parental care services (Crèches) and child care/parental leave.
Access to Information	SDG	16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements

Political Participation	SDG	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political life. 10.2 By 2030, empower and promote political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. 16.7 Ensure responsive, inclusive, participatory and representative decision making at all levels.
	CEDAW	Art. 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (a) To vote in all elections and public referenda and to be eligible for election to all publicly elected bodies; (b) To participate in the formulation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of government; (c) To participate in non-governmental organisations and associations concerned with the public and political life of the country.
	DNPW 2016	Establish mechanisms to promote women's presence in all the three branches of the government, including the legislature, executive and judiciary. Quality of women's representation to be improved through greater capacity building on aspects of decision making and women's rights and legislation.
Social Participation and Inclusion	SDG	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in public life. 10.2 By 2030, empower and promote social inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. 16.7 Ensure responsive, inclusive, participatory and representative decision making at all levels.
	CEDAW	Art. 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (c) To participate in non-governmental organisations and associations concerned with the public and political life of the country. Art. 13: States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of social life in order to ensure, on the basis of equality of men and women, the same rights, in particular: (c) The right to participate in recreational activities, sports and all aspects of cultural life.

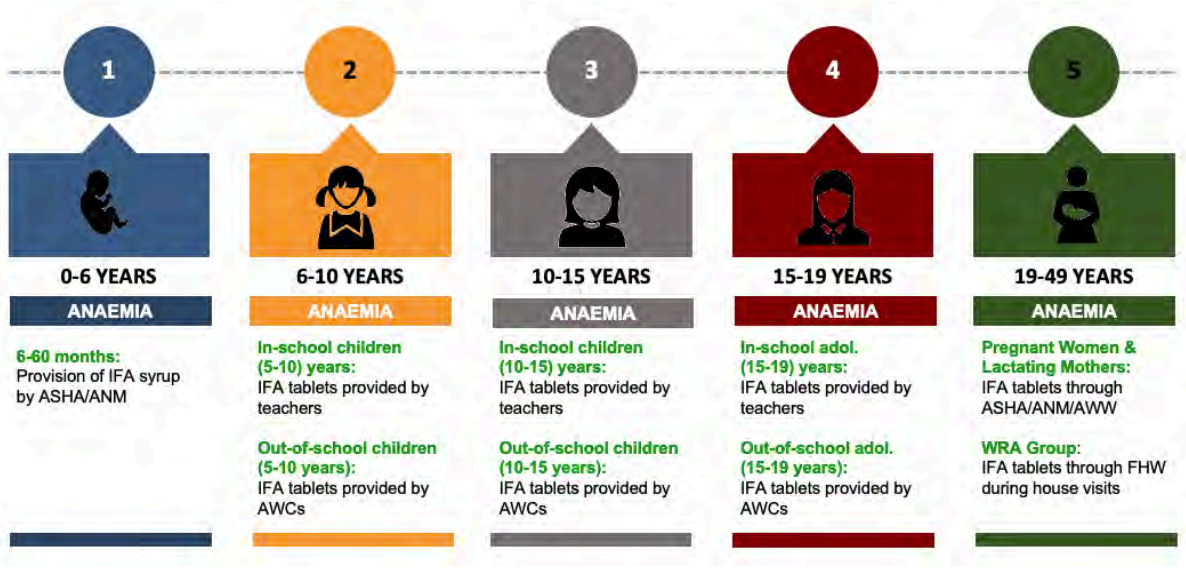
Appendix 3 – Women-Centric Objectives of Schemes implemented by other Ministries

Ministry of Health and Family Welfare

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

National Iron Plus Initiative (NIPI)

The National Iron Plus Initiative (NIPI) as a component of NHM has been implemented to offer iron-folic supplementation to children and women at different stages of their lives, as shown below.



Janani Suraksha Yojana (JSY) is a safe motherhood intervention under NHM (NHM), implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery. It is a centrally sponsored scheme which integrates cash assistance with delivery and post-delivery care.

Janani Shishu Suraksha Karyakram (JSSK) initiative entitles all pregnant women delivering in public health institutions to have free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during the stay, free diagnostics and free blood transfusion if required. This initiative also provides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements are also put in place for all sick newborns accessing public health institutions for treatment until 30 days after birth.

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

Infant and Young Child Feeding (IYCF) is a set of well-known, common and scientific recommendations for appropriate feeding of newborn and children under two years. The NHM provides a valuable opportunity to bring greater attention and commitment to promoting IYCF interventions through the health system, both at the health facility and community outreach levels. ASHA is the frontrunner for taking messages to the communities and thus contribute towards

improvement in rates of breastfeeding. Counsellors have been deployed at all high caseload facilities for counselling on RMNCH+A issues.

Birth defects account for 9.6% of all new-born deaths and 4% of under-five mortality. Development delays affect at least 10% children, and these delays if not intercepted timely, may lead to permanent disabilities. **Rashtriya Bal Swasthya Karyakram (RBSK)** under the NHM, provides child health screening and early interventions services. The screenings are undertaken for all children in the age group 0 – 6 years. The programme covers 30 common health conditions.

The National Deworming Day is an initiative of MHFW, GOI to make every child in the country worm free. This is one of the largest public health programs reaching a large number of children during a short period. The objective of the programme is to deworm all preschool and school-age children (enrolled and non-enrolled) between the ages of 1-19 years through the platform of schools and AWCs in order to improve their overall health, nutritional status, access to education and quality of life.

In order to ensure holistic development of adolescent population, MHFW launched **Rashtriya Kishor Swasthya Karyakram (RKSK)** on 7th January 2014 to reach out to 253 million adolescents - male and female, rural and urban, married and unmarried, in and out-of-school adolescents with special focus on marginalised and underserved groups. The programme expands the scope of adolescent health programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. The strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities. Key drivers of the program are community-based interventions like outreach by counsellors; facility-based counselling; Social and Behavior Change Communication; and strengthening of Adolescent Friendly Health Clinics across levels of care.

Ministry of Drinking Water and Sanitation

In order to curb morbidity among women and children and ensure safe drinking water and sanitation facilities, the Government of India launched the **Swachh Bharat Mission**. As part of the same, the construction of toilets in households was prioritised keeping in view the presence of vulnerable sections such as girl children, pregnant and lactating mothers. It was also mandated that the needs of women be addressed adequately while constructing public and community toilets. With the support of the MHRD and the MWCD, the mission also aimed to construct toilets in schools (separately for boys and girls) and Anganwadi centres respectively with regular water facilities

Ministry of AYUSH

Providing easy access to health, nutrition and hygiene education and services through AYUSH systems of medicine is a simple and cost-effective tool which can go a long way in the prevention and control of communicable and non-communicable diseases. The school health programme under the **National AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) Mission** implemented by the Ministry of AYUSH was launched to address both the physical and mental health needs of school-going children. The components of the programme include AYUSH Health and Nutrition education, the practice of yoga, education on sexual and reproductive health issues, health screening, among others.

Ministry of Human Resource Development

Department of School Education is implementing Integrated Scheme of School Education – **Samagra Shiksha**[619], which envisages the 'school' as a continuum from pre-school, primary, upper primary, secondary to Senior Secondary levels. Samagra Shiksha envisages School Education as a holistic and convergent programme aimed at providing quality education across the wide spectrum of schools, spanning from pre-school to senior secondary classes. The thrust of Samagra Shiksha is providing quality education based on the principles of NCF 2005 and provisions of RTE Act. Major Interventions emphasised under the scheme are:

- Opening of schools in the neighbourhood as defined by the State.
- Provision of free textbooks up to Class VIII.
- Uniforms to all students belonging to SC, ST, BPL and girls up to Class VIII.
- Provision of gender-segregated toilets in all schools.
- Teachers' sensitisation programmes to promote girls' participation.
- Provision for Self-Defence training for the girls from classes VI to XII.
- Vocationalisation of Secondary Education.
- Stipend to Children with Special Needs (CWSN) girls from class I to Class XII.
- Upgradation of KGBVs for Girls from classes VI-VIII to classes VI-XII.
- Construction of residential quarters for teachers in remote/hilly areas/in areas with difficult terrain.

The scheme would also support residential facilities to serve children (boys and girls) from sparsely populated areas, where it may not be viable to set up a full-fledged school. The provision of residential facilities would be supported in the form of a hostel in the premises of an existing secondary and Senior Secondary school or a residential school where secondary, and Senior Secondary school does not exist. Approval under the Scheme for such facilities is however contingent on States conducting a school mapping to ensure that there is no school in the area and transportation facility to and fro the school nearest to the neighbourhood is not practical, and identification of all children who would benefit from such intervention.

Some of the specific programmes under the scheme include:

Residential Schools/Hostels and **Kasturba Gandhi Balika Vidyalayas** under Samagra Shiksha provide for access to quality education to girls belonging to SC, ST, OBC, Minority communities and BPL families in the age group of 10-18 years, aspiring to study in classes VI to XII; to ensure a smooth transition of girls from elementary to secondary and up to class XII wherever possible. KGBV provides the facility to have at least one residential school for girls from Classes VI-XII in every educationally backward block which does not have residential schools under any other scheme of the Ministry of Social Justice and Empowerment, Ministry of Tribal Affairs or the State Government.

Under Samagra Shiksha**,** the vocational courses are introduced under the component of **Vocationalisation of School Education** along with general education subjects from Classes IX to XII. The vocational subjects are introduced as an additional or compulsory subject at the Secondary level and as compulsory (elective) at the Senior Secondary level. The scheme primarily covers Government schools. Government aided schools in the States/UTs where Government schools have already been covered under the Scheme are considered for financial assistance as per the norms. Exposure to Vocational Education is also provided in Classes VI to VIII with an aim to provide opportunities to the students to orient themselves with the skills required for the various occupations in a sector and to equip them to make informed choices while selecting their subjects in higher classes. Under Special Projects of Equity, Samagra Shiksha provides for a choice of courses by

[619] As per scheme details shared by Joint Secretary, Samagra Shiksha, MHRD

the girls in such a manner that gender stereotyping is avoided. Special guidance and counselling session is organised for girls as per need.

There is also a provision for guidance and counselling under Samagra Shiksha for children in Classes IX to XII to enable them to make career choices based on their interest, aspiration and abilities. With a view to enhancing enrolment, retention and attendance and simultaneously improving nutritional levels among children at the primary and upper primary levels, supplementary nutrition is offered under the **Mid-Day Meal scheme**.

The School Health Programme has been incorporated as a part of the Health and Wellness component of the Ayushman Bharat Programme of Government of India to strengthen the preventive and promotive aspects through health promotion activities. These activities combine health education, health promotion, disease prevention, and improve access to health services in an integrated, systemic manner at the school level. The programme envisages a greater focus on emerging social morbidities like injuries, violence, substance abuse, risky sexual behaviours, psychological and emotional disorders. It is a joint initiative of MHFW and Department of School Education and Literacy, MHRD. The key objectives of the program include:

- To provide age-appropriate information about health and nutrition to the children in schools.
- To promote healthy behaviours among the children that they will inculcate for life.
- To detect and treat diseases early in children and adolescents, including identification of malnourished and anaemic children with appropriate referrals to PHCs and hospitals.
- To promote the use of safe drinking water in schools
- To promote safe menstrual hygiene practices by girls
- To promote yoga and meditation through Health and Wellness Ambassadors.
- To encourage research on health, wellness and nutrition for children.

The school health promotion activities are implemented in all the government and government-aided schools in the country. Financial incentives are offered to SC/ST girls enrolled in class IX under the **national scheme of incentive to girls for secondary education**[620] to promote enrolment and reduce drop-out among them.

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

Ministry of Social Justice and Empowerment

With the aim to reduce the incidence of substance abuse including narcotic drug abuse and harmful use of alcohol the **Scheme for Prevention of Alcoholism and Substance (Drug) Abuse** was launched in 2015 by the Ministry of Social Justice and Empowerment. The scheme targets all victims of alcohol and substance (drugs) abuse with a special focus on (i) Children including street children, both in and out of school, (ii) Adolescents/Youth (iii) Dependent women and young girls, affected by substance abuse among others. A number of **pre-matric and post-matric scholarship scheme** are offered by the Ministry of Social Justice and Empowerment to promote education among socially and economically backward classes (SC, ST, OBC, DNT) and minorities. To increase enrolment of children belonging to socially and economically backward classes, hostels with adequate educational environments are run by MSJE under the **scheme for hostels**.

Ministry of Minority Affairs

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

The Ministry implements the **pre-matric and post-matric scholarship scheme** to promote education among minorities. **Nai Manzil** aims to engage constructively with poor minority youth to help them obtain sustainable and gainful employment opportunities that can facilitate them to be integrated with mainstream economic activities. **Seekho aur Kamao** is a placement linked skill development scheme aiming to upgrade the skills of minority youth in various modern/traditional skills depending upon their qualification, present economic trends and market potential, which can earn them suitable employment or make them suitably skilled to pursue self-employment. **Upgrading the Skills and Training in Traditional Arts/Crafts for Development (USTTAD)** was launched to preserve the rich heritage of traditional arts/crafts of minorities. The scheme aims to build capacity and update the traditional skills of master craftsmen/artisans who then train the minority youths in various specific traditional arts/crafts. An exclusive scheme **"Nai Roshni"**, is implemented by the Ministry for leadership development of minority women with an aim to empower and instil confidence in them by providing knowledge, tools and techniques for interacting with Government systems, banks and intermediaries at all levels.

Ministry of Tribal Affairs

The Ministry offers scholarships to ST students studying in Classes IX-XII under the **pre-matric and post-matric scholarship scheme** to ensure completion of school education. The Ministry has also instituted **Ashram Schools and Eklavya Model Residential Schools (EMRS)** to increase education among Scheduled Tribes children in all areas. **Vocational Training Centres in Tribal Areas** are being run by the Ministry of Tribal Affairs aimed at upgrading skills of the tribal youths in various traditional/modern vocations to enable them to gain suitable employment or become self-employed. Provisions for reservation of minimum 33% seats for tribal girl candidates have been made under the scheme.

Ministry of Labour and Employment[621]

The Ministry is implementing the **National Career Service (NCS)** Project as a Mission Mode Project for the transformation of the National Employment Service to provide a variety of employment-related services like career counselling, vocational guidance, information on skill development courses, apprenticeship, internships etc. The NCS Portal (www.ncs.gov.in) was dedicated to the Nation by Hon'ble Prime Minister of India on 20.7.2015. In order to promote women empowerment, National Career Service (NCS) assists by providing various features for helping women connect with the right opportunities. A specific title "Jobs for Women" has been featured on NCS Portal Home Page to help them easily search and apply to relevant jobs. Job Fairs and Events are conducted for women-centric jobs; for example, Model Career Centre, Coimbatore conducted a Job Fair exclusively for teachers in June 2019. Also, functionality has been provided on NCS wherein household users can reach out to Local Service Providers like plumbers, electricians, cooks, beauticians etc. in their locality.

Pradhan Mantri Shram Yogi Maan-Dhan (PMSYM) was launched by GoI as a pension scheme for unorganised workers to ensure old age protection for them. Enrollment under the scheme has started since 15th February 2019. The unorganised workers mostly engage as home-based workers, street vendors, mid-day meal workers, head loaders, brick kiln workers, cobblers, rag pickers, domestic workers, washermen, rickshaw pullers, landless labourers, own-account workers, agricultural workers, construction workers, beedi workers, handloom workers, leather workers, audio-visual workers and those engaged in similar other occupations, whose monthly income is Rs 15,000/ per month or less are eligible to enrol under PY-SYM.

The **Pradhan Mantri Rojgar Protsahan Yojana (PMRPY) Scheme** was launched on 9th August 2016 to incentivise employers for generation of employment, where GoI pays full employer's contribution

[621] https://labour.gov.in/sites/default/files/Final_AR_English_21-7-19.pdf

of 12% or as applicable towards EPF & EPS both w.e.f 01.04.2018 (earlier benefit was applicable for employer's contribution towards EPS only) for new employment. This scheme has a dual benefit, where, on the one hand, the employer is incentivised for increasing the employment base of workers in the establishment, and on the other hand, a large number of workers find jobs in such establishments. A direct benefit is that these workers do not have access to social security benefits of the organised sector. The scheme is being implemented through EPFO. Statutory provisions have been made in certain Labour laws for organising child care centres for the benefit of women workers as detailed below.

Name of the Enactment	Protective Provisions
The Beedi & Cigar Workers (Conditions of Employment) Act,1966	In every industrial premise wherein more than thirty female employees are ordinarily employed, provisions shall be made to provide suitable room or rooms for the use of children under the age of six years of such female employees.
The Plantation Labour Act, 1951	Provision of crèches in every plantation where fifty ormore women workers (including women workers employedby any contractor) are employed or where the number of children of women workers (including women workers employed by any contractor) is twenty or more.
The Contract Labour (Regulation & Abolition) Act, 1970	Provision of crèches where twenty or more women are ordinarily employed as contract labour.
The Inter-State Migrant Workmen (Regulation of Employment & Conditions of Service) Act, 1979	Provision of crèches for the benefit of women workers in establishments wherein twenty or more women are ordinarily employed as migrant workers is likely to continue for three months or more.
The Factories Act, 1948	Provision of crèches in every factory wherein more than thirty women workers are ordinarily employed.
The Maternity Benefit Act, 1961	The facility of crèche if 50 or more employees are working in the establishment with daily four visits.
The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996	Provision for crèches where more than 50 female construction workers are ordinarily employed, for the use of children under the age of six years of such female workers.
The Industrial Employment (Standing Orders) Act, 1946	The provision regarding safeguards against sexual harassment of women workers at their workplaces.

National Child Labour Project

The government had started the National Child Labour Project (NCLP) Scheme in 1988 to rehabilitate working children in the child labour endemic districts of the country. Under the NCLP Scheme, children in the age group of 9-14 years, withdrawn from work are put into Special Training Centers, where they are provided with bridge education, vocational training, mid-day meal, stipend, health- care facilities etc. and finally mainstreamed to the formal education system. Children in the age group of 5-8 years are directly linked to the formal education system. Adolescent labour identified in the age group of 14 to 18 years working in hazardous occupations/process is provided with vocational training opportunities through an existing scheme of skill developments. In addition, efforts are also made to target the families of these children to cover them under various developmental and income/employment generating programmes of the Government to raise the economic standard of the family. Further, under the Scheme the Ministry funds awareness generation campaigns against the evils of child labour and enforcement of child labour laws through mass media.

Ministry of Home Affairs[622]

In order to ensure that the new amendments in law effectively translate at ground level and to enhance women safety in the country, the Government has set up a **Women Safety Division** in the Ministry of Home Affairs to strengthen measures for the safety of women in the country and instil a greater sense of security in them through speedy and effective administration of justice in a holistic manner and by providing a safer environment for women. The new Division is responsible for policy formulation, planning, coordinating, formulating and implementing projects/ schemes to assist States/ Union Territories to achieve this objective through inter-alia increased use of IT and technology in the criminal justice system, more online access to crime & criminal records which facilitates analytics for investigation and crime prevention; enabling a supportive eco-system for forensic sciences; as also prison reforms and related subjects. The Division is responsible for:

- Coordination and implementation of projects being undertaken in MHA for enhancement of safety of women in the country (Emergency Response Support System, Safe City projects etc.);
- IT interventions for increasing efficiency in the delivery of criminal justice (Crime and Criminal Tracking Network and Systems-CCTNS, Interoperable Criminal Justice System (ICJS), Investigation Tracking System for Sexual Offences-ITSSO, National Database on Sexual Offenders-NDSO etc.);
- All matters relating to Directorate of Forensic Science Services and its affiliated Central Forensic Science Laboratories, Lok Nayak Jayaprakash Narayan National Institute of Criminology and Forensic Sciences and administrative and financial matters relating to Central Forensic Science Laboratory of CBI;
- Crime Statistics;
- All matters relating to the National Crime Records Bureau;
- Crimes against women and children, members of Scheduled Castes, Scheduled Tribes, elderly persons and other vulnerable groups, but excluding crime against minorities;
- All matters relating with Trafficking in Persons and Smuggling of Migrants; and the two protocols of United Nations Convention against Transnational Organised Crime (UNCTOC) namely, the 'Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children' and the 'Protocol against the Smuggling of Migrants by Land, Sea and Air', excluding legislative, rehabilitation, welfare and other promotional aspects specifically dealt with by the Ministry of Women and Child Development;
- All matters relating to Prison Reforms, Correctional Administration, Prison/ Prisoners legislation, Identification of Convicted and Suspected person legislation, Repatriation of Prisoners Act, 2003, Transfer of Sentenced person agreements and matters related thereto;
- Poisons Act, 1919.

The Government has been focused on women-led development. In order to facilitate this, it is necessary to ensure a feeling of safety and security to women for greater participation in public spaces and in economic activities, especially in large metro cities which provide greater opportunities for livelihoods. With this objective, the Ministry of Home Affairs has approved **Safe City projects** in 8 large cities, i.e. Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Lucknow, Kolkata, and Mumbai.

The projects have been prepared by State Governments taking into account the need for identification of hotspots for crimes against women for development of critical assets in urban areas including infrastructure, technology adoption and capacity building in the community through awareness programmes.

Some of the assets being developed/ supported under the Safe City Projects initiative inter-alia are:

[622] https://www.mha.gov.in/sites/default/files/AnnualReport_English_01102019.pdf

- An integrated approach including moveable and immoveable assets in city infrastructure like Geographical Information System (GIS) linked mapping of crime hot spots, smart LED street lighting to reduce dark spots, installation of modern CCTV cameras connected to Command/ Control centres with capacities like Automated Number Plate Recognition (ANPR) cameras, development of safe zone clusters in identified crime hot spots including installation of toilets, installation of Panic Buttons in public places and transportation, transit dormitories for women and children among others. Some assets to address gaps in existing ecosystems as well as to integrate with plans in Smart City projects are also included.
- Critical Human Resource assets like the development and deployment of all women patrol teams such as SHE teams, teams for First Responder Vehicles like the Abhayam vans in Ahmedabad, development and resourcing of all women Police Stations, deployment of women Counselors in Police Stations to increase accessibility and empathy, among others. Based on the successful Bharosa Model of Hyderabad, setting up of such One-Stop Crisis Centers in other cities is being supported. Better investigative resources like Forensic and Cyber Crime Cells are also included in some of the cities.
- Critical soft assets like Gender sensitisation awareness campaigns, legal literacy campaigns and capacity building and other service providers in collaboration with community and civil society organisations have also been included in some of the cities.

Ministry of Rural Development[623][624]

Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) accords priority for the empowerment of women and categorically states that while providing employment, priority shall be given to women in such a way that at least one-third of the beneficiaries shall be women who have registered and requested for work under the Scheme.

MGNREGA operational guidelines 2013, has the following provisions to encourage women participation:

- Women (especially single women) and older persons should be given preference to work on worksites nearer to their residence.
- Equal wages for men and women.
- If more than five children under the age of six years are present, childcare facilities should also be provided at the worksite.
- In a number of States, the worksite supervision has been assigned to women SHGs. This facilitates increasing women's participation in MGNREGA and at the same time, supports SHGs financially.
- In the recruitment process of MGNREGA functionaries, the reservation policy of the State for contractual employment should be followed. MGNREGS staff should be adequately represented by women, SCs, STs, disabled, etc.
- For helping the Gram Rojgar Sahayak in managing worksite facilities, including taking attendance of the workers, a mate should be appointed for each work. Preference in appointment of mates should be given to women workers or differently-abled persons who are adequately trained for performing the duties expected of mates.
- Special awareness and outreach activities should be conducted to ensure that all wage-seekers (including women) are able to handle bank procedures, especially in areas where they are unfamiliar with the banking system.
- Widowed women, deserted women and destitute women are highly vulnerable and require special attention. The GP should identify such women and ensure that they are provided 100 days of work.

[623] https://rural.nic.in/sites/default/files/AnnualReport2019_20_English.pdf
[624] As per scheme details shared by Additional Secretary, MoRD

Pregnant women and lactating mothers (at least up to 8 months before delivery and 10 months after delivery) should also be treated as a special category. Special works which require less effort and are close to their house should be identified and implemented for them.

Additionally, to increase women's participation in the scheme, States have been suggested to open individual bank/post office accounts for all women workers, identify and provide Job cards of distinct colour to widowed, deserted and destitute women, who qualify as a household under the Act.

Deendayal Antyodaya Yojana-National Rural Livelihoods Minion (DAY-NRLM) focuses on reducing rural poverty through building institutions of the poor women (Self Help Groups to Village Organisations to Cluster Level Federations) and enables them to access a range of financial, livelihoods and convergence services. Mission makes extensive use of community resources (social capital) for building and sustaining the community institutions and promotion of livelihoods. The Mission also provides technical support to improve livelihoods and quality of life. Universal social mobilisation is a key feature of DAY-NRLM, which aims that at least one female adult member from each identified rural poor household (using SECC and PIP process) is brought under SHGs and its federated institutions in a time-bound manner. The mission especially focuses on the identified poorest of the poor and most vulnerable communities such as manual scavengers, victims of human trafficking, people with disabilities (PwDs) and particularly vulnerable tribal groups (PVTGs) etc. The Mission has evolved protocols, policy and strategies to reach out to these vulnerable sections of the community and support them to come out of poverty through providing them with an institutional space, provide services (savings, credit, technical assistance for livelihoods promotion), strengthen and support them for sustainable livelihoods solutions.

The Mission envisages that mature community institution (SHG and their federations) would demand transparent, efficient and quality public services for accessing schemes and national social security assistance programmes. Linkages with mainstream institutions such as banks, local governance bodies, and government departments help them to address multiple dimensions of poverty and deprivation. These activities would enable women to improve their access to entitlements, rights, resources and livelihood opportunities and gradually come out of poverty.

Other components under DAY-NRLM

Financial literacy[625]: SRLMs have been mandated to adopt a cascading method of training to prepare the required pool of trainers at different levels. TOTs (4-5 days) on financial literacy for first level trainers drawn from different districts including faculty member of select RSETIs, FLCC, SRLM staff and other practitioners is conducted. These trainers in turn train Financial Literacy CRPs (FLCRPs) in the districts. Each FLCRP is equipped with tools kits and materials on financial literacy. The FLCRPs undertake the training of SHG leaders/representatives in financial literacy.

Appointment of Bank Mitras/ Bank Sakhis: A bank Mitra/ bank Sakhi is positioned in each rural bank branch to provide support to the SHGs in all bank transactions including preparation of loan applications/ agreements, withdrawal and repayment of loans, money transfer and other financial or non-financial transactions at a bank branch. The bank mitras are also expected to guide and educate the SHG members on the norms and procedures followed by banks.

Start-up Village Entrepreneurship Programme (SVEP): NRLM has been entrusted with the implementation of SVEP since FY 2014-15. The objective of SVEP is to reduce rural poverty and unemployment by supporting the rural poor to set up micro-enterprises, both individual and collective. The enterprises cover manufacturing, services and trading and could involve the use of traditional and new skills for the production of existing or new goods and services. The strategy is to

[625] https://aajeevika.gov.in/sites/default/files/nrlp_repository/Circular_Guidance%20for%20Mission%20Implemen_0.pdf

promote knowledge about business feasibility and management, provide access to loan finance through CIF and banks including MUDRA bank, and handholding support for a minimum of 6 months post-start-up, for start-ups as well as for scaling-up the existing enterprises. A core element of the strategy is to create a pool of trained Community Resource Persons – Enterprise Promotion (CRP-EPs) and using their services and the SHG federations to support and handhold the start-ups in the initial six months post-start-up. Till date, 93000 enterprises have been established at the block level. The positive impact as there is a good rate of returns.

Ajeevika Grameen Express Yojana (AGEY)[626] launched in 2017 as part of the DAY-NRLM. SHGs under DAY-NRLM will operate road transport service in backward areas. This will help to provide safe, affordable and community monitored rural transport services to connect remote villages with key services and amenities (such as access to markets, education and health) for the overall economic development of backward rural areas. This will also provide an additional avenue of livelihood for SHGs.

The Community Investment Fund (CIF) provided to Community Based Organisation (CBOs) under DAY-NRLM will be utilised to support the SHG members in this new livelihoods initiative. The beneficiary SHG member will be provided with an interest-free loan by the CBO from its CIF up to Rs.6.50 lakh for purchase of the vehicle. Alternative, CBO will own the vehicle and lease it to an SHG member to operate the vehicle and pay lease rental to the CBO.

Mahila Kisan Sashaktikaran Pariyojana (MKSP) a sub-scheme implemented by MoRD aims to empower women in agriculture by strengthening the community institutions of poor women farmers and leverage their strength to promote sustainable agricultural practices. MKSP recognises women farmers, a hitherto unrecognised category, even though most of the farming activities are handled by the women. MKSP also seeks to reduce drudgery for women farmers. MKSP recognises the centrality of women in agriculture and therefore aims to provide direct and indirect support to enable them to achieve sustainable agriculture production. It envisages initiating leasing cycle through which women are enabled to learn and adopt appropriate technologies in farming. Under MKSP, the work is largely carried out in two major domains- Sustainable Agriculture and NTFP activities while livestock is envisaged as the universal intervention in both the domains. DAY-NRLM, under farm livelihoods, is also focusing on value chain development interventions for establishing market linkages, which could help MKSP farmers.

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

Allotment of the house is made jointly in the name of husband and wife **Pradhan Mantri Awaas Yojana-Gramin (PMAY-G),** except in the case of a widow/unmarried/separated person. The scheme allows the State to also choose to allot it solely in the name of the woman. Owing to the PMAY-G house partially or completely ensures women's economic stability.

Pradhan Mantri Gram Sadak Yojana (PMGSY) significantly impacts living conditions of rural women in terms of providing rural roads, enhancing the opportunities for the girl child to have access to the educational facilities, better access to health and marketing hubs. A progressive step has been taken under PMGSY by engaging women from the Panchayati Raj Institutions and representatives from SHGs along with Junior Engineer, Panchayat Pradhan, local patwari, in the transect walk to prepare Detailed Project Report (DPR). The objective of the transect walk is to determine the most suitable alignment, sort out issues of land availability and to moderate any adverse social and environmental impact, eliciting the participation of the community in the programme.

[626] https://pib.gov.in/newsite/printrelease.aspx?relid=169804

Indira Gandhi National Widow Pension Scheme (IGNWPS) is a social security/social welfare programme under the National Social Assistance Programme (NSAP) applicable to widows belonging to below poverty line (BPL) household. Under IGNWPS, central assistance of Rs. 300, p.m. is provided to the widows in the age group of 40-79 years.

Ministry of Finance[627]

The Government initiated the National Mission for Financial Inclusion (NMFI), namely, **Pradhan Mantri Jan Dhan Yojana (PMJDY)** in August 2014 to provide universal banking services for every unbanked household, based on the guiding principles of banking the unbanked, securing the unsecured, funding the unfunded and serving the unserved and underserved areas. The scheme has led to rapid financial inclusion of women as under PMJDY, accounts opened by women constitute 53.31% of the total Jan Dhan accounts as on 01.01.2020.

An important aspect of financial inclusion is enabling the flow of credit to small businesses. In pursuance of the announcement in the Union Budget 2015-16, the **Pradhan Mantri Mudra Yojana (PMMY)** launched on 8th April 2015, and the Micro Units Development Finance Agency (MUDRA) Ltd. was established as a wholly-owned subsidiary of SIDBI. For achieving sustained expansion in the flow of credit to the non-corporate small business sector, loans up to Rs. 10 lakh without collateral are extended to borrowers under PMMY. 69% beneficiaries under the scheme are women as on 29.11.2019.

GoI launched the **Stand Up India scheme** on 5th April 2016. The scheme aims to promote entrepreneurship amongst women, SC and ST category, i.e. those sections of the population understood to be facing significant hurdles due to lack of advice/ mentorship as well as inadequate and delayed credit. The Scheme intends to leverage the institutional credit structure to reach out to these underserved sectors of the population in starting Greenfield enterprise. The Scheme facilitates bank loans between Rs.10 lakh to Rs.1 crore to at least one Scheduled Caste/ Scheduled Tribe borrower and at least one Woman borrower per bank branch of Scheduled Commercial Banks for setting up Greenfield enterprises in trading, manufacturing and services sector.

Pradhan Mantri Suraksha Bima Yojana (PMSBY) is available to people in the age group 18 to 70 years with a bank/Post office account who give their consent to join/enable auto-debit on or before 31st May for the coverage period 1st June to 31st May on an annual renewal basis. The risk coverage under the scheme is Rs. 2 lakh for accidental death and full disability and Rs.1 lakh for partial disability. The premium of Rs.12 per annum is to be deducted from the account holder's bank / Post office account through 'auto-debit' facility in one instalment. The scheme is being offered by Public Sector General Insurance Companies or any other General Insurance Company who are offering the product on similar terms with necessary approvals and tie up with Banks and Post Offices for this purpose.

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) is available to people in the age group of 18 to 50 years having a bank / Post office account who give their consent to join/enable auto-debit. The life cover of Rs.2 lakhs is available for a one year period stretching from 1st June to 31st May and is renewable. Risk coverage under this scheme is for Rs.2 Lakh in case of death of the insured, due to any reason. The premium is Rs.330 per annum, which is to be auto-debited in one instalment from the subscriber's bank / Post office account as per the option given by him on or before 31st May of each annual coverage period under the scheme. The scheme is being offered by Life Insurance Corporation and all other life insurers who are offering the product on similar terms with necessary approvals and tie up with Banks and Post Offices for this purpose.

[627] https://dea.gov.in/sites/default/files/Annual%20Report%202019-2020%20%28English%29.pdf

Atal Pension Yojana (APY) was launched by the Hon'ble Prime Minister on 9th May 2015 and is being implemented with effect from 1st June 2015. The Scheme aims to provide monthly pension to eligible subscribers not covered under any organised pension scheme. APY is open to all bank and post office account holders in the age group of 18 to 40 years. Under this Scheme, any subscriber can opt for a guaranteed pension of Rs.1,000 to Rs.5,000 (in multiples of Rs.1,000) receivable at the age of 60 years. The contributions to be made vary based on pension amount chosen and the age at the time of enrolment.

Pradhan Mantri Vaya Vandana Yojana (PMVVY) was launched by the Government to protect elderly persons aged 60 years and above against a future fall in their interest income due to the uncertain market conditions, as also to provide social security during old age. The scheme is implemented through the Life Insurance Corporation of India (LIC) and provides an assured return of 8% per annum for 10 years. Mode of pension payment under the Yojana is on a monthly, quarterly, half-yearly or annual basis depending on the option exercised by the subscriber.

Ministry of Housing and Urban Affairs

Pradhan Mantri Awas Yojana (Urban) for ensuring housing for all in urban areas was launched on 25th June 2015 for implementation during 2015-2022. The Mission provides central assistance to implementing agencies through States/Union Territories (UTs) and Central Nodal Agencies (CNAs) for providing houses to all eligible families/ beneficiaries.

Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM) has been implemented by the Ministry for reducing poverty and vulnerability of urban poor households. DAY-NULM has seven components, as follows:

- Social Mobilisation and Institutional Development (SM&ID) which envisages mobilisation of urban poor women, differently-abled men and men in vulnerable occupations into thrift and credit-based Self-Help Groups (SHGs) and their federations/collectives.
- Capacity Building and Training (CB&T) to enable engagement of dedicated expert manpower for implementation of the Mission at State and city levels as well as for the capacity building of community institutions and government functionaries.
- Employment through Skill Training and Placement (EST&P) for skill development of urban poor in market-oriented courses to enable them to earn sustainable livelihoods.
- Self-Employment Programme (SEP) provides interest subvention on loans to individuals/groups of urban poor for setting up self-employment ventures/ micro-enterprises.
- Support to Urban Street Vendors (SUSV) to support pro-vendor planning, development of vendors' market, credit enablement, a socio-economic survey of street vendors, skill development and micro-enterprises development and convergence with social assistance under various schemes of the Government.
- Shelter for Urban Homeless (SUH) supports the provision of 24X7 permanent shelters for the urban homeless equipped with essential services.
- Innovative & Special Projects (I&SP) to promote pioneering efforts, aimed at catalysing sustainable approaches to urban livelihoods through Public, Private and Community Partnership (PPCP).

Ministry of Micro, Small and Medium Enterprises

A credit-linked subsidy programme called **Prime Minister's Employment Generation Programme (PMEGP)** was launched by the Ministry with the objectives of:

- Generating employment opportunities in rural as well as urban areas of the country through setting up of new self-employment ventures/projects/micro-enterprises.
- Bringing together widely dispersed traditional artisans/ rural and urban unemployed youth and

give them self-employment opportunities to the extent possible, at their place.

- Providing continuous and sustainable employment to a large segment of traditional and prospective artisans and rural and urban unemployed youth in the country, to help arrest migration of rural youth to urban areas.
- Increasing the wage-earning capacity of artisans and contribute to an increase in the growth rate of rural and urban employment.

Entrepreneurship and Skill Development Programme is an important component under the vertical of "Development of MSMEs", which has been up-scaled in consonance with the changing landscape of the MSME Ecosystem and its present challenges in India. The aim and objective of the programme are to motivate youth representing different sections of the society including SC/ST /Women, differently-abled, Ex-servicemen and BPL persons to consider self-employment or entrepreneurship as one of the career options. The ultimate objective is to promote new enterprises, capacity building of existing MSMEs and inculcating entrepreneurial culture in the country. The programme includes the following modules:

- Industrial Motivational Campaign (IMC)
- Entrepreneurship Awareness Programme (EAP)
- Entrepreneurship-cum-Skill Development Programme (E-SDP)
- Management Development Programme (MDP)

The programme mandates that overall, 40% of the targeted beneficiaries of EAPs and E-SDPs should be Women. If needed, special programmes for women beneficiaries can be organised.

A Scheme for Promoting Innovation, Rural Industry and Entrepreneurship (ASPIRE) has been launched by the Ministry with the objectives of:

- Create new jobs and reduce unemployment
- Promote entrepreneurship culture in India
- Boost Grassroots economic development at the district level
- Facilitate innovative business solution for un-met social needs, and
- Promote innovation to further strengthen the competitiveness of the MSME sector.

Ministry of Textiles

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

Ministry of Skill Development and Entrepreneurship[628][629]

Pradhan Mantri Kaushal Vikas Yojana was launched in the year 2016-2020. The objective of this Skill Certification Scheme is to enable a large number of Indian youth to take up industry-relevant skill training that will help them in securing a better livelihood. Currently, the scheme targets 1 crore beneficiaries, of which 95 lakh beneficiaries have been covered to date. The two principal components of the scheme include:

Short term training (3-6 months) imparted at PMKVY Training Centres (TCs) for candidates of Indian nationality who are either school/college dropouts or unemployed. Apart from providing

[628] https://www.msde.gov.in/pmkvy.html
[629] As per scheme details shared by official of MSDE.

training according to the National Skills Qualification Framework (NSQF), TCs also impart training in Soft Skills, Entrepreneurship, Financial and Digital Literacy. Duration of the training varies according to the job role, ranging between 150 and 300 hours. Upon successful completion of their training, candidates are provided placement assistance by Training Partners (TPs). Under PMKVY, the entire training and assessment fee is paid by the Government.

Recognition of Prior Learning (RPL) Model - Individuals with prior learning experience or skills are assessed and certified under this component of the Scheme. RPL aims to align the competencies of the unregulated workforce of the country to the NSQF. An official of the Ministry stressed that overall **Women's participation** in the programme had been 48%. Greater participation has been noted under the short-term training component, i.e. out of the targeted 60 lakh beneficiaries, 52% were women whereas under the RPL component 40% of the targeted 40 lakh beneficiaries were women.

Provisions for women

Conveyance allowance: Upon successful completion and certification of non-residential skill training programmes, all women candidates and Persons with Disability (PWDs)are provided with an allowance for expenses incurred in travelling to and from the TC as per the Table given below.

Conveyance Support per month	Amount (in INR)
1. Training Centre within the District of Domicile	1000
2. Training Centre outside the District of Domicile	1500

Post-placement support: In order to enable the newly skilled persons to settle into their new jobs/vocations, post-placement support is provided directly to the candidates at the rate of INR 1450 per month for the duration mentioned in Table below.

Post Placement Support @ INR 1450 per month	Men	Women
Placement within the District of Domicile	1 month	2 months
Placement outside the District of Domicile	2 months	3 months

Boarding and Lodging support at the model and aspirational PMKK (Pradhan Mantri Kaushal Kendra) centres. Post-training, candidates are offered Skill Certificate/pay-out (INR 500) in accordance with their eligibility.

Awareness Generation

Kaushal Mela/Mobilisation Camps[630]: It is a camp-based approach, used for building awareness and enrolling suitable candidates. Such camps not only disseminate information about various skill training options available under the scheme but also outline the possible career paths and income generation potential once the training is imparted. The TPs must conduct at least one Kaushal Mela every six months. To date, 1400 Kaushal melas have been organised under the scheme.

Rozgar Mela: To ensure that at least 50% of the batch is getting placements, TPs conduct mandatory Rozgar Melas every six months with adequate press and media coverage. The Rozgar Melas have the presence of at least four companies, which extend employment offers to the candidates who have successfully completed their trainings under PMKVY. To date, 1100 rozgar melas have been organised.

The Skills Career Counselling Scheme (**Skill Saathi Scheme**[631]) aims to counsel 1 crore candidates across India starting August 2018 between the age group of 15– 35 years. The scheme focuses on School and College drop-outs, young adults from the community, college students, polytechnic, ITI and

[630] https://pmkvyofficial.org/App_Documents/News/PMKVY%20Guidelines%20(2016-2020).pdf
[631] https://www.msde.gov.in/assets/images/pmkvy/Skill%20Saathi%20Guidelines.pdf

Diploma holder students, Graduates, Post-Graduates, NEET category (Not in Employment Education or Training), etc. The counselling session includes (i) introductory session, (ii) counselling video screening, (iii) post-screening interactive session, (iv) psychometric test (occupational interest profiling) and question and answers session.

Government e-Marketplace (GeM) Portal[632]

A dedicated e-market for different goods and services procured by Government Organisations / Departments / PSUs has been set up. This meant transforming Directorate General of Supplies and Goods to a digital e-commerce portal for procurement and selling of goods and services. Government e-Marketplace (GeM) facilitates online procurement of common use Goods and Services required by various Government Departments / Organisations / PSUs. GeM aims to enhance transparency, efficiency and speed in public procurement. It provides the tools of e-bidding, reverses e-auction and demand aggregation to facilitate the government users, achieve the best value for their money.

Mahila E-haat[633]

Mahila E-Haat is an initiative for meeting the aspirations and needs of women entrepreneurs. This startup at Rashtriya Mahila Kosh website leverages technology for showcasing products manufactured/ sold by women entrepreneurs. They can even showcase their services, reflecting their creative potential. This unique e-platform aims to strengthen the socio-economic empowerment of women. The platform envisions to empower and strengthen financial inclusion of Women Entrepreneurs in the economy by providing continued sustenance and support to their creativity as well as to act as a catalyst by providing a web-based marketing platform to the women entrepreneurs to directly sell to the buyers.

SARAS Fairs[634][635]

SARAS Mela is a landmark decision taken during 1999-2000 by MoRD for promoting rural products and building capabilities of the self-employed. Besides opening up of income opportunities of rural artisans, SARAS mela opened up new visions for the marketing of traditional Indian handicraft by creating a platform of interaction between buyer and seller.

National Level official stated that non-farm retail products manufactured using the locally available material and craft are marketed through SARAS Fairs (an initiative of MoRD). It has been noted over the years that women are able to adapt themselves well to the market mechanisms when they put their stalls and participate in these fairs. Women observe the market functions and from their experiences, accordingly modify their products as well as marketing strategies. In some cases, they also succeed in getting licenses and FSSAI certifications.

632 https://gem.gov.in/aboutus
633 http://mahilaehaat-rmk.gov.in/en/about-e-haat/
634 http://www.aims-international.org/aims12/12A-CD/PDF/K476-final.pdf
635 Stated by National Level Officials, MoRD during KIIs

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