Leadership Development of Minority Women

“Nai Roshni”

National Institute of Public Cooperation and Child Development
Leadership Development of Minority Women “Nai Roshni”

(A Training Module)

Prepared by National Institute of Public Cooperation and Child Development (NIPCCD)
5, Siri Institutional Area, Hauz Khas, New Delhi-110016
(An autonomous body under the Ministry of Women and Child Development, Government of India)
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<td>CD-ROM</td>
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<td>Centre for Development and Population Activities</td>
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# Programme Schedule

**Leadership Development Training Programme for Minority Women**

**Duration:** 6 Days

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<td>Registration of Trainees and Distribution of Kits</td>
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<tr>
<td>11:00 am – 11:15 am</td>
<td>Tea Break</td>
</tr>
<tr>
<td>11:15 am – 12:30 pm</td>
<td>Leadership and Women</td>
</tr>
<tr>
<td>12:30 pm – 01:00 pm</td>
<td>Empowerment of Women and Gender Equality</td>
</tr>
<tr>
<td>01:00 pm – 02:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>02:00 pm – 03:30 pm</td>
<td>Empowerment of Women and Gender Equality (Continued)</td>
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<tr>
<td>03:30 pm – 04:00 pm</td>
<td>Introduction to Government Mechanisms</td>
</tr>
<tr>
<td>04:00 pm – 04:15 pm</td>
<td>Tea Break</td>
</tr>
<tr>
<td>04:15 pm – 05:00 pm</td>
<td>Introduction to Government Mechanisms (Continued)</td>
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<tr>
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<td>Recap</td>
</tr>
<tr>
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<td><em>Swachh Bharat</em> Mission</td>
</tr>
<tr>
<td>11:00 am – 11:30 am</td>
<td>Health and Nutrition - A Situational Analysis</td>
</tr>
<tr>
<td>11:30 am – 11:45 pm</td>
<td>Tea Break</td>
</tr>
<tr>
<td>11:45 am – 1:00 pm</td>
<td>Health and Nutrition – A Life Cycle Approach</td>
</tr>
<tr>
<td>01:00 pm – 02:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>02:00 pm – 04:00 pm</td>
<td>Government Initiatives for the Development and Care of Children and Women</td>
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<tr>
<td>04:00 pm – 04:15 pm</td>
<td>Tea Break</td>
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<td>04:15 pm – 05:00 pm</td>
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<tr>
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<tr>
<td>10:00 am – 10:15 am</td>
<td>Recap</td>
</tr>
<tr>
<td>10:15 am – 11:30 am</td>
<td>Rights and Constitutional Provisions for Women</td>
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<tr>
<td>11:30 am – 11:45 am</td>
<td>Tea Break</td>
</tr>
<tr>
<td>11:45 am – 01:00 pm</td>
<td>Violence against Women and Related Acts</td>
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<tr>
<td>01:00 pm – 02:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>02:00 pm – 04:00 pm</td>
<td>Violence against Women and Related Acts (Continued)</td>
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<tr>
<td>04:00 pm – 04:15 pm</td>
<td>Tea Break</td>
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<td>04:15 pm – 05:00 pm</td>
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<td>Time</td>
<td>Day 4</td>
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<td>-----------------------------------------------------------------------</td>
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<tr>
<td>10:00 am – 10:15 am</td>
<td>Recap</td>
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<td>10:15 am – 11:30 am</td>
<td>Inculcating Life Skills</td>
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<td>Tea Break</td>
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<tr>
<td>11:45 am – 12:30 pm</td>
<td>Inculcating Life Skills (Continued)</td>
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<td>12:30 pm – 01:00 pm</td>
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<tr>
<td>02:00 pm – 02:30 pm</td>
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<td>10:00 am – 10:15 am</td>
<td>Recap</td>
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<td>01:00 pm – 02:00 pm</td>
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<td>Feedback and Concluding Session</td>
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An Introduction

The status of women in our country, particularly those from the underprivileged sections of the society is unfavourable. A girl child suffers from discrimination right from birth and if she does survive, she faces inequality and insecurity in the allocation of household resources such as food, education and access to health care. The girl child is often coerced into early marriage. Most women in the rural areas suffer from double burden of carrying out less quantifiable work like cooking, fetching water, sending children to school along with agriculture labour, feeding cattle, milking cows etc., while the men folk perform defined activities like selling milk and grains produced by the household. Women in the minority communities fare badly too. They are the ‘marginalised majority’ who are often side-lined in decision making process of the family and usually cut off from full involvement in the workings of the community and do not form an equal share in the rewards from social institutions.

Empowerment of women per se is not only essential for gender equality, but also constitutes a critical element in the fight for poverty reduction, economic growth and strengthening of the civil society. Women and children are most vulnerable and hence the worst sufferers in a poverty stricken family and need support. Empowering women, especially mothers, is therefore of prime importance as she nourishes, nurtures and moulds the character of her offspring.

High Level Committee report on the social, economic and educational status of the Muslim community of India (popularly known as the Sachar Report), highlighted the fact that India’s largest minority group, the Muslim numbering 13.83 Crore, have been left out of the development trajectory and within this group Muslim women are doubly disadvantaged.

Keeping this in view, Ministry of Minority Affairs has reformulated the Leadership Scheme in 2011-12 and renamed it as “Scheme for Leadership Development of Minority Women”. The implementation of the scheme started in 2012-13.

Objectives

The objectives of the scheme are to:

- Empower and instil confidence among the minority women, by providing knowledge, tools and techniques for interacting with government systems, banks and other institutions at all levels.
- Empowerment of women from the minority communities and encouraging them to move out of the confines of their homes, communities and assume leadership roles to assert their rights, collectively or individually, for accessing services, facilities, skills and opportunities besides claiming their due share of development benefits of the government for improving their lives and living conditions.

Target Group

The target group includes women belonging to all minorities notified under Section 2 (c) of the National Commission for Minorities Act, 1992 viz. Muslims, Sikhs, Christians, Buddhists and Zoroastrians (Parsis). However, to further strengthen the mosaic of plurality in the society and bring about solidarity and unity through their own efforts to improve their lot, the scheme permits a mix of women from non-minority communities not exceeding 25% of a project proposal. Efforts should be made by the organisation for having a representative mix of women from SCs/STs/OBCs, women with disabilities and other communities under within this 25% group.

Module Structure

This training module is structured in such a manner that training inputs will be delivered in short phases. In order to generate interest and create a comprehensive training module, the use of audio-visual aids and case studies, role plays, group activities are added to the content to encourage active participation and make the scheme more lively and interactive. Qualities of leadership like organisational capacity, good communication skills, self-development and articulation, effective public speaking, organizing capabilities, negotiation and conflict resolutions etc. form an integral part of the training. Appropriate resource people will be invited to speak on their schemes and programmes and interact with the women undergoing training.

The training module is aimed at encapsulating the local issues/needs of the minority women and is therefore developed to provide for the rights of women, relating to:
Education, employment, livelihood etc. under the Constitution and various acts;

Opportunities, facilities and services available under schemes and programmes of the Central and State Governments in the fields of education, health, hygiene, environmental sanitation, nutrition, immunization, family planning, women safety including crime against women, food supply, safe drinking water supply, electricity supply, housing, self-employment, wage employment, skill training opportunities etc.

It will also highlight the role of women in Panchayati Raj and Nagar Palika, legal rights of women, Right to Information Act (RTI), Mahatma Gandhi National Rural Employment Programme (MGNREGA), household surveys and Below Poverty Line (BPL) list, AADHAAR/Unique Identity (UID) number, knowledge regarding government, semi-government office structure and functions, redressal forums/mechanisms etc.

Training Strategy

The training strategy is devised to implement the Nai Roshni scheme and widen its reach within the minorities is envisaged by taking into consideration the following criteria.

Selection of villages/urban localities: Villages/urban localities in rural/urban areas having a substantial percentage of minority population shall be selected by the organisation for conducting the leadership development training programme. A list of villages where the village/urban locality trainings are proposed to be conducted will be submitted to the Ministry along with the percentage of minority population. The list may be submitted at the time of training.

Identification of women for training and selection criteria: Organisation selected for carrying out training for leadership development of minority women will have the responsibility to motivate, identify and select women to be trained in accordance with the criteria of the scheme from villages/localities having a substantial minority population. Efforts will be made to persuade Elected Women Representatives (EWRs), from any community, under the Panchayati Raj institutions to be included as a trainee. The organisations will involve head of Gram Panchayat/Municipal Body/Local Authority for identification/selection of women trainees and such lists will be duly authenticated by head of Panchayat/Municipal Body/Local Authority. The list will be submitted by the organisation before the start of training.

Eligible Women Trainees: Although there will be no annual income bar, woman/parent or guardian of woman having annual income not exceeding `2.50 lakh from all sources would be given preference in selection. They should be between the age group of 18 years to 65 years.

AADHAAR/UID number: All citizens in the country are being given a UID number called AADHAAR. AADHAAR number should be collected by the organisation wherever it has been issued and indicated against the name of the woman selected for training. The organisations shall also assist the women trainees in obtaining their AADHAAR Number from the office of District Collectors/District Magistrate or any other institute, organisation authorized for this purpose by the Central/State Government/s, Unique Identification Authority of India (UIDAI) etc.

For details of the Nai Roshni Scheme, the trainers may refer to the guidelines placed at Annexure 1.
Dear Trainers,

This training module is developed to facilitate and prepare you for conducting a 6 days training programme for the “Nai Rashni” Scheme. You are expected to go through the entire module and prepare yourself to conduct the training efficiently. Each session per day is detailed out. Make sure that you have read the day’s sessions before the start of the programme. You will also need to plan and manage the time at your disposal so that all sessions are given the required attention and importance.

**Prepare**

- Make sure that all your trainees are aware about the training programme & its objectives.
- There is proper arrangement of food and water for the trainees.
- There is sufficient space for the group activities.
- A sample questionnaire assessing the pre and post knowledge level of the trainees is placed at Annexure 2 for trainers to view. The trainers may modify the questions as per their needs.

**Instructions**

- Concentrate on the essential facts, skills and attitudes. It is neither possible nor desirable to teach everything.
- Base the training on the need of the programme and on the tasks that the trainees are expected to do.
- Make sure that all the training formalities are taken care of.
- The content for each session begin with instructions to start the session. The trainers will be guided throughout the session by using notes and specific instructions.

Key points to be kept in mind while delivering the session are as under:

- **Time Management** - A predefined time has been allocated to each session. However, it is to be ensured that the training should be completed within the duration of six days. The trainer should take care to assign adequate time for the activities listed during the session.
- **Guided Objectives** - Each session has a distinct objective, which needs to be reviewed before the beginning of each session. The outlined learning outcomes should be achieved by the end of each session.
- **Recapitulate** - At the beginning of each day during the training, a recap of previous day’s session should be done with the trainees. Learning gaps can be thus fulfilled by taking the feedback from the trainees.
- **Training Approach** - The trainer should focus on improvising the group activity after doing a need analysis of the group of trainees. Apart from the group activity, the trainer may address individual issues using various games and activities. The experiences of the trainees can be utilised for the session as well.
- **Feedback and Evaluation** – At the last day of the training, the trainer should take effective feedback from the trainees, along with their suggestions so that the training can be evaluated and gaps can be addressed for next training programme.
## DAY 1 – SESSION 1

**REGISTRATION**

**REGISTRATION OF TRAINEES AND DISTRIBUTION OF KITS**

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<td>⚫ Self-Introduction by the Trainees</td>
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<td>DURATION</td>
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<td>⚫ Ice Breaking Session: 30 Mins</td>
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<td>Group Discussion, Flip Charts, Marker and White Board, Material for Ice Breaking Exercises</td>
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<td>ACTIVITIES</td>
<td>⚫ My Companion</td>
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<td>⚫ Name Chain</td>
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<tr>
<td></td>
<td>⚫ What do I Feel?</td>
</tr>
<tr>
<td>LEARNING OUTCOME</td>
<td>The trainees will be informed about the training programme and provided congenial atmosphere for learning so that they prepare themselves for the training.</td>
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MINORITY WOMEN IN INDIA

- A minority group is any collection of individuals who because of their physical or cultural characters, are separated from the others in the community in which they live for disparity and inadequate behaviour and who therefore consider themselves as recipients of communal bias.

- Minority women in India encounter innumerable challenges everyday. Apart from sharing their communities’ struggles over limited resources like water, land or jobs, many systematically face discrimination simply by virtue of being female. Yet minority women possess the collective power to change their lives, their communities and the world we live in. As minority women face challenges daily, they are continually developing innovative, effective ways to improve their lives by bringing together their wisdom and creativity.

- This affirms the importance of minority women’s leadership and their meaningful participation in decision-making to catalyse positive change in their lives and communities.

- Women are every bit as good as men in being excellent leaders and require the adequate resources to enhance their skill set. Inculcating leadership skills help women by providing them a well-rounded ability to sustain and lead a good life.

- Women leaders are often seen to be more persuasive, assertive and willing to take risks. Women have certain skills that help them enable leadership roles successfully. Women are also more flexible and empathetic and have interpersonal skills. Women today are creating new paradigm of leadership and therefore their empowerment is the way to a better future.

- Women often do not enjoy the same privileges, rights and opportunities as are enjoyed by men.

- Women’s rights lay a key focus on the various privileges and liberties that all women and girls of the world deserve.

- The discrimination that women face is multidimensional and encompasses all the domains of the society i.e the political, legal, financial and familial etc.

Ice Breaking Exercises

The trainers may conduct at least two-three activities for ice breaking games for rapport building. A few examples are mentioned below however the trainer may improvise and is free to use any other exercise of her/his own.

Activity 1 – My Companion
- Ask each trainee to write their name on the masking tape and stick to their clothes.
- Tell them to stand in a circle, with everyone wearing their name tag.
- Give trainees two minutes to look around the circle and try to pinpoint a companion whose name starts with the same alphabet.

Activity 2 – Name Chain
- Gather the trainees in a circle.
- Now ask one of the trainees to speak up her/his name. The other trainees will speak up their names after adding their name to that of the previous trainee’s.

Activity 3 – What do I feel?
- Ask the trainees to sit in a circle, each one of them will take turn acting out a certain emotion.
- Other trainees will try to guess the emotion that is enacted, the one who guesses right, takes the next chance to act out the emotion.
## Session 2: Leadership and Women

### Objective
To empower women and help inculcate leadership skills in them.

### Contents
- Leadership for Minority Women – An Overview
- Understanding Leadership
- Qualities and Skills of a Leader
- Roles and Responsibilities of a Leader
- Leadership Styles
- How to be a Good Leader: How to Lead
- Summary Points

### Duration
1 Hour 15 Minutes

### Training Methods
Group Discussion, Powerpoint Presentation and Group Activity

### Activities
- Understanding Leadership
- Good Leader v/s Bad Leader
- Leadership Style

### Learning Outcomes
- The trainees will be able to reflect on their roles as a leader and will gain new insight on leadership.
- They will be able to identify leadership qualities in them and reflect on them for effective leadership skills.
- The trainees will be empowered to implement positive leadership styles in their day to day life.

### Materials Required
- LCD Projector, Masking Tape, Charts and Sketch Pens

### Annexures
- Case Studies (Leadership in Women)
- Comparison of Different Leadership Styles
- Strength Weaknesses Opportunities Threats (SWOT) Analysis
- Tips for Leaders

### References
This training session has been prepared to assist the trainers in conducting the training on ‘Leadership Development of Minority Women’. The session content includes information pertaining to understanding leadership qualities, skills, roles and responsibilities of a leader, leadership styles and how to be a good leader. The trainers are expected to go through the session preparation a day before the training session to deliver an effective session.

- It is essential to establish a positive atmosphere at the beginning of each session. Emphasise the importance of respecting confidentiality and differences in opinion.
- Arrange all relevant resources/materials required for conducting the session.
- If possible, assess the baseline knowledge of the trainees to deliver relevant information.
- When preparing for a session, take time to see how the activities can be made more relevant to the local context, for example, by asking additional questions at the time of discussions.
- Use local examples and case studies to support the concepts of the session.

**Understanding Leadership**

- A person who takes the group forward is called a leader and the other members of the group form a team.
- Sometimes the leaders are born and sometimes they are made.
- Leadership is a continuous process of influencing people’s beliefs, behaviours and actions to achieve vision of a working group to manage them effectively.
- A leader has the ability to lead a group with new ideas to achieve success.
- A leader possesses good convincing power to motivate the group towards the work.
- A leader treats the group as a family where everyone feels free to give views and express feelings.
- A leader’s ethics should be such so as to give respect and importance to each person.

**Activity: Understanding Leadership**

**Materials Required:** Charts, Markers and Pens

- Divide the trainees in groups and ask them to prepare a list of leaders they admire and discuss why they admire them.

**Discuss:**

- Ask the trainees what they understand about leadership. Allow them to think and respond.
- The trainer may contribute by sharing the following definitions of leadership.
  - Leadership is action, not position.
  - Leaders don’t force people to follow—they invite them on a journey.
  - Leadership is a personal and unique trait. Often, it means giving of oneself in helping others.
  - Leadership is the art of making people act in a particular way so that the goals of the group can be achieved.
- Close the session by summarising the topic.
Qualities of a Leader

1. Confidence
   - Confidence means a feeling of belief and trust in one self.
   - By staying calm and confident, a leader helps the team feel the same and keeps everyone working and moving ahead by motivating them.

2. Energetic
   - Energetic means showing strength and involving one self in each activity.
   - A leader must be energetic, enthusiastic, provide a source of inspiration and motivation.

3. Honesty
   - Honesty refers to the qualities of being truthful and sincere towards group members.
   - Leaders must display certain characteristics like honesty, integrity, credibility and therefore be trustworthy.
   - Being honest with the team members helps to build trust, which in turn leads to good cooperation and team spirit.

4. Objectivity
   - Objectivity refers to the quality of not being influenced by personal feelings or options in representing facts.
   - A leader has to have a fair outlook which is free from biases and which does not reflect ones willingness towards a particular individual.
   - Judgement should be based on facts and logic.

5. Optimism
   - Optimism refers to hopefulness and confidence about success in future.
   - Leaders are source of positive energy. They have the ability to inspire others and are looked upon for a solution.
   - Good leaders avoid criticism and pessimistic thinking. They look for ways to gain consensus so as to make people work together efficiently and effectively as a team.
   - An efficient leader keeps the team motivated towards the continued success by keeping high energy levels.

6. Empathy
   - Empathy refers to the ability to understand and share the feelings of others.
Empathy is important for fair judgement and objectivity.
For improving human relations and personal contacts within the group members, a leader should understand their needs, aspirations, problems and complaints.

7. Integrity
   - Integrity refers to the quality of being honest and having strong moral principles.
   - Integrity is an important aspect for a leader. It is an integration of outward actions and inner values.
   - A leader should be trustworthy. She/he must gain the trust of other group members and therefore must display integrity.

8. Personal Motivation
   - Motivation means the desire to do something.
   - Without personal motivation one cannot accomplish anything.
   - A leader should be self-motivated and should also motivate other members.

9. Assertiveness
   - Assertive means having a confident, strong and powerful personality.
   - Assertiveness helps leaders to perform their tasks and achieve goals such as confronting people about their mistakes and setting high expectations.
   - Assertiveness stands in contrast to aggressiveness and passivity.

Skills of a Leader

1. Conceptual Skills
   - Conceptual skills mean knowledge of basic concepts and ability to think creatively.
   - A leader must have the ability to deal with ideas and concepts potentially to prepare strategic plans which can be implemented for betterment of community.

2. Technical Competency
   - Technical competency means the ability to use knowledge efficiently and practically.
   - Technical competencies are the behaviours directly related to the nature of training and the technical proficiency required to exercise effective control.
   - This actually involves knowledge and skills that are required to perform a particular type or level of work.

3. Abilities to Establish Proper Priorities
   - Abilities to establish proper priorities means visualising/prioritising the most important task to be completed first or treating a condition as more important than others.
   - A leader keeps the main goal in focus and plans ahead to achieve high performance results.
   - Focusing on important issues is the easiest and most effective way to improve productivity and achieve the goal much faster.
   - Prioritising skill is an ability to see what tasks are more important at a particular moment and give more attention, energy and time to those tasks.

4. Communication Skills
   - Communication skills mean the ability to impart and exchange information effectively.
   - A leader should have good and effective communication skills.
   - The communication should be clear and precise so that it can be persuasive and stimulating.
   - Good communication skills are essential to become good leaders.
   - Positive communication is important because it creates loyalty and promotes mutual exchange of ideas and attitudes easily.
5. Social Skills
   - Social skills mean the ability of relating to the society.
   - Social skills help in managing relationships and developing networks and expertise in building and leading team.
   - They help increase friendliness among people and assist them to move in a direction they desire.
   - The leader’s task is to get work done through other people and social skills make that possible.

6. Acquaintance of Human Relations
   - Acquaintance of human relations means knowledge and experience of connecting with people.
   - A leader must have the quality of providing opportunity to people into work situations so as to motivate them to work together harmoniously giving the economic, psychological and social satisfaction.

7. Teaching Ability
   - Teaching ability refers to the skills to provide knowledge and required instructions. It helps gain knowledge and information so as to inspire the team members to make a difference in their lives.
   - A leader should be able to challenge, inspire, motivate and encourage the team and support and guide them to be future leaders.

8. Delegator
   - Delegator means electing and entrusting task to other members of the group as per their interest.
   - It helps induce sense of responsibility in the group members/people.

9. Flexibility
   - Flexibility means the ability and willingness to modify and change.
   - A leader should be flexible in decision making and should adapt to situations and circumstances.
   - There should be no hard or fast rules and the decision should be in favour of the group members too.

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**Activity: Good Leader v/s Bad Leader**

**Materials Required:** Charts, Markers, Plain Paper and Pencils
- Place a chart where it can be seen by everyone. Make two columns and write good leader in one and bad leader in other column.
- Ask the trainees to picture a leader they admire and the one they dislike.
- Ask them to mention three qualities they feel that make them a good or a bad leader.

**Discuss:**
- Discuss to explore what makes an effective leader and how to curb negative leadership.
- Discuss the similarities and differences in the qualities that have been illustrated by trainees. Are there any similarities with the qualities of a good leader and of a bad leader? Do the leaders we do not admire have similar qualities to ones we do admire? How can we avoid becoming bad leaders? What can we do to be effective leaders?

- Following the discussion ask each trainee to list:
  - Positive qualities they believe that they already have
  - Positive qualities they would like to develop
  - Negative qualities they would like to improve upon or eliminate

- Ask trainees to keep their lists for later use.

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**Roles and Responsibilities of a Leader**

A leader has to perform different roles and responsibilities according to requirements/obligations at a specific period of time. The roles and responsibilities assumed by a leader help in moving the team forward for accomplishment of tasks and set objectives. Some important roles and responsibilities of a leader are:
**Initiator**
- A leader has to be an initiator that is, she/he should take an initiative in making something happen. A leader should initiate and contribute in proposing goals, suggesting way of approaching tasks and recommend procedures for approaching a problem or task. She/he should suggest new ideas to the group.

**Information Seeker**
- A leader must be an information seeker. She/he should ask for information, viewpoints and suggestions about the problem and task.

**Contributor**
- A leader must be a contributor and contribute maximum with the team to bring about better results. Working as a team and in contribution may give better results.

**Opinion Seeker**
- A leader must take up the opinions of all the group members before taking up any final decision and the opinions should be kept under consideration.

**Elaborator**
- A leader must express her/his feelings and work in greater length and in great detail. She/he must spell out suggestions in terms of examples also.

**Critic**
- A leader must have a critical nature. She/he must express a reasoned judgment to some set of standards. She/he must frequently find the shortcomings and make clear judgments.

**Encrgiser**
- A leader must be an energizer for the other followers. She/he must stimulate the group to higher levels of better quality work.

**Recorder**
- A leader must keep a written record of the group’s task and with this recording a leader may help the team in finding out their weaknesses and ways to overcome them.

*Figure 2: Roles and Responsibilities of a Leader*

**Leadership Styles**

Leadership styles are different types of behaviours adopted by the leaders to influence behaviour of the team. Four most basic styles of leadership are:

1. **Autocratic Leadership Style (Directive/Authoritative Leadership)**
   - Autocratic leadership, also known as authoritative leadership has a clear division between the leader and team. The leader is the ultimate decision maker.
   - The leader provides clear expectations to the team of what needs to be done, when and how.
   - Autocratic leaders make decisions independently with little or no input from rest of the group.
   - Autocratic leadership is best applied to situations where there is little time for group decision making or where the leader is the most knowledgeable member of the group.
   - It forms directive behaviour, the leader decides alone and focuses on tasks individually.

2. **Bureaucratic Leadership Style (By the Book Leadership)**
   - Bureaucratic leadership is where everything must be done according to procedure or policy.
   - This type of leadership is based upon fixed duties under a hierarchy of authority.
   - A bureaucratic leader enforces the rules thereby increasing the decision taking time.
   - This type of leadership is insecure and very impersonal as it follows the rules.
3. Democratic Leadership Style (Participative Leadership)
   - Democratic leadership is also known as participative leadership as it encourages the team to be a part of the decision making process.
   - A democratic leader keeps her team informed about everything that affects them and shares decision making and problem solving responsibilities with them.
   - This style requires the leader to be a coach who has the final say, but gathers information from the team before making a decision.
   - Democratic leadership promotes open communication, team building and focuses on people.

4. Delegative Leadership Style (Permissive Leadership)
   - The delegative leadership is one in which the leader provides little or no direction and gives the team freedom to determine goals, make decisions and resolve problems on their own.
   - The leader only interferes when assistance is required.
   - This type of leadership style abstains from leading and gives all power to the team.

Note: The trainer may refer Annexure 4 for positive and negative points of different leadership styles.

Activity: Leadership Style

Materials Required: White Board, Marker
Divide the trainees into groups and ask them to identify at least one example for each of the leadership style from their experiences of working in a team.

Discuss:
- Allow the group to discuss and ask them to share the examples.
- Suggest the trainees to reflect on their leadership style based on their own story of leadership experience.
- Some facilitative questions for reflection on leadership style may be asked like:
  - Do any of these leadership styles seem familiar?
  - Have they worked with these types of people before?
  - What kind of leader do they think they are?
  - What kind of leader would they like to be?
  - What can they do to cultivate the leadership style and qualities that they aspire to?

How to be a Good Leader: How to Lead

1. Meet the team
   - Meet the team regularly (daily, weekly or monthly) depending on the place and type of work.
   - Keep meetings short, focused and action-oriented.
   - Make sure every member of the team contributes in some way and acknowledge that.

2. Set objectives for each team member
   - There must be a set of SMART (Specific, Measurable, Achievable, Realistic, Timed) objectives for all the team members.

3. Provide continuous training
   - Every team member should have at least two days training a year.
   - Newer and more senior members should have need based trainings. If they don't want to go on training sessions, suggest some suitable courses.
4. Take an interest in the team
   - Whether or not the leader socialise with the team outside work, try and know a bit about the people in the team and understand what they want from their work.
   - If there are problems outside work, members of the team won't perform their best, so try to break down barriers and get to know their issues and it will be better placed to help them perform better.

5. Inspire the team
   - Inspire the team members to work efficiently for better results.
   - A leader must praise the team for their hard work and the good results. The words “well done” are appreciated and boost morals.

6. Delegate responsibilities
   - The leader need not do everything.
   - Delegate work and trust others to take over some of the tasks.
   - Strategic thinking helps to follow the plan of action and achieve the best on time.

7. Communicate constantly
   - Tell the team about the plans. Don’t assume that people know what is being planned or thought.
   - Use open communication for better results.

8. Facilitate
   - Make clear that, if team members need advice or assistance, the leader is always there to facilitate and support.

9. Review the performance of each team member
   - Review the performance of the team.
   - Assess their performance, give feedback and reset future objectives and training programmes.
   - To review the performance SWOT analysis can be done which helps in understanding the strengths and weaknesses and identifying opportunities and threats. The SWOT Analysis Grid is placed at Annexure 5.

P – Polite
O – Obedient
L – Liberal
I – Intelligent
C – Courageous
E - Efficient

S – Specific
M – Measurable
A – Achiever
R – Realistic
T – Time Conscious
Note: The session may be concluded with screening of a short documentary on women empowerment depicting the case of ‘Nari Utthan Sansthan’, a non-profit organisation based in Rajasthan (India) which works on the belief that a fair and flourishing society is only possible when women is empowered by tackling the root causes that continue to keep them uneducated, exploited and vulnerable.
Source: https://www.youtube.com/watch?v=6P_A_51VTCc

Summary Points

- Leadership is a continuous process of influencing people's beliefs, behaviours and actions to achieve vision of a working group to manage them effectively.
- A Leader should keep in mind the following points for effective leadership:
  - Respect
    - Have faith in the ability and lead to overcome challenges.
  - Consult
    - Ask for solutions to the problems that are faced. Ensure that the leader is involved in making decisions that affect lives.
  - Peer Learning
    - Women are most receptive to learning life skills from others. Collaborate and learn from each other.
  - Openness
    - Be creative and open-minded. Respect and encourage the creative problem solving style.
  - Experience
    - One learns best by doing. Utilise opportunities for experiential learning. Take risks and learn from mistakes.
  - Fun!
    - Remember to laugh and enjoy. It is important to appreciate the value of a good time.

Note: The trainers may refer to Annexure 6 for tips for leaders
**SESSION 3**

**EMPOWERMENT OF WOMEN AND GENDER EQUALITY**

<table>
<thead>
<tr>
<th><strong>OBJECTIVE</strong></th>
<th>To understand the concept of gender and related issues.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTENTS</strong></td>
<td>➢ Empowerment of Women</td>
</tr>
<tr>
<td></td>
<td>➢ Understanding Gender</td>
</tr>
<tr>
<td></td>
<td>➢ Issues related to Gender</td>
</tr>
<tr>
<td></td>
<td>➢ Gender Sensitization</td>
</tr>
<tr>
<td></td>
<td>➢ Gender Mainstreaming</td>
</tr>
<tr>
<td></td>
<td>➢ Summary Points</td>
</tr>
<tr>
<td><strong>DURATION</strong></td>
<td>2 Hours</td>
</tr>
<tr>
<td><strong>TRAINING METHODS</strong></td>
<td>Powerpoint Presentation, Group Activity, Group Discussion, Gender Related Videos and Case Study</td>
</tr>
<tr>
<td><strong>ACTIVITIES</strong></td>
<td>➢ Gender Attitudes and Attributes</td>
</tr>
<tr>
<td></td>
<td>➢ Gender Roles</td>
</tr>
<tr>
<td></td>
<td>➢ Gender Stereotypes</td>
</tr>
<tr>
<td><strong>LEARNING OUTCOMES</strong></td>
<td>➢ The trainees will get a clear understanding of the issues related to gender, gender sensitization and gender mainstreaming.</td>
</tr>
<tr>
<td></td>
<td>➢ Trainees will understand the concept of gender inequalities in access and control of resources, entitlement, rights.</td>
</tr>
<tr>
<td></td>
<td>➢ The trainees will be able to understand the concept of women empowerment.</td>
</tr>
<tr>
<td><strong>MATERIALS REQUIRED</strong></td>
<td>LCD Projector, Charts, Pens and Pencils</td>
</tr>
<tr>
<td><strong>ANNEXURES</strong></td>
<td>➢ Case Study (Gender Empowerment)</td>
</tr>
<tr>
<td></td>
<td>➢ Glossary of Gender Related Terms</td>
</tr>
<tr>
<td><strong>REFERENCES</strong></td>
<td>➢ <a href="http://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm">http://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm</a></td>
</tr>
<tr>
<td></td>
<td>➢ <a href="https://www.youtube.com/watch?v=t2JBPBIFR2Y">https://www.youtube.com/watch?v=t2JBPBIFR2Y</a></td>
</tr>
<tr>
<td></td>
<td>➢ Care India, <a href="http://www.careindia.org/node/554">http://www.careindia.org/node/554</a></td>
</tr>
<tr>
<td></td>
<td>➢ Training Module on Gender Issues in Development, Institute of Management in Government, Thiruvananthapuram, 2003</td>
</tr>
</tbody>
</table>
This training session has been prepared to assist the trainer in conducting the training on ‘Empowerment of Women and Gender Equality. The session content includes information pertaining to understanding gender, issues related to gender, gender sensitization, empowerment and gender mainstreaming.

The trainer is expected to go through the session preparation a day before the training session to deliver an effective session.

Note: ➢ For the video, refer the link: https://www.youtube.com/watch?v=t2JBPBIFR2Y
 ➢ Cases/experiences of gender discrimination in their area can be discussed with the trainees.

Empowerment of Women

➢ Empowerment implies that people, women and men, take control over their lives by setting their own agendas, gaining skills (or having their own skills and knowledge recognised), increasing their self-confidence, solving problems and developing self-reliance.
➢ It is both a process and an outcome.
➢ Women empowerment implies to an expansion in women’s ability to make strategic life choices in a context where this ability was previously denied to them.

Components of Women Empowerment

➢ Sense of self-worth.
➢ Right to have and to determine choices.
➢ Right to have access to opportunities and resources.
➢ Right to have the power to control their own lives, both within and outside the home.
➢ Ability to influence the direction of social change to create a more just social and economic order nationally and internationally.

Women and Gender

➢ The principle of gender equality is enshrined in the Indian constitution. The constitution not only grants equality to women, but also empowers the state to adopt measures of positive discrimination in favour of women.
➢ However, there still exists a wide gap between the goals enunciated and the situational reality of the status of women in India.
➢ Social stereotyping and violence at the domestic and societal levels, discrimination against girls and women persists in all parts of the country.
➢ The underlying causes of gender inequality are related to social and economic structure, which is based on norms and practices.
➢ Consequently, the access of women particularly those belonging to minority communities, to education, health and productive resources are inadequate.

Therefore, they remain largely marginalised, poor and socially excluded.

Understanding Gender

➢ Gender refers to the social differences between men and women that are learned, changeable over time and have wide variations within and between cultures.
➢ These attributes, opportunities and relationships are socially constructed and are learned through socialisation processes.
➢ Gender determines what is expected, allowed and valued in a woman or a man in a given context.
In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities.

### Activity: Gender Attitudes & Attributes

**Materials Required:** Charts and Sketch Pens

- Divide the trainees in two groups. Ask trainees to list the most important attributes of women, then ask them to list the most important attributes of men. These attributes may be activities or expectations that trainees hold about women and men and may be stated in words.
- Prepare two columns on the board, one “WOMEN” and the other “MEN”. Ask the trainees to read their lists as each attribute or phrase is written in the proper column.
- Ask if all trainees agree with the attributes listed in the “correct” or “proper” columns? If not, note trainees’ reaction.
- Switch the column headings or labels by writing “MEN” above the attributes meant for “WOMEN” and note the reaction.
- Emphasise how the attitudes towards the opposite sex are shaped largely by social distance and stereotypes.

### Gender Sensitization

Gender sensitization refers to the modification of behaviour by raising awareness of issues related to gender equality. It helps in understanding the views that a person holds about self and the other gender. It lets people examine their personal attitudes and beliefs.

*Note: The trainer may show a small video for gender sensitization.*

[https://www.youtube.com/watch?v=t2JBPBIFR2Y](https://www.youtube.com/watch?v=t2JBPBIFR2Y)

### Gender Roles

Gender roles are learnt behaviours in a given society/community or other social group. They condition our perceptions of tasks and responsibilities associated with being male or female. Gender roles vary considerably across settings and also change over time. The following factors can shape and change gender roles:

<table>
<thead>
<tr>
<th>Factors Affecting Gender Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Class</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>Ethnicity</td>
</tr>
<tr>
<td>Religion and Ideologies</td>
</tr>
<tr>
<td>Geographical Environment</td>
</tr>
<tr>
<td>Economic Environment</td>
</tr>
<tr>
<td>Political Environment</td>
</tr>
</tbody>
</table>

*Figure 3: Difference between Gender and Sex*

*Figure 4: Factors affecting Gender Roles*
Activity: Gender Stereotypes

Materials Required: Board, Marker

Share the following statements with the trainees. Let the trainees think and discuss which of the given statements represent gender roles and which represent sex roles.

- Only women can conceive and give birth.
- Most men are taller than women.
- Women are more loving and caring.
- Men are the best chefs.
- The most important role of a woman is to become a mother.
- Men think and act more rationally than women.
- Only men can supply the sperm for fertilization.
- The most important role of the man is to be a breadwinner.
- Men cannot breastfeed babies.
- Women are poor managers.

Types of Gender Roles

Gender planning recognises that in most societies women have a triple role: women undertake reproductive, productive and community managing activities, while men primarily undertake productive and community politics activities.

Table 1: Gender Roles

<table>
<thead>
<tr>
<th>Reproductive Role</th>
<th>Productive Role</th>
<th>Community Managing Role</th>
<th>Community Politics Role</th>
</tr>
</thead>
</table>
| • Consists of maintenance of the household and care of family members.
• Includes child bearing and rearing responsibilities and domestic tasks.
• Most often exclusively carried out by girls and women. | • Involves the production of goods and services with an exchange value.
• Work done both by men and women.
• Women's productive work is often less valued than men's. | • Voluntary unpaid work, undertaken in free time.
• Activities essentially performed by women, as extension of their reproductive roles to maintain stable community relations.
• Ensure the provision and maintenance of resources used by the whole community such as water, healthcare and education. | • Usually ‘paid’ work, either in cash or indirectly, through status or power.
• Activities essentially performed by men. |

Activity: Gender Roles

Materials Required: Paper & Pen

- Write one role/given below on paper chit.
  • Father
  • Farmer
  • Doctor
  • Raising Children
  • Feeding Children
  • Taxi Driver
  • Teacher
  • House Work
  • Nurse
  • Cooking
  • Engineer
  • Pilot
  • Creche Worker
  • Nurse

- Ask the trainees to pick one paper chit.
- Ask the trainees which role they associate mostly with women or men.
- Do not let them ponder for a long time, first thought is the final thought.
- Finish this exercise within 2 minutes.
- Discuss about gender roles.
Issues Related to Gender

1. **Discriminatory Attitudes**
   
   Gender inequalities are reflected in different ways that are difficult to measure and change. Ideas about appropriate behaviour, independence and aptitudes are often grounded in gender stereotypes and vary for women and men. Ideas and practices tend to reflect and reinforce each other (the one providing the rationale for the other) which contributes to the complexity of achieving change.

2. **Inequalities within Households**
   
   Inequalities in negotiating, decision-making and access to resources is prevalent within households.

3. **Inequalities in the Domestic/Unpaid Sector**
   
   Women shoulder most of the responsibilities and tasks related to the care and nurturing of the family (including laundry, food preparation and childcare). They also make an important contribution to family food production and water and firewood provision. These tasks add to women’s workload and are often an obstacle to their engagement in political action or expanding economic activities.

4. **Gender Division of Labour within the Economy**
   
   Women and men are distributed differently across manufacturing sectors, between formal and informal sectors, within agriculture, and among occupations. Women are also more likely than men to be in low paid jobs and “non-standard” work (part-time, temporary, home-based) and likely to have less access than men to productive assets such as education, skills, property and credit.

5. **Violence against Women**
   
   Gender inequality is also manifested in gender-based violence, either by a woman’s intimate partner (domestic violence) or in sexual exploitation through trafficking of women and girls, rape, molestation and sexual harassment at work.

6. **Inequalities in Political Power (Access to Decision-Making, Representation, etc.)**
   
   Women are under-represented in political processes throughout the world. It is important to observe and understand gender differences in power within formal decision making structures (such as government, community council, and policy making institution).

7. **Differences in Legal Status and Entitlements**
   
   Despite national constitutions and international instruments that proclaim equal rights for women and men, there are many instances in which equal rights to personal status, security, land, inheritance and employment opportunities are denied to women.

**Gender Mainstreaming**

Mainstreaming gender means gender equality as a fundamental value which is reflected in development choices and practices. It means that women and men should equally participate as decision-makers to give directions related to social values and development.

- Gender issues are reflected not just as women’s issues but societal issues.
- Gender equality goals influence mainstream economic and social policies that deliver major resources.
- Women as well as men are in a position to influence development in all the sectors.
- There are collective efforts by women and men to redefine the development agenda.

Mainstreaming includes gender-specific activities and affirmative actions, whenever women or men are in a particularly disadvantaged position. Gender-specific interventions can target women exclusively, men and women together or only men, to enable them to participate in and benefit equally from development efforts.

Note: The trainer may share the case study presented at Annexure 7 and discuss sample questions about the case study with respect to gender mainstreaming.
Keys to Gender Mainstreaming

- Adequate accountability mechanisms for monitoring progress need to be established.
- The initial identification of issues and problems across all area(s) of activity should be such that gender differences and disparities can be diagnosed.
- Assumptions that issues or problems are neutral from a gender equality perspective should never be made.
- Gender analysis should always be carried out.
- Clear political will and allocation of adequate resources for mainstreaming, including additional financial and human resources if necessary, are important for translation of the concept into practice.
- Gender mainstreaming requires that efforts be made to broaden women’s equitable participation at all levels of decision making.
- Mainstreaming does not replace the need for targeted, women-specific policies and programmes instead it advocates such developmental practices that promotes gender equality.

Summary Points

- Gender is a social construct which defines roles, responsibilities and status of women and men.
- Sex is biological difference between women and men which is innate, universal, obvious and generally permanent.
- Sex and gender are terms which are often mixed up and used synonymously due to lack of clarity about the difference between the two.
- Empowerment is a process of generating and building capacities to exercise control over one’s life and resources.
- Women empowerment refers to the process of enabling women to take a more active role in decision making, planning and monitoring activities for their own welfare and development.
- The ultimate goal of gender mainstreaming is to achieve gender equality.

Note: The trainers may refer to the glossary annexed at Annexure 8 for other gender related terminology.
<table>
<thead>
<tr>
<th>SESSION 4</th>
<th>INTRODUCTION TO GOVERNMENT MECHANISMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>To equip the trainees with adequate and relevant information about government mechanisms and their utility in everyday life.</td>
</tr>
</tbody>
</table>
| **CONTENT** | ➢ The Government Mechanisms  
  • Household Surveys  
  • Below Poverty Line (BPL) List  
  • Targeted Public Distribution System (TPDS)  
  ➢ Grievance Redressal Mechanisms  
  ➢ Right to Information Act (RTI), 2005  
  ➢ *Panchayati Raj* Institutions (PRIs)  
  ➢ Associated e-Governance Systems  
  ➢ Summary Points |
| **DURATION** | 1 Hour |
| **TRAINING METHODS** | Powerpoint Presentation, Group Discussion, Group Activity, Role Play and Case Study |
| **ACTIVITIES** | ➢ Conducting a Survey  
  ➢ Learning by Discussion  
  ➢ Exercise on RTI Application |
| **LEARNING OUTCOMES** | ➢ The trainees will get to know about relevant government mechanisms.  
  ➢ The trainees will understand the importance of these mechanisms in delivery of government sponsored schemes and services.  
  ➢ The trainees will also learn about grievance redressal mechanism.  
  ➢ The trainees will be informed about their Right to Information and *Panchayati Raj* Institutions. |
| **MATERIALS REQUIRED** | LCD Projector, Charts and Pencils |
| **ANNEXURES** | ➢ Schemes for BPL  
  ➢ Process of Seeking Redressal Against a Complaint  
  ➢ Government Helplines  
  ➢ Application Form under Right to Information Act, 2005  
  ➢ RTI related Frequently Asked Questions (FAQs)  
  ➢ Centrally Sponsored Schemes Delivered through PRIs  
  ➢ Case Studies (Empowerment of Women Through PRIs)  
  ➢ Other e – Citizen Services |
| **REFERENCES** | ➢ [http://www.censusindia.gov.in](http://www.censusindia.gov.in)  
  ➢ [http://pgportal.gov.in](http://pgportal.gov.in)  
  ➢ [https://rtionline.gov.in](https://rtionline.gov.in)  
  ➢ [www.pdsportal.nic.in](http://www.pdsportal.nic.in) |
This chapter has been prepared to guide and assist the trainers in conducting a training session on government mechanisms such as household surveys, TPDS, BPL list, Grievance Redressal Mechanisms, Right to Information Act, 2005, Panchayati Raj Institutions and associated e-Governance Systems.

The trainer may refer to session preparation for successful delivery of a session.

Note:
- The activity on surveys require a pre-designed household questionnaire which the trainers can easily download from http://www.rchiips.org/nfhs/nfhs4/schedules/nfhs-4household.pdf
- If the facility permits, the trainers must demonstrate the functioning of online portals using any one example as desired by the trainees.

The trainers may begin the session by asking certain questions pertaining to the session.

Ask:
- What all government mechanisms are the trainees aware about?
- How do the schemes and programmes that government plans for them reach them?

The trainers should discuss the government mechanisms in detail and where ever possible should ask trainees to share their experiences in dealing with government systems.

Introduction to Government Mechanisms

India is a democratic country. The constitution of India gives its citizen a fundamental right to vote and elect its own government. The elected government plans and prepare policies and programmes which are needed to be implemented for the welfare of the people. Government mechanisms/systems play a crucial role in planning and implementation of the schemes and programmes. They act as a link between government and common man and ensure that the programmes/schemes which are meant for the public are delivered to them in a most convenient, hassle free and equitable manner.

Women in leadership roles have always been undervalued. Improving the participation of women in government systems by acquainting them with adequate information will not only lead to their upliftment but also of their family and community. A well informed woman can become an effective leader and take independent decisions for the welfare of her family, community and country.

Household Survey

Household survey is a method of obtaining information about characteristics of a household constituting a population.

What Information does Household Survey Elicit?

Household surveys are used to obtain information on following:
- Demographic information about the household.
- Housing tenure & type of accommodation.
- Housing income and expenditure pattern.
- Employment status.
- Educational participation (attendance and out of school rates attainment) and schooling efficiency (dropout and repetition).
- Literacy rate.
- Health status and use of health care services.
- Drinking water and sanitation coverage.
Why is it Important to Participate?

- Large scale participation is important as it provides a complete and accurate picture of the nation's status.
- The information obtained from the surveys is used to produce statistics such as unemployment figures, measures of inflation and level of standard of living which are used by central and state government to make decisions and plan for the future.
- By taking part in household surveys, one can help to produce statistics about matters which affect the whole community, including work, unemployment, training, retirement and looking after the family and home.
- Participation in the surveys ensure that one's experiences and circumstances become an important part of the bigger picture of life in India and help to shape policies which affect everyone.

Household Surveys in India

Household survey is a reliable method of data collection and thus it is employed by a number of agencies. Commonly conducted household surveys are:

- **National Sample Survey Organisation (NSSO) Survey**
  - NSSO was set up in 1950 under the Ministry of Statistics and Programme Implementation as a permanent survey organisation to conduct National Sample Survey (NSS).
  - NSSO conducts nationwide sample survey on various socio-economic aspects to assist in socio-economic planning and policy making.
  - NSSO is currently taking up its 72nd round. The reports of the previous rounds can be accessed from [http://mospi.nic.in/Mospi_New/site/inner.aspx?status=3&menu_id=31](http://mospi.nic.in/Mospi_New/site/inner.aspx?status=3&menu_id=31).

- **Benefits of NSSO Survey**
  - NSS helps identify population below poverty line.
  - NSS along with census provides information for evaluation of the status of minorities with regards to employment and education so that necessary action for development and economic empowerment can be taken.
  - NSS provides estimate of total number of physically disabled people in the country and utilisation of the Public Distribution System (PDS).

- **District Level Household and Facility Survey (DLHS)**
  - DLHS was initiated by the Ministry of Health and Family Welfare (MoHFW), Government of India, in 1977 with a view to assess the utilisation of services provided by government health care facilities and people’s perceptions about the quality of services.
  - After the completion of DLHS 1 in 1998-99, DLHS 2 was carried out between 2002-04 eliciting information on some new dimensions such as testing of cooking salt to assess the consumption of salt fortified with iodine, testing of blood of children (ages below 72 months), adolescents and pregnant women to assess the level of anaemia and measuring weight of children to assess the nutritional status.
  - Coverage of DLHS 1, 2 was increased with inclusion of population linked facility survey and enquiries on National Rural Health Mission (NRHM) related interventions in DLHS 3 (2007-2008).
  - DLHS collects information on a variety of subjects:
    - Members of the household and socio-economic characteristics of the household, assets possessed, number of marriages and deaths.
    - Family planning, maternal and child health, reproductive health of ever married women and adolescent girls, utilisation of maternal and child healthcare services.
    - Availability of human resources, infrastructure and services.
    - Accessibility of health, education and other facilities throughout the year.
  - The 4th round of DLHS was recently conducted in year 2012-2013. In DLHS-4, Clinical, Anthropometric and Bio-chemical (CAB) tests were also carried out in all selected households.
• The survey statistics can be accessed from [https://nrhm-mis.nic.in/SitePages/DLHS-4.aspx](https://nrhm-mis.nic.in/SitePages/DLHS-4.aspx).

**Benefits of DLHS Survey**

- Provides district level information on various women related issue which is used as basis for evaluation of ongoing government programmes and schemes.
- The survey takes into account the people’s perception about the quality of health services and hence can be used to fill in gaps between available and desired.

**National Family Health Survey (NFHS)**

- It is a large scale, multi round survey conducted in a representative sample of households throughout India.
- The Ministry of Health and Family Welfare, Government of India, initiated the survey in 1992-93 and later designated International Institute for Population Sciences (IIPS) for conducting these surveys.
- The survey provides state and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilisation and quality of health and family planning services.
- NFHS-2 conducted in 1998–99 collected most of the types of information collected in NFHS-1 and in addition, covered a number of new parameters such as reproductive health, women’s autonomy, domestic violence, women’s nutrition, anaemia and salt iodization.
- Later, NFHS-3 was carried out in 2005-06 and it included some additional indicators namely height and weight measurement and blood tests for Human Immunodeficiency Virus (HIV) and anaemia.
- The latest round of NFHS was expected to be implemented in 2014-2015, but will resume soon. The reports of the previous rounds can be accessed from [http://www.rchiips.org/nfhs/](http://www.rchiips.org/nfhs/).

**Benefits of NFHS**

- Provide information related to health and family welfare which is used to monitor and evaluate policies and programmes related to population, health, nutrition, and HIV/AIDS.
- Government departments use the results of this survey to identify how and where public resources can be used for improving availability and access to quality health services to all communities.

**Census**

- Census is the procedure of systematically acquiring and recording information about the members of a given population.
- It is conducted every 10 years. The last Census was conducted in 2011.
- The responsibility of conducting Census lies with the Office of the Registrar General and Census Commissioner, India under Ministry of Home Affairs.
- The main purpose of the Census is to provide data on size and composition of population of India and its geographic divisions, i.e. population of different states and union territories, districts, blocks and villages.
- Census collects data from each individual living in the country on a number of items such as age, sex, urban-rural residence, marital status, religion, literacy and education, SC/ST community, work status and migration status.

**Benefits of Census**

- The data from Census is used to calculate demographic estimates, project population trends and for planning purposes.
- Census data on household characteristics and village infrastructure are very useful in assessing how different groups in the community including minorities are affected by existing policies.

**Activity: Conducting a Survey (Role Play)**

**Materials Required:** Pre-designed questionnaire of a household survey and Pen

The trainer may ask for two volunteers from the group to play the role of a surveyor and a respondent. The volunteer playing surveyor then administers the survey to the respondent. Meanwhile, ask the other trainees to observe.

**Discuss:**

- Ask the trainees about problems they often face when such a survey is administered to them.

*Note: If the trainer requires, the census statistics can be accessed from [http://www.censusindia.gov.in](http://www.censusindia.gov.in).*
Do they feel that it is a waste of their time?
While answering the survey, do respondents provide all the information or hide some?
While providing the information, does the respondents ask about the purpose for which the information sought will be used?
The trainer should contribute to this activity by consolidating the observation and sharing with trainees the relevance of the surveys in bringing about a change in their living and importance of providing correct information in response to a survey.

Below Poverty Line List

Poverty

- Poverty literally means the state of being extremely poor.
- It is a condition where people find it difficult to meet the basic needs of food, clothing and shelter.
- A BPL list includes list of the people living below poverty line.
- Enumeration of BPL is done prior to every five year plan.

BPL List

- The process of preparation of BPL list is very extensive and it is done on the basis of household and consumer expenditure survey carried out by NSSO.
- Conducting BPL Census and preparing BPL list is a joint responsibility of the Ministry of Rural Development, the Office of Registrar General of India and Ministry of Housing and Urban Poverty Alleviation (HUPA).
- These lists are then uploaded on the state’s BPL portal from where one can check one’s status and apply for a BPL card.

BPL Listing for 12th Five Year Plan

- For the 12th five year plan, identification of the BPL was based on automatic inclusion, exclusion and a ranking on the basis of seven point deprivation index.
- Female headed households (households where there is no adult male member or where the principal bread-earner in the family is a woman) have been given status of socially vulnerable and are to be given due weightage for inclusion.

Note: To know more about the BPL identification criteria, the trainer may refer to link: http://planningcommission.nic.in/reports/genrep/rep_hasim1701.pdf

Importance of BPL List

Poverty possesses a major threat to development of any nation and therefore, endeavours to alleviate poverty are cornerstone to government’s economic policy.
- Reliable estimation of poverty is the key step towards eradication of poverty as these provide the basic input for designing, implementation and monitoring of anti-poverty programmes.
- The extent of poverty among minorities is higher than the national average (Sachar committee, 2008), thus by participating in the BPL surveys and getting registered under the BPL category will ensure equal and fair distribution of benefits.

Schemes for BPL

A number of initiatives have been taken up by government targeting BPL to alleviate poverty. To avail these benefits, possession of BPL card issued by state is necessary. Details of the schemes have been annexed (Annexure 9).

Public Distribution System/Targeted Public Distribution System (PDS/TPDS)

- PDS/TPDS is the system for distribution of essential commodities to a large section of population through a network of Fair Price Shops (FPSs)/ration shops.
In India, PDS is operated through a network of more than 5 Lakh FPSs providing subsidised food to poor.

To make TPDS more effective, **Antyodaya Anna Yojana (AAY)** was introduced in 2000 which aimed to serve the “poorest of the poor” (people who cannot afford two square meals on a sustained basis throughout the year) in urban and rural areas.

PDS/TPDS now come under the purview of National Food Security Act (NFSA), 2013 that seeks to make right to food a legal entitlement by providing subsidised food to a large section of population.

**Distribution of Commodities under TPDS**

Provision of distribution of commodities under TPDS is aimed at supplementing and not substituting the household requirement. To avail the food grain subsidy, a Ration Card is required. Commodities generally distributed include:

- Edible oil
- Food crops- wheat, rice, sugar, millets (some regions)
- Kerosene

**Coverage and Entitlements**

National Food Security Act, 2013 depends mainly on TPDS mechanism for delivery of the entitlements. Therefore, the coverage, beneficiaries, entitlements of food grains of TPDS have been modified under the effect of the act.

<table>
<thead>
<tr>
<th>Provision</th>
<th>TPDS</th>
<th>National Food Security Act, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>90.2 crore beneficiaries</td>
<td>Upto 75% of rural and upto 50% of urban population</td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>AAY, BPL and Above Poverty Line (APL)</td>
<td>AAY, priority*</td>
</tr>
<tr>
<td>Entitlements per Category</td>
<td>BPL and AAY: 35 Kg/family/month</td>
<td>Priority: 5 Kg/person/month AAY: 35 Kg/family/month</td>
</tr>
<tr>
<td>Prices of Food-Grains</td>
<td>AAY: <code>3/Kg for rice, </code>2/Kg for wheat and `1/Kg for coarse grains</td>
<td>All categories: <code>3/Kg for rice, </code>2/Kg for wheat, and `1/Kg for coarse grains</td>
</tr>
<tr>
<td></td>
<td>Other categories: differs across states</td>
<td></td>
</tr>
</tbody>
</table>

*priority: households identified by state government based on state specific criteria.*

**Source:** http://www.prsindia.org/administrator/uploads/general/1388728622--TPDS%20Thematic%20Note.pdf

**Advantages of TPDS**

- Protects beneficiaries from inflation and price fluctuations.
- Ensures entitlement is used for food grains only.
- Well developed network of FPS ensures access to food grains even in remote areas.

**Problems with TPDS**

- Not providing the entitled quantity or substandard supplies.
- TPDS supplies being sold in local shops at market price.
- *Ration* Depot is at a place not easily accessible/having poor storage facilities.
- Delay in the supply of *ration*.
- Unsatisfactory complaint redressal system.

**TPDS Reforms: Empowering Beneficiaries**

- **Preventing Diversions**: Utilising information and communication technology tools including end to end computerisation to ensure transparent recording of transactions at all levels.
- **Preventing Leakage**: Leveraging "AADHAAR" for unique identification, with biometric information of entitled beneficiaries for proper targeting of benefits under NFSA.
- **Empowering Women**: Allowing for licensing and management of fair price shops by women or their collectives.

**Grievance Redressal Mechanisms**

- One of the most important responsibilities of the government is to redress various grievances of the public.
- Grievance redressal mechanism is an integral part of the machinery of any administration. It helps to determine the efficiency and effectiveness of a department/organisation as it provides feedback on its functioning.
- The key objective of having a grievance redressal mechanism is to promptly address the complaints pertaining to any wrong action done.
- A good public grievance redressal system should ideally be

![Diagram](image)

**Figure 5: Features of an Ideal Public Grievance Redressal System**

- Be Able To Provide Feedback
- Accessible
- Respect Confidentiality
- Responsive
- Simple
- Quick
- Fair
- Effective
- Accountable

**Note**: The trainer may use the step wise process of lodging a complaint placed at Annexure 10 while dealing with grievance redressal mechanisms.

**Directorate of Public Grievances (DPG)**

The DPG in the Cabinet Secretariat of Government of India helps to obtain responses to unresolved grievances on matters pertaining to some central government departments and organisations.
Communications containing grievances of the public are categorised into broad heads:

- Delay
- Harassment/misbehaviour
- Non-payment of dues

Receipt of all grievances pertaining to different Ministry/Departments is acknowledged by DPG and is then forwarded to concerned Ministry/Department for appropriate action.

**Consumer Disputes and Grievance Redressal**

- Consumer disputes related to goods and services and their redressal are provided under Consumer Protection Act, 1986.
- The goods include those which are manufactured or produced and sold to consumers through wholesalers and retailers. The services comprise of nature of transport, telephone, electricity, housing, banking, insurance, medical treatment, etc.
- Speedy grievance redressal is provided through a 3-tier structure of the National and State Commissions and District Forums.
- If a consumer is not satisfied by the decision of a District Forum, he can appeal to the State Commission and the order of the State Commission can be challenged at the National Commission.
- No court fee but only a nominal fee is charged for seeking redressal through these forums.

![Figure 6: Structure of Consumer Grievance Redressal](image)

**Activity: Learning by Discussion**

**Materials Required:** White Board, Marker

The trainer may choose common problems faced by the people due to failure of the service providers and may ask the group to discuss how the situation could be dealt with, which agencies can be approached for seeking redressal.

The trainer may consolidate the observations from the group and sum up.

**National Consumer Helpline (NCH)**

- NCH is run by the Union Ministry of Consumer Affairs.
- It provides consumers with a Telephone Helpline to deal with multitude of problems arising in their day to day dealings with business and service providers.
- NCH provides a National Toll Free No-1800-11-4000 for consumers to seek information, advice or guidance for their queries and complaints.

**Note:** The trainer may refer to Annexure 11 for other national helpline numbers.
Grievance Redressal under TPDS

Grievance redressal under TPDS is provided through numerous agencies:

- **Vigilance Committee**
  - NFSA, 2013 provides for state governments to set up Vigilance Committees at the State, District, Block and Fair Price Shop levels.
  - Vigilance Committees are responsible for:
    - Regular supervision of implementation of all the schemes under NFSA including TPDS.
    - Holding of public audit, public hearings for resolution of public complaints.

- **Anti-Hoarding Cells**
  Anti-Hoarding Cells has also been constituted under PDS (Control) Order, 2001 to check malpractices and initiate action against guilty persons.

**TPDS provides for a 3 tier mechanism for grievance redressal of the beneficiaries.**

1. **Tier I:**
   - Fair Price shop owner

2. **Tier II:**
   - Food & Supply Officer of District or Department of Food & Civil Supplies of State Civil Supplies of State/Union Territory

3. **Tier III:**
   - Consumer Forum

National Consumer Helpline also looks into the complaints of the consumers related to TPDS.

**Right to Information Act, 2005**

- India is known as world’s largest democracy. For a democracy to function at its best, sharing of information about current affairs and broad issues – political, social and economic is necessary.
- RTI was designed to empower the citizens of India by providing them a tool to access information under the control of public authority.
- It helps to promote transparency and accountability in the working of government.

**Right to Information under the Act**

- Right to Information under the act is guaranteed to only citizens of India.
- A citizen has a right to seek such information from a public authority which is held by the public authority or which is held under its control.

**Public Authority:** Any authority or body or institution of self-government established or constituted by or under the constitution or by any other law made by the Parliament or a State Legislature or by notification issued or order made by the Central Government or a State Government, the bodies owned, controlled or substantially financed by the Central Government or a State Government, Non-Government Organisations substantially financed by the Central Government or a State Government.
Public Information Officer (PIO)- They are responsible to give information to a person who seeks information under the RTI Act.

Assistant Public Information Officer (APIO)- These are the officers at sub-divisional level to whom a person can give his RTI application or appeal. These officers send the application or appeal to the PIO of the public authority or the concerned appellate authority. The officer is not responsible to supply the information.

Points of Consideration for Filling an RTI

- A citizen, who desires to obtain any information under the act, should make a precise and specific application to the PIO of the concerned public authority either in English or Hindi or in the official language of the specific area.
- The applicant should clearly mention which information or record he would like to seek and not list out his grievances.
- The application should be sent along with an application fee of ₹10 either as demand draft or Banker’s cheque or an Indian Postal Order, payable to the accounts officer of Public Authority.
- Application fee is exempted for BPL category. However, a proof in support of the claim of belonging to the BPL category should be submitted.
- The PIO is required to furnish information to the applicant within 30 days or 48 hours (if the information sought for concerns the life, liberty of a person) of the receipt of a valid application.
- If the applicant is not supplied the information within the prescribed time of thirty days or 48 hours, as the case may be or is not satisfied with the information furnished to him, he may prefer an appeal to the first appellate authority who is an officer senior in rank to the PIOs.
- If still not satisfied, he may prefer a second appeal with the information commission within 90 days from the date on which the decision should have been made by the first appellate authority or was actually received by the appellant.

Activity: Exercise on RTI Application

Materials Required: Paper, Pen, Application Format

The trainer may ask the trainees to write an RTI application as per format placed at Annexure 12.

The basic requirement needed to write the RTI application consists of:

- Information about the PIO, name address
- Location of central government PIOs
- In case PIO/APIO location is not known, the application can be addressed to PIO c/o head of department and can be sent to concerned public authority with the requisite application fee.

It is advised not to address the application to PIO by his name, just in case he gets transferred or a new PIO is designated in his position.

Note: The trainer may refer to Annexure 13 on FAQs related to RTI for more information.

Panchayati Raj Institutions (PRIs)

Existence of Panchayats or Panchayati Raj Institutions dates back to vedic times where disputes between the people and villages were dealt with by respected and powerful elders.

- The 73rd amendment in 1992 strengthens Panchayati Raj System and gave constitutional status to PRIs ensuring greater participation of rural people in decision making and planning the use of their resources and more effective implementation of rural development programmes.
- Panchayati Raj is a system of governance in which Gram Panchayats are the basic unit of administration.
- The key function of the PRIs is to function as institutions of self-governance and utilise their powers and authority to formulate and implement their plans for economic development and social justice.
Who can be a Member of Panchayat?

Criteria of selection of members of Panchayat depend on the level of PRIs, which differ from state to state.

- **Gram sabha** is constituted by all the members of a village over the age of 18 years for discussing the issues of village.
- **Block samiti** is composed of ex-officio members (all sarpanchas of panchayat samiti, Members of Parliament and Members of Legislative Assembly of the area and the Sub Divisional Officer of the sub division), co-opted members (representatives of SC/ST and women), associated members (a farmer of the area, representative each from cooperative societies and marketing services) and some elected members.
- **Zilla parishad** has minimum of 50 members and maximum of 75 members. Some seats are reserved for SCs, STs, backward classes and women.

Functions of PRIs

PRIs work to provide essential services and facilities to the rural population by implementing government programmes and schemes on the subjects allotted to them by state.

- **Agriculture**:
  - Ensure supply of improved seeds to farmers.
  - Inform farmers of new farming techniques.
- **Education**:
  - Setting up and running schools in the rural areas.
  - Setting up and running libraries in the rural areas.
- **Health**:
  - Establishing primary health centres, sub centres and hospitals in villages.
  - Organising vaccination drives against epidemics.
- **Employment**:
  - Encouraging entrepreneurs to start small-scale industries.
  - Generate employment opportunities for rural population by promoting formation of self-help groups.
- **Drinking water, sanitation and other infrastructural facilities**:
  - Ensure supply of drinking water and drainage facility.
  - Construct bridges, roads & other public facilities and their maintenance.
- **Implementation of national schemes for development of rural population**:
  - The PRIs are responsible for implementation of several centrally sponsored schemes details of which are placed at Annexure 14.
Women Empowerment through PRIs

The empowerment of rural women is crucial for the development of rural India. Bringing women into the mainstream development is a major concern for Indian Government. The 73rd Constitutional Amendment Act 1992 provided for reservation of selective posts for women in panchayat is seen as a key initiative bridging gender gaps and empowering women to participate in political system.

Involvement of women in the political setup has been a life changing move.

- It has given boost to the self-esteem and confidence of the women.
- It has made them courageous enough to voice out for their rights.
- It has provided them the opportunity to play a role in the policy making.
- It has helped them emerge as leaders, taking local issues up at higher levels.
- It has equipped women with adequate skills and knowledge of political systems, government schemes and programmes which they can utilise for betterment of their family and community.

Note: The trainer may refer to the case studies placed at Annexure 15 to facilitate better understanding of how participation of women in panchayati raj system has brought about empowerment.

Associated e-Governance Systems

Government of India has taken up the initiative to make most government systems online to ensure greater transparency in the functioning and availability of the services at the doorstep.

The services are available for access through various web portals some of which are discussed here:

**e-PDS**

- It is an initiative taken by government of India to bring greater transparency into the functioning of largest food distribution scheme.
- e-PDS portal is one stop to provide information related to PDS.
- Information like PDS commodity rates, PDS news, important charts, ration card details, status of ration card application, etc. can be accessed by the user.
- Information about food grains schemes, allocation policy, lifting by dealers, storage capacity, state godowns, PDS stake holders, etc. can also be obtained.

**Public Grievance Portal (PG Portal)**

Government of India has also launched a new PG Portal with the objective of providing the citizens with a platform for redressal of their grievances.

PG Portal is an online system for enabling citizen to lodge grievances from anywhere, anytime 24x7.

Other facilities:

- A complainant can view the status of action taken.
- Can provide feedback/satisfaction rating on the action taken which may lead to further improvements.

**RTI Portal**

- It is an initiative taken by Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pensions to provide an RTI Portal Gateway to the citizens for quick search of information on the details of first Appellate Authorities, PIOs etc., besides access to RTI related information/disclosures published on the web by various Public Authorities under the Government of India as well as the State Governments.
- RTI online allows citizens of India to
  - Lodge RTI request/appeal with central ministries/departments.
  - View status of RTI application.
  - Lodge RTI Complaint/Appeal with Central Information Commission (CIC).

**e-AADHAAR-Resident Portal**

- **AADHAAR** is the national identity program of the Government of India, aimed at delivering a unique identity number to every resident in the country. The processes set up by Unique Identification Authority of India for issuing **AADHAAR** are designed to deliver a strong proof of identity and proof of address for delivery of various social sector services.

- The process of **AADHAAR** enrollment involves verification of proof of identity and address, biometric scan covering ten fingerprint and iris scan of both eyes.

- Since **AADHAAR** is recognised as an authentic document for various services a “Resident Portal” had been launched to enable the residents to download their “**e-AADHAAR**”, a digitally generated letter, from the website of UIDAI.

- Other facilities available are:
  - Check your **AADHAAR** status.
  - Locate enrollment centres.
  - File **AADHAAR** enquiries and grievances.

**Note:** If the facilities are available, trainers can familiarise the trainees with the web portal and can demonstrate to them how and what all types of information can be accessed. Also, the trainer may refer to Annexure 16 to deliver information on other e-citizen services.

**Summary Points**

- Government mechanisms have been put in place to make our life better.
- Participating in household surveys is important as it is the only way by which a woman can share her experience and contribute to the process of policy making.
- BPL lists are now available online from where one can check BPL status and get a BPL card issued which is essential for availing benefits for BPL.
- TPDS is the largest system providing subsidised food grains to the poor at the rate of `3/Kg for rice, `2/Kg for wheat and `1/Kg for coarse grains.
- Availing the benefits of TPDS requires a *ration* card.
- Information about *ration* card, *ration* card status, FPS etc. can now be accessed from the online portal e-pds.
- Grievance redressal mechanisms offer power to people to fight for any wrong done.
- Complaints related to government ministries and departments can be filed with the Directorate of Public Grievances and consumer forums can be contacted for consumer disputes.
- RTI is an important tool to obtain information from public authority. It can even be utilised to obtain information related to status of *ration* card, BPL card, entitlements under various schemes etc.
- *Panchayati Raj* system is crucial for rural administration. Almost all the work pertaining to benefits of people are mediated through PRIs.
- Involvement of women in *panchayats* is a landmark step in the area of women empowerment.
- Government of India has taken an initiative to recognise **AADHAAR** as a valid proof of identity and proof of address for delivery of social sector services and has launched a “Resident Portal” for the faster delivery of the same.
## SESSION 1 SWACHH BHARAT MISSION

### OBJECTIVE
To sensitize the trainees about *Swachh Bharat Abhiyan*, solid waste disposal, waste water recycling and personal hygiene.

### CONTENTS
- *Swachh Bharat* Mission
- Importance of Cleanliness in Daily Life
- Household and Environmental Sanitation
- Solid Waste Management
- Waste Water Recycling
- Personal Hygiene
- Summary Points

### DURATION
45 Minutes

### TRAINING METHODS
Powerpoint Presentation, Group Discussion and Group Activity

### ACTIVITIES
- Watch and Learn
- Identify your Waste

### LEARNING OUTCOMES
- The trainees will become aware about the *Swachh Bharat Mission* and be able to help implement it better.
- The trainees will acquire information about solid waste management and waste water management.

### MATERIALS REQUIRED
LCD Projector, Computer with Internet Connection, Waste Material

### REFERENCES
- Ministry of Environment and Forest, Municipal Solid Waste Management and handling,
- *Bal Swachhta Mission: Swachh Bharat, Swachh Anganwadi* Booklet
- [http://tsc.gov.in/TSC/NBA/AboutNBA.aspx](http://tsc.gov.in/TSC/NBA/AboutNBA.aspx) (Nirmal Bharat Abhiyan)
The session has been prepared in order to facilitate the trainer on the initiative *Swachh Bharat* and equip the trainees with tools and knowledge to successfully implement the initiative. The trainer may ask the following questions for rapport formation with the trainees.

**Ask:**
- Are they aware of the *Swachh Bharat* Mission?
- What initiatives have been taken by their state for the same?

**Swachh Bharat Mission**

Individual health and hygiene is largely dependent on adequate availability of drinking water and proper sanitation. Consumption of unsafe drinking water, improper disposal of human excreta, improper environmental sanitation and lack of personal and food hygiene have been major causes of many diseases.

With the vision of clean and healthy nation, *Swachh Bharat* Mission was launched on 2nd October 2014. It focuses on inculcating healthy habits with regard to water, hygiene and sanitation that will empower each individual to become an agent of change.

The aim is to achieve *Swachh Bharat* by 2019 as a befitting tribute to the 150th birth anniversary of Mahatma Gandhi. The mission has been divided into two sub-missions: *Swachh Bharat* Mission (Gramin) and *Swachh Bharat* Mission (Urban). Objectives of each sub-mission are given in figure 9.

<table>
<thead>
<tr>
<th>Swachh Bharat Mission (Urban)</th>
<th>Swachh Bharat Mission (Gramin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make people aware of healthy sanitation practices by bringing behavioural changes in people</td>
<td>• Improve quality of life by promoting cleanliness, hygiene and eliminating open defecation</td>
</tr>
<tr>
<td>• Eradicate the system of open defecation</td>
<td>• Motivate Communities and PRIs to adopt sustainable sanitation practices</td>
</tr>
<tr>
<td>• Convert insanitary toilets into pour flush toilets</td>
<td>• Encourage appropriate cost effective technologies for ecologically sustainable sanitation</td>
</tr>
<tr>
<td>• Cease manual handling of garbage</td>
<td>• Development of Community managed sanitation systems for solid &amp; liquid waste management</td>
</tr>
<tr>
<td>• Link people with sanitation and public health programme</td>
<td></td>
</tr>
</tbody>
</table>

Figure 8: Timeline of Sanitation Programmes in India

Figure 9: Objectives of Swachh Bharat Mission
Activity: Watch & Learn

Materials Required: Computer, Internet

The trainer may show a small video on Swachh Bharat. Refer to the following link: https://www.youtube.com/watch?v=5sfyYd4cCd8

Following the video the trainer may ask the trainees about their contribution to Swachh Bharat.

Importance of Cleanliness in Daily Life

An essential step towards a better life involves inculcating good, clean and healthy habits in our daily life. Cleanliness begins from an individual and involves all aspects of the everyday living along with a clean environment. In order to increase one’s longevity, one should practice healthy and clean routines and habits. The key to vibrant health is living in a clean and safe environment around self, home, street, community and at work.

Cleanliness in Daily Life

- Daily cleaning of body parts.
- Wearing clean clothes.
- Washing hands at critical times like before and after meal and after using toilets.
- Wash food before cooking and chopping.
- Cook food in clean utensils using clean water.
- Keep cooked food covered.
- Using clean water for food and drinking.
- Keeping water containers clean and covered.
- Using laddle or taps for drawing water.
- Daily clearing of indoor and outdoor area.
- Proper disposal of waste.
- Use sanitary toilets.

Household and Environmental Sanitation

- Household and environmental sanitation includes the measures undertaken to keep home and environment safe and healthy to live in.
- It can be ensured by proper waste disposal, clean water supplies, food safety controls and personal hygiene.

Household Cleaning

- Keep your household and nearby areas clean by daily sweeping and dusting.
- Avoid stagnation of water around house and hand pumps to prevent breeding of mosquitoes.
- Use insect and mosquito repelants to prevent bites.
- Disposed off household waste water safely by making a soak pit or a channel to the kitchen garden or the field.

Energy Conservation

- Switch off the lights and fans when not in use.
- Use green energy devices based on solar energy such as solar lights, solar cookers solar water heaters.
- Use star labeled and energy efficient products like Compact Fluorescent Lamps (CFLs), Light Emitting Diodes (LEDs) etc.

Reduce Atmospheric Pollution

- Prevent or reduce indoor air pollution e.g., use smokeless chulhas, LPG, bio gas.
- Plant more trees in your surroundings.
- Use Public Transport, car pools as much as possible.
- Do not pollute water bodies near you.
- Do not litter in public places.
- Do not defecate in open.
- Avoid using plastic covers or bags. Use cloth bags for shopping.

Waste Management

- Household garbage should be collected in a garbage bin and disposed into a compost pit or community bin.
- Use colour codes separate bins/bags for wastes green colour : wet waste (kitchen waste, peels, egg shells etc.) blue colour : dry recyclable waste (plastic, aluminium foil, bottles, cans etc.) and red colour: reject waste (biowaste like diapers, bandages, sanitary napkins)
- These bins should be covered as germs can spread by flies, cockroaches, rats and mice, which thrive in refuse such as food scraps and peelings from fruits and vegetable.

Figure 10: Cleanliness in Daily Life

Figure 11: Household and Environmental Sanitation Tips
Personal Hygiene

- Personal hygiene involves practices performed by an individual to care for one’s bodily health and wellbeing by keeping oneself clean.
- It focuses on keeping the body and body parts neat and clean.
- Safe hygienic habits include good practices like proper hand washing before and after eating, cleaning a child and safe faeces disposal.

Tips for Personal Hygiene

1. Hair
   - Wash hair regularly.
   - Comb your hair everyday.
   - Inspect your hair for lice that may keep you itchy.

2. Eyes
   - Do not allow flies to sit or crawl on the eyes.
   - Wash eyes with clean water.
   - Use clean cloth for wiping the eyes.

3. Teeth and Gums
   - Clean teeth well every morning and before sleeping.
   - Rinse your mouth with clean water after eating any thing.

4. Body
   - Take bath everyday and dry yourself properly.
   - Wash and change clothes daily.
   - Clean eyes, ears and genitals regularly.

5. Hands
   - Ensure that hands are washed with soap after defecation and before eating.
   - Wash your hands after touching any thing dirty.
   - Always keep fingernails clean and well trimmed. Long and dirty nails harbour filth and germs.

6. Use of handkerchief
   - Do not spit and blow nose on the ground. Sputum and mucous can spread diseases. Use a handkerchief.
   - Cover the mouth and nose with handkerchief when coughing and sneezing.

7. Prevent dirt
   - Do not encourage children to play in dirt and muddy water to avoid catching of pathogens and worms from human excreta as a result of open defecation.
   - Wear chappals / shoes to prevent the contact of bare feet with soil infected with worms from human excreta.
Keep Your Hands Clean

Why?
- Dangerous microorganisms are found in soil, animals, garbage and waste.
- These microorganisms are carried by hands, clothes, utensils etc.
- Slightest contact can transfer them to food and cause foodborne diseases.

How?
Hands should be washed properly by rubbing all parts of hand and wrists.

Solid Waste Management
Solid waste management involves controlling, collecting, disposing and processing of solid waste.
- Disposal of solid waste can be done by landfills, recycling, composting and conversion to bio fuels.
- In urban setting, the solid waste is managed by Municipal Corporation.

Figure 12: Proper way of Hand Washing

1. Palm to palm
2. Between fingers
3. Back of hands
4. Base of thumbs
5. Back of fingers
6. Fingernails
7. Wrists
8. Rinse and wipe dry

Figure 13: Critical Times of Hand Washing

- Before Cooking Food
- Before and After eating and feeding Children
- After using toilet
- After cleaning baby’s faeces
- After blowing nose
- After handling garbage and wastes

Figure 14: Management of Solid Waste by Municipal Corporation

- Collection: From Houses, slums, markets, hospitals
- Segregation: Separating degradable and non biodegradable waste
- Storage: Proper storage of segregated waste to avoid unsanitary and unhygienic conditions.
- Transportation: Transportation vehicle should be covered to prevent scattering.
- Processing: Biodegradable waste: Composting and vermicomposting
Non Biodegradable waste: Recycling of recoverable material
Activity: Identity Your Waste

Materials Required: Different types of wastes

The trainer may show pictures of different kinds of waste to the trainees and ask them to segregate them in Biodegradable and Non-Biodegradable. After the activity, discuss about how these wastes can be disposed at household level.

The trainer may use following tips for leading the discussion.

- Always remember the 3 R’s - Reduce, Reuse, Recycle.
- Segregate the domestic waste into biodegradable and non-biodegradable.
  - Biodegradable wastes can be used as compost, manure etc.
  - Non-biodegradable wastes can be recycled or reused to make home decorative items.

Waste Water Recycling

- Reuse of waste water is helpful in identifying and economically using water sources for increased water demand.
- Waste water reuse:
  - Household Reuse:
    - Waste water from washing utensils, shower etc. can be used to water the plants.
    - It can also be re used for toilet flushing and clothes washing.
    - Waste water can also be used, if any construction is in progress.
  - Urban reuse:
    - For irrigation of public parks, school yards, highway, residential landscapes, for fire protection and toilet flushing in commercial and industrial buildings.
  - Agricultural reuse:
    - Irrigation of non-food crops (fodder and fibre), commercial nurseries, and pasture lands.
    - High quality reclaimed water can be used to irrigate food crops.

Summary Points

- Swachh Bharat Mission focuses on inculcating healthy habits with regard to hygiene and sanitation.
- Household and environment sanitation can be ensured by proper waste disposal, clean water supplies, food safety controls and personal hygiene.
- Personal hygiene involves practices to care for health and wellbeing by keeping oneself clean.
- Hand washing is an important component of personal hygiene. Critical times for hand washing are:
  - Before cooking food
  - Before and after eating and feeding babies
  - After using toilet
  - After cleaning baby’s faeces
  - After handling garbage and wastes
  - After blowing nose
- Disposal of solid waste can be done by landfills, recycling, composting and conversion to bio fuels. In urban setting, the solid waste is managed by Municipal Corporation.
- Waste water can be used for household reuse, agricultural reuse, and urban reuse.
<table>
<thead>
<tr>
<th>SESSION 2</th>
<th>HEALTH AND NUTRITION - A SITUATIONAL ANALYSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>To impart knowledge to the trainees about the importance of health and nutrition.</td>
</tr>
</tbody>
</table>
| **CONTENTS** | ➢ Health and Nutrition- An overview  
➢ Balanced Diet and Healthy Eating Habits  
➢ Importance of Physical Activity  
➢ First Aid  
➢ Summary Points |
| **DURATION** | 30 Minutes |
| **TRAINING METHODS** | Powerpoint Presentation, Group Discussion, Group Activity |
| **ACTIVITIES** | ➢ Identify the Food Groups  
➢ Demonstration of First Aid |
| **LEARNING OUTCOMES** | ➢ The trainees will know the current situation of health and nutrition in India.  
➢ The trainees will be able to understand the importance of good nutrition, balanced diet and physical activity.  
➢ The trainees will learn about first aid techniques for common injuries. |
| **MATERIALS REQUIRED** | Projector, Charts, Pencils, Markers, Pictures of Different Food Items |
| **ANNEXURES** | ➢ Health Related Technical Terms  
➢ Healthy Eating Habits  
➢ Sources and Functions of Essential Nutrients  
➢ Importance of Vitamins and Minerals  
➢ Micronutrient Deficiencies- Causes, Symptoms and Prevention  
➢ First Aid for Common Injuries |
| **REFERENCES** | ➢ NFHS-3  
➢ DLHS-3  
➢ Annual Health Survey (AHS) 2013  
➢ National Nutrition Monitoring Bureau (NNMB)-2007  
➢ Sample Registration Survey –2014, 2013  
➢ Census, 2011  
➢ Dietary Guidelines For Indians, 2010 National Institute of Nutrition, (NIN) |
To assist trainers in conducting the session smoothly, definitions of commonly used technical terms has been provided, please refer Annexure 17. The trainers may add the data of their respective states to make it region specific. The trainer may begin the session by giving a brief talk about the status of health and nutrition in India and may initiate the discussion by asking relevant questions such as:

**Ask:**
- What are the possible reasons for poor state of health in India?
- What is malnutrition? How does it affect the health and nutritional status of an individual?
- What can be done to improve the current health and nutrition situation?

### Health and Nutrition – An Overview

- **Health** is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.
- **Health** is multidimensional. Continuous interaction among the various dimensions such as physical, mental, social, spiritual, emotional, vocational and political is important for ensuring good health.
- **Nutrition** is the intake of food, considered in relation to the body's dietary needs.
- **Good nutrition** is one where an adequate, well balanced diet combined with regular physical activity and is a cornerstone of good health.

### Situation Analysis

- **Health and nutritional status** of a population is a crucial indicator of the progress of a nation.
- **Food security** is the availability, accessibility and utilisation of adequate food for all at all times. Food insecurity is a leading cause of poor nutritional status in developing countries.
- **Whereas availability** of appropriate and adequate basic health care services to the citizens describes the state of health of a nation.
- **National level data** on health and nutrition indicators provide clear evidence of the poor state of health and nutrition in India.

### Demography

- India accounts for 17.5 percent of the world population, is the second most populous country in the world.
- According to Census 2011, India's population stood at 1.21 billion comprising of 623.72 million (51.54%) males and 586.46 million (48.46%) females.

### Mortality Indicators

Crude Death Rate (CDR) indicates the number of deaths occurring during the year per 1,000 population estimated at midyear. India's CDR for 2013 is 7.0 per thousand population and it varies from 7.5 in rural areas to 5.6 in urban areas. It is observed that female death rate is lower than male death rate both in rural and urban areas. Similar trend has been observed even in 9 AHS states.
Table 3: Child Mortality Indicators

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Indicators</th>
<th>Data %</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>Rural</td>
</tr>
<tr>
<td>1</td>
<td>Infant Mortality Rate</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td>2</td>
<td>Under 5 Mortality Rate</td>
<td>49</td>
<td>55</td>
</tr>
<tr>
<td>3</td>
<td>Child Mortality</td>
<td>11</td>
<td>12.3</td>
</tr>
<tr>
<td>4</td>
<td>Neonatal Mortality</td>
<td>28</td>
<td>31</td>
</tr>
</tbody>
</table>

**Morbidity**

**Childhood Illnesses**

- Illness is a diseased state, disability or poor health in a population.
- Around 9 million children die every year before reaching their fifth birthday.
- Most deaths among under-fives are still attributable to conditions like acute lower respiratory infections, like pneumonia (17%), diarrhea (16%), malaria (7%), measles (4%), HIV/AIDS (2%) and other neonatal conditions mainly preterm births, asphyxia and infections account for 37 percent of all deaths in under-fives.
- Poor health services and delay in seeking care contributes to 70 percent of child deaths.

**Reproductive and Sexual Health Problems**

- Reproductive health is integral to the vision that every child is wanted, every birth is safe, every young person is free from HIV and every girl and woman is treated with dignity.
- As per the National Family Health Survey-3, there are several reproductive health concerns in India which need to be addressed in order to improve reproductive health status of people.
- Table 4 highlights situation of reproductive and sexual health in India.

MMR has declined from 400 maternal deaths per 100,000 live births in 1997/98 to 212 in 2007-09 and finally to 167 in 2011-2014. The decline has been most significant in AHS states. However, despite the decline highest MMR was recorded in Assam (301).

Table 4: Reproductive and Sexual Health Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Muslim</th>
<th>Christian</th>
<th>Sikh</th>
<th>Buddhist</th>
<th>Jain</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>167</td>
</tr>
<tr>
<td>Prevalence of STI/Reproductive Tract Infection (RTI)* (%)</td>
<td>42.8</td>
<td>27.1</td>
<td>18.0</td>
<td>26.3</td>
<td>22.2</td>
<td>30.3</td>
</tr>
<tr>
<td>Unmet need of family planning (%)</td>
<td>27.7</td>
<td>20.8</td>
<td>11.3</td>
<td>14.3</td>
<td>10.7</td>
<td>20.5</td>
</tr>
<tr>
<td>% of Women ever had fertility problems</td>
<td>8.3</td>
<td>5.7</td>
<td>8.9</td>
<td>6.3</td>
<td>6.8</td>
<td>8.2</td>
</tr>
</tbody>
</table>

*including women having abnormal vaginal discharge
Source: SRS, 2013, DLHS 3
Access to Health Services

Ante-Natal check-up (ANC): As per DLHS–3, around 55 percent of women received ANC from a government health facility as compared to 36 percent from private health facility and around 10 percent from community based services like non-government hospital/trust hospital or clinic, home visits etc. A higher proportion of urban women (around 68 percent) had at least three ANC visits, compared to 43 percent among rural women.

Full ANC: The DLHS-3 defines full ANC as "at least three visits for ANC, at least one Tetanus Toxoid (TT) injection received and 100 IFA tablets/syrup consumed". The full ANC has increased from 16.4 percent (DLHS-2) to 18.8 percent (DLHS-3).

Table 5: Access to Services under Ante-Natal Care to Minority Women

<table>
<thead>
<tr>
<th>Community</th>
<th>Women who received TT (%)</th>
<th>Women who consumed IFA(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td>1</td>
</tr>
<tr>
<td>Muslim</td>
<td>27.1</td>
<td>5.4</td>
</tr>
<tr>
<td>Christian</td>
<td>27.8</td>
<td>16.9</td>
</tr>
<tr>
<td>Sikh</td>
<td>15.6</td>
<td>2.1</td>
</tr>
<tr>
<td>Buddhist</td>
<td>18.4</td>
<td>14.1</td>
</tr>
<tr>
<td>Jain</td>
<td>4.2</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Source: DLHS-3

Immunization

- Immunization against childhood diseases is one of the most important efforts made by the government to improve children's health and reduce mortality, morbidity and permanent disability among children, specifically in areas where the general health status of children is poor.
- Despite a long standing national programme for universal immunization in India, poor coverage and multiple inequalities in immunization continue to exist.
- According to DLHS-3, the proportion of children receiving full vaccination was 54 percent.

Table 6: Immunization Coverage among Minority Children

<table>
<thead>
<tr>
<th>Community</th>
<th>Full Vaccination (%)</th>
<th>No Vaccination (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muslim</td>
<td>44.5</td>
<td>5.9</td>
</tr>
<tr>
<td>Christian</td>
<td>49.6</td>
<td>8.7</td>
</tr>
<tr>
<td>Sikh</td>
<td>80.3</td>
<td>3.2</td>
</tr>
<tr>
<td>Buddhist</td>
<td>65.0</td>
<td>3.8</td>
</tr>
<tr>
<td>Jain</td>
<td>75.2</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Source: DLHS-3
Malnutrition

- In developing countries, children and adults are vulnerable to malnutrition because of low dietary intakes, infectious diseases, lack of appropriate care and inequitable distribution of food within the household.
- India is undergoing nutrition and socio-economic transition and is facing the dual burden of malnutrition i.e., problem of under-nutrition and micronutrient deficiencies along with emerging problems of over nutrition and obesity within the same population.
- Under nutrition among children increases the risk of growth retardation, micronutrient deficiencies, increased susceptibility to infections and death (Table 7).
- Whereas among adults it may result in reduced productivity, slow recovery from illnesses, micronutrient deficiencies, adverse pregnancy outcomes etc. (Table 8).

### Table 7: Nutritional Status of Children Under 5 Years of Age

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>MALE</th>
<th>FEMALE</th>
<th>INDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUNTING* (%)(% BELOW -3 SD)</td>
<td>23.9</td>
<td>23.4</td>
<td>23.7</td>
</tr>
<tr>
<td>WASTING* (%)(% BELOW -3 SD)</td>
<td>6.8</td>
<td>6.1</td>
<td>6.4</td>
</tr>
<tr>
<td>UNDERWEIGHT* (%) (% BELOW -3 SD)</td>
<td>15.3</td>
<td>16.4</td>
<td>15.8</td>
</tr>
<tr>
<td>ANY ANAEMIA (6-59 MONTHS)* (%)</td>
<td>69.0</td>
<td>69.9</td>
<td>69.5</td>
</tr>
<tr>
<td>VITAMIN A DEFICIENCY (1-5 YEARS)** (%)</td>
<td>-</td>
<td>-</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Source: *NFHS-3(2005-06), ** NNMB 2007
Table 8: Nutritional Status of Children Under 5 Years of Age belonging to Minorities

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>MUSLIM</th>
<th>CHRISTIAN</th>
<th>SIKH</th>
<th>BUDDHIST</th>
<th>JAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>STUNTING</em> (%)</em>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% BELOW -3 SD)</td>
<td>26.2</td>
<td>17.9</td>
<td>13.4</td>
<td>23.2</td>
<td>5.9</td>
</tr>
<tr>
<td>(% BELOW -2 SD)</td>
<td>50.3</td>
<td>39.0</td>
<td>29.8</td>
<td>56.1</td>
<td>31.2</td>
</tr>
<tr>
<td><em><em>WASTING</em> (%)</em>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% BELOW -3 SD)</td>
<td>6.1</td>
<td>5.1</td>
<td>2.8</td>
<td>7.0</td>
<td>5.2</td>
</tr>
<tr>
<td>(% BELOW -2 SD)</td>
<td>18.4</td>
<td>15.5</td>
<td>11.0</td>
<td>21.0</td>
<td>15.8</td>
</tr>
<tr>
<td><em><em>UNDERWEIGHT</em> (%)</em>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% BELOW -3 SD)</td>
<td>15.6</td>
<td>8.7</td>
<td>7.8</td>
<td>14.7</td>
<td>6.6</td>
</tr>
<tr>
<td>(% BELOW -2 SD)</td>
<td>41.8</td>
<td>29.7</td>
<td>22.0</td>
<td>39.2</td>
<td>24.0</td>
</tr>
<tr>
<td><em><em>ANY ANAEMIA (6-59 MONTHS)</em> (%)</em>*</td>
<td>69.7</td>
<td>60.0</td>
<td>63.8</td>
<td>66.0</td>
<td>56.2</td>
</tr>
<tr>
<td><strong>VITAMIN A DEFICIENCY (1-5 YEARS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINICAL SIGN (Bitot’s Spot)</td>
<td>0.3</td>
<td>0.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SUB CLINICAL DEFICIENCY (Serum Vitamin A &lt;20ug/dl)</td>
<td>69.3</td>
<td>68.8</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: *NFHS-3(2005-06), ** NNMB 2007

Table 9: Nutritional Status of Women (15-49 Years) belonging to Minorities

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>MUSLIM</th>
<th>CHRISTIAN</th>
<th>SIKH</th>
<th>BUDDHIST</th>
<th>JAIN</th>
<th>INDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Weight/Thinness</td>
<td>34.5</td>
<td>22.1</td>
<td>17.8</td>
<td>41.6</td>
<td>16.6</td>
<td>34.2</td>
</tr>
<tr>
<td>(Body Mass Index &lt;18.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over Weight/Obesity</td>
<td>8.4</td>
<td>13.6</td>
<td>25.5</td>
<td>9.0</td>
<td>28.2</td>
<td>9.3</td>
</tr>
<tr>
<td>(Body Mass Index &gt;25.0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Anaemia</td>
<td>54.7</td>
<td>50.3</td>
<td>39.2</td>
<td>52.5</td>
<td>38.8</td>
<td>55.3</td>
</tr>
</tbody>
</table>

Source: NFHS -3

Infant and Young Child Feeding (IYCF) Practices

- Infant feeding practices have significant effects on both mothers and children.
- Feeding practices such as timely initiation of breastfeeding, exclusive breastfeeding for 6 months, timely introduction of adequate and age appropriate complementary feeds significantly affects nutritional status of a child.
- Brief look at the statistics of IYCF are provided for situation analysis.
Table 10: Indicators of IYCF Practices

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>MUSLIM</th>
<th>CHRISTIAN</th>
<th>SIKH</th>
<th>BUDDHIST</th>
<th>JAIN</th>
<th>INDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children received colostrum (%)</td>
<td>79.6</td>
<td>90.9</td>
<td>88.6</td>
<td>87.9</td>
<td>89.3</td>
<td>80.1</td>
</tr>
<tr>
<td>Initiation of breastfeeding within one hour of birth (%)</td>
<td>35.0</td>
<td>64.8</td>
<td>41.8</td>
<td>60.6</td>
<td>50.3</td>
<td>40.5</td>
</tr>
<tr>
<td>Initiation of breastfeeding within one day (%)</td>
<td>66.7</td>
<td>92.3</td>
<td>78.7</td>
<td>90.9</td>
<td>85.6</td>
<td>70.9</td>
</tr>
<tr>
<td>Initiation of breastfeeding after 24 hrs of birth (%)</td>
<td>33.3</td>
<td>7.7</td>
<td>21.3</td>
<td>9.1</td>
<td>14.4</td>
<td>29.1</td>
</tr>
<tr>
<td>Exclusive breastfeeding of children under 6 months (%)</td>
<td>39.4</td>
<td>51.5</td>
<td>32.8</td>
<td>54.6</td>
<td>55.3</td>
<td>46.8</td>
</tr>
<tr>
<td>Introduction of complementary feeding upon completion of 6 months, along with continued breastfeeding for 2 years (%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>23.4</td>
</tr>
</tbody>
</table>

Source: DLHS-3

Balanced Diet

- Balanced Diet is one in which all the nutrients are present in the right amount as required by the body.
- An adequate diet, providing all nutrients is needed throughout our lives. However, the quantities of foods needed to meet the nutrient requirements vary with age, gender, physiological status and physical activity.

Benefits of Balanced Diet

Consumption of balanced diet is essential for sustaining good health as it:

- Reduces risk of nutritional deficiency.
- Protects against certain non-communicable diseases such as obesity, diabetes, cardiovascular diseases, some types of cancer and skeletal conditions.
- Provides essential vitamins and minerals that boost immunity.
- Helps maintaining healthy weight.

Note: The trainer may refer to Annexure 18 to elaborate upon healthy eating habits.

Calorie composition of a Balanced Diet

Carbohydrates: Approx. 50-60% (preferably from complex carbohydrates like whole grains bajra, dalia, wheat etc.)
Proteins: Approx. 10-15%
Fats: Approx. 20-30% (both visible and invisible fat)
Activity: Identity the Food Groups

Materials Required: Pictures of foods from different food groups, Chart, Marker

The trainer may use this activity to explain the functions/essentiality of different food groups in a balanced diet.

The trainer may begin this exercise by listing the various food groups on a chart. Then the trainer may show the pictures of food items to the trainees and ask them to identify the food group to which they belong. Once all the food items are successfully identified, the trainer may discuss the importance of each food group in the balanced diet and conclude by giving examples of foods/dishes that can be mixed in meal to make it balanced.

The trainer may refer to tables on Sources and Functions of Essential Nutrients and Importance of Vitamins and Minerals placed at Annexure 19 & 20 for conducting this activity.

Note: The trainer may refer to Annexure 21 to discuss about common micronutrient deficiencies that may occur if a balanced diet is not consumed.

Physical Activity

- Physical activity is any bodily movement produced by skeletal muscles that requires energy expenditure.
- Regular physical activity such as walking, cycling, dancing has significant benefits for health. For example, it can reduce the risk of over weight, obesity, cardiovascular diseases, diabetes, and osteoporosis and also promote psychological wellbeing.
- It is recommended that an adult should spend at least 45 minutes, at least 5 days in a week in physical activity of moderate intensity.

Types of Physical Activities:

Aerobic Activities:
These speed your heart rate and breathing while improving heart and lung fitness. Examples: brisk walking, jogging and swimming.

Resistance, Strength Building and Weight Bearing Activities:
These help build and maintain bones and muscles by working them against gravity. Lifting weights, carrying a child and walking are a few examples.

Balance and Stretching Activities:
Dancing, gentle stretching, yoga and martial arts reduce risk of injuries by improving physical stability and flexibility.

Health Benefits of Physical Activity

- Controls body weight and composition.
- Reduces risk of chronic diseases, such as Type 2 diabetes, high blood pressure, heart disease, osteoporosis, arthritis and some cancers.
- Increases the level of good cholesterol High Density Lipoprotein (HDL).
- Builds strong muscles, bones and joints.
- Improves flexibility.
- Wards off depression.
- Improves mood, sense of wellbeing and self-esteem.
Figure 16: Physical Activity Pyramid

First Aid
- First aid is defined as initial care for an illness or injury.
- It generally consists of a series of simple and in some cases, potentially life saving techniques that an individual can be trained to perform with minimal equipment.
- It can be performed by any person to a sick or injured person in emergency until definitive medical treatment can be accessed.
- The most common injuries are falls, burns, drowning and road accidents.
- In case of medical emergency/accidents, immediate action should be taken, call ambulance at 102.

Activity: Demonstration of First Aid

Materials Required: First Aid Kit, Board, Marker

The trainer may refer to Annexure 22 for list of incidents and their first aid actions and discuss them with the trainees.

The trainer may then divide the trainee in groups of two and give them one condition each for which first aid is required and ask them to demonstrate the first aid action for the allotted injury with one member playing patient and other as care giver. The trainer may correct the action wherever necessary.

Allow them to practice by reversing the role played.

Summary Points
- Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.
- Nutrition is the intake of food, considered in relation to the body’s dietary needs. Good nutrition is one where an adequate, well balanced diet combined with regular physical activity and is a cornerstone of good health.
- A balanced diet should provide around 50-60% of total calories from carbohydrates, preferably from complex carbohydrates like whole grains (bajra, dalia, wheat etc.), about 10-15% from proteins and 20-30% from visible and invisible fat.
- Regular physical activity has significant benefits for health. It is recommended that an adult should spend at least 45 minutes, at least 5 days in a week in physical activity of moderate-intensity.
- First aid consists of a series of simple and in some cases, potentially life saving techniques that an individual can be trained to perform with minimal equipment.
<table>
<thead>
<tr>
<th>SESSION 3</th>
<th>HEALTH AND NUTRITION – A LIFE CYCLE APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>To make trainees understand the importance of nutritional care during different stages of life cycle.</td>
</tr>
</tbody>
</table>
| **CONTENTS** | - Health and Nutrition- A Life Cycle Approach  
  - Infancy and Young Childhood  
    - Nutritional Requirements during Infancy and Childhood  
    - Infant and Young Child Feeding  
    - Common Childhood Illnesses  
    - Immunization  
  - Adolescence  
    - Nutritional Requirements during Adolescence  
    - Menstruation and Menstrual Hygiene  
    - Adolescent Reproductive and Sexual Health (ARSH)  
    - Family Planning  
    - HIV/AIDS  
  - Adult Women, Pregnancy and Lactation  
    - Nutritional Requirements for Adult Women  
    - Nutritional Requirements during Pregnancy and Lactation  
  - Elderly  
    - Nutrition for the Elderly Women  
  - Summary Points |
| **DURATION** | 1 Hour 15 Minutes |
| **TRAINING METHODS** | Powerpoint Presentation, Group Discussion, Group Activity |
| **ACTIVITIES** | - Role Play  
  - Enriching Infant’s Meals  
  - Sickness in Children  
  - Preparations of ORS Solution  
  - The Biology of Menstruations  
  - Learning by Discussion  
  - Effectiveness of Contraceptive Methods  
  - Do’s and Don’ts during Pregnancy |
| **LEARNING OUTCOMES** | - The trainees will understand the nutritional requirements during various stages of life cycle.  
- The trainees will learn about the prevention and treatment of common childhood illnesses and importance of immunization.  
- The trainees will get information on reproductive cycle and importance of menstrual hygiene practice, sexual and reproductive health issues among adolescents, family planning, AIDS. |
MATERIALS REQUIRED
LCD Projector, Charts, Paper, Pen

ANNEXURES
➢ WHO Recommendations for Feeding Young Children
➢ Infant and Young Child Feeding Guidelines
➢ Problems Associated with Child Feeding and Suggestions to Tackle them
➢ Immunization Schedule
➢ Frequently Asked Questions about Menstruation
➢ Common Problems faced by Girls during Menstruation
➢ Use and Disposal of Sanitary Napkins
➢ Effectiveness of Contraceptive Methods
➢ Myths and Facts about RTIs/HIV/AIDS
➢ Do’s and Don’ts for a Pregnant Woman
➢ Myths Correlated with Pregnancy
➢ Mother and Child Protection Card
➢ Myths and Facts related to Breastfeeding

REFERENCES
➢ Nutrient Requirements and Recommended Dietary Allowances for Indians, 2010
➢ Dietary Guidelines for Indians, 2010
➢ nrhm.gov.in/
➢ poshan.nic.in
The session has been prepared keeping in mind the life cycle approach in Health & Nutrition Care. The trainer may initiate the session by discussing the importance of good nutrition throughout the life cycle and may ask:

**Ask:**
- What can you do to ensure good health?
- Are personal hygiene and family planning important for ensuring good health?

**Health and Nutrition - A Life Cycle Approach**
- Different stages of human life cycle share a complex relationship thus undernutrition at one stage of life affects the entire life cycle.
- Optimal nutrition makes an individual healthy and productive whereas undernutrition is devastating and worsens the health and productivity.
- Health and nutrition through a life cycle approach addresses health and nutrition requirement of women during different stages of life including infancy, childhood, adolescence, adulthood, pregnancy, lactation and elderly.

**Importance of Nutrition during Various Stages of Life Cycle**
- Food is essential for normal physiological functions.
- As an individual passes from one stage of the lifecycle to another, the requirement for nutrients changes in order to meet the growing needs of the body.
Infancy and Young Childhood

- Infancy is a period of rapid growth and development.
- The birth weight and height of an infant increase rapidly in the first year of life.
- The period of infancy is followed by a long phase of gradual growth and development called as childhood.
- The period of childhood is characterised by muscle development and slow pace of growth.
- Adequate nutrition during infancy and childhood is essential for preventing growth retardation, micronutrient deficiencies and common childhood illnesses and ensuring lifelong health and wellbeing.

Nutritional Requirements during Infancy and Childhood

- Nutritional recommendations during infancy and childhood vary as the requirements differ.
- During infancy emphasis should be on exclusive breastfeeding for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should be administered nutritionally adequate and safe complementary foods while continuing to breastfeed for up to two years or more.
- As the child grows, care should be given in providing a well balanced diet and inculcating good eating habits to prevent nutritional deficiencies.
Table 11: Nutritional Needs during Infancy and Childhood

<table>
<thead>
<tr>
<th>Group</th>
<th>Particulars</th>
<th>Net Energy Kcal/d</th>
<th>Protein g/d</th>
<th>Visible Fat g/d</th>
<th>Calcium mg/d</th>
<th>Iron mg/d</th>
<th>Vitamin A μg/d</th>
<th>Vitamin C mg/d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>0-6 months</td>
<td>92Kcal/ Kg/d</td>
<td>1.16g/ Kg/d</td>
<td>-</td>
<td>500</td>
<td>46mg/ Kg/d</td>
<td>350</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>6-12 months</td>
<td>80Kcal/ Kg/d</td>
<td>1.69g/ Kg/d</td>
<td>19</td>
<td>500</td>
<td>05</td>
<td>350</td>
<td>2800</td>
</tr>
<tr>
<td>Children</td>
<td>1-3 years</td>
<td>1060</td>
<td>16.7</td>
<td>27</td>
<td>600</td>
<td>09</td>
<td>400</td>
<td>3200</td>
</tr>
<tr>
<td></td>
<td>4-6 years</td>
<td>1350</td>
<td>20.1</td>
<td>25</td>
<td>600</td>
<td>13</td>
<td>400</td>
<td>3200</td>
</tr>
<tr>
<td></td>
<td>7-9 years</td>
<td>1690</td>
<td>29.5</td>
<td>30</td>
<td>600</td>
<td>16</td>
<td>600</td>
<td>4800</td>
</tr>
<tr>
<td>Boys</td>
<td>10-12 years</td>
<td>2190</td>
<td>39.9</td>
<td>35</td>
<td>800</td>
<td>21</td>
<td>600</td>
<td>4800</td>
</tr>
<tr>
<td>Girls</td>
<td>10-12 years</td>
<td>2010</td>
<td>40.4</td>
<td>35</td>
<td>800</td>
<td>27</td>
<td>600</td>
<td>4800</td>
</tr>
</tbody>
</table>

Source: Nutritional Requirements and Recommended Dietary Allowances for Indians, NIN 2010.

Activity: Role Play

Material Required: Role Play Script.

The trainer may ask for two volunteers from the group and ask them to enact a role play the situation of which is as follows:

Ruby’s daughter is turning 6 months in next 10 days and she is very confused as to what to feed her as complementary food. After few minutes an Anganwadi worker of their community Sakshi visits there house to generally ask her about the health and wellbeing of her daughter. Looking at the puzzled expressions on the Ruby’s face she asks her about the problem and decides to resolve it by telling her how she should start complementary feeding, what all foods she can give in 6-9 months and what all things she should avoid, how she can progress from liquids to semi solids to solid or family food.

The trainer may refer to the WHO recommendations for infant and young child feeding placed at Annexure 23 for the activity.

Infant and Young Child Feeding

Infant and Young Child Feeding is a set of well known and common recommendations for appropriate feeding of new born and children.

The optimal IYCF practices include the following:

Exclusive Breastfeeding (0-6 Months)

- Initiation of breastfeeding as early as possible preferably within an hour of birth.
- Establish good breastfeeding skills (proper positioning, attachment and effective feeding).
- Breastfeed exclusively for first six months.
- Practice frequent, on demand breastfeeding, including night feeds.

Complementary Feeding (6-24 Months)

After 6 months, breast milk alone cannot suffice the nutritional needs of the infant, hence age appropriate adequate complementary food should be provided.

Characteristics of Good Complementary Food:

- Should be rich in energy and adequate in good quality proteins, vitamins and minerals.
Should have soft consistency, low dietary fibre which enables a child to swallow properly.

Should be easy to cook and locally available.

Complementary food is good to start only after six months as the infant’s digestive system is mature enough to digest a range of food products and fills the nutrient gap.

Disadvantages of Starting Complementary Food Too Early

- Adding complementary food too soon replaces the breast milk thereby compromising the infant’s nutritional need.
- The infant becomes more susceptible to illness as less protective factors in breast milk are consumed and the complementary food may not be clean.

Disadvantages of Starting Complementary Food Too Late

- Introduction of complementary food at a late stage deprives the infant of her/his extra nutrient demand.
- Infant’s growth and development slows down or stops leading to risk of malnutrition and other nutritional deficiencies.

Note: For detailed Infant and Young Child feeding Guidelines the trainer may refer to information placed at Annexure 24.

Do’s and Don’ts for Feeding Children

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Introduce only one new food item at a time.</td>
<td>✗ Don’t provide quick substitutes (foods liked by infant, breast milk, bottle milk), this hampers the acceptance.</td>
</tr>
<tr>
<td>✓ Offer small amounts of new food to increase acceptance starting with 2-3 small spoonful twice a day.</td>
<td>✗ Don’t bribe or reward with treats or sweets.</td>
</tr>
<tr>
<td>✓ Offer new food along with one the infant already likes.</td>
<td>✗ Don’t force an infant to eat or punish for not eating.</td>
</tr>
<tr>
<td>✓ Offer new foods at the beginning of a meal as the infant is usually hungry and accepts new food better in comparison to when the stomach is already full.</td>
<td>✗ Don’t interpret first refusal of new food as not liking.</td>
</tr>
<tr>
<td>✓ Follow a dietary progression beginning from very soft, mashed foods to foods with some lumps that needs chewing and ultimately to family foods.</td>
<td>✗ Foods providing empty calories like sweets, candies, etc. should be given in limited quantity.</td>
</tr>
</tbody>
</table>

Activity: Enriching Infant’s Meals

Materials Required: Pictures of complementary foods

The trainer may show pictures of complementary foods commonly prepared in a region for example cracked wheat porridge, semolina porridge, halwa, khichdi etc. and then ask the trainees to suggest ways by which these dishes can be made nutrient rich and energy dense.
Common Childhood Illnesses

- An illness is any condition that impairs the normal functioning of the body and may result in death if not treated timely.
- Inability of parents to recognize early warning signs and delay in seeking medical help are two reasons that cost young babies their lives.
- Most common type of illnesses seen in children includes fever, diarrhoea, acute respiratory infection, jaundice, protein energy malnutrition and anaemia.

Activity: Sickness in Children

Materials Required: Paper, Pens

The trainer may divide the trainees in 7 groups. Give one illness (Diarrhoea, Jaundice, Acute Respiratory Infections, Protein Energy Malnutrition, Fever, Anaemia, Typhoid) to each group and ask them to discuss the illness on following points:

- Is the illness common among children?
- How will you assess a child for this illness (signs and symptoms)?
- How can the illness be managed?
- What could be done to prevent a child from falling sick?

Ask the trainees from each group to volunteer and share information they know.

The trainer may then add the missing information and summarise.

Prevention of Childhood Illness

Most of the common childhood illnesses are associated with infection which could be bacterial, parasitic or viral in nature.

Measures for prevention of illness among children thus focus on preventing infections. These include:

<table>
<thead>
<tr>
<th>Maintaining personal hygiene</th>
<th>Maintaining environmental hygiene</th>
<th>Maintaining food hygiene</th>
<th>Good nutritional status</th>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Always wash hands</td>
<td>➢ Keep your surroundings clean</td>
<td>➢ Always keep the food covered until consumed</td>
<td>➢ Do not discardcolostrum</td>
<td>➢ Get the child immunized against tuberculosis, diphtheria, pertussis, tetanus, hepatitis, measles and polio</td>
</tr>
<tr>
<td>• Before and after handling a food, feeding child or eating</td>
<td>• Do not defecate in open</td>
<td>• Give freshly prepared food to child</td>
<td>➢ Follow exclusive breastfeeding practice for first six months of birth</td>
<td></td>
</tr>
<tr>
<td>• After using the toilet, changing a diaper or helping a child use the bathroom</td>
<td>• Ensure proper disposal of waste</td>
<td>• Us safe drinking water</td>
<td>➢ Initiate complementary feeding at six months with breast feeding till 2 years</td>
<td></td>
</tr>
<tr>
<td>• After handling waste</td>
<td>• Do not allow accumulation of water near your surrounding</td>
<td>• Use a clean spoon and bowl to feed animal milk to child</td>
<td>➢ Include a variety of foods in child’s meal</td>
<td></td>
</tr>
<tr>
<td>➢ Keep nails short and clean</td>
<td>➢ Keep your surroundings clean</td>
<td>➢ Immunization</td>
<td>➢ Do not starve the child in case of illness</td>
<td></td>
</tr>
<tr>
<td>➢ Keep nose and mouth covered while sneezing or coughing</td>
<td>➢ Do not defecate in open</td>
<td>➢ If using bottles for feeding, sterilise the nipples and bottle by boiling in water for 10 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td>Signs and Symptoms</td>
<td>Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Diarrhoea               | • Loose or watery stools (≥3 stools/day) leading to dehydration                     | • Maintain good personal food and environmental hygiene  
• Breastfeed child during diarrhoea  
• Give the child Oral Rehydration Solution (ORS) enriched with Zinc which is easily available at the local health centre and at chemist shop, in emergency it can be prepared at home  
• Give the child plenty of water, soup, weak tea, coconut water, dal and rice water at regular intervals  
• Give the child semi-solid foods like dalia, khichdi, sattu to recover from the disease  
• Ensure that child eats extra food after diarrhoea is managed. One can add butter to khichdi |
| Hepatitis/ Jaundice     | • Yellow colour urine and excessive sweating  
• Eyes and skin look yellow  
• Loss of appetite  
• Vomiting  
• Headache and weakness  
• Fever                                                     | • Children to be immunized (Hepatitis vaccine has been introduced in the normal immunization schedule)  
• Maintain personal hygiene and sanitation  
• Proper disposal of faeces  
• Safe drinking water  
• Isolation of the patient                                                                                      |
| Acute Respiratory Infections | • Difficulty in breathing  
• Chest pain  
• Chest indrawing  
• Productive cough  
• Wheezing/whistling  
• Rapid breathing  
• Loss of appetite  
• Drowsiness  
• Difficulty to keep awake  
• Runny nose                                                      | • Children to be immunized against measles, whooping cough, Haemophilus Influenzae Type B (HIB)  
• Maintain personal hygiene and sanitation  
• Cover mouth and nose when coughing/sneezing  
• Consult a doctor and give prescribed antibiotic therapy  
• Include plenty of vitamins and minerals in child’s diet, such as vitamin C, Zn which helps boost your immune system |
| Protein Energy Malnutrition | • Loss of appetite  
• Severe wasting (marasmus)  
• Loss of sub cutaneous fat (marasmus)  
• Oedema (kwashiorkor)  
• Dry and scaly skin  
• Sparse and thin hair  
• Loss of weight  
• No increment in height                                             | • Exclusive breastfeeding for six months and thereafter initiate complementary feeding  
• Maintain good personal and environmental hygiene  
• Improve the energy density of the meal using oil, sugar, cream etc.  
• Give a variety of foods  
• Immediately consult a doctor, in case of infection and get it treated                                                                 |
| Anaemia                 | • Paleness of skin, conjunctiva  
• Lethargic and irritated  
• Poor appetite  
• Shortness of breath  
• weakness                                                          | • Give diet rich in iron by including dark green leafy vegetables, animal protein, whole grains  
• Continue to breastfeed if child is on breast milk  
• Ensure that child has been given de worming therapy  
• Include Vitamin C rich foods like guava, orange, lemon juice in diet  
• If prescribed, give iron supplements                           |
Fever

• A child with fever may have malaria, measles or another severe disease or it may be due to simple cough or cold or other viral infection
• Body temperature 37.5 °C or above
• Loss of appetite

• Give adequate diet to maintain nutritional status
• Maintain personal hygiene and sanitation
• Continue breastfeeding
• Consult a doctor and give prescribed medicines

Activity: Preparation of ORS Solution

Materials Required: ORS Packet, Water

1. Read instructions on ORS packet carefully before preparing ORS.
2. Take one litre or five glasses of safe drinking water in a clean container.
3. Empty the content of ORS packet into one litre of water.
4. Mix it well and start feeding the child.

In case ORS packets are not available, trainers may teach to prepare ORS at home using half a small spoon of salt and six level small spoons of sugar dissolved in one litre of safe water.

Immunization

- Immunization is the process whereby a person is made immune or resistant to an infectious disease, usually by the administration of a vaccine.
- Immunization offers protection to children against life-threatening infections such as Tuberculosis, Pertussis (whooping cough), Measles, Diphtheria, Poliomyelitis, Tetanus, Hepatitis B, Japanese Encephalitis.
- It is one of the most cost effective health investments bringing down child mortality.

Why get Immunized?

- It reduces mortality among children.
- It builds immunity and offers protection against infections.
- It helps save money that would otherwise be spent on health care needs of a sick child.

Note: The trainer may refer to Immunization Schedule placed at Annexure 26, while dealing with this topic. A hand out of the Immunization Schedule may be provided to the trainees.

Immunization Strategies

Routine Immunization

Vaccines against all the infections as mentioned under Routine Immunization Programme are provided free of cost at all the government hospitals and Primary Health Centres (PHCs) as per the immunization schedule routinely.

Mass Immunization Campaigns

These campaigns are conducted as a part of Routine Immunization Programme in districts where the immunization coverage is very poor. During these campaigns a large number of children are vaccinated against life threatening vaccine preventable diseases at immunization booths. This strategy has been adapted for administration of Bacillus Calmette Guerin (BCG) Vaccine, Measles Vaccine and Oral Polio Vaccine (OPV).

National Immunization Days

National Immunization Days (NIDs) are held across India twice a year, during which two drops of oral polio vaccine is administered to.
every child in the country under the age of five. The scale is extraordinary, with more than 172 million children immunized by 2.3 million vaccinators who visit every house in every city, town and village across the country.

Polio Sundays
It is a strategy of Government of India, initiated with an aim to eradicate Poliomyelitis from India. The success of this strategy can be judged from the fact that India was declared Polio Free by WHO in 2014. However, continuance of this strategy is desirable to prevent re-emergence of this infection.

Mother and Child Protection Card (MCPC)
- The Mother and Child Protection Card has been developed as a tool for families to learn, understand and follow positive practices for achieving good health of pregnant women, young mothers and children.
- The card provides the immunization schedule and information about the doses of the Vitamin A to be given to the infant during the first three years.
- Boxes in the chart indicate each type of vaccine, pink row on top of each box is for filling the date when the child is expected to come for next immunization, White row on the bottom of each box is for filling the date on which child is actually immunized.

Note: The trainer may use Annexure 34 to explain MCPC to the trainees.

Adolescents
- Adolescence is a transitional phase between childhood and adulthood characterised by a number of cognitive, emotional, physical, intellectual and attitudinal changes as well as by changes in social roles, relationships and expectations.
- Adolescents (10–19 years) constitute about one-fifth of India’s population and young people (10–24 years) about one-third of the population.

Nutritional Needs during Adolescence
- Adolescence is a phase of rapid and continuous physical, mental and sexual growth and development.
- Adolescents have increased nutritional need as they gain up to 50% of their adult weight, more than 20% of their adult height and 50% of their adult skeletal/bone mass during this period.
- Adolescent girls also need additional requirement of iron to compensate for menstrual blood loss and calcium which gives strength to the bones.
- The right quantity and quality of food consumed by adolescents during this phase will help them in their adult life too.

Table 13: Nutrient Recommendations during Adolescence

<table>
<thead>
<tr>
<th>Group</th>
<th>Particulars</th>
<th>Energy Kcal/d</th>
<th>Protein g/d</th>
<th>Fat g/d</th>
<th>Calcium mg/d</th>
<th>Iron mg/d</th>
<th>Vitamin A μg/d</th>
<th>Ascorbic Acid mg/d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>10-12 years</td>
<td>2190</td>
<td>39.9</td>
<td>35</td>
<td>800</td>
<td>21</td>
<td>Retinol</td>
<td>600</td>
</tr>
<tr>
<td>Girls</td>
<td>10-12 years</td>
<td>2010</td>
<td>40.4</td>
<td>35</td>
<td>800</td>
<td>27</td>
<td>4800</td>
<td>40</td>
</tr>
<tr>
<td>Boys</td>
<td>13-15 years</td>
<td>2750</td>
<td>54.3</td>
<td>45</td>
<td>800</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>13-15 years</td>
<td>2330</td>
<td>51.9</td>
<td>40</td>
<td>800</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>16-17 years</td>
<td>3020</td>
<td>61.5</td>
<td>50</td>
<td>800</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>16-17 years</td>
<td>2440</td>
<td>55.5</td>
<td>35</td>
<td>800</td>
<td>26</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Nutritional Requirements and Recommended Dietary Allowances for Indians, NIN 2010.
Reasons for Poor Nutrition of Adolescent Girls

- Lack of knowledge in the family and community about the importance of nutrition during adolescence.
- Lack of food because of socio-economic circumstances.
- Poor dietary intake of vegetables and fruits.
- Unhygienic cooking habits.
- Dieting/fasting as adolescents are concerned about their body figure.
- Inequitable distribution of food in the family with the female adolescents being denied nutritious food.
- Mostly in rural areas, girl child is less breastfeed which may lead to poor nutrition in adolescence.
- Lack of appetite due to stress and strain.

Menstruation and Menstrual Hygiene

Menstruation is:

- An indication that a girl is approaching maturity.
- The shedding of tissue and blood from the lining of the womb through a woman's vagina, when fertilization does not occur.
- Also called 'menses', 'menstrual period', 'monthly bleeding' and 'period'. Menstruation is a normal and natural part of biological maturity.
- The monthly self-cleaning action of a healthy uterus.
- An important developmental milestone for girls.

Activity: The Biology of Menstruation

Materials Required: Paper, Pen

Divide the trainees into four groups, give each group a paper and pen and pose one of the following four sets of questions to each of group:

- Group 1: Why do women menstruate?
- Group 2: What do women use to manage menstruation and what different kinds of materials have you seen used for managing menstruation?
- Group 3: At what age does a girl begin menstruation and how many times does a woman menstruate per month, in a year and in her lifetime?
- Group 4: What is the relationship between menstruation and motherhood?

Discuss their responses and finally, use the illustrated menstruation wheel to support learning about the menstrual and reproductive process. Share the facts about menstruation.

Facts about Menstruation:

- The first menstrual cycle is called 'menarche'.
- Periods in the first few years of menstruation are not very regular.
- Some girls have their first period as early as nine years of age.
- Some women menstruate every 28 days, while others have longer cycles (36 days) or shorter cycles (21 days).
- Periods usually last from 3-7 days, with five days being the average length of menstrual flow.
Pre-Menstrual Syndrome (PMS)

Pre-Menstrual Syndrome is a group of symptoms linked to the menstrual cycle. PMS symptoms occur 1 to 2 weeks before the period (menstruation or monthly bleeding) starts. The symptoms usually go away after bleeding starts. PMS can affect menstruating women of any age and the effect is different for each woman.

Menstrual Hygiene

Hygiene related practices of women and adolescent girls during menstruation are of considerable importance, as unhygienic practices may increase vulnerability to Reproductive Tract Infections and other risks. Menstrual Hygiene is important because it:

> Prevents infection
> Prevents body odour
> Enables women to remain healthy
> Enables women to feel comfortable, confident and stay fresh all day

Adolescent Sexual and Reproductive Health (ARSH)

Sexual Health

> The term sexual health is used to describe the absence of illness and injury associated with sexual behaviour and a sense of sexual wellbeing.
> Sexuality influences thoughts, feelings, interactions and actions among individuals and motivates people to find love, contact, warmth and intimacy.

Note: The trainers may refer to Annexure 27 for FAQs about menstruation and may clarify the doubts of trainees.

Note: The trainers may use information on common problems faced by girls during menstruation placed at Annexure 28.

Note: The trainers may also refer to information regarding use and disposal of sanitary napkins placed at Annexure 29.

Symptoms of Pre-Menstrual Syndrome

- Acne
- Swollen or tender breasts
- Feeling tired
- Trouble sleeping
- Upset stomach, bloating, constipation or diarrhoea
- Headache, stomach or backache
- Appetite changes or foods cravings
- Joint or muscle pain
- Trouble with concentration or memory
- Tension, irritability, mood swings or crying spells
- Anxiety or depression

Figure 20: Symptoms of Pre-Menstrual Syndrome

Safe Menstrual Practices

- Change sanitary material at least three times a day or when soaked
- Change underwear/panties daily
- Wash hands before and after changing sanitary pad/cloth
- Use hot water and salt to wash sanitary cloth and dry them under sun
- Use sanitary pad or clean cotton materials/cloth that have been preserved specifically for menstruation every month

Poor Menstrual Practices

- Use of dirty cloth
- Drying sanitary cloths inside dark corners of the house.
- Washing of used sanitary cloth streams or rivers,
- Use of dirty/unclean underwear/panties

Figure 21: Safe vs Poor Practices during Menstruation

Sexually Healthy Adolescent

- Appreciate and take care of their bodies
- Negotiate sexual limits
- Accept refusal for sex
- Take responsibility for one's actions
- Take care of their reproductive health through check-ups
- Seek information, resources and services about sexuality
- Communicate effectively with family and friends
- If indulge in sexual intercourse, protect themselves against unwanted pregnancies and sexually transmitted diseases including HIV

Figure 22: Characteristics of Sexually Healthy Adolescents
Reproductive Health

- Reproductive health addresses the reproductive processes, functions and systems at all stages of life.
- Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide when and how often to do so.

Reproductive Tract Infections

- Reproductive Tract Infections or infections of the genital tract are those which can have far reaching effects on reproductive health.
- It also affects unmarried girls due to unhygienic practices.
- Infection is also transmitted through sexual intercourse with infected person which results in genital ulcer.

Sexually Transmitted Infections

- Sexually Transmitted Infections are those which are transmitted through the sexual route.
- They are most common infections among sexually active adolescents. STIs result in severe health problem because they give rise to considerable morbidity.
- STIs including HIV are common among young people aged 15-24 and more so in young women of that age group.

Factors that increase the risk of RTIs

- Poor general health
- Poor genital hygiene
- Washing of used sanitary cloth streams or rivers,
- Unhygienic practices by service practices during delivery, abortion, Intrauterine Contraceptive Device (IUCD) insertion

Factors that increase the risk of STIs

- Unprotected sex
- Multiple sexual partners
- Sex with partner having sore on the genital region, urethral discharge or infected vaginal discharge

Activity: Learning by Discussion

Materials Required: Chart, Paper, Pen

- Divide the trainees in two groups.
- Ask them to discuss why adolescents are more vulnerable to STIs and RTIs.
- List the points on a chart paper and discuss.

Note: The trainer may use the following points to facilitate the discussion.

Why are Adolescents Vulnerable to Infections

- They are willing to take risks.
- Adolescents possess limited knowledge or experience to reduce their risk for exposure to infections.
- Peer pressure, use of drug and alcohol, poverty, exploitation, taboos and other factors may increase adolescent’s likelihood of engaging in high-risk behaviours.
- Adolescents hardly have access to information and prevention services or are not able to afford them due to social and economic circumstances.
- Sexually active adolescents do not seek information about protecting themselves and their partners for fear of appearing inexperienced.
- Gender disparities lead to poor access to information, resources and services which increases vulnerability of young girls.
- Young women are particularly vulnerable due to biological factors (less mature vaginal tissues may be more readily permeated or damaged) and social factors (including lack of economic resources, decision-making, power and independence).
Family Planning

- Family planning means working out a plan with your partner, on how you want to deal with your sexual life.
- This covers when to plan a baby, get pregnant, number of children that are wanted, how to deal with fertility issues, how to avoid pregnancy, whether to consider an abortion if an unwanted pregnancy occurs or adoption if there is no option.

Contraceptive Methods

![Figure 24: Types of Contraceptive Methods](image)

**Male Condom**

- Prevents pregnancy by preventing semen from entering into the vagina.
- Prevents not only pregnancy but also protects sexual partners from STIs/HIV.

**Advantages**

- Effective and easy to use.
- Readily available and inexpensive.
- No side effects.
- Male partner gets an opportunity to share responsibilities in safe sex and family planning.

**Diaphragm**

- It is a cervical barrier type of birth control.
- It covers the cervix and physically prevents sperm from entering the uterus.

**Advantages**

- Does not interfere with a woman’s natural cycle.
- Less expensive.

**Cervical Caps**

- Like diaphragm, it fits over the cervix and blocks sperm from entering the uterus.
- They can be divided into two types: cavity rim caps, and other caps. Cavity rim caps adhere to the cervix, while other caps adhere to the vaginal walls around the cervix.
Advantages
- Safe and cost effective.
- Reusable and last for 1-2 years.

Spermicide
- It contains the chemical that destroys sperms thus preventing their entry in the uterus.
- It is often used in combination with contraceptive barrier methods such as diaphragms, condoms, cervical caps, and sponges.

Combined ORAL Contraceptive Pills
- Prevents ovulation.

Advantages
- Highly effective when taken daily.
- Convenient and easy to use.
- Can be discontinued when desired.
- Easily reversible when stopped.
- Protects against cancers of the ovary and uterus.
- Prevents excessive loss of blood during menstruation.
- Regularizes the menstrual cycle.

Note: The trainer must inform-
- Mala D is made available to the consumer under social marketing at a price of `3 per packet and Mala N is supplied free of cost through all PHCs, urban family centres.
- These hormonal contraceptives inhibit ovulation. Dose starts on first day of menstrual cycle taking 1 tablet daily for 21 consecutive days, followed by 7 days of iron and folic acid supplementation.
- 1 packet contains 1 cycle of 28 pills in which 21 pills is for contraception and 7 pills are of iron supplementation.

Contraceptive Injections
- The injection contains progestogen.
- The injections works by thickening the mucus in the cervix, stopping sperm reaching an egg, thins the womb lining and in some, prevents the release of an egg.

Advantages
- Each injection lasts for either eight, 12 or 13 weeks.
- No need to remember to take a pill every day.
- Safe and may reduce heavy, painful periods and help with premenstrual symptoms.

Vaginal Rings
- It is a small, flexible ring a woman inserts into her vagina once a month to prevent pregnancy.
- The ring continually releases oestrogen and progestogen which reduces ovulation (the release of an egg), thickens vaginal mucus, which makes it more difficult for sperm to get through and thins the lining of the womb so that an egg is less likely to implant there.
Advantages
- Easy to use.
- May reduce the risk of cancer of the ovary, uterus and colon.
- May help with premenstrual symptoms.

Hormonal Patch
- Delivers hormones into your body through the skin.
- Contains the same hormones as the combined pill and works in the same way.

Advantages
- Convenient and easy to use.
- No need to remember to take a pill every day.
- Can be discontinued when desired.
- Protects against cancers of the ovary and uterus.
- Prevents excessive loss of blood during menstruation.
- Regularises the menstrual cycle.

Intra-Uterine Contraceptive Device (IUCD/IUD/Copper-T)
- IUD is small flexible object (made of plastic and copper) inserted into the woman's uterus by a doctor.
- Prevents pregnancy by preventing implantation of fertilized ovum.

Advantages
- Can prevent pregnancy for 3 years (or more depending on the type of IUD being used).
- No need to rely on memory as in case of oral pills.
- Provides long-term protection.
- Can be removed at any time by trained service provider.
- Immediate return to fertility upon removal.
- Does not affect breastfeeding.

Note: The trainer must explain- Condoms and oral contraceptive pills are available at PHC or Sub Centre, Anganwadi Centre or common village shops. IUDs are available at the Primary Health Centre and Sub centre. IUDs should be inserted by a trained doctor only.

Natural Family Planning Methods

Abstinence
An easy method of contraception for both men and women is to avoid having sex.

Withdrawal Method
- Involves the withdrawal just before ejaculation.
- This prevents the semen from entering into the vagina.
- This method may fail if withdrawal is delayed.
Rhythm Method
- Intercourse is avoided during the fertile days (unsafe period).
- The safe and unsafe period is calculated by recording the menstrual pattern.

Lactational Amenorrhea Method (LAM)
- Provides natural protection against pregnancy for up to 6 months after birth.
- Encourages the timely introduction of complementary family planning methods during continued breastfeeding.

Advantages
- Can be started immediately after delivery.
- Requires no prescription.
- Carries no side effects or precautions.
- Economical.
- Very convenient.
- Requires no chemical substances or mechanical devices.
- Helps protect infant from diarrhoea and other infectious diseases.

Permanent Family Planning Methods

Female Sterilisation (Tubectomy)
- The fallopian tubes are cut and the ends are tied or the tubes are blocked with the help of rings (Laparoscopic Sterilisation).
- This prevents the sperms from meeting the egg.

Male Sterilisation (Vasectomy)
The Vas Deferens is cut and tied or blocked so that sperms cannot be released into the semen.

Activity: Effectiveness of the Contraceptive Methods

Materials Required: Board, Marker

The trainer may divide the trainees in two groups and may ask them to list the particulars regarding natural and permanent family planning method in the format given below.

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>To be used by</th>
<th>Appropriateness</th>
<th>Protection from STI/HIV infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discuss using about the best method and its appropriateness using Annexure 30.
Emergency Contraception

- In case of unprotected sex, emergency contraceptives can prevent pregnancy.
- Emergency Contraceptive Pills (ECPs) are to be taken within 72 hours of unprotected sex. However ECPs should not be used on a regular basis.
- Some of the ECPs available are I-pill, unwanted-72.
- Emergency IUDs - Copper-T can also be used as an emergency contraceptive if implanted within 5 days of sexual intercourse. It is a much more efficient emergency birth control mechanism when compared to morning pills.

HIV/AIDS

- HIV stands for Human Immunodeficiency Virus, this virus causes AIDS.
- HIV breaks down the body’s defence against infection and disease by weakening immune system.
- When the immune system becomes weak, it is unable to fight against illness and a person develops life-threatening diseases.
- HIV infection can be detected by a blood test.
- AIDS refers to Acquired Immuno Deficiency Syndrome and refers to the most advanced stage of HIV infection.
- AIDS can take more than 8-10 years to develop after infection with HIV. HIV infected people can live symptom-free for years.

HIV is Transmitted through

- Unprotected sexual contact with people of same sex or opposite sex (anal, vaginal or oral sex) when one of them is infected.
- Transfusion of infected/unsafe blood.
- From an infected mother to child – during pregnancy, delivery or breastfeeding.
- Sharing of infected syringes and needles and skin-piercing instruments.

HIV is Not Transmitted through

- Shaking hands with an HIV-infected person.
- Touching objects in phone booths or public transport.
- Shared use of towels, linen, crockery, utensils and clothes.
- Use of common toilets, bathing in a pond/lake/canal or river.
- Eating and drinking from the same plate or cup.
- Donating blood with new/sterile needles.
- Mosquito bites.
- Caring for and touching a person infected with HIV.
- Hugging and kissing.
- Playing or travelling with an HIV-infected person.

Prevention of AIDS

- Safe sex practices should be followed during sexual contact with any partner, male or female, who is HIV-positive or whose sexual history is unknown.
- People who use injecting drugs risk exposure to HIV if they share needles and syringes with others. HIV in the blood residue from an infected person can be transmitted directly into the bloodstream of the other person using the injecting needles.
HIV can be transmitted through transfusions of contaminated blood and blood components. The measures include various heat treating techniques and screening donated blood for evidence of HIV exposure during medical procedures should be checked.

**Voluntary Counselling and Testing Centres (VCTC)**
- VCT is an essential component providing a link between prevention and care.
- VCT is the process by which an individual undergoes confidential HIV counselling to explore her/his risk of HIV infection and exercises an informed choice regarding HIV testing.
- Counselling in VCT consists of Pre-Test, Post-Test and Follow Up Counselling.
- During pre-test counselling, the counsellor provides the individual with an opportunity to explore their exposure to HIV, receive accurate information about HIV/AIDS and consider undergoing an HIV test.
- Counselling is client-centered and promotes trust between the counsellor and client. Clients are facilitated to identify and understand the implications of a negative or a positive HIV-test result.
- Clients are helped to think practical strategies for accepting the result. Post-test counselling reinforces this understanding and coping with the implications, especially of positive test result.
- VCTCs are available at all the government health centres.

**Nutrition Requirement for Adult Women**
- Nutrition during adulthood is essential for maintaining both physical and mental health.
- Proper Nutrition in adulthood ensures good health right until old age.
- Nutrition Requirement for adult women are placed at Table 14.

**Nutrition during Pregnancy and Lactation**
- Nutrition is of great importance for women due to their special nutritional needs associated with physiological changes in pregnancy and lactation.
- Nutritional requirements increase tremendously during pregnancy and lactation as the expectant or nursing mother not only has to nourish herself but also the growing foetus or the infant who is being breastfed.

**Table 14: Nutritional Requirements during Adulthood, Pregnancy and Lactation**

<table>
<thead>
<tr>
<th>Group</th>
<th>Energy Kcal/d</th>
<th>Protein g/d</th>
<th>Visible Fat g/d</th>
<th>Calcium mg/d</th>
<th>Iron mg/d</th>
<th>Vitamin A μg/d</th>
<th>Vitamin C mg/dt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary worker</td>
<td>1900</td>
<td></td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate worker</td>
<td>2230</td>
<td>55</td>
<td>25</td>
<td>600</td>
<td>21</td>
<td>600</td>
<td>4800</td>
</tr>
<tr>
<td>Heavy worker</td>
<td>2850</td>
<td>55</td>
<td>30</td>
<td>1200</td>
<td>35</td>
<td>800</td>
<td>6400</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>+350</td>
<td>82.2</td>
<td>30</td>
<td>1200</td>
<td>35</td>
<td>950</td>
<td>7600</td>
</tr>
<tr>
<td>Lactating women (0-6 m)</td>
<td>+600</td>
<td>77.9</td>
<td>30</td>
<td>1200</td>
<td>25</td>
<td>950</td>
<td>7600</td>
</tr>
<tr>
<td>(6-12 m)</td>
<td>+520</td>
<td>70.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: Nutritional Requirements and Recommended Dietary Allowances for Indians, NIN 2010.*
A Pregnant Woman Should:

- Eat balanced diet and variety of foods, so that all nutritional needs are fulfilled.
- Eat four to five times a day.
- Increase intake of cereals, pulses, milk and milk products, fresh fruits and green leafy vegetables.
- Consume meat, fish and egg, if culturally accepted and affordable.
- Include oil or ghee in the diet as these are rich source of energy.
- Consume iodised salt.
- Drink plenty of water.
- Eat small amounts of food at short intervals if suffering from nausea and vomiting but should not stop eating.
- No food should be avoided during pregnancy but intake of tobacco and alcohol should be prohibited.
- Consume ‘Supplementary Food’ provided at AWC daily.
- Avoid food fads and disbeliefs regarding food intake.

- A pregnant mother should register herself at the Anganwadi Centre (AWC)/Sub-centre.
- She would be provided with services available at the AWC such as Ante Natal Check-ups, supplementary nutrition and referral services.

<table>
<thead>
<tr>
<th>Rest</th>
<th>Iron and Folic Acid Tablets</th>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Heavy work should be avoided throughout the pregnancy</td>
<td>• Should be consumed throughout pregnancy</td>
<td>• Tetanus Toxoid between 5th and 8th month of pregnancy in two doses at an interval of 4 weeks is essential</td>
</tr>
<tr>
<td>• Rest (in lying down position) during third trimester is important</td>
<td>• Prevent anaemia and help deliver a normal healthy baby</td>
<td></td>
</tr>
</tbody>
</table>

*IFA may cause black stools which are harmless

Figure 25: Components of Care during Pregnancy

Activity: Do's and Don'ts during Pregnancy

Materials Required: Charts and Markers

- The trainer may divide the trainees in two groups and may then ask one group to make a list of Do’s and Don’ts during pregnancy.
- Ask both the groups to place the list at a place from where it can be seen by all.

The trainer may use the Annexure 32 & 33 to discuss the Do’s and Don’ts during pregnancy and may also discuss various myths related to pregnancy.

Note: The trainer may emphasise on use of combined Mother and Child Protection Card placed at Annexure 34 and may explain that these cards are useful in keeping record of pregnancy, immunization and growth monitoring of the child with the help of an Anganwadi Worker (AWW) at nearby AWC.

Nutritional Care during Lactation

- A nursing mother, in addition to normal diet, needs one additional good quality meal every day.
- A nursing mother needs more proteins (high quality) for milk production. She should have more of whole grain cereals, pulses/dals, milk, curd, green leafy vegetables and fruits. Also, only iodised salt should be used.
- A nursing mother should take plenty of fluids.
- A nursing mother should not eat spicy and high calorie food such as ghee, nuts, etc. in excessive amount so as to avoid undesirable gain in weight.
If a nursing mother does not consume required amount of food, her own body stores will be used for production of milk, thus affecting her health.

A nursing mother should consume the supplementary food provided at the Anganwadi Centre for six months after delivery to meet the increased nutritional requirements of breastfeeding.

Breastfeed in a relaxed state for appropriate milk secretion.

Take Iron Folic Acid (IFA) tablets for first six months of lactation.

### Breastfeeding

Breastmilk is the first natural food for child. It provides all the energy and nutrients that the child needs for the first six months of life and continues to provide upto half or more of a child’s nutritional needs during the second half of the first year and upto one-third during the second year of life.

**Figure 26: Colostrum and Exclusive Breastfeeding**
- **Colostrum**: Thick yellow coloured secretion that is produced immediate after birth. Should not be discarded, as it is rich in protein, vitamin A and nutrients that protect the newborn child from infections.
- **Exclusive Breastfeeding**: Feeding breast milk with no other supplementation (not even water). Exclusive breastfeeding for six months reduces gastrointestinal infection and ensures proper growth.

**Figure 27: Advantages of Breastfeeding**

<table>
<thead>
<tr>
<th>To Baby</th>
<th>To Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Easy to digest</td>
<td>• Reduces risk of excessive bleeding after delivery</td>
</tr>
<tr>
<td>• Contains nutrients which protect the child from infections</td>
<td>• Makes mother feel emotionally satisfied and enhance her self-image</td>
</tr>
<tr>
<td>• Sucking helps in the development of jaws and teeth</td>
<td>• Protects from breast and ovarian cancers</td>
</tr>
<tr>
<td>• Early skin to skin contact with the mother gives warmth to the child</td>
<td>• Enhances emotional bond between them</td>
</tr>
<tr>
<td>• Readily available, quite safe at right temperature</td>
<td>• Free of cost</td>
</tr>
</tbody>
</table>

**Note:** The trainers may use information placed at Annexure 35 to discuss the myths and facts related to breastfeeding

### Nutrition for the Elderly Women

- Adequate Nutrition and a well balanced diet is very important during old age.
- Many factors like poor income, decreased mobility, social isolation, depression, loss of appetite, denture problems, gastric problems are known to affect health and nutritional status of old women.
- Care should be taken to ensure a well balanced diet, rich in micronutrients (including a lot of vegetables and fruits).
- Use of refined, processed products, alcohol, high fat foods etc, should be restricted.
Summary Points

- Different stages of human life cycle share a complex relationship thus under nutrition at one stage of life affects the entire life cycle.

- Infancy is a period of rapid growth and development. During infancy emphasis should be on exclusive breast feeding for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should be administered nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.

- As the child grows up care should be given in providing a well-balanced diet and inculcating good eating habits to prevent nutritional deficiencies.

- Most of the common childhood illnesses are associated with infection, which could be bacterial, parasitic or viral in nature.

- Most common type of illnesses seen in children includes fever, diarrhoea, acute respiratory infection, jaundice, protein energy malnutrition, anaemia.

- Immunization prevents child from vaccine preventable childhood diseases such as Tuberculosis, Pertussis (whooping cough), Measles, Diphtheria, Chicken Pox, Small Pox, Poliomyelitis and Tetanus.

- Adolescence is a phase of rapid and continuous physical, mental and sexual growth and development.

- Adolescents have increased nutritional need as they gain up to 50% of their adult weight, more than 20% of their adult height and 50% of their adult skeletal/bone mass during this period.

- Menstruation is also called ‘menses’, ‘menstrual period’, ‘monthly bleeding’ and ‘period’, it is a normal and natural part of biological maturity.

- Menstruation is not any sickness or disease neither it is dirty or unclean.

- Reproductive Tract Infections or infections of the genital tract are those which can have far reaching effects on reproductive health.

- Poor genital hygiene and poor menstrual hygiene increases the risks of RTIs.

- Sexually Transmitted Infections are those which are transmitted through the sexual route.

- Family planning covers when to get pregnant, number of children that are wanted, how to deal with fertility issues, how to avoid pregnancy, whether to consider an abortion if an unwanted pregnancy occurs or adoption if there is no option.

- Methods of contraception are natural, barrier, permanent and emergency.

- HIV causes Acquired Immuno Deficiency Syndrome, a condition in which the immune system begins to fail, leading to life-threatening infections. It is a sexually transmitted disease.

- Nutrition is of great importance for women due to their special nutritional needs associated with physiological changes in pregnancy and lactation.

- Care during pregnancy should focus on meeting increased nutritional needs, adequate rest, IFA Supplementation, immunization.

- During lactation, the nursing mother needs extra nutrition to take care of the nutritional needs of the infant.

- Additional care by the way of rest and IFA supplementation should be provided during lactation.
SESSION 4

GOVERNMENT INITIATIVES FOR THE DEVELOPMENT AND CARE OF CHILDREN AND WOMEN

OBJECTIVE
To provide information about the various initiatives/schemes provided by Ministry of Women and Child Development and Ministry of Health and Family Welfare for the benefit of women and children.

CONTENTS

➢ Schemes by Ministry of Women and Child Development
  • Integrated Child Development Services (ICDS)
  • Sneha Shivir
  • Beti Bachao Beti Padhao (BBBP)
  • Kishori Shakti Yojana (KSY)
  • SABLA – A Scheme for Adolescent Girls
  • Indira Gandhi Matritva Sabyog Yojana (IGMSY)
  • Support to Training and Employment Programme

➢ Schemes by Ministry of Health and Family Welfare
  • National Health Mission-An Overview
  • Maternal Health
    & Janani Shishu Suraksha Karyakaram (JSSK)
    & Janani Suraksha Yojana (JSY)
  • Newborn and Child Health
    & Facility Based Newborn and Childcare
    & Home Based Newborn Care (HBNC)
    & Integrated Management of Neonatal and Childhood Illnesses
    & Facility based Integrated Management of Neonatal and Childhood Illnesses
    & Routine Immunization Programme
    & Navjaat Shishu Suraksha Karyakram (NSSK)
    & Rashtriya Bal Swasthya Karyakram (RBSK)
    & Nutrition Rehabilitation Centres (NRC) for treatment of Severely Acute Malnourished Children
    & Vitamin A Supplementation Programme
    & National Iron Plus Initiative for Control of Iron Deficiency Anaemia across Life Stages (IFA and Deworming)
  • Adolescent Health
    & Adolescent Reproductive & Sexual Health Programme (ARSH)
    & Scheme for Promotion of Menstrual Hygiene
    & Weekly Iron Folic Acid Supplementation (WIFS)
    & Rashtriya Kishore Swasthya Karyakram (RKSK)
- Other Initiatives
  - Nutrition Resource Platform
  - Nutrition Helpline
  - One Stop Centre
  - Mother and Child Tracking System
  - National Teeka Express

- Summary Points

<table>
<thead>
<tr>
<th>DURATION</th>
<th>2 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINING METHODS</td>
<td>Powerpoint Presentation, Group Discussion, Group Activity, Case Study</td>
</tr>
<tr>
<td>ACTIVITY</td>
<td>Brainstorming and Discussion</td>
</tr>
<tr>
<td>LEARNING OUTCOME</td>
<td>The trainees will gain insight into the provisions and services of various schemes by MoHFW and MWCD.</td>
</tr>
<tr>
<td>MATERIAL REQUIRED</td>
<td>LCD Projector, Stationary</td>
</tr>
<tr>
<td>ANNEXURES</td>
<td>BBBP Handout</td>
</tr>
<tr>
<td></td>
<td>Admission Criteria for Children 6-59 months to NRCs</td>
</tr>
<tr>
<td></td>
<td>Supplementation for Children 6-60 months as per Government of India Guidelines</td>
</tr>
<tr>
<td></td>
<td>Success Story (Menstrual Hygiene Scheme)</td>
</tr>
<tr>
<td>REFERENCES</td>
<td><a href="http://www.mohfw.nic.in/">http://www.mohfw.nic.in/</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://nrhm.gov.in/nhm.html">http://nrhm.gov.in/nhm.html</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://wcd.nic.in/">http://wcd.nic.in/</a></td>
</tr>
</tbody>
</table>
The trainer may begin the session with the introduction of Ministry of Women and Child Development & Ministry of Health and Family Welfare, and the contents that will be covered during the session. To facilitate discussion the trainer may ask following questions:

**Ask:**
- What is Government of India doing for the benefit of children and women?
- Are you aware of the schemes or programmes running in your State?
- Do you think the schemes run by central ministries are effective in improving the conditions of women and children in our country?

## Schemes by Ministry of Women and Child Development

### Integrated Child Development Services

The ICDS Scheme was launched in 1975 to:
- Improve the nutritional and health status of children in the age-group 0-6 years.
- Lay the foundation for development of the child.
- Reduce incidence of mortality, morbidity, malnutrition and school dropout.
- Enhance the capability of mothers to look after the health and nutritional needs of child through nutrition and health education.

The objectives of ICDS are sought to be achieved through a package of services mentioned in the table below.

### Table 15: Services Provided under ICDS

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Components</th>
<th>Services</th>
<th>Target Group</th>
<th>Service provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Early Childhood Care and Education (ECCED)</td>
<td>Early Childhood Care and Education (ECCE)/ Pre-school Non-formal Education</td>
<td>0-6 years Parents/Caregivers</td>
<td>AWW/Second AWW cum Child Care &amp; Nutrition Counsellor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplementary Nutrition</td>
<td>6 m —6 years, P&amp;L mothers</td>
<td>AWW/Second AWW/AWH/SHGs/Other</td>
</tr>
<tr>
<td>2.</td>
<td>Care &amp; Nutrition Counselling</td>
<td>Infant &amp; Young Child Feeding (IYCF) Promotion &amp; Counselling</td>
<td>P&amp;L mothers, mothers of children under 3 years</td>
<td>AWW/Second AWW cum Nutrition Counsellor/Supervisors/ASHA/ANM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maternal Care and Counselling</td>
<td>P&amp;L women</td>
<td>ASHA/ANM/Second AWW/Nutrition Counsellor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care, Nutrition, Health &amp; Hygiene Education</td>
<td>P&amp;L mother and other caregivers community and families</td>
<td>AWW/Second AWW cum Nutrition Counsellor/Supervisors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Based Care and Management of Underweight Children</td>
<td>Moderately and Severely under-weight children &amp; their mothers/caregiver</td>
<td>AWWs/AWH/Supervisors/ Mother’s group/ PRIs/SHGs /MO ASHA &amp; ANM as facilitator</td>
</tr>
<tr>
<td>3.</td>
<td>Health Services</td>
<td>Immunization and Micronutrient Supplementation</td>
<td>0-6 years, P&amp;L mothers</td>
<td>ANM /MO/ASHA/AWWs as facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Check Up</td>
<td>0-6 years, P&amp;L mothers</td>
<td>ANM /MO/ASHA/AWWs as facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Referral Services</td>
<td>0-6 years, P&amp;L mothers</td>
<td>ANM /MO/ASHA/AWWs</td>
</tr>
</tbody>
</table>
Sneha Shivir

- **Sneha Shivir** is a community based programme for accelerated reduction in moderate and severe undernutrition in children.
- **Sneha Shivir** is adapted from the globally acknowledged ‘Positive Deviance Approach’ for reduction of moderate and severe undernutrition.

**Positive Deviance**

Positive Deviance approach is based on the belief that in every community there are certain individuals or families who are special or, uncommon practices and behaviours enable them to find better ways to prevent undernutrition than their neighbours who share the same resources and face the same risks. Such families are the Positive Deviant families. The identified positive behaviours followed by the positive deviant families are reinforced during Nutrition Counselling and Childcare Sessions (NCCS) where mother/father or caregivers of under nourished children come for supervised feeding and learning positive practices through participatory learning.

- **Sneha Shivir** focuses on:
  - Rehabilitation of malnourished children
  - Sustain the rehabilitation
  - Prevent other siblings and future generation from being undernourished

The key features of strengthened and restructured ICDS include addressing the gaps and challenges with:

- Special focus on children under 3 years and pregnant and lactating mothers
- Strengthening and repackaging of services including care and nutrition counselling service and care of severely underweight children
- Focus on Early Childhood Care and Education
- Flexibility at local level for community participation
- Improving Supplementary Nutrition Programme including cost revision
- Construction and building of Anganwadi centres
- Introduction of Annual Programme Implementation Plan (APIP)
- Financial allocation for monitoring and Management and Information System (MIS)
- Putting ICDS in Mission mode
- Revision of financial norms

**Figure 28: Strengthening and Restructuring of ICDS Scheme**

**Beti Bachao Beti Padhao (BBBP)**

To ensure survival, protection and empowerment of girl child, government has announced BBBP initiative. This initiative is being implemented through a national campaign and focus on multi sector action in 100 selected districts low in CSR. BBBP is a joint initiative of MWCD, MoHFW and MHRD and it aims at:
- Prevention of gender biased sex selective elimination.
- Ensuring survival and protection of the girl child.
- Ensuring education and participation of the girl child.

**Note:** The trainer may use the BBBP handout placed at Annexure 36.

**Kishori Shakti Yojana (KSY)**
*Kishori Shakti Yojana* seeks to empower adolescent girls (11-18 years), so as to enable them to take charge of their lives.

**SABLA – A Scheme for Adolescent Girls**
SABLA was launched in selected 200 districts with an aim to enable the adolescent girls for self-development and empowerment.

The scheme covers adolescent girls in the age group of 11-18 years.

An integrated package of services provided to adolescent girls under the scheme are given in Figure 31:

- **Nutrition**
  - Supplementary Nutrition containing 600 calories, 18-20 grams of protein and micronutrients per day for 300 days a year in the form of Take Home Ration (THR)

- **IFA Supplementation**
  - Distribution of IFA tablets on *Kishori Diwas*

- **Health check-up and Referral Services**
  - General health check-up every three month on *Kishori Diwas*, provision of deworming tablets, measurement of height and weight

- **Nutrition and Health Education (NHE)**
  - Information on balanced diet, recommended dietary intake, nutrient deficiency disorders, their prevention, nutrition during pregnancy and infant feeding

- **Guidance on Family Welfare, ARSH, Childcare**
  - Appropriate knowledge regarding reproductive cycle HIV/AIDS, contraception, menstrual hygiene, marriage and pregnancy, childcare and feeding practices

- **Guidance on Life Skills Education and Accessing Public Services**
  - Building confidence, self awareness, self esteem, decision making, critical thinking, communication skills, coping with stress, rights & entitlement and knowledge about the existing public services.

**Figure 31: Services Provided to Adolescent Girls under SABLA**
**Indira Gandhi Matritva Sahyog Yojana (IGMSY)**

- IGMSY is a Conditional Maternity Benefit (CMB) scheme which provides cash directly to women during pregnancy and lactation in response to individual fulfilling specific conditions. The scheme attempts to partly compensate for wage loss to pregnant & lactating women both prior to and after delivery of the child.
- The scheme covers pregnant women of 19 years and above for first two live births.

**Table 16: Conditional Benefits under IGMSY**

<table>
<thead>
<tr>
<th>Cash Transfer</th>
<th>Amount (Rs.)</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Installment</td>
<td>`3000 (in third trimester)</td>
<td>• Registration of pregnancy at AWC/health centres within 4 months of pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Atleast two Ante Natal Checkup with IFA tablets and TT</td>
</tr>
<tr>
<td>Second Installment</td>
<td>`3000 (6 months after delivery)</td>
<td>• Child birth registration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Immunization of child (BCG, DPT I, II &amp; III and three OPV doses)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attending atleast 3 Growth Monitoring and IYCF counselling sessions within 3 months of delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Exclusive breastfeeding for six months</td>
</tr>
</tbody>
</table>

*Source: F.No.9-5/2010-IGMSY, http://wcd.nic.in

Note: All Government/Public Sector Units (PSUs) (Central & State) employees would be excluded from the scheme as they are entitled for paid maternity leave.

**Support to Training and Employment Programme (STEP)**

- STEP aims to support women’s work by providing training for skill up-gradation, marketing and credit linkages to ensure sustainable employment.
- It is implemented through Public Sector Organisations, District Rural Development Agencies (DRDAs), Federations, Co-operatives and Non-Governmental Organisations.
- Each project can cover a minimum of 200 and maximum of 10,000 women beneficiaries depending upon the nature of the project and capacity of the organisation.
- Projects are sanctioned for a period not exceeding 5 years, depending upon the nature, kind of activities to be undertaken and the number of beneficiaries to be covered.

**Figure 32: Target Group of Support to Training and Employment Programme**

*Special focus on SC/ST households and families below poverty line*
Figure 33: Services Provided under Support to Training & Employment Programme

*Support services include coverage of health check-ups, referral services, mobile creches and education facilities

Sectors/Trades Covered

Assistance under the STEP scheme is available in any sector for imparting skills related to employability and entrepreneurship, including Agriculture, Animal Husbandry, Dairying, Fisheries, Handlooms, Handicrafts, Khadi and Village Industries, Sericulture, Waste Land Development & Social Forestry.

Schemes by Ministry of Health And Family Welfare

National Health Mission – An Overview

National Health Mission (NHM) encompasses Two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). It is both flexible, dynamic and is intended to guide states towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities.

Recognising the inextricable linkages between adolescent health, family planning, maternal health and child survival, NHM provides emphasis on strategies for improving maternal and child health through a continuum of care approach which constitutes health care for different stages of life cycle at various levels of health systems.

NHM includes all schemes and programmes that are constituted under Reproductive and Child Health–II (RCH-II). All these aspects are embodied in the ‘Strategic Approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) in India’. The main strategies for RMNCH+A include services for mothers, newborns, children, adolescents, women and men in the reproductive age group.
Maternal Health

- Pregnancy and childbirth are physiological events in the life of a woman.
- Though most pregnancies result in normal birth, it is estimated that about 15% may develop complications, which cannot be predicted.
- Majority of these complications can be averted by preventive care (such as ante-natal check-ups, birth preparedness), skilled care during birth, early detection of risk, appropriate and timely management of obstetric complications and postnatal care.
- The interventions in this phase of life mainly focus on pregnant women and newborn infants.

Janani Shishu Suraksha Karyakaram (JSSK)

- In view of the struggles faced by the pregnant women and parents of sick newborn children, along with high expenses incurred by them on delivery and treatment of sick newborn, Government of India (MoHFW) has launched Janani Shishu Suraksha Karyakaram on 1st June, 2011.
- The scheme invokes a new approach to health care, placing utmost emphasis on entitlements and elimination of out-of-pocket expenses for both pregnant women and sick neonates.

Table 17: Entitlements under Janani Shishu Suraksha Karyakaram

<table>
<thead>
<tr>
<th>FREE ENTITLEMENTS FOR PREGNANT WOMEN</th>
<th>FREE ENTITLEMENTS FOR SICK NEWBORNS TILL 30 DAYS AFTER BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free delivery</td>
<td>Free treatment</td>
</tr>
<tr>
<td>Free C-Section</td>
<td>Free drugs and consumables</td>
</tr>
<tr>
<td>Free drugs and consumables</td>
<td>Free diagnostics</td>
</tr>
<tr>
<td>Free diagnostics</td>
<td>Free provision of blood</td>
</tr>
<tr>
<td>Free diet during stay in the health institutions</td>
<td>Exemption from user charges</td>
</tr>
<tr>
<td>Free provision of blood</td>
<td>Free transport from home to health institutions</td>
</tr>
<tr>
<td>Exemption from user charges</td>
<td>Free transport between facilities in case of referral</td>
</tr>
<tr>
<td>Free transport from home to health institutions</td>
<td>Free drop back from institutions to home</td>
</tr>
<tr>
<td>Free transport between facilities in case of referral</td>
<td></td>
</tr>
<tr>
<td>Free drop back from institutions to home after 48 hours stay</td>
<td></td>
</tr>
</tbody>
</table>
Janani Suraksha Yojana (JSY)

- JSY was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS).
- *Janani Suraksha Yojana* is a safe motherhood intervention under the NHM. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.
- The scheme is under implementation in all States and Union Territories with a special focus on Low Performing States (LPS) like Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu and Kashmir.
- JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Performing States (LPS)</td>
<td>Available to all women regardless of age and number of children for delivery in government/private accredited health facilities</td>
</tr>
<tr>
<td>High Performing States (HPS)</td>
<td>Available only to BPL/SC/ST women regardless of age and number of children for delivery in government/private accredited health facilities</td>
</tr>
<tr>
<td>Home Delivery</td>
<td>Available only to BPL women who prefer to deliver at home regardless of age and number of children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
<th>Rural areas</th>
<th>Urban areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mother Package (₹)</td>
<td>ASHA Package (₹)</td>
</tr>
<tr>
<td>Low Performing States (LPS)</td>
<td>1400</td>
<td>600</td>
</tr>
<tr>
<td>High Performing States (HPS)</td>
<td>700</td>
<td>600</td>
</tr>
</tbody>
</table>

Financial Assistance for Delivery

- Low Performing States (LPS): 500
- High Performing States (HPS): 500

Disbursement of Cash Assistance

For pregnant women going to a public health institution for delivery, entire cash entitlement should be disbursed to her in one go, at the health institution. Considering that some women would access accrediting private institution for ante-natal care, they would require some financial support to get at least 3 ante-natal check-ups (ANCs) including the TT injections. In such cases, at least three-fourth (3/4th) of the cash assistance under JSY should be paid to the beneficiary in one go, importantly, at the time of delivery.
Newborn and Child Health

- Child survival and development are essential for the overall development of the society.
- Recognising the importance of newborn and child health Government of India has introduced many schemes to provide adequate services for children before and after birth and throughout childhood to facilitate their full physical, mental and social development.

Facility Based Newborn and Childcare

To address the issues of higher neonatal and early neonatal mortality, facility based newborn care services at health facilities have been emphasised. It includes following:

<table>
<thead>
<tr>
<th>Special Newborn Care Units (SNCU)</th>
<th>Newborn Stabilisation Units (NBSUs)</th>
<th>Newborn Care Corners (NBCCs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SNCU is 12-20 bedded unit and requires 4 trained doctors and 10-12 nurses for round the clock services.</td>
<td>• These are 4 bedded units with trained doctors and nurses for stabilisation of sick newborns.</td>
<td>• These are 1 bedded facility attached to the labour room and operation theater for provision of essential newborn care.</td>
</tr>
<tr>
<td>• At least one SNCU at district/sub-district hospitals should be established to provide all types of care except assisted ventilation and major surgeries.</td>
<td>• NBSUs care established at community health centres (CHCs)/first referral units (FRUs).</td>
<td>• NBCC at all points of childbirth should be established to provide immediate care.</td>
</tr>
</tbody>
</table>

Figure 36: Facilities for Newborn Care

Home Based Newborn Care (HBNC)

- Home Based Newborn Care Scheme was launched in 2011 to decrease neonatal mortality and morbidity.
- The major objectives of the scheme are:
  • To provide essential newborn care to all newborns.
  • To provide special care of preterm and low-birth-weight newborns.
  • Facilitate early detection of illness followed by referral.
  • To provide support to family for adoption of healthy practices and build confidence and skills of the mother to safeguard her health and that of newborn.
- Under the scheme there is a provision for incentivising Accredited Social Health Activist (ASHA) for providing Home Based Newborn Care by visiting to all newborns according to specified schedule up to 42 days of life.

Functions to be Performed at Each Home Visit

- Recording of weight of the newborn in Mother Child Protection Card
- Ensuring BCG, 1st dose of OPV and DPT vaccination
- Ensuring both the mother and the newborn are safe till 42 days of the delivery
- Confirming registration of birth

Integrated Management of Neonatal & Childhood Illnesses (IMNCI)

- IMNCI is a new approach adapted from WHO-UNICEF strategy-Integrated Management of Childhood Illness (IMCI), aimed at tackling the major diseases of early childhood.
The integrated approach ensures that all relevant needs of the child are looked at and attended to during the contact of the child with the health workers. The scheme includes Pre-service and In-service training of health service providers (medical officers and grassroot workers), improving health systems (e.g. facility up-gradation, availability of logistics, referral systems) and Community and Family level care.

The IMNCI package includes following interventions:

**Care of Newborns and Young Infants (infants under 2 months)**
- Keeping the child warm.
- Initiation of breastfeeding immediately after birth and counselling for exclusive breastfeeding and non-use of pre-lacteal feeds.
- Cord, skin and eye care.
- Recognition of illness in newborn and management and/or referral.
- Immunization
- Home visits in the postnatal period.

**Care of Infants (2 months to 5 years)**
- Management of diarrhoea, acute respiratory infections (pneumonia), malaria, measles, acute ear infection, malnutrition and anemia.
- Recognition of illness and risk conditions and management/referral.
- Prevention and management of Iron and Vitamin A deficiency.
- Counselling on feeding for all children below 2 years.
- Counselling on feeding for malnourished children between 2 to 5 years.
- Immunization.

Home visits by health workers are an integral part of this intervention. It help mothers and families to understand and provide essential newborn care at home and detect and manage newborns with special needs due to low birth weight or sickness.

After neonatal period, IMNCI package is accessed by the family for their newborn/children from the health workers in the community Auxiliary Nurse Midwives (ANM, AWW, ASHA or link volunteer) or providers at the facility (PHC/CHC/FRU).

**Facility Based Integrated Management of Neonatal and Childhood Illness (F-IMNCI)**
- F-IMNCI is the integration of the facility based care package with the IMNCI package.
- It aims to empower the health personnel with the skills to manage newborn and childhood illness at the community level as well as at the facility.
- Facility based IMNCI focuses on providing appropriate skills for inpatient management of major causes of neonatal and childhood mortality such as asphyxia, sepsis, low birth weight and pneumonia, diarrhoea, malaria, meningitis and severe malnutrition.
- 11 days training is being imparted to Medical Officers, Staff Nurses and ANMs at CHC/FRUs and 24x7 PHCs where deliveries take place.

**Routine Immunization Programme**
- Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable.
- Immunization Programme in India was introduced in 1978 as Expanded Programme on Immunization.
- The programme gained momentum in 1985 and was expanded as Universal Immunization Programme.
- Under the Universal Immunization Programme, Government of India is providing vaccination to prevent seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B.
In addition, Japanese Encephalitis vaccine was introduced in 112 endemic districts in campaign mode in phased manner from 2006-10 and has now been incorporated under the Routine Immunization Programme.

Further, to expand full immunization coverage from existing 65% to 90% by 2020, Ministry of Health and Family Welfare has launched “Mission Indradhanush” in 2014.

The Mission Indradhanush, depicting seven colours of the rainbow for seven life threatening but preventable diseases, aims to cover all those children who are either unvaccinated, or are partially vaccinated against seven vaccine preventable diseases.

**Navjaat Shishu Suraksha Karyakram (NSSK)**

- NSSK is a basic newborn care and resuscitation training programme.
- It has been launched to address care for birth issues i.e. prevention of hypothermia, prevention of infection, early initiation of breast feeding and basic newborn resuscitation.
- The objective of this initiative is to have a trained health personal in basic newborn care and resuscitation at every delivery point.
- The training is for 2 days and is expected to reduce neonatal mortality significantly in the country.

**Rashtriya Bal Swasthya Karyakram (RBSK)**

- Rashtriya Bal Swasthya Karyakram is an initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.
- The programmes targets children of 0-6 years of age in rural areas and urban slums in addition to children enrolled in classes 1st to 12th in Government and Government aided schools.
- 0-6 years age group will be specifically managed at District Early Intervention Center (DEIC) while for 6-18 years age group, management of conditions will be done through existing public health facilities.
- DEIC will act as referral linkages for both the age groups.

**Screening under RBSK**

- Child screening under RBSK is at two levels: community level and facility level.
- Once the child is screened and referred from any of these points of identification, it would be ensured that the necessary treatment/intervention is delivered at zero cost to the family.

**Nutrition Rehabilitation Centres (NRCs)**

- Under National Rural Health Mission which is now termed as National Health Mission, Nutrition Rehabilitation Centres have been set up at health facilities in many districts.
- NRC is a unit in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed with the intention to improve the quality of care being provided to these children and to reduce child mortality.
- SAM is defined by a very low weight for height (below -3z scores of the median WHO growth standards), by visible severe wasting or by the presence of nutritional oedema.
- Screening of SAM children in age group 6-60 months is done using specified criteria at health facilities and at community level.
- Currently 872 such centres are functional in 23 States.

**Services provided at the NRC facility**
- 24 hour care and monitoring of the child.
- Treatment of medical complications.
- Therapeutic feeding.
- Providing sensory stimulation and emotional care.
- Social assessment of the family to identify and address contributing factors.
- Counselling on appropriate feeding, care and hygiene.
- Demonstration and practice by doing on the preparation of energy dense child foods using locally available, culturally acceptable and affordable food items.
- Follow up of children discharged from the facility.

**Vitamin A Supplementation Programme**
- In 1970, the National Prophylaxis Programme against Nutritional Blindness was initiated, under which all children between ages of one and three years were to be administered 2,00,000 IU of vitamin A orally once in six months.
- In 2006, the age group was broadened to include children between 6 months and 5 years after reconsidering recommendations of the WHO, UNICEF and Ministry of Women and Child Development.
- Presently, Vitamin A Supplementation (VAS) is implemented through the existing network of primary health centres and sub-centres.
- The ANM is responsible for administering the doses of Vitamin A to children of age 6 month to 59 month. 1st dose (1 lakh International Units (IU) of Vitamin A) is being given to the child at the time of immunization at 9 months of age, and thereafter, the child has to be administered dose of Vitamin A (2 lakh International Units of Vitamin A) at 6 monthly interval, so that a child receives 9 doses of Vitamin A till the age of 59 months.

**National Iron Plus Initiative for Control of Iron Deficiency Anaemia Across Life Stages (IFA and Deworming)**
- National Iron Plus Initiative has been launched to undertake supervised administration of Iron Folic Acid syrup in under five children.
- This initiative has brought together existing programmes (IFA supplementation for: pregnant and lactating women and children in the age group of 6–60 months) and introduce new age groups.
- The National Iron Plus Initiative also defines a minimum service of packages for treatment and management of anaemia across levels of care.
Adolescent Health

- Adolescence is one of the important stages of the life cycle in terms of health interventions due to diverse nature of adolescent health needs.
- Health interventions focusing on building protective factors that can help adolescents and young people to operate at four major levels: individual, family, school and community are essential.
- In India, Ministry of Health and Family Welfare has adapted the National Adolescent Reproductive and Sexual Health strategy to address adolescent’s health needs.

Activity: Brainstorming and Discussion

Materials Required: White Board, Marker

The trainer may conduct an activity on health related problems of adolescent girls and efforts made by GOI to tackle those problems. The trainer may ask the trainees to assemble in groups and discuss the following questions:

- Why are adolescents a special group?
- What are the problems faced by adolescents? And how can these problems be solved?
- What are the health risk factors for the adolescent girls?
- Are you aware of the programmes/schemes designed for adolescents?

Adolescent Reproductive & Sexual Health (ARSH)

- The National Adolescent Reproductive and Sexual Health strategy provides a framework for a range of sexual and reproductive health services to be provided to the adolescents.
- The strategy incorporates a core package of services including preventive, promotive, curative and counselling services for adolescents, married and unmarried girls and boys.
- Under this programme counselling services, routine check-ups at primary, secondary and tertiary levels of care is provided on fixed days and fixed time.
- The ARSH services are provided through health clinics conducted at health centres in the community at school.
Another important component of this strategy is to conduct communication activities to ensure that adolescents are well informed about their health problems including sexual and reproductive health problems and about quality health services available for them.

Communication activities are to be carried out at the level of village outreach, AWC, and/or youth group. Such group communications are to be carried out once a month by ANM, ASHA, AWW, Youth Coordinator and/or link worker.

**Communication activities are to cover topics related to:**

- Behaviour Change Communication (BCC) on delaying marriage and first pregnancy, importance of spacing, fertility awareness, menstrual hygiene and care during pregnancy.
- Risk reduction counselling on RTIs/STIs and HIV/AIDS prevention.
- Nutrition education on balanced diet, sign and symptoms of common nutritional deficiencies like anaemia.
- Immunization and importance of TT.
- Prevention and management of unwanted pregnancy.
- Gender relations and role of men.
- Adverse sex ratio and related legislations on sexual abuse and violence.

### Figure 39: Services Covered under Adolescent Reproductive & Sexual Health

**Preventive Services**

- Services for Tertanus Immunization
- Services for Prophylaxis against Nutritional Anaemia
- Nutrition Counselling
- Services for early and safe termination of pregnancy of post abortion complications

**Promotive Services**

- Focused care during the antenatal period
- Counselling and provision for emergency contraceptive pills
- Counselling and provision of reversible contraceptives
- Information/advice on Sexual and Reproductive Health issues

**Curative Services**

- Treatment for common RTIs/STIs
- Treatment and counselling for menstrual disorders
- Treatment and counseling for sexual concerns
- Management of sexual abuse among girls

**Referral Services**

- Voluntary Counselling and Testing Centre
- Prevention of Parent to Child Transmission

**Outreach Services**

- Periodic health checkups and community camps
- Periodic health education activities
- Co-curricular activities

### Scheme for the Promotion of Menstrual Hygiene

The scheme aims at promoting better health and hygiene among adolescent girls (aged 10 to 19 years) in rural areas by ensuring that they have adequate knowledge and information about the use of sanitary napkins.

**Key features of the scheme**

- Provision of availability of high quality and safe sanitary napkins and accessibility to environmentally safe disposal mechanisms.
- The sanitary napkin packs (containing 6 pieces each) is branded as ‘Freedays’ and are being sold to adolescents girls at the rate of `6 per pack by ASHAs.
- The ASHA gets an incentive amount of `1 per pack besides getting a free pack of sanitary napkins per month and the balance `5 is to be deposited in the State/District treasury.
- Supply of sanitary napkins in 107 districts initially is being done in a Central supply mode, wherein sanitary napkins are being supplied by the Government of India. The supply of sanitary napkins in the remaining 45 districts is being done through SHGs, wherein SHGs are to manufacture the sanitary napkins that are to be sold to adolescent girls.
The scheme provides an opportunity to inform adolescent girls about sexual and reproductive health issues, nutrition, non-communicable diseases and mental wellbeing, and guide them to community based counsellors and/or adolescent clinics in case of any queries or problems that need to be addressed. A case study highlighting the success of this programme is placed at Annexure 39.

Weekly Iron Folic Acid Supplementation (WIFS) Programme

- The main objective of WIFS programme is to reduce the prevalence and severity of nutritional anaemia in adolescent population (10-19 years).
- It is implemented to the following two target groups in both rural and urban areas:
  a. Adolescent girls and boys enrolled in government/government aided/municipal schools from 6th-12th classes.
  b. Adolescent girls who are not in school.
- The WIFS programme also covers married, pregnant and lactating adolescent girls.
- Under this programme, IFA supplements are to be distributed free of cost on a weekly basis to the target groups along with Albendazole tablets for deworming twice a year.

Components of WIFS Programme

- Administration of Weekly Iron and Folic Acid Supplementation
  - Each IFA tablet containing 100 mg elemental iron and 500 ug folic acid for 52 weeks in a year.
- Screening and Referral
  - Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
- Biannual Deworming
  - Albendazole tablet of 400 mg, six months apart for control of worm infestation.
- Information and Counselling
  - For improving dietary intake and for taking actions for prevention of intestinal worm infestation.

Strategy Under WIFS Programme

- The WIFS strategy involves a “fixed day” approach for IFA distribution with one additional designated day for missed out beneficiaries.
- Under WIFS programme, consumption of the IFA tablets is supervised to ensure high compliance.
- AWW, ASHA and teachers are also provided and encouraged to consume the supplement in the presence of the girls to emphasise on importance of IFA.
Rashtriya Kishore Swasthya Karyakram (RKS K)

➢ To respond to health and development requirements of adolescents in a holistic manner, the Ministry of Health and Family Welfare launched a new adolescent health programme – Rashtriya Kishore Swasthya Karyakram in 2014.
➢ The programme is based on the principles of participation, rights, inclusion, gender equity and strategic partnerships.
➢ RKS K envisons that all adolescents in India are able to realise their full potential by making informed and responsible decisions relating to their health and wellbeing.
➢ The programme envisages strengthening of the health system for effective communication, capacity building and monitoring and evaluation.
➢ The strategy seeks to achieve the following objectives:

• The strategy focuses on age groups 10-14 years and 15-19 years with universal coverage, i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served.

• Strategies for achieving the objectives of the adolescent health program are:
  ▪ Celebration of Adolescent Health Day in every village once every quarter on a convenient day (preferably on a Sunday) following the Village Health & Nutrition Day (VHND) in SABLA districts, this day should coincide with the existing Kishori Diwas.
  ▪ Adolescent Friendly Health Clinics (AFHCs), to provide a combination of commodities like WIFS sanitary napkins, contraceptives, medicines etc., Information Education and Communication (IEC) & Interpersonal Communication (IPC) along with curative services like treatment of severe malnutrition, treatment of common RTI/STI problems, treatment of menstrual disorders etc.
  ▪ Adolescent Helpline, to seek health related information as well as grievance redressal cell for public at large and service providers.
  ▪ Convergence within Health Department/with other departments & programmes.
  ▪ Capacity building, communication and strengthening role of parents are other strategies.

<table>
<thead>
<tr>
<th>Improve Nutrition</th>
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<tr>
<td>Reduce the prevalence of malnutrition and iron deficiency anaemia</td>
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<tr>
<th>Enable Sexual and Reproductive Health</th>
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<tr>
<td>Improve knowledge, attitudes and behaviour in relation to SRH</td>
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<tr>
<td>Reduce teenage pregnancies</td>
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<tr>
<td>Improve birth preparedness, complication readiness and provide early parenting support for adolescent parents</td>
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<tr>
<th>Enhance Mental Health</th>
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<tr>
<td>Address mental health concerns of adolescents</td>
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<table>
<thead>
<tr>
<th>Prevent Injuries and Violence</th>
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<tr>
<td>Promote favourable attitudes for preventing injuries and violence (including Gender Based Violence (GBV) among adolescents</td>
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<tr>
<th>Prevent Substance Abuse</th>
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<tr>
<td>Increase adolescents’ awareness of the adverse effects and consequences of substance misuse</td>
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<tr>
<th>Address Conditions for Non-Communicable Diseases (NCDs)</th>
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<tbody>
<tr>
<td>Promote behaviour change in adolescents to prevent NCDs such as hypertension, stroke, cardio-vascular diseases, diabetes and cancer</td>
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</table>

Figure 42: Objectives of Rashtriya Kishore Swasthya Karyakram
Other Initiatives

Nutrition Resource Platform (NRP)

- The Nutrition Resource Platform is an initiative of the Ministry of Women and Child Development developed with an aim to collect, collate and make available resources and materials on nutrition and child development to diverse stakeholders.
- It has reference materials on nutrition issues relating to policy, programmes, academic and research inputs in addition to materials for capacity building.
- NRP offer services such as data collection for Management Information System besides rendering services such as Voice Blast, SMS Blast, In-Dialling on Interactive Voice Response System (IVRS).
- NRP also provides opportunity for individuals and organisations to join the ever growing network as well as groups to participate in the discussions and receive latest updates.

Note: The trainer may visit [www.poshan.nic.in](http://www.poshan.nic.in) for sharing material and resources.

Nutrition Helpline

- The Ministry of Women and Child Development, Government of India has planned to initiate a vigorous awareness campaign on “Nutrition for Better Health” by conceiving a Toll-Free Nutrition helpline as an innovative intervention for improving the awareness on nutrition.
- Dissemination of information verbally on important issues like:
  - Correct norms on Infant and Young Child Feeding Practices.
  - Importance of breastfeeding.
  - Importance of colostrum - to strengthen immune system against infections.
  - Importance of micronutrients.
  - Consequences of nutritional deficiencies.
  - Diet counselling.
  - Nutritious recipes.
  - Conservation of nutrients while cooking.
  - Nutrition for adolescent girls, etc. will be broadcasted telephonically.
- The “Helpline on Nutrition Awareness” with a toll free number would help in conveying nutrition messages to the masses and answers to queries in their local language and shall result in achieving greater nutritional awareness in the country.

Toll Free number: 1800-11-16-06
Operating Hours 9:30 am to 5:30 pm
Monday to Friday

*The Helpline will be piloted in Delhi and NCR region and will later be extended to pan India.

One Stop Centre (OSC)

One stop centre is the most recent initiative of Ministry of Women and Child Development. These centres are intended to support women affected by violence. 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 will be provided with specialized services under the scheme.

Note: For more details, the trainer may refer to Day 3, Session 4.
Mother and Child Tracking System (MCTS)

- MCTS is a name based pregnant mother and child tracking system.
- It aims to provide information of different health services especially ANCs and immunization received at the individual level, by monitoring all the encounters that a woman and a child undergo in their health program.
- This system aims to help the service provider (health worker or Doctor) by categorizing various health services the individual person has to get (with due date) and missed services.

National Teeka Express

- It is an initiative of Ministry of Health and Family Welfare under the Routine Immunization programme to fill the gaps in the implementation of Alternate Vaccine Delivery.
- As a part of this initiative, designated vehicles under the brand name of ‘National Teeka Express’ help in maintaining cold chain throughout the vaccine delivery process which includes:
  - Distribution of the vaccines to the immunization session sites
  - Bringing back the open and un-used vaccines to storage sites for use in subsequent sessions
- It serves as a mobile healthcare delivery unit for the areas where there is no healthcare facility or health worker.
- Other functions comprise
  - Ensuring that immunization sessions are held at the mobile vaccination centres.
  - Collection of immunization related bio-medical waste for safe disposal at vaccine storage points.
  - Collection of the coverage and immunization performance reports of the session.

Summary Points

- ICDS is an integrated package of services for children below 6 years, pregnant and lactating mothers and women in 15-45 years of age.
- ICDS provides services namely supplementary nutrition, immunization, health checkups, non formal preschool education and nutrition and health education.
- Sneha Shivir is a community based programme for reduction in undernutrition among children.
- IGMSY provides cash directly to women during pregnancy and lactation for first two live births.
- NHM provides emphasis on strategies for improving maternal and child health through a continuum of care approach which constitutes health care for different stages of life cycle at various levels of health systems.
- JSSK provides emphasis on entitlements and elimination of out of pocket expenses for both pregnant women and sick neonates.
- JSY provides cash entitlements to pregnant women.
- Facility based newborn care services at health facilities include Special Newborn Care Units, Newborn Stabilisation Units, Newborn Care Corners.
- Home Based Newborn Care is provided through home visits by ASHA workers who are responsible for recording weight, immunization and birth registration.
- Under UIP, vaccination to prevent seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B is provided.
- Rashtriya Bal Swasthya Karyakram involves early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. defects at birth, deficiencies, diseases and development delays including disability.
- At Nutrition Rehabilitation Centres children with Severe Acute Malnutrition are admitted and managed with quality care to reduce child mortality.
- Under vitamin A supplementation programme vitamin A dose of 1 lakh IU is given to a child at 9 months of age, and thereafter, dose of 2 lakh IU at six monthly intervals till 5 years of age.
- National Iron plus Initiative provides for IFA supplementation along with deworming tablets to children, adolescents, pregnant and lactating and women in reproductive age group.
- ARSH strategy incorporates a core package of services including preventive, promotive, curative and counselling services for adolescents, married and unmarried girls and boys.
- Scheme for the Promotion of Menstrual Hygiene provides adolescents girls with pack of sanitary napkins at the rate of `6 per pack.
- Under WIFS, IFA supplements are to be distributed free of cost on a weekly basis to the adolescent girls along with Albendazole tablets for de-worming twice a year.
- RKSK is a scheme for building capacity among adolescents so that they can make informed and responsible decisions relating to their health and wellbeing.
# DAY 2 – SESSION 5

## SESSION 5

### SAFE DRINKING WATER AND FOOD ADULTERATION

#### OBJECTIVE

To create awareness about safe drinking water and food adulteration

#### CONTENTS

- Contamination
- Infections and its Transmission
  - Infections and Illnesses due to Contaminated Water
    - Cholera
    - Diarrhoea
    - Hepatitis
    - Typhoid
- Safe Drinking Water
  - Need and Importance
  - Purification of Water
- Food Adulteration
  - Types of Food Adulterants
  - Legislative Provisions against Food Adulteration, Prevention of Food Adulteration (PFA), 1954 and Food Safety and Standards Act (FSSA), 2006
- Summary Points

#### DURATION

45 Minutes

#### TRAINING METHODS

Powerpoint Presentation, Group Discussions, Group Activity

#### ACTIVITIES

- Disease Transmission Routes
- Demonstration-Common household test for detection of food adulterants

#### LEARNING OUTCOMES

- The trainees will be sensitized with the need and importance of safe drinking water.
- The trainees will be made aware about food adulteration, common food adulterants, their detection methods and legislations against food adulteration.

#### MATERIALS REQUIRED

LCD Projector, Charts, Stationary

#### ANNEXURES

- Disease Transmission Routes and Barriers
- Detection of Common Food Adulterants
- Adulteration as per under Prevention of Food Adulteration Act, 1954

#### REFERENCES

- Quick Tests for Adulterant in Foods, Food Safety & Standards Authority of India (FSSAI)
- Prevention of Food Adulteration Act, 1954
The chapter has been created keeping in mind food safety issues. The trainers may begin the session by describing in brief the concept of contamination, infections in respect to food and water. The trainers then can facilitate discussion by asking questions such as:

Ask:
- What do you understand by safe drinking water?
- What is food adulteration? Have you ever come across any situation where you have seen contaminated water and food is used for consumption purpose?

Food and Water Contamination
Presence of any unwanted material in food and water which degrades the quality is referred to as contamination.

The nature of contaminant could be:
- **Physical**: dust, hair, marbles, metal piece
- **Chemical**: lead, arsenic, mercury, disinfectants or other toxic substances
- **Biological**: disease causing microorganisms- bacteria, parasites, virus

Infections and its Transmission
- The invasion and multiplication of microorganisms such as bacteria, viruses and parasites that are not normally present within the body.
- Consumption of contaminated food and/or water is one of the causes of infections resulting in clinically evident illnesses.
- Infectious diseases are highly contagious and may spread from person to person or environmental vector.
- A rapid outbreak of infectious disease affecting a substantial number of people in a country is referred to as epidemic.

Activity: Disease Transmission Routes
**Materials Required**: Chart Papers, Pictures (flies, faeces, food, mouth, fingers and fluids)
- Divide the trainees into groups and distribute the images of “Disease Transmission Routes” to all the groups.
- Let them arrange the images of the disease transmission routes. Give them an example of one disease transmission route, such as faeces - fingers - mouth.
- Ask them what are the different routes by which pathogens are transmitted from the faeces to the mouth?
- Let the groups show and explain their diagrams to the other groups.

Note: The trainer may refer to the Annexure 40 for detailed discussion on the Disease Transmission Routes (F-Diagram 1) and the barriers (F-Diagram 2) that can be effective in preventing disease transmission.

Infections and Illnesses due to Contaminated Water
Contaminated water can cause a number of water borne infections and diseases. These are mainly caused by faecal-oral route. Common diseases caused by water contamination are:
- Cholera
- Diarrhoea
- Hepatitis
- Typhoid
Cholera

- Cholera is a severe intestinal infection caused by ingestion of food or water contaminated by comma shaped bacteria *vibrio cholerae*.
- In India, it is common among children of 1 to 5 years of age.
- In the infected persons, rapid loss of body fluids leads to dehydration, without treatment, death can occur within hours.

Causes

- Poor food hygiene.
- Eating raw or undercooked food from outside.
- The disease can spread further by infected people using water sources to clean themselves or dispose of waste.

Prevention of Cholera

- Drink and use safe water.
- Wash hands often with soap and safe water. If no soap is available, scrub hands often with ash or sand and rinse with safe water.
- Use latrines or bury your faeces, do not defecate in any water body.
- Cook food well (especially seafood), eat it hot, keep it covered and wash raw fruits and vegetables thoroughly with water.
- Clean up safely, in the kitchen and in places where your family bathes and washes clothes.

Diarrhoea

- Passage of loose watery stools more than or equal to 3 times per day is called diarrhoea.
- It is an infectious disease and also a symptom of several diseases.
- There may be abdominal pain which may reduce after a stool is passed.
- Children are more likely than adults to die from diarrhoea because they become dehydrated more quickly.

Causes of Diarrhoea

- **Bacterial/Viral/Parasitic infections:** Several types of bacteria/virus/parasites which get into our body through contaminated food or water are the main cause of diarrhoea.
- **Unhygienic habits** and consumption of stale food may also cause diarrhoea.
- **Food intolerance:** Some people are not able to digest specific component of food properly which leads to diarrhoea.

Home Treatment for Diarrhoea

- Intake of home available fluids like water, soup, coconut water, dal and rice water at regular intervals.
- Intake of ORS fortified with Zinc helps recover faster from diarrhoea.
- Continued breastfeeding of children during diarrhoea.

Hepatitis

- Hepatitis is a broad term for inflammation of liver, it has a number of infectious and non-infectious causes.
- Hepatitis is caused by a number of viruses namely A,B,C,D and E. Out of these 2 viruses (A and E) are transmitted through water and food. Ensuring hygiene is therefore important in its control.
- The illness starts with an abrupt onset of fever, body weakness, loss of hunger, vomiting and abdominal pain followed by jaundice within a few days.
- The disease may range from mild (lasting 1-2 weeks) to severe (lasting several months).
Causes of Hepatitis

- Hepatitis A and E viruses are both transmitted via the faecal-oral route, most often through contaminated water and from person to person.
- Hepatitis A could also be transmitted via food contaminated by infected food handlers, uncooked foods or foods mishandled after cooking.

Prevention of Hepatitis

- Providing education and awareness on good sanitation and personal hygiene, especially hand-washing.
- Adequate and clean water supplies and proper waste disposal system.
- Vaccination against hepatitis A for person at risk, e.g. people visiting areas where the disease is common.

Typhoid

- Typhoid is a bacterial infection of the intestinal tract and blood stream.
- It is an infection caused by bacteria which is transmitted from faeces to intestinal tract.
- Contaminated water is one of the pathways of transmission of the disease.
- Symptoms include fever for a long time (4-21 days), vomiting, headache, constipation or diarrhoea, rose coloured spots on the chest area and enlarged spleen and liver.

Causes of Typhoid

- Typhoid is caused by the bacteria *Salmonella Typhi*.
- Typhoid germs are passed in the faeces and urine of infected people.
- People become infected after eating food or drinking beverages that have been handled by a person who is infected or by drinking water that has been contaminated by sewage containing the bacteria.
- Even after recovery from typhoid, some individuals (called carriers) continue to carry the bacteria in their body and can be a source of infection for others.

Prevention of Typhoid

Typhoid can be prevented by:

- Drinking boiled or treated water.
- Washing hands with soap before preparing or eating food.
- Avoiding eating raw food outside home.
- Eating only cooked and still hot food or re-heating it.

Safe Drinking Water: Need and Importance

- Safe water is free from disease causing organisms and does not contain harmful chemicals.
- Clean drinking water is a basic human need for healthy living.
- Clean and safe drinking water can prevent many illnesses such as diarrhoea, jaundice etc.

Safe Water is needed for:

- Drinking
- Cooking
- Washing fruits and vegetables
- Cleaning utensils
- Bathing and keeping yourself clean
Purification of Water

Safe water is free from disease causing agents like bacteria, parasites, viruses etc. Water can be purified without any special or expensive equipment.

- Boiling is a safe and simple method of purifying water.
- Chlorine can also be used to purify water. Put one tablet of chlorine (easily available in market) in 20 litres of water and stir vigorously. After half hour water is ready to be consumed.
- Water can also be filtered by using clean muslin cloth.
- Water filters and electric purifiers available in market can also be used for making water safe for drinking.

Practices for Water Safety

- Water used for washing food and utensils should be such that it does not contaminate the food products.
- Water storage tanks/buckets should be cleaned periodically.
- Safe drinking water should be available and kept covered in containers.
- Hands should not be dipped while taking out water from containers.
- Containers with taps may be used or use utensils with long handles.
- If water filters/purifiers are used, prescribed instructions for cleaning need to be adhered.

Note: The trainer may begin the topic on food adulteration by showing a video on food adulteration cases to make the session interesting. The trainer may refer the link https://www.youtube.com/watch?v=-l4G-di6rvg.

Food Adulteration

- Food is the basic necessity of life.
- Food becomes adulterated when the quality of food offered for sale is degraded either by the admixture or substitution of inferior substances or by removal of some valuable ingredient.
- An “adulterant” is any material which is or could be employed for making the food unsafe or sub-standard or misbranded or containing extraneous matter.

Types of Adulterants

- Adulteration in food can be done intentionally or it can happen accidentally.
- Irrespective of the nature of adulterant, adulterated food is hazardous.
- Adulteration may make food toxic which may have harmful effect on the body and/or may deprive nutrients essential for proper growth and development.

Intentional Adulterants
- Sand, marble chips, stones, mug, other filth, talc, chalk powder water, mineral oil, harmful colour

Accidental Adulterants
- Pesticide residues, droppings of rodents, larvae in food and microorganisms

Metallic Contaminants
- Arsenic from pesticides, lead from water, effluent from chemical industries, tin from cans

Figure 43: Types of Adulterants

Reasons of Food Adulteration

Adulteration in food is done because of many reasons namely:

- Financial gain.
- Due to carelessness.
- Lack in proper hygienic condition of processing, storing, transportation and marketing.
Table 20: Common Adulterants and their Health Effects

<table>
<thead>
<tr>
<th>Adulterant</th>
<th>Food</th>
<th>Health Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kesari Dal</td>
<td>Arhar dal/Chana dal</td>
<td>Leads to Lathyrism which results in paralysis of the lower limbs</td>
</tr>
<tr>
<td>Argemone Oil</td>
<td>Coconut oil, ground nut oil, mustard oil</td>
<td>It is poisonous and leads to dropsy</td>
</tr>
<tr>
<td>Petroleum Products</td>
<td>Fats and oils</td>
<td>Results in gastrointestinal disturbances</td>
</tr>
<tr>
<td>Artificial Colours</td>
<td>Processed and fresh foods</td>
<td>Various health hazards and behavioural problems among children</td>
</tr>
<tr>
<td>Microbial Contamination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staphylococcus Aureus</td>
<td>Cooked food (from hands of food handlers)</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Salmonella Enteritidis</td>
<td>Eggs</td>
<td>Salmonellosis</td>
</tr>
<tr>
<td>Clostridium Botulinum</td>
<td>Canned foods</td>
<td>Botulism</td>
</tr>
<tr>
<td>Bacillus Cereus</td>
<td>Cereals</td>
<td>Diarrhoea</td>
</tr>
<tr>
<td>Salmonella Typhi</td>
<td>Contaminates food and water</td>
<td>Enteric fever typhoid, food borne salmonellosis</td>
</tr>
<tr>
<td>Aflatoxin</td>
<td>Maize, Paddy/Rice, Jowar, Ground nut, Wheat, Barley, Soybean and their products</td>
<td>Vomiting, abdominal pain, pulmonary oedema, convulsions, coma and death</td>
</tr>
<tr>
<td>Metal and Chemical Contaminants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arsenic leading water</td>
<td>Fruit sprayed with lead arsenate, drinking water</td>
<td>Dizziness, chills, cramps, paralysis to death</td>
</tr>
<tr>
<td>Lead</td>
<td>Processed foods</td>
<td>Paralysis and brain damage</td>
</tr>
<tr>
<td>Tin</td>
<td>Canned foods</td>
<td>Vomiting, abdominal pain</td>
</tr>
<tr>
<td>Nitrates and Nitrites</td>
<td>Drinking water, spinach and meat products</td>
<td>Cancer and tumors in liver, kidney and lungs</td>
</tr>
<tr>
<td>Antibodies</td>
<td>Meat from animal fed antibiotics</td>
<td>Drug resistance, hardening of arteries and heart disease</td>
</tr>
<tr>
<td>Pesticides</td>
<td>All types of foods</td>
<td>Acute and chronic poisoning causing damage to liver, kidney, brain and nerves leading to death</td>
</tr>
</tbody>
</table>

Source: Food Management and Childcare, e-Textbook, published under Government of Tamil Nadu

Activity: Demonstration-Common Household Tests for Detection of Food Adulterants

Materials Required: Adulterated samples of food, some household utensils like plate, glass, spoon, water, match box.
- The trainer may use the common household methods placed at Annexure 41 for demonstrating presence of adulterants in food samples.
- If time permits, the trainer may also allow the trainees to do some basic tests so that they get hands on training.

Legislative Provisions against Food Adulteration
- Provisions for preventing food adulteration and protecting consumers against fraud and deception have been laid in Prevention of Food Adulteration Act, 1954.
- The act was enacted to ensure pure and wholesome food to the consumers and thereby good health.
- The act clearly laid conditions for defining food adulteration (Refer Annexure 42).
However, in 2006, PFA was merged into Food Safety and Standards Act.

Under FSSA, the laws relating to food were consolidated into a single umbrella.

The act also provided for setting of Food Safety and Standards Authority of India.

FSSAI functions:
- To lay down science-based standards for food articles.
- To regulate their manufacture, storage, distribution, sale and import.
- To facilitate food safety.

Punishments and Compensations under FSSA, 2006

Punishments

Under FSSA, any person who, whether by himself or by any other person on his behalf, manufactures for sale or stores or sells or distributes or imports any article of food which is unsafe for human consumption is liable for punishment.

<table>
<thead>
<tr>
<th>Punishments for Unsafe Food</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If consumption results in death:</strong></td>
</tr>
<tr>
<td>• Imprisonment for 7 years, extendable to life time</td>
</tr>
<tr>
<td>• Fine of not less than `10 lakhs</td>
</tr>
<tr>
<td><strong>If consumption results in grievous injury:</strong></td>
</tr>
<tr>
<td>• Imprisonment for a term, which may extend to six years</td>
</tr>
<tr>
<td>• Fine which may extend to `5 lakhs</td>
</tr>
<tr>
<td><strong>If consumption results in non-grievous injury:</strong></td>
</tr>
<tr>
<td>• Imprisonment for a term, which may extend to one year</td>
</tr>
<tr>
<td>• Fine which may extend to `3 lakhs</td>
</tr>
<tr>
<td><strong>If consumption result in no injury:</strong></td>
</tr>
<tr>
<td>• Imprisonment for a term, which may extend to six month</td>
</tr>
<tr>
<td>• Fine which may extend to `3 lakhs</td>
</tr>
</tbody>
</table>

Figure 44: Acts under FSSA, 2006

Figure 45: Punishments under FSSA, 2006
Compensation in Case of Injury or Death of Consumer

Any consumer who gets injured or dies due to consumption of adulterated food is entitled to receive compensation by the force of court. A sum of:

- Not less than five lakh rupees in case of death.
- Not exceeding three lakh rupees in case of grievous injury.
- Not exceeding one lakh rupees, in all other cases of injury.

The compensation shall be paid at the earliest and in no case later than six months from the date of occurrence of the incident.

In case of death, an interim relief shall be paid to the next of the kin within thirty days of the incident.

Summary Points

- Clean drinking water is a basic human need. Safe Water is needed for:
  - Drinking
  - Cooking
  - Washing fruits and vegetables
  - Cleaning utensils
  - Bathing and keeping yourself clean
- Water can be made safe for drinking by boiling, filtration using clean cloth, filters or electronic purifiers and also by using chlorine tablets.
- Water borne diseases like cholera, hepatitis, diarrhoea and typhoid can be prevented by ensuring availability of safe drinking water.
- Addition of a prohibited substances generally an “adulterant’ to food either partly or wholly is considered as food adulteration.
- An “adulterant” is any material which is or could be employed for making the food unsafe or sub-standard or misbranded or containing extraneous matter.
- Food Adulteration can be intentional or accidental.
- Provisions for preventing food adulteration and protecting consumers against fraud and deception have been laid in Prevention of Food Adulteration Act, 1954 which is now know as Food Standard and Safety Act, 2006.
DAY 3
## SESSION 1

### RIGHTS AND CONSTITUTIONAL PROVISIONS FOR WOMEN

#### OBJECTIVE
To understand the rights and constitutional provisions for women in India.

#### CONTENTS
- Rights: An Overview
  - Understanding Women's Rights
    - Right to Equality
    - Right to Life
    - Right to Personal Liberty
    - Right to Social Security
    - Right to Education
    - Right to Employment
    - Reproductive Rights
    - Right Against Rape and Sexual Violence
    - Right Against Exploitation
    - Right to Vote
- Violations of Women's Rights
- Summary Points

#### DURATION
1 Hour 15 Minutes

#### TRAINING METHODS
Powerpoint Presentation, Group Discussion, Group Activity, Role Play, Case Study

#### ACTIVITY
Understanding Rights

#### LEARNING OUTCOMES
- The trainees will be aware about women's rights.
- The trainees will also acquire knowledge of special provisions for women under the Indian Constitution.
- The trainees will learn about the agencies working towards protection of women against violation of these rights.

#### MATERIALS REQUIRED
LCD Projector, Charts, Pencils

#### ANNEXURES
- Role Play
- Provisions for Women
- Case Study (Sexual Exploitation)

#### REFERENCES
- http://www.legalserviceindia.com/
- http://nhrc.nic.in/
The session focuses on the various constitutional rights for women, various acts and laws in favour of women in order to empower them. To set the tone of the session the trainers may start the session by asking the trainees to answer some relevant questions for example:

Ask:
- Are you aware of the fundamental rights?
- Do you know, if there is any right guaranteed especially for women?
- Why do you think rights are important?

Rights: An Overview
- Rights are legal, social or moral freedom to do something.
- Fundamental Rights are basic human rights guaranteed by the constitution of a country to all its citizens without any discrimination.
- Indian Constitution provides six fundamental rights to the people of India.
- These rights are essential for personal good and society at large.

Understanding Women’s Rights
- Women in India face a lot of social inequalities ranging from gender biased sex selection, mistreatment by their spouses to sexual harassment and abuse.
- Rising incidence of criminal offences against women make it important that women must know their rights and be able to exercise them in the hour of need.
- Knowledge and understanding of women’s right is vital because:
  - It protects women from social injustice & exploitation.
  - It enhances their confidence and self-esteem.
  - It brings about women empowerment.

Note: Before discussing specific women’s rights in detail, trainer must sensitize the trainees with the concept of gender discrimination/inequality and how women always become the victim of so called norms of the society. The trainer may use a role play situation placed at Annexure 43 for this purpose. The trainer may also refer to the Day 1, Session 2.

Right to Equality
- The Right to Equality is the fundamental right provided in the Constitution of India under Articles 14, 15, 16, 17 and 18.
- This right vouches for equality of women who suffered a lot of discrimination at the time of independence.
- Right to Equality guarantees equality before the law or equal protection laws with in the territory of India.
It ensures that no one should be discriminated on the grounds of religion, race, caste, sex or place of birth or any of them within the territory of India.

- It assures that no citizen should be subjected to any disability, liability, restriction or condition with regard to use of public services and institutions on grounds of religion, race, caste, sex, place of birth or any of them.
- Article 15 of the Constitution also provides state with the authority to make any special provision for women and children.

Note: The trainer may refer to special provisions for women under Article 15(3) placed at Annexure 44.

Right to Life

- The Right to Life is the fundamental right provided in the Constitution under Article 21.
- Right to Life means the right to lead meaningful, complete and dignified life.
- Right to Life ensures that every individual should be provided with an environment conducive for human existence.
- The Right to Life also extends to right of foetus especially females to be born and not to have its life ended by an abortion or other medical procedure.
- In simple words, it states that you have a right to be protected if your life is at risk. No one may force you to do anything or may injure you in any way and above all, no one may take your life (without consent).
- However, the right to life does not include the right to die and hence, suicide or an attempt thereof, is considered as an offence.

Right to Personal Liberty

- The Right to Liberty is a part of the Right to Life, specifically referring to one’s freedom of action.
- It means freedom from physical restraint of the person by personal confinement or otherwise.
- It includes freedom other than those guaranteed under Right to Freedom.

Right to go abroad has been included in Article 21 under “Personal Liberty”.

- The state is under a constitutional obligation to see that there is no violation of the fundamental right of any person, particularly when the person belongs to the weaker section of the community and is unable to carry on a legal battle against a strong and powerful opponent.
Right to Social Security

- Right to social security has been guaranteed under Universal Declaration of Human Right as
  “Everyone, as a member of society, has the right to social security and is entitled to realization, through National effort and
  International co-operation and in accordance with the organisation and resources of each State, of the economic, social
  and cultural rights indispensable for his dignity and the free development of his personality.”

- The concept of social security can be understood as protection provided by the society to its members through a series of public
  measures against the economic and social distress that otherwise is caused by the stoppage or substantial reduction of earnings
  resulting from sickness, maternity, employment injury, occupational diseases, unemployment, disability, widowhood, old age,
  death or any other circumstance beyond individual’s control.

- The two basic elements of social security are provision of
  - Minimum living to those who are deprived of the same.
  - Selective redistribution of income to a target group to reduce inequalities.

- Right to Social Security also includes measures for the realisation of basic rights including nutrition, healthcare, housing,
  education, water and sanitation.

- Right to Social Security offers protection to the most vulnerable members of society including
  women, children, elderly, minorities, person with special needs against undue adversities.

- Constitution of India directs state to make sure that everyone in its territory is provided public
  assistance in cases of unemployment, old age, sickness and disablement and in other cases of
  undeserved want.

- Ensuring Social Security to all would involve providing or framing such schemes or services or
  facilities and amenities, which can enable individuals to lead a decent minimum standard of life
  and having financial/economic security to fall back upon at the time of adverse events.

Right to Education

- Right to education is introduced as a fundamental right under Article 21 A of the
  Indian Constitution.

- It is understood
  - To establish the right to free, compulsory primary education for all children of the
    age 6-14 years.
  - To develop secondary education accessible to all.
  - To provide basic education for individuals who have not completed primary education.

- In addition to this, the Right to Education encompasses the obligation to eliminate discrimination at all levels of the educational
  system, to set minimum standards and to improve quality.

Note: For more details on Right to Education, the trainer may refer to contents for trainer provided for Day 5, Session 1.

Right to Work

- The Right to Work states that everyone should be given the opportunity to work for a
  basic living wage.

- Right to Work/employment is a basic human right and it aims to provide everyone:
  - Free choice of employment.
  - Just and favourable conditions of work.
  - Protection against unemployment.

- It specifies that all working people should get just and favourable remuneration required
for leading a dignified life and should be supplemented, if necessary, by other means of social protection.

- Under Right to Work, both men and women are allowed to form and to join trade unions for the protection of their interests.
- Further, Constitutional Provision under Article 39, protects women against being underpaid for a job and ensures that they get pay at par with men.
- Article 41 of the Indian Constitution stresses that “the State should make effective provision for securing right to work within the limits of its economic capacity and development.”

Reproductive Rights

- These are legal rights and freedom related to reproduction and reproductive health.
- The Reproductive Rights of women are advanced in the context of the Right to Freedom from discrimination and the social and economic status of women.
- The World Health Organisation (WHO), defines reproductive rights as follows:
- Reproductive rights involve the right of couples and individuals to:
  - Decide freely and responsibly the number, spacing and timing of their children.
  - Have the information, knowledge, education and means to make these decisions.
  - Attain the highest standard of sexual and reproductive health.
  - Make decisions about reproduction free of discrimination, compulsion and violence.

Right Against Rape and Sexual Violence

- Violence against women in any form is considered as a violation of human rights.
- Rape is a form of sexual violence, it is defined as having sexual intercourse with another person especially woman against her will or without her consent.

According to the World Health Organisation, Sexual Violence Encompasses:

- Rape within marriage, in dating relationships and by strangers.
- Systematic rape during armed conflict.
- Unwanted sexual advances or sexual harassment, including demanding sex in return for favours.
- Forced marriage or co-habitation, including the marriage of children.
- Denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases.
- Forced abortion.
- Violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity.
- Forced prostitution and trafficking of people for the purpose of sexual exploitation.

Crime Victim and Witness Rights

Rape is a criminal offence and thus certain rights are guaranteed to rape victims and witnesses. These include:
Right Against Exploitation

- The Right Against Exploitation empowers Indian citizens to stand up against any kind of exploitation.
- The Right Against Exploitation provides for two provisions:
  - Prohibition of trafficking in human beings and beggar (forced labour).
  - Abolition of employment of children below the age of 14 years in dangerous jobs like factories and mines and others as mentioned in Annexure 53 (Refer Day 3, Session 2).

- Any violation of these provisions is punishable under law.
- Trafficking in humans for the purpose of slave trade or prostitution is also prohibited by law.

Right to Vote

- The Right to Vote lies at the heart of democracy of India.
- The Constitution of India guarantees Right to Vote on the principle of Universal Adult Franchise, according to which every citizen of India who is of age 18 years or above can cast her/his vote.
- Like many other countries, women of India too have to struggle to get their suffrage.
- The biggest hindrance in the struggle for extending franchise to women was patriarchal control over politics.
- Right to Vote ensures that women get an equal opportunity to participate in the politics of our country.

Activity: Understanding Rights

Materials Required: Paper, Pencil

Divide trainees into groups of five. Ask the trainees to work in groups to identify situations from their personal experiences in which they feel a right was violated.

Give them some time to spend alone for recalling one incident and then ask them to share the story with the rest of the group, if comfortable. At the end of each story, ask the person sharing the story to try and list the rights she or he thinks were relevant to the story and in what ways. Then ask the group members to suggest other rights which they feel are relevant. Discuss the story of each group adding the missing Rights. Revisit all details and summarise.
Violation of Women’s Rights

- The constitution of India has granted equal rights to both men and women.
- The rising incidents of crime and exploitation against women indicate that rights of women are being violated and there is need to strengthen the law and come out with various strategies to encourage gender equality.

Table 21: Issues Related to Violations of Women’s Rights

<table>
<thead>
<tr>
<th>Rights</th>
<th>Issues related to Violation of Women’s Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right to Equality</td>
<td>Unequal distribution of food in family, sex selective abortion, glass ceiling (biased promotions), domestic violence.</td>
</tr>
<tr>
<td>Right to Life</td>
<td>Gender biased sex selection, dowry deaths, honour killing.</td>
</tr>
<tr>
<td>Right to Personal Liberty</td>
<td>Restrictions on going out after its dark or alone, the way a woman dresses etc.</td>
</tr>
<tr>
<td>Right to Social Security</td>
<td>Lack of public urinal for women, dependence on male members for meeting nutrition, healthcare needs.</td>
</tr>
<tr>
<td>Right to Education</td>
<td>Drop out of school for doing household work and taking care of siblings, less opportunities for technical, higher education.</td>
</tr>
<tr>
<td>Right to Employment</td>
<td>More recognition in underpaying jobs (as house help, nanny, agricultural labourers), demand for more women workers in unorganised sectors.</td>
</tr>
<tr>
<td>Reproductive Rights</td>
<td>Deprivation of sex education, early marriage leading to early pregnancy, forceful abortion, frequent pregnancy to give birth to male child.</td>
</tr>
<tr>
<td>Right Against Rape and Sexual Violence</td>
<td>Rape, rape in marriage, sexual harassment, molestation, abuse.</td>
</tr>
<tr>
<td>Right Against Exploitation</td>
<td>Female trafficking (household jobs, prostitution).</td>
</tr>
<tr>
<td>Right to Vote</td>
<td>Dependent on male members for permissions to go out and vote.</td>
</tr>
</tbody>
</table>

Who to Approach?

- Violation of these basic human rights is punishable under the Indian Law.
- In order to seek protection or redressal against violation of these rights, a woman can approach
  - National Human Rights Commission (NHRC)
  - State Human Rights Commission (SHRC)
  - National Commission for Women (NCW)

Note: The trainer may refer to the case study placed at Annexure 45 to explain to the trainees how and what type of assistance does these commissions offer. For more details about these commissions the trainer may refer to the links given below:
- nncw.nic.in/
- nhrc.nic.in/
- nhrc.nic.in/shrc.htm
Summary Points

- Rights are legal, social or moral freedom to do something.
- Knowledge and understanding of rights is very important to safeguard oneself against exploitation.
- Right to Equality ensures that no one should be discriminated on the grounds of religion, race, caste, sex or place of birth or any of them within the Territory of India.
- Right to Life ensures that individual is provided with conducive environment to lead meaningful, complete and dignified life.
- Right to Personal Liberty ensures freedom from all types of physical restraints.
- Right to Social Security provides for minimum living to those who are deprived of the same and selective redistribution of income to a target group to reduce inequalities.
- Right to Education provides for compulsory primary education for all children of the age 6-14 years.
- Right to Work states that everyone should be given the opportunity to work for a basic living wage.
- Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health.
- Right Against Exploitation provides for two provisions: Prohibition of trafficking in human beings and beggar (forced labour) and abolition of employment of children below the age of 14 years in dangerous jobs like factories and mines.
- The Constitution of India guarantees Right to Vote on the principle of Universal Adult Franchise, according to which every citizen of India who is of age 18 years or above can cast vote.
- Violation of these basic human rights is punishable under the Indian Law.
- Government agencies such as NHRC, SHRC, NCW work for protection against violation of rights.
### SESSION 2 VIOLENCE AGAINST WOMEN AND RELATED ACTS

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To understand different forms of violence against women and acts related to them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Violence Against Women – Situational Analysis</td>
</tr>
<tr>
<td>➢ Gender Biased Sex Selective Elimination/Female Infanticide</td>
</tr>
<tr>
<td>• The Medical Termination of Pregnancy (MTP) Act, 1971 (Amended in 2002)</td>
</tr>
<tr>
<td>• The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) (Prohibition of Sex Selection) Act, 1994, 2003</td>
</tr>
<tr>
<td>➢ Child Marriage</td>
</tr>
<tr>
<td>• The Prohibition of Child Marriage Act, 2006</td>
</tr>
<tr>
<td>➢ Dowry</td>
</tr>
<tr>
<td>• The Dowry Prohibition Act, 1961 (Amendment Act, 1986)</td>
</tr>
<tr>
<td>➢ Domestic Violence</td>
</tr>
<tr>
<td>• Protection of Women from Domestic Violence (DV) Act, 2005</td>
</tr>
<tr>
<td>➢ Trafficking</td>
</tr>
<tr>
<td>• The Immoral Traffic Prevention Act, 1956</td>
</tr>
<tr>
<td>• The Child Labour (Prohibition and Regulation) Act, 1986 (Amended in 2012)</td>
</tr>
<tr>
<td>➢ Sexual Harassment</td>
</tr>
<tr>
<td>• The Sexual Harassment at Workplace (Prevention, Protection and Prohibition) Act, 2013</td>
</tr>
<tr>
<td>• The Indecent Representation of Women (Prohibition) Act, 1986</td>
</tr>
<tr>
<td>• The Protection of Children from Sexual Offences (POCSO) Act, 2012</td>
</tr>
<tr>
<td>➢ Widowhood Problems</td>
</tr>
<tr>
<td>➢ Summary Points</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Hour 15 Minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAINING METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powerpoint Presentation, Group Activity, Group Discussion, Gender Related Videos and Case Study</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Case Study Discussion</td>
</tr>
<tr>
<td>➢ Role Play</td>
</tr>
<tr>
<td>➢ Signs of Abusive Relationship</td>
</tr>
<tr>
<td>➢ Understanding DV Act</td>
</tr>
<tr>
<td>➢ Learning using Case Studies</td>
</tr>
<tr>
<td>➢ Watch and Understand</td>
</tr>
<tr>
<td>➢ Reporting Sexual Offences</td>
</tr>
<tr>
<td>➢ Widowhood Problems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ The trainees will understand various forms of violence/crimes prevalent against women.</td>
</tr>
</tbody>
</table>
They would gain knowledge about various provisions for protection of women and children against gender based violence.

**MATERIALS REQUIRED**

- LCD Projector, Charts

**ANNEXURES**

- Punishment for Offences under Various Acts
- Case Study (PCPNDT)
- Complaining of violation under PCPNDT Act
- Case Study (Child Marriage)
- Signs of an Abusive Relationship
- Case Study (Domestic Violence)
- Case Study (Trafficking)
- Prohibition of Employment of Children in Certain Occupations and Processes
- Case Study (Problems of Widowhood)

**REFERENCES**

- Human Trafficking in India: Dynamics, Current Efforts and Intervention: Opportunities for The Asia Foundation
- [http://www.childlineindia.org.in/child-marriage-india.htm](http://www.childlineindia.org.in/child-marriage-india.htm)
- [http://wcd.nic.in/research/situanwidowswb.pdf](http://wcd.nic.in/research/situanwidowswb.pdf)
- Gazette of India
This session focuses on the various problems, violence and discrimination suffered by women. The content has been prepared keeping in mind the needs of the trainees and to educate them about the various acts pertaining to violence against women. The trainers may ask the following questions to assess the knowledge of the trainees.

Ask:

- How do you feel about the violence towards women?
- Did you ever face any situation, share the experience?

Note: The trainers are advised to refer the Annexure 46 for offences and related penalties for all the acts mentioned below in the content.

Violence against Women

Women and girls are born into a social and cultural system steeped in inequality and discrimination. They receive an unfair share of opportunities, attention and resources from the moment of their conception. One of the most challenging and threatening manifestations of gender based inequality is violence against women and girls.

The term “Violence Against Women” refers to many types of harmful behaviour directed at women and girls because of their gender. Article 1 of the Declaration on Elimination of Violence against Women, 1993 defines it as “any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life”.

In India, other forms of violence towards women include Gender Biased Sex Selective Elimination, Child Marriage and Widowhood Isolation.

Situational Analysis

- The Child Sex Ratio (CSR), is the number of girls per 1000 boys in the 0-6 years age group, has shown a sharp decline from 976 girls per 1000 boys in 1961 to 918 as per the results of the 2011 Census.
- Sex Ratio at Birth (SRB), is the number of girls born for every 1000 boys and hence this ratio is not influenced by post-birth factors such as mortality or neglect. As per SRS, the present SRB is 909 females per 1000 males.
- According to global trends, the natural sex ratio at birth should be around 952. However, in certain parts of our country like Punjab, Haryana, Uttar Pradesh, Madhya Pradesh, Maharashtra and Delhi, there are less than 850 girls for every 1000 boys.
- According to NFHS-3, 47.4% of women aged 20-24 were married by age 18.
- The National Crime Records Bureau (NCRB) report says, a total of 8,083 incidents of dowry death were reported in 2013. 8,233 and 8,618 dowry deaths were reported in 2012 and 2011 respectively.
- According to NFHS – 3, nationwide, 37.2% of women “experienced violence” after marriage. Bihar was found to be the most violent, with the abuse rate against married women being as high as 59%.

Figure 50: Forms of Violence against Women
There is seen a steady rise in cases of human trafficking during 2009-2013. As per NCRB, from 2,848 cases relating to human trafficking reported during 2009, it increased to 3,422 cases in 2010 to 3,940 cases in 2013.

According to NCRB, 70,739 cases of assault on women with intent to outrage her modesty were filed in 2013. In 2012 and 2011, the numbers of cases were 45,351 and 42,968 respectively.

**Gender Biased Sex Selective Elimination (GBSS)**

- Any actions taken in order to select the sex of the child by the use of any artificial method at the time of conception or thereafter are sex selection.
- Gender Biased Sex Selective Elimination is an extreme manifestation of violence against women.
- Female foetuses are selectively aborted after pre-natal sex determination, thus avoiding the birth of girls.
- The act of deliberate killing of newborn females is called Female Infanticide.

**Myths Related to Sex Selection**

- Sex selection is justified if you have two or more daughters.
- If dowry exists, sex selection cannot be stopped.
- Better to eliminate daughters than to let them suffer lifelong discrimination.
- A mother has the right to choose the sex of her child.
- Sex selection helps to control population.
- Sex selection is a question of economics, not discrimination.
- Not allowing sex selection for family balancing is unethical.
The Medical Termination of Pregnancy Act, 1971 (Amended in 2002)

Abortion is legal in India under certain terms and conditions as laid down under the MTP Act. The Act provides for the termination of certain pregnancies by registered Medical Practitioners within 12 weeks of the pregnancy under the following conditions:

- If continuing the pregnancy would involve a risk to the life of the pregnant woman or would be of grave injury to her physical or mental health.
- If there is a substantial risk that the child to be born would suffer from seriously handicapping physical or mental abnormalities.
- Pregnancy as a result of rape can be justifiably terminated.
- Failure of family planning methods could also be a ground to terminate pregnancy.
- Beyond 12 weeks, abortion can be done only on the written advice of at least two registered medical practitioners. Also, this can be done only up to the end of the 20th week.

The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PCPNDT) Act (As Amended in 2003)

- The law prohibits sex selection, both before and after conception.
- It regulates various pre-natal diagnostic techniques, so as to prevent their misuse for sex-determination and also to prevent Gender Biased Sex Selective Elimination.
- It is an offence for which bail is not granted.
- Upon Violation of PCPNDT Act:
  - Police should immediately register and investigate upon gaining information from any source.
  - Register an First Information Report (FIR) and will not be disposed on payment of compensation and will be prosecuted.

**Activity: Case Study Discussion**

**Materials Required:** Charts, markers and pens

**Steps:**

- Divide the trainees into small groups and give them the case study.
- Each group must prepare their response for the question asked regarding the case study 1 placed at Annexure 47 as per the provisions of the PCPNDT Act.

**Note:** The trainers may refer Annexure 48 to support the activity.
Child Marriage

- Child marriage is defined as a marriage before 18 years of age. The legal age for marriage in India is 18 years for women and 21 years for men. Any marriage of a person younger than this is banned in India and any person found guilty is liable to be punished under the Prohibition of Child Marriage Act, 2006.
- Child marriage is a violation of human rights whether it happens to be a girl or a boy. It represents the most prevalent form of abuse and exploitation of girls.
- Marriage may be seen as a way to provide male guardianship for the daughters, protect them from sexual assault, avoid pregnancy outside marriage, extend their childbearing years or ensure obedience to the husband's household.

Causes of Child Marriage

- Girls are considered as liabilities: The traditional mind set of the people hold girls as liability and burden. They believe that girls should be married and sent to the husband's house as soon as possible.
- Insecurity and anxiety regarding safety of girls: In traditional societies it is believed that young girls are easy target to sexual assault and early marriage is believed to ensure their safety.
- Dowry: Dowry is one of the key reasons for the existence of this practice. It has been observed that in many cases, greater dowry is demanded from parents of older girls.
- Poor implementation of laws: Child marriages continue due to poor implementation of the existing laws.

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- Poor implementation of laws: Child marriages continue due to poor implementation of the existing laws.

The Prohibition of Child Marriage Act, 2006

- The act considers girls below 18 years and boys below 21 years as children.
- A child marriage may be dissolved at request of the party who was a minor at the time of entering into marriage.
- Application for dissolving the child marriage may be filed any time, but before the minor completes two years of having attained majority.
- A child born out of child marriage would remain legitimate, even when the marriage has been dissolved.

Dowry

- Dowry means any property or valuable security given or agreed to be given by:
• The bride to the groom or by the groom to the bride.
• By the parents of either the bride or the groom or by any other person.
• At or before or any time after marriage.

- Giving, taking, demanding or even advertising for dowry is an offence.
- Any person who takes or gives dowry at his or her son’s or daughter’s or relatives wedding, is liable to be punished under Dowry Prohibition Act (Amendment Act, 1986).

The Dowry Prohibition Act, 1961
(Amendment Act, 1986)
- Dowry Prohibition Act, 1961 prohibits the giving or taking of dowry.
- Presents which are given at the time of marriage to the bride or the groom without any demand are not included in the term dowry, provided that such presents are entered in list maintained as per rules under this Act.
- Penalty for giving or taking dowry is imprisonment for a term not less than 5 years and a fine not less than ` 15000.

Activity: Role Play
Materials Required: Paper, Pens

- The trainer may divide trainees into groups and ask them to select any gender issue.
- Ask the group to create a story to perform a role play one by one while the other observe.
- After all the performances, discuss and summarise.

Note: A sample story for the reference is placed at Annexure 49.

Domestic Violence
Domestic Violence refers to any act, omission or conduct which

- Can cause harm or injury or has the potential of harming or injuring the health, safety or well-being of a woman or any child in a domestic relationship (arising out of living together with or without marriage).
- Is violent or aggressive behaviour within the home, typically involving the violent abuse of a woman or a child.

Table 22: Effect of Violence on the Victim and the Family

<table>
<thead>
<tr>
<th>Physical Effect</th>
<th>Psychological Effect</th>
<th>Effect on Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bruises</td>
<td>• High amounts of stress</td>
<td>• Suffer in development and psychological welfare</td>
</tr>
<tr>
<td>• Broken bones</td>
<td>• Fear and anxiety</td>
<td>• Increased aggressiveness</td>
</tr>
<tr>
<td>• Head injuries</td>
<td>• Depression</td>
<td>• Anxiety</td>
</tr>
<tr>
<td>• Laceration and internal bleeding</td>
<td>• Frequently subjected to intense criticism</td>
<td>• Changes in how a child socialises with friends, family and authorities</td>
</tr>
<tr>
<td>• Victims who are pregnant experience greater risk of miscarriage, pre-term labour and injury to or death of foetus</td>
<td></td>
<td>• Problems with attitude and cognition in schools</td>
</tr>
</tbody>
</table>
Activity: Signs of Abusive Relationship

Materials Required: Charts, Pens, Pencil

- The trainer may divide the trainees in two groups.
- Ask them to list down the signs of an abusive relationship on chart papers.
- After they have completed, display the chart papers so that both the groups can start a discussion.

Note: The trainer may refer to the Annexure 50 to facilitate the discussion.

Protection of Women from Domestic Violence Act, 2005

- Immediate relief is available to women in a domestic relationship.
- The law confers same rights to legally wedded women and women in a ‘live in’ relationship in case of domestic violence and abuse.
- An application under this law has to be disposed off by the magistrate within 60 days from the date of notice.
- Provisions of this law enable a victim of domestic violence to seek shelter in a Short-Stay Home, get immediate medical attention and similar support services on being turned out of the household.

<table>
<thead>
<tr>
<th>Prohibits</th>
<th>Monetary Relief</th>
<th>Legal Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Act of domestic violence.</td>
<td>• For expenses incurred.</td>
<td>• To poor, indigent, women and children who do not have sufficient means for legal action.</td>
</tr>
<tr>
<td>• Entering place frequented by the aggrieved.</td>
<td>• For losses suffered.</td>
<td>• Poor and/or unemployed women with inadequate means and their children can get free advice and legal services of a lawyer.</td>
</tr>
<tr>
<td>• Attempting to communicate with the aggrieved.</td>
<td>• Medical expenses and maintenance for aggrieved and her child.</td>
<td>• Imposing criminal charges in cases where serious injuries have occurred.</td>
</tr>
<tr>
<td>• Causing violence to the dependents, other relatives or others who assist aggrieved from domestic violence.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 58: Protection Orders, Legal Aids and Relief to Victims under the Domestic Violence Act

Activity: Understanding DV Act

Materials Required: Charts, markers, pens and case study

Steps:

- Divide the trainees into small groups and give them a case study.
- Each group must prepare their response for the question asked regarding the case study 2 placed at Annexure 51 as per the provisions of the DV Act, 2005.

Trafficking

- Trafficking means all acts involving transportation, moving, selling and buying of women and children within and/or across borders through coercion and/or deception.
- They are forced into prostitution and slavery-like practices such as bonded labour and cruel treatment from employers for whom they work as domestic help for the purpose of profit or both.
- The vast majority of the victims detected globally are females, either adult women or underage girls.
Causes of Trafficking

The causes of trafficking may be following:

- Poverty
- Low employment prospects
- Patriachal culture
- Low regards for women’s rights
- Low levels of education
- Discrimination and marginalisation of women
- Cultural factors like dowry

Risks for Victims of Trafficking

- Low, withheld or no wages
- Hazardous work environment
- Violent physical abuse
- Drug abuse and other addictions
- Lack of medical attention
- Psychological trauma
- Emotional trauma

Activity: Learning Using Case Studies

Materials Required: Paper, Pens, Case Study

Divide the trainees in three groups and give them one case study each. Refer to the case studies given at the Annexure 52.

Ask the trainees to critically analyse the stories and discuss the following:

- What are good and bad points in the story?
- What could be the possible effects of the situation on the victim?
- What can be done in such situations?

The Immoral Traffic Prevention Act, 1956

- As per this act whoever recruits, transports, transfers, harbours, or receives a person for the purpose of prostitution by means of:
  - Threat, force, abduction, fraud, deception
  - Abuse of power or a position of vulnerability
  - Giving or receiving of payments to get consent of a person having control over another person

  Commits the offence of trafficking in persons

- An offence punishable under this act allows arrest without warrant by the special police officer.
- Also, special police officer or the trafficking police officer has reasonable grounds to enter and search such premises without a warrant.

The Child Labour (Prohibition and Regulation) Act, 1986 (Amended in 2012)

- No child who is below the age of 14 years can be employed in the occupations and processes listed in Annexure 53.
- No child shall be required or permitted to work overtime inclusive of hours of rest. The total working hours of a child should not be more than six hours.
- No child shall be required or permitted to work in any establishment in excess of number of hours and after every three hours, the child has to be given rest for one hour, as may be prescribed for such establishment or class of establishments.
- Any person, police officer or inspector may file a complaint of an offence under this Act in any Court of competent jurisdiction.
Sexual Harassment

- Sexual Harassment is any unwelcome, unsolicited behaviour of a sexual nature including staring, gesticulating, touching, passing comments, sexual assault.
- It is not only an issue of sexuality, but also power.
- In our patriarchal societies, men are seen to have more power than women. This is why most sexual harassment is done by men against women.

**Activity: Watch and Understanding**

**Materials Required:** Computer, Internet

The trainer may show a small movie on sexual harassment ‘That day after everyday’ or any other available video and discuss the experiences of the trainees and what they have done in such situations.

[Go to the following link: https://www.youtube.com/watch?v=AQR6cB1DXzY](https://www.youtube.com/watch?v=AQR6cB1DXzY)

**Consequences**

**Post Traumatic Stress Disorder**

Prolonged feelings of anxiety, stress or fear can be a sign of post-traumatic stress disorder (PTSD).

**Self-Harm**

Some survivors of sexual assault may use self-harm to cope with difficult or painful feelings.

**Sexually Transmitted Infections (STIs)**

STIs can occur during any sex act, even if this contact was unwanted or forced.

**Depression**

Feelings of sadness and unhappiness that have a negative impact on your life could be a sign of depression.
The Sexual Harassment of Women at Work Place (Prevention, Protection and Prohibition) Act, 2013

The sexual harassment of women at work place (prevention, protection and prohibition) act states that every woman shall have a right to be free from Sexual Harassment and the Right to Work in an environment free from any form of Sexual Harassment.

Provisions under the Act

- No woman shall be subjected to sexual harassment at any workplace.
- Every employer or management of the workplace shall take necessary steps to prevent and ensure that no woman employed is subjected to sexual harassment during the course of employment.
- It is mandatory for every workplace and every employer to constitute an Internal Complaints Committee.
- A complaint relating to sexual harassment should be preferred within one month from the date of the alleged offence.
- An aggrieved woman have the right to claim compensation from the defendant for any sexual harassment to which she may have been subjected to, in an appropriate court of law.
- No court fees will be payable by the aggrieved woman.
- No person shall be victimized for anything said or done in relation to any complaints or proceeding.
- It is duty of all the persons and authorities to ensure that all complaints shall be confidential.
- The name and identity of the aggrieved woman shall not be revealed by the press/media or any other persons while reporting any proceedings or judgment.

The Indecent Representation of Women (Prohibition) Act, 1986

- Indecent representation of women means depiction of the figure of a woman, her form or body or any part in such a way as to have the effect of being indecent or derogatory to or denigrating, women, is likely to deprave, corrupt or injure the public morality or morals.
- It prohibits all advertisements, publications, etc. which contain indecent representation of women in any form.
- It prohibits selling, distribution, circulation of any books, pamphlets, etc. containing indecent representation of women.

The Protection of Children from Sexual Offences Act, 2012

- Under this law, a ‘child’ means any person below the age of 18 years.
- The Protection of Children from Sexual Offences Act (POCSO) protects children from sexual harassment, sexual assault and pornography and also provides for establishment of special courts for trial of such offences.
- It also defines sexual harassment and assault in various degrees and forms and enlists the punishments and penalties accordingly.

Activity: Reporting Sexual Offences

Materials Required: Paper, Pen

Ask the trainees questions regarding reporting of sexual offences using the figure below.

| Question: When to report | Ans: If a sexual offence has occurred or might occur against a child |
| Question: Who can report | Ans: Any person (including the child) |
| Question: Who to report | Ans: To the Special Juvenile Police Unit or the local police |
Widowhood Problems

- A widow is a woman whose spouse has died.
- The condition of widows in Indian society is pitiable.
- They are considered as bad omens, not allowed to remarry irrespective of any age and are generally secluded from the society.

Problems of Widows

- **Medical Issues:** The reproductive and sexual health of the widows are extremely neglected and discussion about it is considered a taboo. Even in case of non-consensual sex (mostly by the in-laws and other family members), the blame is squarely put on the widows.
- **Economic/Financial issues:** Males are the main bread earner in most families in India. With little or no saving, no steady stream of income, the poor women live at the mercy of male members of the family.
- **Social & Psychological Issues:** Till date widows are accused of being ‘responsible’ for the death of their husbands and described as the curse of the family. They are forced to obey restrictive dress code and behaviour and have bland food, observe fasting on particular days.
- **Legal Issues:** Unaware of her rights (especially under Hindu Succession Act, 1956) and incapable of asserting herself, a woman has no recourse to judicial help.

Activity: Widowhood Problems

**Materials Required:** Case study, Pen, Paper
Refer to the case study given in Annexure 54 and discuss causes and effects of widowhood with the trainees.
The trainer may also encourage the trainees to discuss the rituals followed in their area regarding widows.

Summary Points

- Violence against women may be spousal battering, sexual abuse of female children, dowry related problems, rape including marital rape, sexual harassment, trafficking.
- Gender Biased Sex Selective Elimination is an extreme manifestation of violence against women. Female foetuses are selectively aborted after pre-natal sex determination, thus avoiding the birth of girls.
- Child marriage is defined as a marriage before 18 years of age. The legal age for marriage in India is 18 years for women and 21 years for men.
- Trafficking is trade of women and children to force them into prostitution and slavery-like practices such as bonded labour.
- Sexual Harassment is any unwelcome, unsolicited behaviour of a sexual nature including staring, gesticulating, touching, passing comments, sexual assault.
- Dowry means any property or valuable security given or agreed to be given at the time of marriage.
- Domestic Violence refers to any act, omission or conduct which can cause harm or injury or has the potential of harming or injuring the health, safety or well-being of woman or any child in a domestic relationship (arising out of living together with or without marriage).
- Widowhood is the most pitiable conditions in India. They are considered as bad omens, not allowed to remarry irrespective of any age and are generally secluded from the society.
### Session 3

#### Other Legal Provisions and Initiatives

**Objective**

To discuss the key features of various acts and laws related to issues pertaining to women and children.

**Contents**

- **Marriage Acts**
  - The Hindu Marriage Act, 1955
  - The Special Marriage Act, 1954
  - The Indian Christian Marriage Act, 1872
  - The Parsi Marriage and Divorce Act, 1936
  - The Indian Muslim Marriage Act, 1954
- **Adoption Acts**
  - The Hindu Adoption and Maintenance Act, 1956
  - The Guardians and Wards Act, 1890
- **Other Related Acts**
  - Maternity Benefit Act, 1961
  - The National Commission for Minorities Act, 1992
  - The Criminal Law (Amendment) Act, 2013
- **Initiatives**
  - Track child
  - HIMMAT
  - One Stop Centre (OSC)
- **Summary Points**

**Duration**

45 Minutes

**Training Methods**

Group Discussion, Powerpoint Presentation and Group Activity

**Activities**

- Experience Sharing
- Discussion on Adoption Process

**Learning Outcomes**

- The trainees will learn about the key features of various acts pertaining to women.
- They will also gain knowledge about various government initiatives.

**Material Required**

LCD Projector

**Annexures**

- Requirements for Marriage under The Special Marriage Act
- The Special Marriage Act, 1954
- The Hindu Adoptions and Maintenance Act, 1956
- Maintenance under The Hindu Adoptions and Maintenance Act, 1956
- Duties and Removal of Guardian under Guardians and Wards Act, 1890
- Services provided at One Stop Centre

REFERENCES
- Gazette of India
- http://nhrc.nic.in
- http://childlineindia.org.in
- http://wcd.nic.in/nirbhaya_centre.pdf
This training session has been prepared to assist the trainers in conducting the training on ‘Other Legal Provisions and Initiatives’. The session content include information pertaining to the marriage acts, adoption acts, other related acts and initiatives. Trainers are expected to go through the session preparation a day before the training session to deliver an effective session.

- Go through the Annexures before conducting the session
- May formulate your own activities
- Use local examples and case studies

Marriage Acts
The Indian Penal Code has passed many laws through which institute of marriage is regulated. The Acts related to marriage are given below:

**The Hindu Marriage Act, 1955**
- Hindu marriages are mainly governed by ‘The Hindu Marriage Act,’ that came into existence on May 18, 1955.
- The provisions of the Act are applicable to anyone who is Hindu by birth or a convert. It is also applicable to Buddhists, Jains and Sikhs as well as to people who are not governed by any other law.
- It is compulsory to register every Hindu marriage even if it is solemnized through proper rituals.
- A Hindu marriage may be solemnized in accordance with the customary rites and ceremonies which include the *Saptapadi* (taking seven steps by bridegroom and bride jointly before the sacred fire), the marriage becomes complete and binding when the seventh step is taken.
- Mere exchange of garlands or putting *Sindur* on the forehead would not constitute a valid marriage unless these are the only requirements as per the customs followed by the community.

**The Special Marriage Act, 1954**
- The marriage performed under the Special Marriage Act, 1954 is a civil contract and no rites or ceremony is required.
- The parties have to file a Notice of Intended Marriage in the specified form to the Marriage Registrar of the district in which at
least one of the parties to the marriage has resided for a period of not less than thirty days immediately preceding the date on
which notice is given.

- After the expiration of thirty days from the date on which notice of an intended marriage has been published, the marriage may
  be solemnized, unless it has been objected to by any person.
- The marriage may be solemnized at the specified Marriage Office.
- Marriage is not binding on the parties unless each party states “I, (A), take thee (B), to be my lawful wife (or husband),” in the
  presence of the Marriage Officer and three witnesses.

**Note:** The trainer may refer the detailed proceedings of the act placed at Annexure 55 and 56.

### The Indian Christian Marriage Act, 1872

- The Indian Christian Marriage Act is an act to consolidate and amend the law relating
to the solemnization of the marriages of Christians in India.
- Every marriage under this Act shall be solemnized between the hours of six in the
  morning and seven in the evening.
- If the persons intending marriage desire it to be solemnized in a particular church and if
  the Minister of Religion to whom such notice has been delivered shall cause the notice
to be affixed in some conspicuous part of such church.
- Whenever a marriage is not solemnized within two months after the date of the certifi
cate issued by Minister, such certificate and all proceedings (if any) shall be void and no person shall proceed to solemnize the said marriage until new notice has been given and a certificate is issued.

### The Parsi Marriage And Divorce Act, 1936

This act governs marriage and divorce among members of the Parsi and Irani community in India.

- Parsi wedding has to be solemnized as per the “Ashirvad” tradition in the presence of a Parsi priest or Parsi Dastur or Mobed.
- The Parsi Priest/Dastur/Mobed who conducts the wedding should issue a wedding certificate signed by the priest, the couple and
two witnesses.
- All Parsi/Irani/Zoroastrian weddings have to be registered with the marriage registrar. Non-compliance can lead to a fine and even
  imprisonment.
- Only Parsi men over the age of 21 and Parsi women over the age of 18 can marry.
- Marriage is not allowed between blood relatives.
- Bigamy and Polygamy are not allowed.

### The Indian Muslim Marriage Act

The Muslim Marriage Act is based on the Muslim marriage law and
marriage or “Nikah” between an Indian Muslim groom and bride is
a civil contract that both the groom and the bride agree to.

- In a Muslim marriage there is a proposal (“Ijab”), by one
  party and acceptance (“Qubul”), by another.
- A Kazi (or Qazi) is not necessary for the marriage to take
  place. The proposal (“Ijab”) and acceptance (“Qubul”) in the
  presence of two adults qualifies as a legal wedding under the act.

Indian Muslim men can have upto four wives, provided he treats all of them equally.

<table>
<thead>
<tr>
<th>Muslim marriage is not allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>- With two sisters</td>
</tr>
<tr>
<td>- With foster mother</td>
</tr>
<tr>
<td>- If the man already has four wives</td>
</tr>
<tr>
<td>- If the man and woman were previously married and have divorced, but the woman has not remarried.</td>
</tr>
</tbody>
</table>

**Figure 64:** Prohibitions under Indian Muslim Marriage Act

---

### Activity: Experience Sharing

**Materials Required:** Chart, Marker

The trainer may divide the trainees in groups and ask them to write various rituals of each community and share experience–positive
and negative related to women.
Adoption

“Adoption” means the process through which the adopted child is permanently separated from biological parents and becomes the legitimate child of adoptive parents with all rights, privileges and responsibilities that are attached to the relationship.

The primary aim of adoption is to provide a child who can’t be cared for by his biological parents with a permanent substitute family. The acts related to adoption are described below:

The Hindu Adoptions and Maintenance Act, 1956

- The Hindu Adoptions and Maintenance Act was enacted in India in 1956.
- This Act applies to Hindus in any of its forms and persons who are Buddhist, Jain or Sikh by religion.
- Under the purview of the act
  - Adoption is a legal process.
  - Maintenance of family members is mandatory.
- The Act does not also apply to adoptions that took place prior to the date of enactment. However, it applies to any marriage that has taken place before or after the Act had come into force.
- Moreover, if the wife is not a Hindu then the husband is not bound to provide maintenance for her under this Act under Modern Hindu Law.

Note: Persons who are Muslims, Christians, Parsis or Jews are excluded from this Act. The trainers may refer Annexure 57 and 58 to discuss requisites and maintenance under the Act.

The Guardians and Wards Act, 1890

The Guardians and Wards Act, 1890 is particularly outlined for Muslims, Christians, Parsis and Jews as their personal laws do not allow for adoption.

- A person can adopt a child only under ‘guardianship’ under this act.
- This act considers a person below 18 years as a minor/child.
- The court or appointed authority has the ability to decide the guardian of a child by appointing on or removing a person as a guardian.
- The minor’s preference may be taken into consideration.
- A minor cannot be deemed a guardian of another minor.
- A guardian of property of a ward may not mortgage or sale the property without the permission of a will or the court who must act in the interest of the ward.
- A list of the wards property, immovable and movable, must be submitted by the guardian to the court.
- A person who no longer wishes to be a guardian can apply to the court for a discharge (Refer Annexure 59).

Punishable offences under the act:
- Failure of the guard to produce the property of the ward
- Failure to produce the ward in court when requested
- Failure to produce accounts


- The Juvenile Justice (Care and Protection of Children) (JJ) Act emphasises on the rehabilitation and social reintegration of a child and considers adoption as an important alternative for the same.
Adoption under this act is for the rehabilitation of children who are orphaned, abandoned, neglected and abused through institutional and non-institutional methods.

Children may be given in adoption by a court after satisfying itself regarding the investigation.

<table>
<thead>
<tr>
<th>No child shall be offered for adoption</th>
<th>The court may allow a child to be given in adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Until child is declared legally free for placement (in case of abandoned children).</td>
<td>• To a person irrespective of marital status.</td>
</tr>
<tr>
<td>• Till two months after surrendering by the parent for consideration.</td>
<td>• To parents to adopt a child of the same sex irrespective of the number of living biological sons or daughters.</td>
</tr>
<tr>
<td>• Without consent if child can understand and express consent.</td>
<td>• To childless couples.</td>
</tr>
</tbody>
</table>

Figure 65: Provisions for Adoption

Highlights of JJ Amendment Bill, 2014

- The Bill seeks to replace the Juvenile Justice (Care and Protection of Children) Act 2000.
- It meets the concerns of: Children in conflict with law, Children in need of care and protection.
- The Bill permits juveniles between 16 to 18 years to be tried as adults for heinous offences.
- The Bill also holds that juveniles committing lesser serious offences should be tried as adults only if apprehended after 21 years of age.
- The Bill also proposes Juvenile Justice Boards and Child Welfare Committees will be constituted in each district.
- Juvenile Justice Board will conduct the starting inquiry to assess if the juvenile offender should be sent for rehabilitation or tried as an adult.
- Child Welfare Committee will determine institutional care for children in need of protection.
- Eligibility of adoptive parents and process for adopting have also been stipulated in the bill.
- Penalties for cruelty against children, offering narcotic substances to children or abduction or selling of children have also been outlined.
- Offences committed by juveniles are categorised as:
  - Heinous offences: Minimum jail term of 7 years under Indian Penal Code (IPC)/other law
  - Serious offences: 3 to 7 years of jail
  - Petty offences: Below 3 years of jail
- Juvenile also cannot be given imprisonment for life without chance of release or death penalty.
- As per the Bill, juvenile in conflict with law can spend as much as 3 years in special home/fit facility. But in some cases (heinous offences), they will be tried as adults.
- The Juvenile Justice Board is to assess the mental/physical capacity of the juvenile to commit the crime and understand its consequences.
- The Board may recommend:
  - Interventions such as counselling, community service
  - Stay at observation home for short/long periods
  - Refer juvenile to Children’s Court where she/he may be tried as an adult
- The Bill makes the following recommendations:
  - Increasing reconsideration period for surrendering children by parents or guardians.
  - Enhancing the period of inter-country adoption where children are not given for domestic adoption.
  - Assigning role of designated authority for monitoring Bill implementation to National Commission for Protection of Child Right.
Activity: Discussion on Adoption Process

Materials Required: CARA Brochure

The trainer may refer CARA (Central Adoption Resource Authority) and share adoption guidelines with the trainees. Experience sharing with the trainees may be included. The trainer may refer www.adoptionindia.nic.in.

Other Related Acts

The other women related acts are mentioned below:

Maternity Benefit Act, 1961

The act applies to every establishment or class of establishments, industrial, commercial, agricultural or otherwise.

- Employment of, or work by, women prohibited during the six weeks immediately following the day of her delivery or her miscarriage.
- Every woman shall be entitled to the payment of maternity benefit at the rate of the average daily wage for the period of her actual absence immediately preceding and including the day of her delivery and for the six weeks immediately following that day.
- The maximum period for which any woman shall be entitled to maternity benefit shall be twelve weeks, that is to say, six weeks up to and including the day of her delivery and six weeks immediately following that day.
- Payment or maternity benefit in case of death of a woman.
- Payment of medical bonus.
- Leave for miscarriage.
- Leave for illness arising out of pregnancy, delivery, premature birth of child, or miscarriage.
- Every woman who returns to duty after delivery shall, in addition to the interval for rest be allowed two breaks of prescribed duration for nursing the child until the child attains the age of fifteen months.
- Where a woman absents herself from work in accordance with the provisions of this Act, it shall be unlawful for her employer to discharge or dismiss her during absence.
- If any employer contravenes the provisions of this Act, shall be punishable with imprisonment which may extend to three months, or with fine which may extend to five hundred rupees or both.


The Central Government shall constitute a body to be known as the National Human Rights Commission to exercise the powers conferred upon, and to perform the functions assigned to it, under this Act.

Functions of the Commission

The Commission shall perform all or any of the following functions:

- Inquire, "suo motu" or on a petition presented to it by a victim or any person, into complaint of violation of human rights and negligence in the prevention of such violation by a public servant
- Intervene in any proceeding involving any allegation of violation of human rights pending before a court
- Visit any jail or other institution under the control of the State Government where persons are detained or lodged for purposes of treatment, reformation or protection, for the study of the living conditions of the inmates and make recommendations to the Government
- Review the safeguards provided under the Constitution or any law for the protection of human rights and recommend measures for their effective implementation
- Review the factors, including acts of terrorism that inhibit the enjoyment of human rights and recommend appropriate remedial measures
Study treaties and other international instruments on human rights and make recommendations for their effective implementation
Undertake and promote research in the field of human rights
Spread human rights literacy among various sections of society and promote awareness of the safeguards available for the protection of these rights through publications, the media, seminars and other available means
Encourage the efforts of non-governmental organisations and institutions working in the field of human rights

- **Human Rights Courts:** For the purpose of providing speedy trial of offences arising out of violation of human rights, the State Government may specify a Court of Session for each district to be a Human Rights Court to try the said offences.
- **Special Public Prosecutor:** For every Human Rights Court, the State Government shall appoint an advocate who has been in practice as an advocate for not less than seven years, as a Special Public Prosecutor for the purpose of conducting cases in that Court.

### The National Commission for Minorities Act, 1992
National commission for minorities was set under National Commission for Minorities Act, 1992 and was amended by National Commission for Minorities (Amendment) Act 1995. Six religious communities; Muslims, Christians, Sikhs, Buddhists, Zoroastrians (Parsis) and Jains have been notified as minority communities.

#### Functions of the Commission
- Evaluate progress of the development of minorities.
- Monitor working of safeguards for minority in the constitution and in laws.
- Make recommendations for effective implementation of safeguards for protection of interests of minorities.
- Look into specific complaints regarding deprivation of rights and safeguards of the minorities and take up such matters with the appropriate authorities.
- Undertake studies on cause of discrimination against minorities (if any) and recommend measures for their removal.
- Conduct studies, research and analysis on issues relating to socio-economic and educational development of minorities.
- Make periodic reports on matters pertaining to minorities and difficulties confronted by them.

### The Criminal Law (Amendment) Act, 2013
The Criminal Law (Amendment) Act, 2013 is an Indian legislation passed by the Lok Sabha on 19 March 2013, and by the Rajya Sabha on 21 March 2013, which provides for amendment of Indian Penal Code, Indian Evidence Act, and Code of Criminal Procedure, 1973 on laws related to sexual offences.

#### 326A. Voluntarily causing grievous hurt by use of acid, etc -
Whoever causes permanent or partial damage or deformity to, or burns or maims or disfigures or disables, any part or parts of the body of a person or causes grievous hurt by throwing acid on or by administering acid to that person, or by using any other means with the intention of causing or with the knowledge that he is likely to cause such injury or hurt.

#### 326B. Voluntarily throwing or attempting to throw acid –
Whoever throws or attempts to throw acid on any person or attempts to administer acid to any person, or attempts to use any other means, with the intention of causing permanent or partial damage or deformity or burns or maiming or disfigurement or disability or grievous hurt to that person.

#### 354A. Sexual harassment and punishment for sexual harassment –
A man committing any of the following acts –
(i) Physical contact and advances involving unwelcome and explicit sexual overtures
(ii) A demand or request for sexual favours
(iii) Showing pornography against the will of a woman
(iv) Making sexually coloured remarks
shall be guilty of the offence of sexual harassment.
354B. Assualt or use of criminal force to woman with intent to disrobe – Any man who assaults or uses criminal force to any woman or abets such act with the intention of disrobing or compelling her to be naked.

354C. Voyeurism – Any man who watches, or captures the image of a woman engaging in a private act in circumstances where she would usually have the expectation of not being observed either by the perpetrator or by any other person at the behest of the perpetrator or disseminates such image.

354D. Stalking – (1) Any man who –

(i) Follows a woman and contacts, or attempts to contact such woman to foster personal interaction repeatedly despite a clear indication of disinterest by such woman; or

(ii) Monitors the use by a woman of the internet, email or any other form of electronic communication, commits the offence of stalking.

Provided that such conduct shall not amount to stalking if the man who pursued it proves any of the following conditions:

(i) It was pursued for the purpose of preventing or detecting crime and the man accused of stalking had been entrusted with the responsibility of prevention and detection of crime by the State.

(ii) It was pursued under any law or to comply with any condition or requirement imposed by any person under any law.

(iii) In the particular circumstances such conduct was reasonable and justified.

370. Trafficking of person – Whoever, for the purpose of exploitation, (a) recruits, (b) transports, (c) harbours, (d) transfers, or (e) receives, a person or persons, by

First – by using threats

Secondly – using force, or any other form of coercion

Thirdly – by abduction

Fourthly – by practising fraud, or deception

Fifthly – by abuse of power

Sixthly – by inducement, including the giving or receiving of payments or benefits, in order to achieve the consent of any person having control over the person recruited, transported, harboured, transferred or received, commits the offence of trafficking.

### Table 23: Offences and Penalties under Criminal Amendment Act

<table>
<thead>
<tr>
<th>OFFENCE</th>
<th>PUNISHMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACID ATTACK</td>
<td>Imprisonment not less than ten years but which may extend to imprisonment for life and with fine which shall be just and reasonable to meet the medical expenses and it shall be paid to the victim</td>
</tr>
<tr>
<td>ATTEMPT TO ACID ATTACK</td>
<td>Imprisonment not less than five years but which may extend to seven years and shall also be liable to fine</td>
</tr>
<tr>
<td>SEXUAL HARASSMENT</td>
<td>➢ Rigorous imprisonment up to three years or with fine or with both in case of offence described in clauses (i), (ii) or (iii)</td>
</tr>
<tr>
<td></td>
<td>➢ Imprisonment up to one year or with fine or with both in other cases</td>
</tr>
<tr>
<td></td>
<td>➢ Amendment of section 354: imprisonment of either description for a term which may extend to two years or with fine or with both, the words ‘shall be punished with imprisonment of either description for a term which shall not be less than one year but which may extend to five years and shall also be liable to fine shall be substituted</td>
</tr>
<tr>
<td>ACT WITH INTENT TO DISROBE A WOMAN</td>
<td>Imprisonment not less than three years but which may extend to seven years and with fine</td>
</tr>
<tr>
<td>VOYEURISM</td>
<td>In case of first conviction, imprisonment not less than one year, but which may extend to three years and shall also be liable to fine and be punished on a second or subsequent conviction with imprisonment of either description for a term which shall not be less than three years, but which may extend to seven years and shall also be liable to fine</td>
</tr>
</tbody>
</table>
Initiatives

Various initiatives have been taken up by the Government of India and independently by the States which has steadily evolved the power or opportunity to act or take charge before others do. A few of such initiatives are highlighted below:

Track Child

- Track child is an initiative of Ministry of Women and Child Development.
- It is a web enabled data management system that acts as a resource base for child protection issues.
- It was created under Integrated Child Protection Scheme (ICPS) and Juvenile Justice (Care & Protection of Children) Act, 2000 to provide a mechanism for tracking ‘missing’ and ‘found’ children.
- Track child portal is a valuable tool for reporting missing and found cases related to children to Police/Authority online

STALKING
- Whoever commits for offence of stalking shall be punished on first conviction with imprisonment of either description for a term which may extend to five years and shall also be liable to fine

TRAFFICKING
- Whoever commits the offence of trafficking shall be punished with rigorous imprisonment for a term which shall not be less than seven years, but which may extend to ten years and shall also be liable to fine
- Where the offence involves the trafficking of more than one person, it shall be punishable with rigorous imprisonment for a term which shall not be less than ten years but which may extend to imprisonment for life and shall also be liable to fine
- Where the offence involves the trafficking of a minor, it shall be punishable with rigorous imprisonment for a term which shall not be less than ten years, but which may extend to imprisonment for life and shall also be liable to fine
- Where the offence involves the trafficking of more than one minor, it shall be punishable with rigorous imprisonment for a term which shall not be less than fourteen years, but which may extend to imprisonment for life and shall also be liable to fine
- If a person is convicted of the offence of trafficking of minor on more than one occasion, then such person shall be punished with imprisonment for life which shall mean imprisonment for the remainder of that person’s natural life and shall also be liable to fine
- When a public servant or a police officer is involved in the trafficking of any person then, such public servant or police officer shall be punished with imprisonment for life which shall mean imprisonment for the remainder of that person’s natural life and shall also be liable to fine
Utility of Track Child Portal

Track Child Portal have live database to monitor the progress of the ‘found’ children who are availing various services in different CCIUs under the ICPS and the JJ Act in addition to displaying “missing children” data.

<table>
<thead>
<tr>
<th>Utility of Track Child Portal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Facilitate data entry and matching of missing and found children.</td>
</tr>
<tr>
<td>• Enable follow up of the progress of children who are beneficiaries of ICPS.</td>
</tr>
<tr>
<td>• Ensure proper monitoring and welfare of the children.</td>
</tr>
<tr>
<td>• Provides facilities for mapping of vulnerable location, i.e. those which have a large number of children reported missing, so that corrective action can be taken in these areas.</td>
</tr>
</tbody>
</table>

Figure 67: Utility of Track Child Portal

HIMMAT

- HIMMAT is an initiative by Delhi police for women safety.
- HIMMAT is an emergency service, comprised of an android emergency application, which can send a distress call or emergency message to Delhi police officials and specified contact or group in an emergency situation faced by a woman.
- The police personnel will get these SOS alerts and locations on a portal and as a Short Message Service (SMS) on their mobile phones as well.
- The distressed call or message is responded by police control room (PCR) and assistance is extended immediately through PCR Van and nearest police station.
- HIMMAT is functional only in Delhi and National Capital Region (NCR). HIMMAT Application user initiating call from NCR region other than Delhi is extended support through corresponding control room by hotline/wireless communication. It will not be possible to respond in case you roam out of NCR region.

One Stop Centre

- One Stop Centres are intended to support women affected by violence, in private and public spaces, within the family, community and at the workplace.
- Women facing physical, sexual, emotional, psychological and economic abuse, irrespective of age, class, caste, education status, marital status, race and culture will be facilitated with support and redressal.
- Under this Scheme, one OSC will initially be established in each State/Union Territory (UT) to facilitate access to an integrated range of services including medical, legal, and psychological support.

Target Group

All women including girls below 18 years of age affected by violence, irrespective of caste, class, religion, region, 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 will be linked with the OSC.

**Services Provided**

The centre provides support and assistance to all women affected by violence, both in private and public spaces. The range of services provided is outlined in the figure below.

**Note:** The trainers may refer the table detailing the type of service along with the service provider placed at Annexure 60.

![Figure 69: Services provided at One Stop Centre](image)

**Summary Points**

- The legal age of marriage is 21 years for a boy and 18 years for a girl.
- The parties should not fall within the degree of prohibited relationship.
- It is mandatory to register marriage.
- The Hindu Marriage Act, 1955 is applicable to Hindus, Buddhists, Jains and Sikhs.
- The Special Marriage Act, 1954 requires notice in writing to the Marriage Officer.
- The Juvenile Justice (Care and Protection of Children) Act, 2000 (amended in 2006) gives importance to adoption as a way of rehabilitation of children. A person can adopt a child irrespective of marital status and sex under the purview of this act.
- Track Child is an MWCD initiative which provides a mechanism for tracking ‘missing’ and ‘found’ children.
- HIMMAT is a Delhi Police initiative which provides emergency service to women in distress.
- One Stop Centres provide support and assistance to women affected by violence.
DAY 4
### SESSION 1  
**INCLUSATING LIFE SKILLS**

#### OBJECTIVES
- To sensitize and develop life skills among trainees to recognise risk in difficult and different situations and taking timely correct decisions.
- To equip trainees to be able to examine the nature and need for life skills to promote mental wellbeing.

#### CONTENTS
- Life Skills and its Importance
- Social Skills
  - Self Awareness
  - Empathy
  - Effective Communication
  - Interpersonal Relationships
  - Negotiation Skills
- Thinking Skills
  - Critical and Creative Thinking
  - Decision Making
  - Problem Solving/Conflict Resolution
- General Skills
- Coping Skills: Coping with Stress and Coping with Emotions
- Summary Points

#### DURATION
2 Hours 15 Minutes

#### TRAINING METHODS
Powerpoint Presentation, Group Discussions, Group Activity

#### ACTIVITIES
- Knowing Self
- Put-ups and Put-downs
- I and You Statements
- Understanding Relationships
- Practice Negotiation
- SWOT Analysis
- Decision Making Wheel
- The Why Approach
- Blowing a Balloon

#### LEARNING
- The trainees will learn life skills for leadership.

#### OUTCOMES
- The exercises will help them develop life skills which they will be able to utilise to solve their real life problems in order to change the surrounding environment in a healthy and safe way.

#### MATERIALS REQUIRED
- LCD Projector, Charts, Papers, Scissors, Crayons, Markers, Balloons
ANNEXURES

- Bridge Model (Life Skills)
- Sample Story for Put-Ups and Put-Downs Activity
- Role Description
- Observation Sheet
- Decision Making Wheel

REFERENCES

- http://www.cbse.nic.in/cce/life_skills_cce.pdf
- Life Skills Education for Children and Adolescents in Schools, WHO 1997
- Life Skills Manual, Peace Corps
- http://hms.harvard.edu/sites/default/files/assets/Sites/Ombuds/files/HMS.HSDM_.HSPH_.NEGOTIATION.STYLES. WhenToUseWhichStyle.pdf
The trainer may begin the session by explaining the trainees that problems are part of life and in order to tackle the problems successfully life skills are important and ask questions such as:

**Ask:**
- Are you aware of life skills?
- Can you think of a situation where you have actually utilised these life skills?

## Life Skills and its Importance

- Life skills are “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”.
- Life skills are strategies, abilities, expertise or competences that enable an individual to develop positive attitudes and responsible behaviours, leading towards a healthy lifestyle.
- Life skills development is a life-long process that helps individuals grow and mature.
- They are a large group of psychosocial and interpersonal skills that promote mental wellbeing and lead to healthy and productive life.

*Figure 70: Importance of Inculcating Life Skills*

The process of learning core life skills is important. These can be learnt through active learning methods mentioned in *Figure 71*.

### Self Awareness:
Drawing and writing about oneself; taking responsibility for various activities

### Empathy:
Role play, discussion, understanding different points of view, using what if... situations

### Communication:
Opportunities to express, speak – verbal and non-verbal, role play, art

### Interpersonal Relationships:
Working in group or in pairs on joint projects or pictures or stories, helping each other, participating in committees

### Negotiation:
Active listening, doing group work or in pairs

### Critical Thinking:
Review the work done, ask questions – what happened, why, who, how

### Creative Thinking:
Write or finish stories, think of hypothetical situations and solutions, role play

### Decision Making:
Games in groups, discussion based on real, hypothetical or role play situations, providing opportunities to take decisions

### Coping with Stress and Emotions:
Drawing to express, helping each other in distress, writing emotion poems and stories of ‘I feel’

*Figure 71: Life Skills and Learning Methods*
Social Skills

Self-Awareness

- Self-awareness is an individual’s ability to appreciate the strengths and weaknesses of one’s own character.
- Self-awareness skills include the ability to:
  - Recognise behavioural strengths and weaknesses.
  - Recognise one’s abilities, desires and dislikes.
  - Recognise things which cannot be changed and accepting them.
  - Appreciate oneself - people are not alike and diversity is a good thing.
  - Recognise one’s own unique talents.
- Developing self-awareness can help us to recognise when we are stressed or feel under pressure.

Activity: Knowing Self

**Materials Required:** Pen, Paper and Inkpad

- Divide the trainees in groups of two and give them few minutes to get to know each other.
- Ask the trainees to write down or draw symbols for three characteristics/traits they like about themselves for example I’m a good dancer, I like my eyes, I’m honest.
- Then ask them to write three things that they admire about their partner. These things may be physical characteristics or skills and talents.
- Ask the trainees to share all their qualities with the entire group.
- Discuss the activity using following probes:
  - Was it easy to find something good to say about yourself? About others?
  - Which was easier? Why?
  - People will sometimes say unpleasant things to you. How does this make you feel? Why do you think they said these things?

Further the trainer may ask the trainees to make their fingerprints using ink pad and paper and explain them that like no two human beings have the same fingerprints, each of us have different qualities and everybody is unique.

Empathy

- Empathy is the ability to put oneself in the position of the other and perceive the situation as they do.
- It involves the ability to develop understanding of motives, feelings and behaviour of other person without giving due weightage to one’s own perception.
- This is different from sympathy which involves care and understanding for the other person’s suffering.
- The life skill of empathy promotes understanding of the fact that there exist differences among people and we must accept them without any prejudice.
- Empathy encourages positive social behaviours such as helping, sharing, cooperating and caring.
Activity: Put-ups and Put–downs

Materials Required: Paper, Scissors and Crayons

The trainer may use this activity to make trainees understand empathy. The trainer may initiate this exercise by first explaining that a put-down is a negative comment about a person for example “You are stupid, you cannot do anything on time, you are ugly” etc. whereas a put–up is a positive statement that makes one feel good about oneself, this includes instances when you are appreciated. Explain that our feelings are greatly affected by how we talk to each other.

- Ask any two trainees to volunteer for this activity.
- Take the paper and make two hearts.
- Ask the volunteers to stick one heart to their chest.
- Narrate a story to rest of the trainees and each time the character in the story experiences a put-down, rip off a piece of the heart from the chest of one volunteer and let it fall to the floor and whenever there is a put-up statement, colour the paper heart of the second volunteer with crayons of different colours.

Discuss

- Are put-ups and put-downs part of life?
- How do you feel when you experience a put-up?
- Does put-downs in real life have same impact as put-ups?
- What should you do when you suffer a put-down in life?

Note: Refer to Annexure 62 for sample story.

Effective Communication

- Communication involves the exchange of a message between two or more people.
- Communication is a two way process and involves sending a message as well as listening, understanding and respecting the communicator's thoughts, attitudes and ideas.
- The ability to express one's views clearly either verbally or in written constitutes effective communication.
- This also includes non-verbal communication, that is, ways of expressing oneself through gestures and body movement.
- Effective communication skills are very useful in resolving a variety of day to day issues and improving interpersonal relationships.

Activity: I and You Statements

Materials Required: Role play brief

This activity involves enactment of a Role Play.

- The trainer may ask any two trainees to volunteer for the role play and give them a brief about the situation on which they have to prepare and enact a role play in front of the larger group. Give them five minutes to prepare their act.

Role play situation – Manju is angry with her mother because she forces her to eat after her father and brothers have finished their meals. Manju feels it is not fair that she gets only watery dal and left over vegetables. She is aware that she too needs to eat good servings of healthy foods such as vegetables during her adolescence. Her mother insists that eating after the men in the family have finished is a tradition and the right thing to do.

Instruct the volunteers to perform a role play enacting the above situation for about 3 minutes, until one of them is angry enough to walk away. There is no resolution of Manju’s problem.

Meanwhile, return to the room and ask the trainees to observe the role play carefully and count the number of times ‘I’ was used in the role play and also the number of times ‘You’ was used by each volunteer.
Once the role play has been enacted, ask the trainees for the tally of both ‘I’ and ‘You’ statements. There is high probability that there would be more ‘I’ statements.

Next, the trainer may explain that during one’s interactions, ‘You’ statements are judgmental and often full of blame. They do not consider the view of the other side and therefore cause more conflict. ‘I’ statements usually try to clarify your point of view about a situation rather than blame the other person. Hence, ‘I’ statements help to find a solution.

For example in the role play, Manju saying, “You do not care about me and never save my share of food!” will not help but “I feel hurt and sad when I see you have given away my share of food to the brothers!” will make her mother listen and think. Similarly, the suggestion of what Manju would like should also be worded positively and use ‘I’ statements. Example, “What I would like to discuss with you is my learning of nutritional needs of girls of my age that ANM didi explained to me…” and not “You do not know anything and do not care for me!”

**Interpersonal Relationships**

- Interpersonal relationship skills involve ability to form cordial relationships.
- We live in a society and making and keeping friendly relationships are of great importance for our social and mental wellbeing.
- Interpersonal relationship skills help us relate in a positive ways with the people we interact with.
- Maintaining good relationships with the family members, neighbours and friends act as a source of social support in time of need.

**Activity: Understanding Relationships**

**Materials Required:** Board and Marker

The trainer may initiate the activity by explaining to the trainees that in one’s life there are different relationships. There are different expectations from different relationships.

- Ask the trainees the following questions about relationships:
  - What are the qualities that we look for in our friends?
  - Qualities of a successful friendship include: Respect, trust, freedom, love, kindness, understanding etc.
  - What are the important boundaries that your friend should respect?
  - What would you do if your friend disrespects you?

Similar question can be asked in context of any other relationship also.

- Ask them what are the various relationships they had/have in their life?

**Expected Responses**

- Friendship with the same gender and with the opposite gender.
- Parent and child (Father/Mother and Child).
- Brother-sister (Siblings - Sister-Sister, Brother-Brother).
- Explain to trainees that a number of social changes take place throughout lifespan which may give rise to the need for developing relationships.
- Ask them to remember any situation in their life where their friend/wife/husband or any other member has helped them deal with a situation/supported them.
- Randomly ask any of the trainees to share her/his experience.
- Summarise and conclude.
Negotiation Skills

- Negotiation is an important interpersonal skill.
- It is something that we use inadvertently all the time for example we use negotiation skills in our daily life for buying household items, for deciding where to go on a holiday, dividing responsibilities and many more.
- Negotiation involves the ability to listen to and respect other’s views, while at the same time trying to convince them to follow yours.
- Ultimately, the outcome of the discussion is following:
  - **Win-Win**: Both persons achieve their goals and are satisfied with the outcome.
  - **Win-Lose**: One person achieves the goal at the expense of the other person.
  - **Lose-Lose**: Both persons are dissatisfied with the terms of the negotiation.
- The style of negotiation depends on two dimensions – a concern for self (assertiveness) or a concern for others or relationships (cooperativeness).

### Table 24: Negotiation Styles

<table>
<thead>
<tr>
<th>Style</th>
<th>Assertiveness</th>
<th>Cooperativeness</th>
<th>Outcome</th>
<th>When to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoiding</td>
<td>Unassertive</td>
<td>Uncooperative</td>
<td>Lose-Lose</td>
<td>✓ Time is short and decision is not necessary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ The relationship is insignificant.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ The issue is trivial and others don’t really care what happens.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ You have little power but still want to block other person.</td>
</tr>
<tr>
<td>Accommodating</td>
<td>Unassertive</td>
<td>Cooperative</td>
<td>Lose to Win</td>
<td>✓ You really don’t care about the issue.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ You’re powerless but have no wish to block the other person.</td>
</tr>
<tr>
<td>Competing</td>
<td>Assertive</td>
<td>Uncooperative</td>
<td>Win-Lose</td>
<td>In case:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Emergency</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td>✓ You’re sure you’re right and being right matters more than preserving relationships.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ The issue is trivial and others don’t really care what happens.</td>
</tr>
<tr>
<td>Collaborating</td>
<td>Assertive</td>
<td>Cooperative</td>
<td>Win-Win</td>
<td>In case:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ The issues and relationship are both important.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>✓ A creative end is important.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Reasonable hope exists to address all concerns.</td>
</tr>
<tr>
<td>Compromising</td>
<td>Combination of assertiveness and cooperativeness is used</td>
<td></td>
<td>Split the Difference</td>
<td>In case:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Cooperation is important but time or resources are limited.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ When finding some solution, even less than the best, is better than a complete stalemate.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ When efforts to collaborate will be misunderstood as forcing.</td>
</tr>
</tbody>
</table>
Activity: Practice Negotiation

Materials Required: Paper, Pens, Handout and Cards.

- This learning activity seeks to practice negotiation skills by carrying out several role plays, where 2 trainees negotiate with each other in front of the group. Three trainees get appointed to observe and give feedback. The rest of the group is the audience.
- The trainer may divide the trainees in five groups of five trainees (depending upon the size of trainee group). Two trainees will negotiate based on the short role description that was provided to them by the trainer. Three trainees will closely observe the two negotiating trainees and give feedback on what went well and what were points of improvement. They will get a handout to note their comments.
- Trainers may handout the role description (Annexure 63) to the two negotiation trainees in the five groups. The cards contain details on the deal that the negotiation trainees will have to try to make. Make sure they don’t discuss their roles beforehand. Handout the observation sheet (Annexure 64) to the three observers. Give them 10 minutes to study their role. Set up a table and two chairs in the front of the classroom for the negotiators and a line of three chairs for the ‘jury’ (the observers).
- Let every group negotiate for 5 minutes (while the observers make notes) and give the three observers 5 minutes to give feedback.

Critical and Creative Thinking

- Critical thinking is the ability to think through a situation properly, assessing the advantages and disadvantages so as to be able to make appropriate decisions in a situation.
- Whereas Creative thinking is a novel way of seeing or doing things. In simple terms, it means thinking out of the box.
- Building critical and creative thinking skills are important for women, as they are confronted by multiple and contradictory issues, messages, expectations and demands.
- Both critical and creative-thinking contributes to decision making and problem solving by enabling us to explore available alternatives and consequences of our actions.
- One of the ways to inculcate critical thinking is by doing the SWOT analysis.

Activity: SWOT Analysis

Materials Required: Pen and Paper

1. The trainer may begin the activity by explaining the meaning of SWOT to the trainees i.e., S - Strengths W - Weaknesses O - Opportunities T – Threats.
2. Ask each trainee to do a self SWOT analysis.
3. Divide the trainees into 4 groups. Assign each group one of the following or other similar situations.
4. Ask them to apply SWOT to real life situations.

Examples of situations:
- Government is initiating direct cash transfer for LPG.
- Ban on diesel vehicles which are more than 10 year old.
- Land acquisition and its impact on farmers and industrialists.
- Cash benefit for family planning.
5. Give each group 10 minutes to prepare and present.
6. Ask each group to discuss and list the following for the given situation.
   a) Their Strengths and how they can build on the strengths.
   b) Their Weaknesses and how to overcome weaknesses.
   c) The Opportunities, the objectives/goals that can be achieved and ways by which they can maximize effort in order to attain these objectives/goals.
d) The Threats and the steps they should take to avoid and/or take care of the problems that can arise because of them.
- Based on this analysis ask the group to evaluate the situation as beneficial or damaging and suggest creative ways by which the situations can be improved.
- Discuss each group’s presentation with all and summarise emphasising importance of critical and creative thinking.

**Decision Making**
- Decision making is the ability to utilise all available information to assess a situation, analyse the advantages and disadvantages and make an informed and personal choice.
- As a female grows up she is frequently confronted with serious choices that require her attention.
- These situations may present conflicting demands that cannot possibly be met at the same time.
- One must learn to think, prioritise and understand the consequences before making a decision.

**Activity: Decision Making Wheel**
Through this activity trainees will learn a decision making strategy that will help them improve the quality of the choices they make.

**Materials Required:** Paper and Pens

**Method:** The trainer may begin the activity by discussing the steps on the wheel by explaining the trainees the process of clarifying the problem, then moving through the steps of thinking to come to a decision.

The trainer may use a problem/situation and discuss it using following pointers and record the responses on the decision wheel. (Refer to **Annexure 65**)

1. What is the problem?
2. What are the choices you have?
3. What do you think the consequences of these choices will be for yourself and others who are involved?
4. What values do you need to consider?
5. How do you feel about the situation?
6. Is there anything else you need to learn about it?
7. Do you need to ask for help? Who will you ask?
8. What is your decision?
9. Do you think you made the right decision? Why?

Later provide the trainees with another scenario and ask the trainees to analyse this story on their own.

Ask the trainees to fill out their decision wheel, filling in the hub of the wheel first and then filling in their answers to each of the areas of the pie.

Discuss their responses and summarise.

**Note:** A situation has been dealt with using decision making wheel, refer Annexure 65.

**Problem Solving**
- Problem solving is the ability to identify, cope with and find solutions to difficult or challenging situations.
- Creative and critical thinking is required for solving problems.
- Sometimes we have options but we fail to identify the available options and if identified then the inability to weigh long term consequences adds complexity to the problem.
- Simple five ‘why’ questions for one problem statement can help to identify the reason for a problem.
- The series of ‘why’ questions provide insight with respect to certain problem. Once the causes for a problem are understood, finding a solution becomes easy (Refer Figure 72).
Activity: The Why Approach

Materials Required: Story, Board and Marker

Discuss the story of the elephant and the six blind men with one difference. Instead of saying blind, say that they had closed their eyes. In the story, each person touches one part of the elephant and decides what the elephant is like. For example, one person touched the legs and thought they were pillars, another touched the trunk and thought it was a snake, another one touched the tail and thought it was a rope and so on.

Ask the trainees what message they have derived from the story. (The correct answer: that we must study the whole picture and not just a part of it.) Discuss with the trainees how they usually solve problems. Do they weigh it from all angles?

Explain how problems can be solved using the simple “why” question five times using any example (refer to Figure 72).

What is interesting about this series of asking “But why”, is that what appears as a simple problem at first gradually gets complicated and reveals social relations and values in our decisions. After the second “why,” one would think that the woman is unhappy with way she is being treated. After the third “why,” we understand that it is the alcohol that is creating the problem and as soon as we reach the fifth “why” we realise that it is not only the alcohol but also the company her husband keeps, which is responsible for the unhappiness. So, the appropriate response for the women at this stage would be either to persuade her husband to not drink in the company of his friends or change the job.

Next, ask the trainees to think of a real life problem and try to find root cause of it.

Discuss:

- Were you able to find the root cause to your problem?
- Was it easy to solve the problem by this approach?
- Do you think this approach can work for every situation?

General Skills: Coping Skills

- Coping skills involve understanding one’s behaviour, thoughts, and emotions in order to adjust to the changes that occur in life.
- Learning to cope with negative feelings (such as disappointment or sadness or anger and other feelings) to avoid stress and manage one’s problems in a positive and holistic manner is an important life skill.

Coping with Stress

- Stress is body’s response to any unpleasant situation.
- Stress can be caused by physical, emotional or psychological factors.
- Family problems, unemployment, examination pressure, death of a family member or a relative are examples for situations that can cause stress.

Figure 72: Process of Problem Solving
Recognising the sources of stress in our lives and understanding how they affect us and acting in ways that can help minimise stress and promote relaxation is important.

**Coping with Emotions**

- All humans go through a range of emotions like feelings of happiness, joy, love, fear, sadness, anger, jealousy and so on.
- Coping with emotions involves understanding emotions within oneself and others and dealing with them in most appropriate manner.
- Understanding emotions enables one to feel confident to express these feelings to others. Not sharing or being clear does not resolve the problem.

**Activity: Blowing a Balloon**

**Materials Required:** Balloons

**Method:** The trainer may conduct this simple exercise to help trainees understand the importance of managing and coping with their emotions.

1. Distribute some balloons among the trainees.
2. Tell them to imagine a situation that made them feel bad, angry or hurt.
3. Ask them to blow into the balloon and continue blowing till it burst.
4. Explain that each time they blow into the balloon, they should symbolically think about an emotion that needs to be dealt with.
5. Symbolically, pent up emotions are like the balloon – when pressure becomes too much, the balloon bursts. This may happen to individuals too if they do not express and channelise their emotions.
6. Next, ask the trainees to blow another balloon thinking of another situation of similar kind but this time does not allow the balloon to burst. Now this balloon is filled with feelings of sadness, intense anger and fear.
7. Find your most trusted person in the group and discuss your problem with that person, slowly releasing the air from balloon as you talk and relax.
8. Finally you will realise that all the feelings that hurt are becoming smaller. Eventually they become so small that the balloon becomes limp and is blown away by the wind and you will feel good.

**Summary Points**

- Life skills are strategies, abilities, expertise or competencies that enable an individual to develop positive attitudes and responsible behaviours, leading towards a healthy lifestyle.
- Developing life skills is a lifelong process.
- Self awareness is an individual’s ability to appreciate the strengths and weaknesses of one’s own character.
- Empathy involves the ability to put oneself in the position of the other person and perceive the situation as they do.
- Communication is a two way process and involves sending a message as well as listening, understanding and respecting the communicator’s thoughts, attitudes and ideas.
- Interpersonal relationship skills involve ability to form cordial relationships. Making and keeping friendly relationships are of great importance for our social and mental wellbeing.
- Negotiation involves ability to listen to and respect other’s views, while at the same time trying to convince them to follow yours.
- Critical thinking is the ability to think through a situation properly, assessing the advantages and disadvantages so as to be able to make appropriate decisions in a situation. Whereas creative thinking is a novel way of seeing or doing things. In simple terms, it means thinking out of the box.
- Decision making is the ability to utilise all available information to assess a situation, analyse the advantages and disadvantages and make an informed and personal choice.
- Problem solving is the ability to identify, cope with and find solutions to difficult or challenging situations.
- Coping skills involve understanding one’s behaviour, thoughts and emotions in order to adjust to the changes that occur in life.
### OBJECTIVE
To provide information about Self Help Groups (SHGs) and various skill development and employment oriented programmes, schemes and initiatives by the government.

### CONTENTS
- **Self Help Groups**
  - What are Self Help Groups
  - Characteristics of SHGs
  - Functions of SHGs
  - Process of SHG formation
- **Skill Development and Empowerment Oriented Programmes and Schemes**
  - Lending scheme of National Minorities Development and Finance Corporation (NMDFC)
    - Term Loan Scheme
    - Micro Financing Scheme
  - *Mahila Samridhi Yojana*
  - Support to Training and Employment Programme (STEP)
  - National Rural Livelihoods Mission (NRLM)
  - National Urban Livelihoods Mission (NULM)
- **Summary Points**

### DURATION
1 Hour

### TRAINING METHODS
Powerpoint Presentation, Group Discussion, Group Activity and Case Study

### ACTIVITY
Success Story Chart

### LEARNING OUTCOMES
- The trainees will be able to understand the concept of Self Help Groups, their characteristics and functions.
- They will be able to assist in the formation of SHGs and help in meetings.
- The trainees will also learn about various employment oriented programmes, schemes and initiative by the government.

### MATERIALS REQUIRED
LCD Projector, Chart, Sketch Pens

### ANNEXURES
- Success Stories (State examples of SHGs)
- SHG Linkages and Formation of SHGs
- List of Sectors covered under the NMDFC

### REFERENCES
- [http://www.rmk.nic.in](http://www.rmk.nic.in)
- [http://www.nmdfc.org](http://www.nmdfc.org)
- [http://www.wcd.nic.in](http://www.wcd.nic.in)
- [http://rural.nic.in](http://rural.nic.in)
- [http://moud.gov.in](http://moud.gov.in)
The session may begin with a general discussion about SHGs. The trainers may ask some questions from trainees and may then discuss the topic in detail.

**Ask:**
- What is a SHG?
- What are its key features?
- Are you aware of any existing/functional SHGs?

India is committed to the empowerment of women. A majority of women lack economic independence, a chance to be employed or start their own entrepreneurial development.

**Self Help Groups**
A SHG is a small voluntary structure formed by people belonging to same socio-economic background. It is formed for economic assistance, problem solving or decision making. SHGs may be formed between women of the community because it is seen that women perform better in important activities.

**Characteristics of SHGs**
- **Homogeneous group:** A group of people with similar characteristics, caste, creed, sex, occupation, geographical area (same village), place of origin, same language, income level, etc.
- **Affinity:** A group of people bound by mutual trust, respect, affection, who support one another and amongst whom exploitative relationships do not exist.
- **Size of group:** As per the RBI guidelines a group must consist of 10-20 members.

**Functions of SHGs**
(a) **Savings and Thrift:**
- The amount may be small, but savings have to be a regular and continuous habit with all the members.
- ‘Savings first — Credit later’ should be the motto of every group member.
- Group members learn how to handle large amounts of cash through savings. This is useful when they use bank loans.

(b) **Internal lending:**
- The savings to be used as loans for members.
- The purpose, amount, rate of interest, etc. to be decided by the group itself.
- Proper accounts to be kept by the SHG.
- Opening savings account with bank.
- Enabling SHG members to obtain loans from banks and repaying the same.

(c) **Discussing problems:**
- In every meeting, the group will discuss thrust areas (like promoting income generating activities, value addition/production units & village marketing).
- Find solutions to the problems (like gender & legal issues) faced by the members of the group.

Note: Most effective method of training of SHG members is to take them to a good working SHG and allowing free interaction with its members.
Activity: Success Story Chart

**Materials Required:** Charts and Sketch Pens

- Divide the trainees in three groups and give a case study to each group (Annexure 66) to study.
- Ask the trainees to make a figure/diagram depicting the success story.
- Discuss each success story one by one highlighting the developmental progression.

There are various patterns of SHG linkages and formation but the underlying process remains as highlighted in the figure below:

![Figure 73: Process of Formation of Self Help Groups](image)

**Important rules for functioning of SHGs**

- Common agreement and decision
- Agreed penalties for non-attendance
- Agreement on amount of savings
- Giving small loans to each other
- Repayment of bank loan habits
- Maintaining clear books for all transactions

**Note:** The trainer may also use Annexure 67 to discuss SHG linkages and formation of groups SHGs.

**Rashtriya Mahila Kosh (RMK)**

- RMK extends micro-finance services through a client friendly and hassle-free loan mechanism for livelihood activities, housing, micro-enterprises, family needs, etc. to bring about the socio-economic upliftment of poor women.
- RMK also promotes the concept of women empowerment through micro financing, thrift and credit formation and stabilisation of SHGs and also enterprise development for poor women.
- Credit is disbursed to the women SHGs both rural and urban, through intermediate organisations like NGOs, Co-operative societies and Government organisations.

**Note:** The detailed information regarding the schemes offered by RMK can be accessed on [http://rmk.nic.in](http://rmk.nic.in).

**Skill Development and Empowerment Oriented Programmes and Schemes**

**National Minorities Development and Finance Corporation (NMDFC)**

The National Minorities Development and Finance Corporation, promotes the economic and developmental activities for the benefit of the backward sections amongst the notified minorities, preference being given to occupational groups and women.

**Target group**

- Muslim, Christians, Sikhs, Buddhists, Jains and Parsis persons belonging to the minority communities as per the National Minorities Commission Act, 1992.
- Families with annual income less than Rs 81,000 in rural areas and Rs 1,03,000 in urban areas.
Lending Schemes and Programmes of NMDFC

- **Term Loan Scheme**
  - This scheme is for individual beneficiaries and is implemented through the State Channelising Agencies (SCAs).
  - Projects which cost up to `10,00,000 are considered for financing.
  - NMDFC provides loan up to 90% of the project cost subject to a maximum of `9,00,000. The remaining cost of project is met by SCA and the beneficiary.
  - Beneficiary has to contribute minimum of 5% of the project cost.
  - The rate of interest charged from beneficiary is 6% p.a. (reducing balance method).
  - Assistance is available for commercially viable and technically feasible ventures, from sector as listed in Annexure 68.

- **Micro Financing Scheme**
  - It is an informal loan scheme which ensures quick delivery of loan at the door steps of the beneficiaries and is implemented through the SCAs as well as the NGOs.
  - Micro-credit is extended to members of SHGs (especially minority women who are not able to take advantage of formal banking credit).
  - Small loans up to a maximum of `50,000 per member of SHG are provided through the NGOs at an interest rate of 1%, which is further lent to the SHGs, at an interest rate not more than 7% p.a.
  - The repayment period under the scheme is maximum upto 36 months.

*Note: For more information related to NMDFC and other schemes please visit [http://www.nmdfc.org](http://www.nmdfc.org).*

Mahila Samridhi Yojana

- It is a unique scheme linking micro-credit with the training of women members to form SHGs in trades such as tailoring, cutting and embroidery.
- Training is given to a group of 20 women in any suitable craft activity for six months with a stipend of `1,000 per trainee.
- The training cost and stipend is met by NMDFC as grant.
- The group is formed into SHG at during the training itself and after the training, need based micro credit (maximum of `50,000) is given to each member of SHG so formed at an interest rate of 7% p.a.

Support to Training and Employment Programme (STEP)

- STEP aims to support women's work by providing training for skill up-gradation, marketing and credit linkages to ensure sustainable employment through Public Sector Organisations, District Rural Development Agencies Federations, Co-operatives and Non-Governmental Organisations.

*Note: The trainers may refer to Day 2, Session 4 to further get details about STEP scheme.*

National Rural Livelihoods Mission

National Rural Livelihoods Mission - *Aajeevika* was launched by the Ministry of Rural Development (MoRD), Government of India in 2011 as a restructured version of *Swarna Jayanti Gram Swarozgar Yojna* (SGSY).

**Key Features**

- NRLM works towards bringing at least one member (preferably a woman) from poor families into the SHG network.
- The SHGs and their federations offer services such as savings, credit and livelihoods support to take up livelihoods/income-generating activities to their members.
- The NRLM Target Households (NTH) are identified through the Participatory Identification of Poor (PIP) instead of the BPL.
The PIP is a community-driven process where the Community Based Organisations (CBOs) themselves identify the poor in the village using participatory tools.

The list of poor identified by the community based organisations is vetted by the Gram Sabha.

Support to SHGs under NRLM

- Support to the SHGs is provided is in terms of knowledge, skills, funds, bank linkages and interest subvention.
- Knowledge and skills are provided to members, leaders and book keepers of SHGs for management of SHG, enhancing credit absorption capacity and credit worthiness, linking up with markets, managing their existing livelihoods, etc.

Financial Benefits

- Financial assistance in form of Revolving Fund (RF), Vulnerability Reduction Fund (VRF), and Community Investment Fund (CIF) is provided to the CBOs.
- NRLM does not provide direct financial support to individual members.

National Urban Livelihoods Mission

- National Urban Livelihoods Mission enables urban poor to access gainful self-employment and skilled wage employment opportunities.
- The mission aims at providing shelter equipped with essential services to the urban homeless.
- The mission also addresses livelihood concerns of the urban street vendors by facilitating access to suitable spaces, institutional credit, social security and skills to the urban street vendors for accessing emerging market opportunities.

Target Group

- The primary target of NULM is the urban poor, including the urban homeless.
- The coverage may include families of disadvantaged groups like SCs, STs, women, minorities, disabled etc. subject to a maximum of 25 percent of the above urban poor population.

Components: The major components of NULM are listed below.

- Employment through Skill Training and Placement
  - Assistance for development/upgrading of skills for self employment or salaried employment.
- Self Employment Programme
**Summary Points**

- Self-help groups are small groups formed for mutual assistance for satisfying a common need, overcoming problem and bringing about desired social and personal change for accomplishment of a purpose.
- An SHG is a homogeneous group of 10-20 members from the same geographical area bounded by trust and respect.
- Savings and thrift, internal lending and discussing problems are major functions of SHGs.
- *Rashtriya Mahila Kosh* promotes women empowerment through micro financing, thrift and credit, formation and stabilisation of SHGs and also enterprise development for poor women.
- The National Minorities Development and Finance Corporation promotes the economic and developmental activities for the benefit of persons belonging to the minority communities through term loan and micro financing.
- *Mahila Samridhi Yojana* links micro-credit with the training of women members to form SHGs in trades such as tailoring, cutting and embroidery.
- Support to Training and Employment Programme aims to support women’s work by providing training for skill up-gradation, marketing and credit linkages.
- National Rural Livelihoods Mission - *Aajeevika* is a restructured version of *Swarna Jayanti Gram Swarozgar Yojna* which support SHGs in terms of knowledge, skills, funds, bank linkages and interest subvention.
- NRLM identified target households through Participatory Identification of Poor instead of BPL.
- National Urban Livelihoods Mission targets urban poor and enable them to access gainful self-employment and skilled wage employment opportunities.
### SESSION 3 DIGITAL LITERACY AND ACCESSING PUBLIC SERVICES

#### OBJECTIVES
- To provide basic knowledge regarding computer, internet and social networking.
- To equip them with the knowledge of accessing public services using internet and mobile applications.
- To equip trainees with knowledge to access various public services.

#### CONTENTS
- **Digital Literacy**
  - Computer
    - Functioning of Computer
    - Computer Programs
  - Internet
    - Searching on the Internet
  - Social Networking
- **Accessing Public Services**
  - Ration Card
  - Voter ID
  - AADHAAR
  - Permanent Account Number (PAN)
  - Passport
  - e-Transportation
  - e-Postal and Telecom Services
  - e-Education Services
  - e-Grievance Redressal
  - Other Important Mobile Applications
    - Electricity Bill Details
    - Vikaspedia
    - mKisan
- **Summary Points**

#### DURATION
1 Hour 30 Minutes

#### TRAINING METHODS
Powerpoint Presentation, Group Discussion, Group Activity

#### ACTIVITIES
- Demonstration
- Learning by Doing

#### LEARNING OUTCOMES
- The trainees will be able to operate computer and its various programs.
- They will gain information about social networking and important websites.
- The trainees will be made aware about the process of accessing public services.
- They will learn about accessing public services through internet and mobile applications.
**MATERIALS REQUIRED**

- LCD Projector, Flash Cards

**ANNEXURES**

- Step in Turning Computer On and Off
- Flash Cards: How to Use a Mouse
- Flash Cards: Desktop and Icon
- Flash Cards: How to Use a Keyboard
- Stepwise Instruction to Use Microsoft Word
- Stepwise Instruction to Use Powerpoint
- Flash Cards: How to Use Search Engines
- List of Important Websites
- e-Transportation Services
- e-Postal and Telecome Services
- e-Educational Services
- e-Grievance Redrassal

**REFERENCES**

- http://digitalunite.com/guides/computer-basics/10-top-tips-computer-beginners
- https://www.youtube.com/channel/UCRJV1DwehDDZWpf-PUkehPQ
- http://downloads.bbc.co.uk/connect/BBC_First_Click_Beginners_Guide.pdf
- www.ncert.nic.in
- www.education.nic.in
- http://www.passportindia.gov.in/AppOnlineProject/welcomeLink
- https://apps.mgov.gov.in/appsearch.do
The chapter has been created keeping in mind the need of digital literacy for women. Now a days a lot of ICT initiatives and e-governance has made various services easy to access over the internet. The trainers may first assess the skills of the trainees and their literacy level and then plan the session. The trainers may ask questions like:

**Ask:**
- How many can operate a computer?
- How many trainees have facebook, twitter accounts?
- How many trainees can surf the internet with ease?

Following this, the trainees may then prepare and start for the session:

**Digital Literacy**
- Digital literacy is the knowledge, skills and behaviours used in a broad range of digital devices such as desktop computers, laptops and smartphones.
- A digitally literate person will possess a range of digital skills, knowledge of the basic principles of computing devices, skills in using computer networks, an ability to engage in online communities and social networks.

**Computer**
- Computer is an electronic device, which is used for varied applications ranging from performing complex calculations, writing simple letters, developing multimedia applications, financial accounting & banking applications, booking of airlines/railways tickets etc.
- It transforms data into meaningful information. Data can be anything like marks obtained in various subjects. It can also be name, age, sex, weight, height, etc. of all the students in a class.
- A computer consists of input devices, a Central Processing Unit (CPU) and output devices.

**Functioning of Computer**
Computers and the internet have become a part of everyday life. From creating documents, staying in touch with friends and family, sharing files and photographs, computer is needed everywhere.
Activity: Demonstration

Materials Required: Computer, Board, Marker

- Give a demonstration of how to turn on and off a computer.
- Show the trainees, use of different parts like mouse and keyboard.
- Tell them about the desktop and icons and how they can manage their files and folders.

Note: The trainer may use the flash cards placed at Annexures 69, 70, 71 & 72 to explain the basic functioning of computer.

Computer Programs

Computer allows a person to create and edit documents and presentations using programs like Microsoft Word and Powerpoint.

Microsoft Word

- Word can be used to create documents having text, pictures, charts and diagrams.
- Documents like applications, resumes and letters etc. can also be created.

Microsoft Powerpoint

- Powerpoint is used for preparing presentations. Powerpoint allows one to draw diagrams using a library of shapes and connectors.
- Informative notices and posters can be created in Powerpoint. Clip art or custom graphics can be used to illustrate topics or give instructions.

Activity: Learning by Doing

Materials Required: Computer, MS Office Program

- Refer to the Annexure 73, 74 and explain steps to open, create and save a word or powerpoint document.
- Ask the trainees to create their own documents for hands on experience.

Note: Trainer will need computers for the activity. In case enough computers are not available the trainees may be divided into groups.

Internet

- Internet is a worldwide network of computers all connected to each other by telephone lines, cables and satellites. It’s like a huge library of information.
- It offers a diverse range of information and ideas, covering almost every topic.
- It allows one to share knowledge and interest with others.
- The internet also has thousands of services that help make life more convenient. For example, many financial institutions offer online banking that enables users to manage and view their accounts online.
- The information on the internet is contained in websites and on webpages.
- To connect to the internet an Internet Service Provider (ISP) is needed which may be mobile company or landline phone company.

Search on the Internet

- Internet has millions of websites and webpages. One can search for almost anything – from recipes and local news, to history and gardening tips.

Figure 78: Advantages and Disadvantages of Internet

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Theft of Personal Information</td>
</tr>
<tr>
<td>Information</td>
<td>Virus Threat</td>
</tr>
<tr>
<td>Entertainment</td>
<td>Pornography</td>
</tr>
<tr>
<td>e-Commerce</td>
<td></td>
</tr>
<tr>
<td>Access Public Services</td>
<td></td>
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</tbody>
</table>
➢ To search the internet effectively a search engine is needed. A search engine will scan through thousands of websites and webpages on the internet and collect and organise the information it thinks is most relevant.

➢ Some of the most popular search engines are:
  • Google: www.google.com
  • Yahoo: www.yahoo.com
  • Bing: www.bing.com
  • Ask: www.ask.com

Note: Refer to the flash cards in the Annexure 75 to demonstrate the use of search engines for internet searches.

Social Networking
➢ Internet has enabled new forms of societal interactions, activities and social associations.
➢ A social networking service (also social networking site or SNS) is a platform to build social networks or social relations among people who share interests, activities, backgrounds or real-life connections.
➢ A social network service consists of a representation of each user (often a profile), his or her social links and a variety of additional services.
➢ Users of these sites are able to add a wide variety of information to pages, to pursue common interests and to connect with others. It is also possible to find existing acquaintances, to allow communication among existing groups of people.

Note: The trainer may refer to the Annexure 76 for list of important websites. Now that the trainees have understood the basic functioning of the computer and internet, take the session further by telling them how these skills can be helpful for them in accessing various services and making their work easy.

Accessing Public Services

Ration Card
➢ A Ration Card is a very useful document issued under public distribution system for the purchase of essential commodities from fair price shops.
➢ Issuing of ration card is the responsibility of the state government.
➢ Earlier state governments used to issue distinctive ration cards to APL, BPL and Antyodaya families in the name of male head. However, under the effect of National Food Security Act, 2013, ration cards are issued in the name of women head (>18 years) of Priority households and AAY households which are identified by state governments.
Benefits of Having a Ration Card

- It helps save money by aiding in the procurement of essential commodities at a subsidised rate.
- It is an important proof of identification and its copies can be used when applying for other documents like Domicile Certificate, Voter ID, Driving Licence or opening a Bank Accounts.

How to Obtain a Ration Card

- Ration card can be issued to a citizen of India.
- Obtain the application form for making a new Consumer (Ration) Card from any Circle Office.
- Submission of an application will require passport-sized photographs of the head of the family attested by a gazetted officer /Member of Legislative Assembly (MLA)/Member of Parliament (MP)/Municipal Councillor, the specified proof (s) of residence and the Surrender/Deletion Certificate of the previous ration card, if there was any.
- In case any proof of residence is unavailable, the Circle Food and Supplies Officer conduct spot inquiries by recording the statements of two independent witnesses in your neighbourhood.
- The standard prescribed time schedule for the preparation of a ration card is generally 15 days. However, the procedure and time limit may vary from state to state.
- There is also a provision for making amendments to valid ration cards.

Under NFSA 2013, a new ration card can be applied online.

Steps involved in online application are:

- Registration as New User using a valid mobile number.
- Log – In using registered mobile number and password.
- Going through the ration card checklist to fill application form.
- Filling in the online application form which consists of 6 steps:
  - Step 1: Bank Account Details
  - Step 2: Basic Details
  - Step 3: Address Details
  - Step 4: Family Details
  - Step 5: Attachment (photograph, ID proof, address proof)
  - Step 6: NFSA Criteria
- A draft acknowledgement receipt will be generated after the successful completion.
- Check the receipt for any errors and finally “lock” the application.
- After the successful online submission, the application will be automatically forwarded to the concerned authority for verification and ration card will be issued.
- Issuing Ration Card is the responsibility of the state government; therefore the application format may vary slightly from one state to another.

Voter ID Card/Electors Photo Identity Card (EPIC)

- A Voter ID card is a very important document for Indian citizens. It is essential for casting vote and also used as a legal document (proof of identification) for many purposes.
- A Voter ID card can be issued to any person who is:
  - A citizen of India
  - 18 years of age or above
How to Become a Voter and Obtain Voter ID Card

➢ To become a voter one needs to fill in the application Form- 6.
➢ Once this form is accepted, the applicants name will be included in the Electoral Roll as a voter.

There are four options one can follow to fill in Form 6 and these are given below:

Option I - Online application.

Step I: Go to Enroll Online on the home page of Chief Electoral Officer of the respective state.
Step II: A new user, must sign up, to obtain a user name and password.
Step III: Upload one passport size colour photograph in the space mentioned in the Form.
Step IV: Upload the following documents in the space mentioned in the Form.
   a) Proof of the residence (such as driving license, passport, bank pass book, any postal letter received in the name on specified address etc).
   b) Proof of the age, such as birth certificate, school leaving certificate etc. However, this is only required if the age is between 18 and 21 years.

In case there is a problem uploading the documents, then the Booth Level Officer (BLO) will verify the information and collect both the documents from the applicant’s residence.

Option II - Download Form 6 from the website and send it by post.

Step I: Visit the website of State’s Chief Electoral Officer.
Step II: Download the Form 6: Application for Inclusion as a New Voter for the First Time.
Step III: Fill it completely and stick one passport size photograph on the space given.
Step IV: Attach the proof of the residence and proof of the age as mentioned above.
Step V: Send the Form and documents by post to the Voters’ Registration and EPIC Centre (VREC) of the respective Assembly Constituency.

Option III - Download Form 6 from the website and deliver it personally.

Step I to Step IV: same as option II
Step V: The form and documents can be delivered to any one of the following:
   ➢ The VREC of the Assembly Constituency.
   ➢ Closest Designated Location.
   ➢ To the BLO.
   ➢ The VREC facility accepts electoral forms throughout the year. Whereas at BLOs and Designated Location, the form is accepted only during special sessions.

Option IV - Personally collect and deliver Form 6.

The Form 6 can be collected and deposited personally at VREC of Assembly Constituency along with a proof of the residence and age. Once the form is submitted, the Booth Level Officer for an area shall visit at the residence of the applicant and will do the following:

➢ Confirm and match the residential details provided in Form-6.
➢ Verify the photograph with the actual person.
➢ Obtain the applicant’s signature to the downloaded application Form 6, (which the BLO will bring with him in case it has been submitted online).
➢ Take the proof of residence and proof of age from the applicant (in case it has not been uploaded).

After the completion of verification process, the voter ID card is delivered through speed post.

AADHAAR

➢ AADHAAR is a 12 digit individual identification number issued by the Unique Identification Authority of India on behalf of the Government of India which serves as a proof of identity and address, anywhere in India.
AADHAAR number helps provide access to services like banking, LPG connections and other government schemes for direct benefit transfer.

**AADHAAR Status (Mobile Application)**

This application enables the citizen to check the AADHAAR status at any point of time.

**My AADHAAR (Mobile Application)**

The initiative to issue an AADHAAR to every resident in India has, an ambitious objective to enable residents identify themselves anytime anywhere. The AADHAAR platform helps service providers authenticate identity of residents electronically, in a safe and quick manner, making service delivery more effective and efficient. Through this mobile application AADHAAR applicants can directly download the AADHAAR card.

**AADHAAR Linking (Mobile Application)**

This application allows citizens to register request for linking 12 digit unique AADHAAR number to their Personal Identification Documents or Benefit Cards such as:

- Scholarships
- Pension ID
- Mahatma Gandhi Rural Employment Guarantee Act (MGNREGA) Job Card
- LPG Consumer ID

The process of linking AADHAAR number involves 4 steps.

**Permanent Account Number (PAN)**

- PAN is a code that acts as identification, especially for those who pay Income Tax.
- It is a unique, 10-character alpha-numeric identifier, issued by the Indian Income Tax Department under the supervision of the Central Board for Direct Taxes (CBDT) and it also serves as an important proof of identification.

Apply online for PAN on https://tin.tin.nsdl.com/pan/form49A.html or http://www.utitsl.co.in/utitsl/uti/newapp/newpanapplication.jsp

Fill details of Ward, Area Code and other number related information, mention your office/personal address

Submit the filled form after checking whether entered information is correct

As submission is confirmed, a unique reference number (acknowledgement number) for PAN application will appear which can be used for tracking the status of PAN application

Save and print the acknowledgement form, paste recent colour photograph and sign the acknowledgement

**Figure 81: Process of linking AADHAAR to Personal IDs**

Enter Location Details (Location details - State and District Name)

Select the Benefit type & details to be linked with AADHAAR number

Enter 12-digit AADHAAR number & Contact Details - Mobile number and email

Enter the OTP (One Time Password), sent to the mobile and the Security code displayed and Submit

Request Registered

**Figure 82: Process for Online Application of Permanent Account Number**

Note: For online application for PAN, one must have Demand Draft/Cheque of ` 105 or must have credit card to pay the application fee online.
Points to Remember

- Use only black ink ball pen to sign the acknowledgement.
- Attach xerox copy of proof of identity, address and Demand Draft of amount `105 with application.
- Write your name and Acknowledgement Number on the reverse of Cheque/Demand Draft.
- Super scribe the envelope with ‘APPLICATION FOR PAN - Acknowledgement Number’ (e.g., ‘APPLICATION FOR PAN - 8810100000097’).
- Application form should be sent to National Securities Depository Limited (NSDL), ‘Income Tax PAN Services Unit, National Securities Depository Limited, 3rd Floor, Sapphire Chambers, Near Banner Telephone Exchange, Banner, Pune - 411045 (Maharashtra).
- Your acknowledgement, demand draft, if any and proofs, should reach NSDL within 15 days from the date of online application.
- For more information, send e-mail to tininfo@nsdl.co.in.

Passport

- Passport Seva Project was launched with the objective of delivering Passport services to the citizens in a comfortable environment with wider accessibility and reliability.
- Under Passport Seva, new measures and procedures have been introduced in order to improve governance in Passport Offices by ensuring citizens’ comfort, improvement in delivery of passport services, transparency and enhanced security.
- For issue of fresh passport and reissue of passport, one needs to fill the application form online via e-Form Submission (preferred) or via Online Form Submission.

Online Application and Appointment

The online appointment system avoids congestion at the Passport Seva Kendras (PSKs) and cutting down the waiting time for applicants. Appointment date/time will be automatically allotted by the system as per the availability of appointment slots at the desired PSK.

Note: It is mandatory for all applicants, including infants, to be physically present at the PSK to give their biometrics (fingerprints) and photographs.

mPassport Seva (Mobile Application)

- Passport Seva Project, of the Ministry of External Affairs (MEA), aims at providing all the Passport-related services to the Indian Citizens in a speedy, convenient and transparent manner.
- MEA with a view to provide mobile enablement of public services, has launched a Mobile Application ‘mPassport Seva’ to offer a wide variety of services to smartphone users such as
• Passport application status tracking
• Locating the Passport Seva Kendra (PSK)
• General information on various steps involved in obtaining a Passport.

**e-Transportation**

Under the National e-Government Programme (NeGP), e-Transport services includes air, train and road transport which helps in:

- Booking train ticket online
- Online status check of running trains
- Tour to the National Museum
- Book Air India ticket

**Note:** The trainers may refer to Annexure 77 for details of e-Transportation services.

**Indian Railway Catering and Tourism Corporation (IRCTC) Connect (Mobile Application)**

It is an application of Indian Railways allowing m-reservation of railway tickets from anywhere in India.

**Features:**

- One step login to existing users.
- Search and Book train tickets.
- View and Cancel tickets.
- Retains recently added passenger details.
- New Users, register from App directly.
- Upcoming Journey Alerts.

**e - Postal & Telecom Services**

The Post and Telecommunications departments is one of the oldest and most extensively used mail services in the world which now uses communication technology to service the people. e – Postal and Telecom Services allow its user to:

- Send messages through e-post.
- Send money through Instant Money Order (iMO).
- Track speed post status online.
- Search International Subscriber Dialing (ISD) code online.
- Calculate the postal charges online.
- Find numbers on ‘Online Telephone Directory’.

**Note:** The trainers may refer Annexure 78 for details of e-postal & telecom services.

**India Post Tracker (Mobile Application)**

India Post's online tracking allows one to access tracking information and confirm the delivery of item by using the tracking number assigned at the time of booking.

**What can be tracked?**

- Speed post [Domestic Express Mail Service (EMS)]
- International EMS
- Electronic Money Order (eMO)
- Registered Mail
Express Parcel
Electronic Value Payable Parcel (eVPP)

How it works?
The tracking system is updated periodically to provide the most current information available about the location and status of the item. Other information provided includes:
- Date and time of booking.
- Dispatched and receiving date and time at various locations during its journey.
- Date and time of delivery.
- Date and time of issue of delivery intimation notice, to notify the recipient that the item is available for delivery.

India Speed Post Tracker (Mobile Application)
- India Post’s online tracking for Speed Post allows one to access tracking information and confirms the delivery of the item sent by speed post by using the tracking number assigned at the time of booking.

e - Educational Services
- Online learning is a method of delivering educational information through the Internet.
- It is flexible and self-paced and suited for distance learning.
- The use of ICT in education has made it possible to reach to the learners who want to pursue education from far-off places.

India Speed Post Tracker
In Government Team
FREE

Note: The trainer may refer to ‘Day 5, Session 4’ to explain Direct Benefit Transfer and National Scholarships Portal System to trainees. The trainers may also refer to areas of e – Educational Services which are placed at Annexure 79.

Employment Exchange
Employment Exchange is an organisation that provides employment assistance on the basis of qualification and experience. The Department of Employment in various states of India allow unemployed educated youth residing in the respective states to pre-register for impending job vacancies occurring in different sectors of that state.

Visit State Employment Exchange website for online registration, create an account and log into State Employment exchange website with the credentials
Submit filled form and print an acknowledgement containing the registration number, registration date and name of the employment for future reference
Produce relevant certificates in support of education, experience, caste, sports, handicapped, ex-serviceman, widow, freedom fighter and proof of residence to the Employment Exchange within 15 days from the date of registration
Employment Exchange will issue a registration card carrying Registration No with date of renewal of that registration

Figure 84: Online Registration Process for Employment Exchange

Note: Apart from the above documents you need to submit one documents as residence proof (Ration Card, Voter ID Card, Certificate from Municipal Councilor/Sarpanch, proof of job in the state of either of the parents, Certificate of Education in the state, Letter from Gazetted Officer or school head, Certificate issued by an MLA/MP, Domicile Certificate).

e - Grievance Redressal
- During the course of public-government interface or interaction, the citizen may feel wronged which may be real or supposed. This forms valid grounds of complaint.
- To redress grievances, the Central Government has set up a portal for public grievances. A list of Uniform Resource Locators (URLs) which link citizens directly to the concern department is placed at Annexure 80.
Online Banking (OLB)

- Online banking is an electronic payment system that enables customers of a bank to conduct financial transactions on a website operated by the bank.
- Online banking is also referred as Internet banking, e-banking and virtual banking.
- Online banking services include:
  - **Account Details:** View bank account details, account balance, download statements and more. Also view demat, loan & credit card account details all in one place.
  - **Fund Transfer:** Transfer fund to own accounts, other accounts in same bank or accounts in other banks.
  - **Request Services:** Give a request for cheque book, demand draft etc.
  - **Investment Services:** View complete portfolio with the bank, create fixed deposit.
  - **Value Added Services:** Pay bills, recharge mobile, register for e-statement and SMS banking etc.

The customer has to register with the bank for internet banking.

Once registered the customer is provided with a customer name and is required to set a password.

To access online banking, a customer would go to the bank’s secured website and enter the online banking facility using the customer name and password previously setup.

The customer can now use the bank services as required.

**Figure 85: Steps for Accessing Internet Banking**

Mobile Banking

Banking can also be done by using mobile applications of the banks.

<table>
<thead>
<tr>
<th>Account Information</th>
<th>Transaction</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mini-statements and checking of account history</td>
<td>• Funds transfers between the customer’s linked accounts</td>
<td>• Status of requests for credit, including mortgage approval and insurance coverage</td>
</tr>
<tr>
<td>• Alerts on account activity</td>
<td>• Paying third parties, including bill payments and third party fund transfers</td>
<td>• Check (cheque) book and card requests</td>
</tr>
<tr>
<td>• Monitoring of term deposits</td>
<td></td>
<td>• Exchange of data messages and email, including complaint submission and tracking</td>
</tr>
<tr>
<td>• Access to loan statements</td>
<td></td>
<td>• Automatic Teller Machine (ATM) locator</td>
</tr>
<tr>
<td>• Access to card statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mutual funds/equity statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Insurance policy management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 86: Mobile Banking Services**

Right to Information

As per RTI, every citizen has freedom of speech and expression and has the right to know how the government works, what role does it play, what are its functions and so on.

Fill the form and attach required document at http://rti.india.gov.in/rti_direct_complaint_lodging.php

Click on “Save as Draft/Submit”, once the form is saved, an unique complaint ID is provided

After submitting the application, one can also check the status of application using unique complaint ID on http://rti.india.gov.in/rti_check_request_status.php?cat=compl

**Figure 87: Online Application Process for Right to Information**
Other Important Mobile Applications

Electricity Bill Details

It is a pull service that provides details of electricity consumer bill such as due amount and due date on specifying consumer number.

Vikaspedia

- Vikaspedia portal is a multilingual knowledge repository dedicated for providing information/knowledge and ICT based knowledge products and services in the domain of social development.
- Vikaspedia browser app allows the users to have easy access to the Vikaspedia portal in the language of their choice (presently five languages) without having to remember the URL.

mkisan

This mobile app enables farmers and all other stakeholders to obtain advisories and information being sent by experts and government officials at different levels through mkisan portal without registering on the portal.

Summary Points

- Digital literacy is the knowledge, skills and behaviours used in a broad range of digital devices such as desktop computers, laptops and smartphones.
- Internet can be used for communication, banking, getting information, entertainment and social networking.
- Social networking service provides a platform to build social networks or social relations among people who share interests, activities, backgrounds or real-life connections.
- Some of common social network platforms include:
  - Facebook
  - Google+
  - Twitter
  - Whatsapp
  - Linkedin
  - Youtube
  - Flickr
- Voter ID and AADHAAR card are important legal document for proof of identification.
- Voter ID is essential for casting votes and is issued to citizens of India who are 18 years old or above.
- AADHAAR helps provide access to services like banking, LPG connections and other government schemes for direct benefit transfer.
- e-Transportation helps in booking online tickets and checking status of trains.
- e-Postal and Telecom services allow its users to send message through e-post, send money and track speed post status online.
- e-Educational Services deliver educational information through internet.
- Besides e-governance, m-governance is also very popular. With applications like my AADHAAR, AADHAR linking, mPassport Seva, IRCTC Connect, India Post Tracker, mKisan registration, issue and management of citizen services has become easier.
<table>
<thead>
<tr>
<th>SESSION 4</th>
<th>FINANCIAL SYSTEMS-AN INTRODUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>To provide information about various saving schemes of Banks and Post Office.</td>
</tr>
</tbody>
</table>
| **CONTENTS** | ➢ Introduction to Financial Systems  
➢ Income  
➢ Expense  
➢ Savings  
  • Benefits of Savings  
  • Investing in a Bank  
  • Investing in a Post Office  
➢ *Pradhan Mantri Jan Dhan Yojna* (PMJDY)  
➢ *Kisan* Credit Card (KCC)  
➢ Loans  
➢ Summary Points |
| **DURATION** | 45 Minutes |
| **TRAINING METHODS** | Powerpoint Presentation, Group Discussion |
| **ACTIVITY** | Income & Savings |
| **LEARNING OUTCOMES** | ➢ The trainees will gain knowledge about the financial services of Post Office and types of Bank Services.  
➢ They will be familiarised with the *Pradhan Mantri Jan Dhan Yojna* and *Kisan* Credit Cards. |
| **MATERIALS REQUIRED** | LCD Projector, Board and Marker |
| **ANNEXURES** | ➢ Post Office Savings Schemes  
➢ FAQs about *Pradhan Mantri Jan Dhan Yojna* |
➢ [https://www.nabard.org/english/Special_Project_Unit_2.aspx](https://www.nabard.org/english/Special_Project_Unit_2.aspx) |
The chapter is prepared keeping in mind the minority women and how they can be made financially independent. The session discusses about the various financial systems and the procedures to access them. The trainers may ask:

**Ask:**
- Are you aware of the workings of a bank?
- Do you know the procedure for opening a bank accounts?
- What all kinds of investments are you aware about?

### Introduction to Financial Systems

The financial system is one of the most important institutional and functional vehicle for economic structure. It helps bridge gap between past, present and the future in terms of allocation of financial resources. It helps facilitate efficient allocation of funds, income which helps in the fund flow of economy.

### Income

- Income is the earning through an employment or an enterprise accruing to a person within a specified time frame, which is generally expressed in monetary terms.
- However, for households and individuals, “income is the sum of all the wages, salaries, profits, interest, rents and other forms of earnings received in a given period of time”.
- Budgeting is important for optimal utilisation of income and planning of expenditure and savings.

### Expenses

- An expense is a cost that is “paid” or “remitted”, usually in exchange for something of value.
- It is an outflow of money to another person or group to pay for an item or service, or for a category of costs.
- Expenses may include actual cash payments (such as rents and bills), computed expired portion (depreciation) of an asset or an amount taken out of earnings (such as bad debts, bad investment).

### Savings

- Saving is the conservation of money. Methods of saving include putting money aside in a bank or pension plan. Saving also includes reducing expenditures, such as recurring costs.
- It is the simple process of putting aside a part of one’s earnings usually in the form of cash in hand or a savings account or in the form of some highly liquid (and safe) instruments such as government issued treasury bills.
- Savings help in:
  - Fulfilling various needs of the family
  - Meeting emergencies
  - Ensuring security in old age
  - Maintaining good standard of living

### Investment

- Investment is buying or creating an asset with the expectation of profit, funds, interest or rents.
- Investment is the commitment of money or capital to purchase financial instruments or other assets in order to gain profitable returns in form of interest, income or appreciation.
- The most common agencies are Bank, Post Office etc. or it can be in the form of land, gold and shares & stocks.

---

**Figure 88: Types of Investments**

- Property (land, house)
- Stocks & Shares
- Gold
- Life Insurance
- Post Office
- Banks
Investing in a Bank

- Bank account is a safe way of keeping money but also to have easy access to money.
- In order to open an account following documents are required
  - A valid ID proof
  - Address proof
  - Passport size photograph
- Carrying a lot of cash is also not very safe option so debit cards or ATM can be obtained.
- Credit Cards are also easy way of expenditure without carrying lot of cash. Credit cards help one to spend the money and pay the bill later.
- Banking has been further made easy with the growing use of internet. Internet banking, online transfers and payments have made banking easy and accessible.

Investing in a Post Office

- Post Office savings bank is the oldest and by far the largest banking system in the country, serving the investment need of both urban and rural clientele.
- Post Office Small Savings Scheme provides a secure, risk free and attractive investment option for the small investors and offers the savings products across its 1,55,000 Post Offices.
- Financial services offered by Post Office includes Savings and Postal Life Insurance (PLI)/Rural Postal Life Insurance (RPLI).

Activity: Income & Savings

**Materials Required:** Case Study, Board and Marker

**Case Study:** Ram is a security guard. He gets a salary of ` 5,000 month and lives in a rented house. Shalu, Ram’s wife, looks after household jobs. In her free time, she maintains a kitchen garden. Two years ago they purchased some agricultural land in the village from their savings for which they get ` 25,000 annually.

**Ask:**

- What is Ram’s total income?
- What are the sources of income?
- What suggestions would you give to Ram?

---

<table>
<thead>
<tr>
<th>Savings Bank Account (SB):</th>
<th>Serves the need of regular deposits and withdrawals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring Deposit Account (RD):</td>
<td>Offers a monthly investment option with a handsome return.</td>
</tr>
<tr>
<td>Monthly Income Scheme (MIS):</td>
<td>Offers a fixed investment option for five years with monthly interest payment facility.</td>
</tr>
<tr>
<td>Public Provident Fund (PPF):</td>
<td>Offers intermittent deposits subject to certain limits for a 15 year period coupled with income tax exemptions.</td>
</tr>
<tr>
<td>Time Deposit (TD):</td>
<td>Fixed deposit option for periods ranging from one, two, three to five years with facility to draw yearly interest offered at compounded rates.</td>
</tr>
<tr>
<td>Senior Citizens Savings Scheme (SCSS):</td>
<td>Offers fixed investment option for senior citizens for a period of five years, which can be extended, at a higher rate of interest.</td>
</tr>
<tr>
<td>National Savings Certificates (NSC) (VIII) Issue:</td>
<td>Fixed investment for 5 years on certificates of varied denominations.</td>
</tr>
<tr>
<td>National Savings Certificates (IX) Issue</td>
<td>Fixed investment tenure of 10 years.</td>
</tr>
</tbody>
</table>
Pradhan Mantri Jan-Dhan Yojna

The National Mission of Financial Inclusion named as the *Pradhan Mantri Jan-Dhan Yojana* seeks to integrate the poorest of the poor with bank accounts. Salient features of the scheme are following:

- All households across the country - both rural and urban are to be covered under the scheme. Bank accounts will be opened for 15 crore poor people.
- All bank accounts opened under the scheme are to have an overdraft facility of ₹5,000 for AADHAAR-linked accounts after satisfactory operation in the account for 6 months.
- Issuance of RuPay Debit Card with inbuilt ₹1 lakh personal accident insurance cover provided by Housing Development Finance Corporation (HDFC) Ergo and a life cover of ₹30,000 provided by Life Insurance Corporation (LIC).
- A minimum monthly remuneration of ₹5,000 to business correspondents who will provide the last link between the account holders and the bank.

Kisan Credit Card

- A *Kisan* Credit Card is a credit card to provide affordable credit for farmers in India.
- It was started by the Government of India, Reserve Bank of India (RBI) and National Bank for Agriculture and Rural Development (NABARD) in 1998-99.
- KCC allows farmers to have cash credit facilities without going through time-consuming bank credit screening processes repeatedly. Repayment can be rescheduled if there is a bad crop season and extensions are offered for up to four years.
- The card is valid for three years and subject to annual renewals.
- As per the revised guidelines for KCC, RuPay, which is a new card payment scheme launched by the National Payments Corporation of India (NPCI), has come out with its RuPay KCC which leverages the benefits of both KCC and RuPay.

Unlike Visa and Master Card networks, RuPay does not charge an entry fee.

RuPay is well equipped to handle both the single and dual messaging systems.

RuPay is a PIN based product so it provides enhanced security.

It offers complete web based architecture, so member banks will not have to develop a separate file based interface.

RuPay provides advanced features such as processing of adjustment file to enable tip and surcharge processing on the SMS platform too.

Administration costs & quarterly charges are very low when compared to current international schemes.

Unlike normal KCC which serves only as an identity card and facilitate recording of transactions on an ongoing basis, RuPay KCC is actually a smart card that can be used at the nearest ATM/Point of sale for withdrawing cash. It removes the necessity of going to a bank branch to operate the account.

Figure 91: Advantages of RuPay Kisan Credit Card
Loans

- A loan is a sum of money borrowed that must be repaid, with interest at some point in the future.
- When applying for a loan, the banks want to see how financially sound the borrower is.
- Some of the main considerations on which loan eligibility is decided are given in figure 92.
- Many types of loans are available. They are in the form of home loan, home improvement loan, car loan, loan for two wheelers, educational loan, wedding loan, business loan, loan against security, personal loan and Non Resident Indian (NRI) loan.
- Interest can be calculated on a daily, monthly, quarterly or annual basis. The outstanding principal loan at the end of each of these terms is taken into account for calculating the interest rate.
- One can take loans against securities or any other valuable asset that the bank is willing to accept.
- National Minorities Development and Finance Corporation provide for loans under the lending schemes namely Term Loan Scheme and Micro Financing Scheme.

Interest Rate

- The interest rate depends on loan agreement. Interest rate can be Fixed or Floating/Variable depending upon which option is availed at the time of taking a loan.
- The interest rates and procedure may be bank specific.

Summary Points

- Income is the earning through an employment or an enterprise.
- Saving is the conservation of money which helps in:
  - Fulfilling various needs of the family
  - Meeting emergencies
  - Ensuring security in old age
  - Maintaining good standard of living
- Bank account is not only a safe way of keeping money but also to have easy access to money.
- Post Office Small Savings Schemes provide a secure, risk free and attractive investment options.
- *Pradhan Mantri Jan Dhan Yojana* seeks to integrate the poorest of the poor with bank accounts, linking the accounts with AADHAAR and providing with RuPay cards.
- The *Kisan* Credit Card which is valid for 3 years allows farmers to have cash credit facilities without going through time-consuming bank credit screening processes.
DAY 5
### SESSION 1

**IMPORTANCE OF EDUCATION AND RIGHT TO EDUCATION (RTE) ACT, 2009**

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ To understand the importance of education in empowerment of women.</td>
</tr>
<tr>
<td>➢ To familiarise the trainees about the provisions under the RTE Act, 2009.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Education for Women – An Overview</td>
</tr>
<tr>
<td>➢ Importance of Education for Girls and Women</td>
</tr>
<tr>
<td>➢ Constitutional Provision related to Education</td>
</tr>
<tr>
<td>➢ Right to Education Act, 2009</td>
</tr>
<tr>
<td>➢ Child-Friendly Schools and Systems (CFSS)</td>
</tr>
<tr>
<td>➢ Summary Points</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Minutes</td>
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<table>
<thead>
<tr>
<th>TRAINING METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powerpoint Presentation, Group Discussion and Group Activity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ The trainees will be able to understand the importance of educating the girl child.</td>
</tr>
<tr>
<td>➢ The trainees will gain an insight into the key features of the RTE Act.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATERIALS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCD Projector, Charts, Sketch Pens, White Board, Markers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANNEXURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Case Studies (Importance of Education)</td>
</tr>
<tr>
<td>➢ FAQs on RTE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ <a href="http://mhrd.gov.in/rte">http://mhrd.gov.in/rte</a></td>
</tr>
<tr>
<td>➢ Child Friendly Schools and Systems. UNICEF. 2014</td>
</tr>
</tbody>
</table>

This training session has been prepared to assist the trainers in conducting the training on ‘Importance of Education’ for the empowerment of women. The session content includes information pertaining to the importance of education for women and girls, constitutional provisions for women and minorities and Right to Information Act, 2009.

Trainers are expected to go through the session preparation a day before the training to deliver an effective session. They may also ask relevant questions like following to assess the knowledge of the trainees.

Ask:
- Are you aware of the current status of literacy, health etc. in India?
- Share any state specific case studies, if possible.

Education for Women – An Overview

Education is the single most important tool for social and economic transformation of a nation. A well educated population, equipped with knowledge and skills is essential to support the growth of a nation.

Gender-based discrimination in education is both a cause and a consequence of deep-rooted disparities within our society. Table 25 highlights the situation of literacy in India. Poverty, geographical isolation, ethnic background, disability, traditional attitudes about the status and various roles that undermine the ability of girls and women to exercise their rights are some of the prime causes of the discrimination across the genders.

High literacy rates correlate to improvement in various socio-economic indicators, like Low Birth Rate (LBR), low Infant Mortality Rate and increase in life expectancy. Therefore, it should be a prerequisite to integrate gender parity at all levels of education, from early childhood through higher education, in both formal and non-formal educational set up. This should become an integral part of the planning infrastructure in training of the teachers.

<table>
<thead>
<tr>
<th>Table 25: Literacy Rate in India</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Literacy Rate</strong></td>
</tr>
<tr>
<td><strong>Female</strong></td>
</tr>
<tr>
<td><strong>Male</strong></td>
</tr>
<tr>
<td><strong>Source:</strong> Census, 2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 26: Percentage of Minority Population and their Literacy Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communities</strong></td>
</tr>
<tr>
<td>Muslims</td>
</tr>
<tr>
<td>Christians</td>
</tr>
<tr>
<td>Sikhs</td>
</tr>
<tr>
<td>Buddhists</td>
</tr>
<tr>
<td>Zoroastrians (Parsis)</td>
</tr>
<tr>
<td><strong>Source:</strong> mhrd.gov.in, 2001</td>
</tr>
</tbody>
</table>
Activity: Discussion

Materials Required: Board, Marker

- Divide the trainees in groups.
- Give 5 minutes to the trainees to share their personal opinions and feelings on importance of education for girls and women.
- Ask a group leader to come and write the disadvantages of not educating girl child.
- Ask another group leader to write the advantages and benefits of educating girl child.
- The trainer should then discuss the topic in detail.

Note: The trainers may use the case study placed at Annexure 83 and share it with the trainees to enable a better understanding regarding importance of girl education among the trainees.

Importance of Education for Girls and Women

- Education helps to gain information and knowledge about various issues.
- Education empowers a woman, makes her confident and helps her address daily challenges.
- It gives a woman the ability and independence to take decisions that affect her life in order to positively improve it.
- An educated woman knows the various provisions laid for her and the mechanisms to exercise her rights.
- Education provides an opportunity for skill development which furthers her opportunities for employment.
- Education encourages a woman to take part in political activities like becoming a member of a panchayat, municipal corporation or legislature.
- Education helps in reducing social evils like child marriage, dowry etc.
- An educated woman ensures that her children are educated; she will ensure that better future prospects are provided for her family.
- Education provides woman an opportunity to participate in the decision making in the family.

“Educate a man you educate an individual, educate a woman you educate a family”

Constitutional Provision Related to Education

Constitutional Provisions for All

Article 21 (A) Right to Education

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 45

- Provision for free and compulsory education for children: The State shall endeavour to provide, within a period of ten years from the commencement of this Constitution, for free and compulsory education for all children until they complete the age of fourteen years.
- Provision for early childhood, care and education to children below the age of six years: The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.

Constitutional Provisions Specific to Minority

Article 29: Protection of Interests of Minorities

(1) Any section of the citizens residing in the territory of India or any part thereof having a distinct language, script or culture of its own shall have the right to conserve the same.

(2) No citizen shall be denied admission into any educational institution maintained by the State or receiving aid out of State funds on grounds only of religion, race, caste, language or any of them.
Article 30: Right of Minorities to Establish and Administer Educational Institutions

(1) All minorities, whether based on religion or language shall have the right to establish and administer educational institutions of their choice. In making any law providing for the compulsory acquisition of any property of an educational institution established and administered by a minority, referred to in clause (1), the State shall ensure that the amount fixed by or determined under such law for the acquisition of such property is such as would not restrict or abrogate the right guaranteed under that clause.

(2) The state shall not, in granting aid to educational institutions, discriminate against any educational institution on the ground that it is under the management of a minority whether based on religion or language.

Article 46 of the Constitution states that, “The State shall promote, with special care, the education and economic interests of the weaker sections of the people, and, in particular of the Scheduled Castes and Scheduled Tribes, and shall protect them from social injustice and all forms of social exploitation.”

Articles 330, 332, 335, 338 to 342 and the entire Fifth and Sixth Schedules of the Constitution deal with special provisions for implementation of the objectives set forth in Article 46.

The Right of Children to Free and Compulsory Education Act, 2009

The Right to Free & Compulsory Education Act, 2009 provides a legal framework that entitles all children between the ages of 6-14 years free and compulsory admission, attendance and completion of elementary education.

- It provides for children's right to an education of equitable quality, based on principles of equity and non-discrimination.
- It provides for children's right to an education that is free from fear, stress and anxiety.

RTE Act, 2009 means that every child has a right to full time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards.

'Free Education' means that no child (other than a child who has been admitted by his or her parents to a school which is not supported by the appropriate Government) shall be liable to pay any kind of fee or charges or expenses which may prevent him or her from pursuing and completing elementary education.

'Compulsory Education' means an obligation of the appropriate government and local authorities to provide and ensure admission, attendance and completion of elementary education by all children in the 6-14 age groups.

Figure 93: Basic Concepts of Right to Education

Note: The trainers may refer to the frequently asked questions about RTE to provide comprehensive answers about the Act. The FAQs are placed at Annexure 84.
Provisions under RTE Act

- Free and compulsory education till completion of elementary education in a neighbourhood school.
- It provides for a child to be enrolled into an appropriate class as per her/his age.
- It lays down the norms and standards relating to Pupil Teacher Ratios (PTRs), buildings and infrastructure, school-working days and teacher-working hours.
- PTR, as per RTE Act should be maintained as 30:1 for class 1st–5th and 35:1 for 6th–8th Class.
- It also provides for prohibition of deployment of teachers for non-educational work, other than census, elections of local authority, state legislatures and parliament and disaster relief.
- It provides for appointment of appropriately trained and academically qualified teachers.
- It provides for development of curriculum as per the values enshrined in the Constitution, which would ensure the all-round development of the child, building on the child’s knowledge, potential and talent and providing the child a safe environment free from fear, trauma and anxiety through a system of child friendly and child centred learning.

Child-Friendly Schools and Systems (CFSS)

- The Child-Friendly Schools and Systems approach has emerged for bringing together a comprehensive range of quality interventions in education.
- CFSS in India promises a comprehensive participatory approach as envisaged in the RTE Act and aims to revamp schools and systems through child-friendly principles in policy, planning, teacher support system, teaching-learning material and pedagogical processes.
- CFSS enhances the chances of achieving ‘Education for All’ by emphasising on issues related to learning among children as well as health, safety, nutrition status and psychological wellbeing of the child including the important role of teacher training, pedagogical practices and community participation.
- It attracts and retains children from different backgrounds, respects diversity and ensures equity and participation.
- This requires not just getting all children into schools but making sure that all schools work in the best interest of children.

<table>
<thead>
<tr>
<th>Child Centric</th>
</tr>
</thead>
<tbody>
<tr>
<td>The best interests of all children be included in the process of negotiating the curriculum and all other aspects of a child-friendly school (violence, safety structure, water, school governance).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Democratic Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children should have a say in the from and substance of their education.</td>
</tr>
<tr>
<td>Children's participation in decision making and assessing their education.</td>
</tr>
<tr>
<td>All children, parents and community leaders, have a role in determining the structure, content and process of education.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inclusiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children have a right to education, access to education is not a privilege.</td>
</tr>
<tr>
<td>It is a duty that society fulfills to all children.</td>
</tr>
<tr>
<td>Fair, transparent and non-discriminatory rules for accessing school are necessary.</td>
</tr>
</tbody>
</table>

Figure 94: Prohibitions under Right to Education Act

Figure 95: Core Principles of Child-Friendly Schools & Systems
Components of Child-Friendly Schools and Systems

CFSS has five rights-based components that are interdependent. Each component is critical to ensure that schools and systems create an enabling environment for all children to realize their right to protection and participation, and ensure happy learning.

1. Learning Environment
   The learning environment relates to creating child-centered learning/teaching activities and materials which promote active creative approaches to learning in a joyful classroom environment as well as developing teacher proficiencies.

2. School Environment
   The school environment relates to ensuring that all children have access to schooling with equity and are cared for and supported by all concerned people and institutions to keep them healthy and safe and protect them from all forms of violence and harassment at school, in the family and in society.

3. Teacher Development
   Teacher development and support relates to a supportive system that enhances teachers’ proficiencies to ensure that they have theoretical and practical knowledge, skills, appropriate attitudes and values.

4. Community and Civil Society Partnership
   Relates to the participation of children, families and communities in the management of their local school.
Summary Points

- Education empowers a woman and prepares her for a better life.
- An educated woman is equipped with the knowledge and skill to ensure the progress of her family.
- Education encourages women to take part in political activities, like becoming a member of a panchayat, municipal corporation or legislature and address their legal rights.
- Constitutional provisions related to education are:
  - **Article 21 (A):** Right to Education
  - **Article 45:** Provision for free and compulsory education for children. Provision for early childhood, care and education to children below the age of six years
  - **Article 29:** Protection of interests of minorities
  - **Article 30:** Right of minorities to establish and administer educational institutions
- RTE provides for children's right to free and compulsory education of equitable quality, based on principles of non-discrimination.
- RTE ensures a safe and child friendly environment for the overall development of children.
- CFSS enhance the chances of achieving 'Education for All' by emphasising on issues related to child learning.
# SESSION 2

## EDUCATIONAL PROGRAMMES FOR GIRL CHILD, ADOLESCENT GIRLS AND WOMEN BY MINISTRY OF HUMAN RESOURCE DEVELOPMENT (MHRD)

### OBJECTIVE
To make the trainees aware about the educational programmes by MHRD targeting girl child, adolescent girls and women.

### CONTENTS
- **Programmes for Girl Child**
  - Sarva Shiksha Abhiyan (SSA)
  - National Programme for Nutrition Support to Primary Education (NP-NSPE/Mid-Day Meal)
  - Early Childhood Care and Education (ECCE)
- **Programmes for Adolescents**
  - Rashtriya Madhyamik Shiksha Abhiyan (RMSA)
  - Incentives to Girls at Secondary Stage
  - Adolescence Education Programme
  - UDAAN
  - Strengthening for Providing Quality Education in Madrasas (SPQEM)
- **Programmes for Women**
  - Mahila Samakhya
  - Saakshar Bharat
  - Jan Shikshan Sansthan (JSS)
- **Summary Points**

### DURATION
1 Hour 45 Minutes

### TRAINING METHODS
Powerpoint Presentation, Group Activity, Group Discussion and Case Study

### ACTIVITIES
- Case Study & Group Discussion
- Group Discussion
- Video on Saakshar Bharat & Discussion

### LEARNING OUTCOME
The trainees will learn about educational provisions by MHRD for Girl Child, Adolescent Girls and Women.

### MATERIAL REQUIRED
LCD Projector

### ANNEXURES
- Success Story (Mid-Day Meal)
- Case Study on Mahila Samakhya

### REFERENCES
- [http://vikaspedia.in/education](http://vikaspedia.in/education)
- [http://mdm.nic.in/](http://mdm.nic.in/)
- [http://wcd.nic.in/schemes/ECCE/ecce_01102013_eng.pdf](http://wcd.nic.in/schemes/ECCE/ecce_01102013_eng.pdf)
- Vikaspedia, [http://vikaspedia.in/education](http://vikaspedia.in/education)
- Central Board of Secondary Education (CBSE) [http://cbseonline.nic.in/regn/udaan.html](http://cbseonline.nic.in/regn/udaan.html)
This training session has been prepared to assist the trainers in conducting the training on “Educational programmes by MHRD”. The session content includes information pertaining to different educational programmes of MHRD for Girl Child, Adolescent Girls and Women.

In order to prepare and ensure successful delivery of the session, the trainer may follow the instructions given in the box:

- Before the session the trainer may conduct a small survey of the area to identify Mahila Kendras/Sanghs and Self Help Groups (SHGs) operational and their specific areas of operation to facilitate discussions during the session.
- For the videos, trainer may use the following links:
  - https://www.youtube.com/watch?v=f4KGjr0clh8
  - https://www.youtube.com/user/HRDMinistry/videos

Importance of Education

- Primary education is the foundation on which the development of every citizen and the nation as a whole is built on.
- Education of girls has been a high priority with the Government of India.
- The national commitment to provide free and compulsory education to all children in the age group of 6-14 years is now a Fundamental Right of every child in India after 86th Amendment in 2002.

Programmes for Girl Child

Sarva Shiksha Abhiyan

- Sarva Shiksha Abhiyan is Government of India’s flagship programme for achievement of Universalization of Elementary Education (UEE) in partnership with the states.
- SSA is an effort to recognise the need for improving the performance of school system and to provide community owned quality elementary education.
- Under SSA reaching out to the girl child is central to the efforts to universalize elementary education.
- Sarva Shiksha Abhiyan (Education for All) recognises that ensuring girl’s education require changes not only in the education system but also in societal norms and attitudes.

Highlights of SSA

- SSA has a special focus on girls’ education and children with special needs.
- The programme seeks to open new schools in habitations which do not have schooling facilities.
- Strengthen existing school infrastructure through provision of additional class rooms, toilets, drinking water, maintenance grant and school improvement grants.
- Existing schools with inadequate teacher strength are provided with additional teachers.
- The capacity of existing teachers is being strengthened by extensive training.
- Grants for developing teaching-learning materials and strengthening of the academic support structure at cluster, block and district level.
- SSA seeks to provide quality elementary education including life skills.
- SSA also seeks to provide computer education to bridge the digital divide.

**Interventions under SSA**

- Free textbooks to all up to class VIII.
- Separate toilets for girls and boys.
- Back to school camps for out of school children.
- Recruitment of 50% women teachers.
- Early Childhood Care and Education centres in/near schools.
- Convergence with Integrated Child Development Scheme (ICDS) programme.
- Teacher sensitization programmes to promote equitable learning opportunities.
- Gender-sensitive teaching and learning materials including textbooks.
- Intensive community mobilization efforts.
- 'Innovation fund' per district for need based interventions for ensuring girls attendance and retention.
- Maintenance and repair of school buildings.

**Kasturba Gandhi Balika Vidyalaya**

- *Kasturba Gandhi Balika Vidyalaya* is a scheme launched in July 2004, for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minority communities.
- The scheme is being implemented in educationally backward blocks of the country where the female rural literacy is below the national average and gender gap in literacy is above the national average.
- The scheme provides for minimum reservation of 75% of the seats for girls belonging to SC, ST, OBC or minority communities and priority for the remaining 25%, is accorded to girls from families BPL in 27 States/UTs.
- *The Kasturba Gandhi Balika Vidyalaya* scheme is merged with *Sarva Shiksha Abhiyan* with effect from 1st April, 2007.
State Initiatives for Promoting Girls Education

- **Uttar Pradesh:**
  - *Meena Manch* - Forum for adolescent girls to discuss their own issues and motivate girls to attend school.
  - Intensive campaign for community mobilization in selected villages; 21 days training of instructors; use of Teaching Learning Material (TLM); residential arrangement for girls and instructors; arrangements for sports, cultural programmes and life skills.

- **Haryana:** Bicycles are given to girls on joining class VI in a Government school located outside the village to prevent dropout at the end of class V and help girls to complete 8 years of schooling.

- **Uttaranchal:** Provisioning Early Childhood Education (ECE) in a convergent mode with ICDS; SSA supporting with additional TLM; capacity building; honorarium; constructing rooms in primary schools for running ECE centres; relocation of ICDS centres in/near primary schools; synchronized timings of ECE and primary school.

- **Orissa:** *Kalasi Dhara* (carrying earthen vessel) - An initiative to mobilize the community and Mother Teacher Associations to monitor the attendance of teachers and children, cleanliness of the school compound and regularity of classes being held at school. The designated mothers are also required to bring to school those children found to be absent by motivating their parents etc.

- **Bihar:** Summer Camps for Remedial Teaching are provided to girls.

### National Programme for Nutrition Support to Primary Education (NP-NSPE/ Mid-Day Meal)

With a view to enhance enrollment, retention and attendance and simultaneously improve nutritional status of the children, the NP-NSPE was launched as a Centrally Sponsored Scheme in 1995.

The National Programme of Nutrition Support to Primary Education also known as Mid-Day Meal (MDM) Scheme was basically introduced to relate primary education with Nutrition, Health and ICDS.

#### Target Group

- Children studying in government, government-aided, local body schools and children studying in Education Guarantee Scheme (EGS) and Alternative & Innovative Education (AIE) centres.
- Children up till 8th standard attending in government, government aided and local body schools.

#### Benefits

The nutritional standards for children in lower and upper primary classes under the Mid-Day Meal Scheme are highlighted in Table No. 27.

**Table 27: Nutritional Standards under Mid-Day Meal**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Category</th>
<th>Type of meal</th>
<th>Cost of Meal (()}</th>
<th>Calories (Kcal)</th>
<th>Protein (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lower Primary Classes</td>
<td>Hot Cooked Meal</td>
<td>3.59</td>
<td>450</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Upper Primary Classes</td>
<td>Hot Cooked Meal</td>
<td>5.38</td>
<td>700</td>
<td>20</td>
</tr>
</tbody>
</table>

*Source: NFSA, 2013 and mdm.nic.in*

**Activity: Case Study & Group Discussion**

**Materials Required:** Board Marker, Case Study

The trainers may refer to the Case Study/Success Story of Mid-Day Meal placed at Annexure 85 and encourage the trainees to discuss stories from their area.
Early Childhood Care and Education (ECCE)

- The National Policy on Education (NPE), 1986 (Modified in 1992) takes into account the holistic nature of ECCE.
- It points out the need for early care and stimulation of children belonging to the vulnerable sector.

Facilitating childcare support, infrastructure and services aimed at holistic well being of children.

Ensure adaptive strategies for inclusion of all children.

Build human resource capacity of ECCE across sectors to enhance and develop quality services for children and family.

Set quality, standards and curriculum framework for ECCE provisions and ensure application through advocacy and enforcement.

Raise awareness and create understanding about significance of ECCE and promote strong partnership with communities and families to improve quality of life of young children.

Recognise diversity, promote culturally appropriate strategies and materials and work using participatory local responsive approaches.

**Figure 102: Objectives of Early Childhood Care & Education**

- The vision of ECCE is to achieve holistic development and active learning capacity of all children below 6 years of age by promoting free, universal, inclusive, equitable, joyful and contextual opportunities for laying foundation and attaining full potential.
- It envisages improving pathways for a successful and smooth transition from care and education provided at home to centre based ECCE and thereafter to school age provision by facilitating an enabling environment through appropriate systems, processes and provisions across the country.

<table>
<thead>
<tr>
<th>Key Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Access with equality and inclusion.</td>
</tr>
<tr>
<td>• Improving quality.</td>
</tr>
<tr>
<td>• Strengthening capacity.</td>
</tr>
<tr>
<td>• Monitoring and supervision.</td>
</tr>
<tr>
<td>• Research and documentation.</td>
</tr>
<tr>
<td>• Advocacy and awareness generation.</td>
</tr>
<tr>
<td>• Convergence and coordination among policies and programmes.</td>
</tr>
<tr>
<td>• Institutional and implementation arrangements.</td>
</tr>
<tr>
<td>• Increased investment towards ECCE.</td>
</tr>
<tr>
<td>• Periodic review.</td>
</tr>
</tbody>
</table>

**Figure 103: Focus Areas of the Early Childhood Care and Education**

The importance of community involvement has also been highlighted and emphasis has been given to establishing linkages between ICDS and other ECCE Programmes.
Table 28: Initiatives to Strengthen Early Childhood Care and Education in Some States

<table>
<thead>
<tr>
<th>State ECCE Policy</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum/Activity Books</td>
<td>Thematic curriculum (Andhra Pradesh, Assam, Chhattisgarh, Karnataka, Madhya Pradesh, Punjab, Tripura), Calendar of Activities (Bihar), Activity Books (Orissa, Punjab, Bihar, Chhattisgarh, Karnataka), Rhyme and Song Books (Assam, Tripura)</td>
</tr>
<tr>
<td>Celebration of ECCE Day</td>
<td>Bachpan Divas (Bihar), ECCE Day (Karnataka), Bal Sabha (Madhya Pradesh), Kanya Kelavani (Gujarat)</td>
</tr>
<tr>
<td>Child Friendly Anganwadis</td>
<td>AWCs based on Building as Learning Aid concept (Madhya Pradesh, Karnataka)</td>
</tr>
<tr>
<td>Awarding of Certificates for completing ECE at Anganwadi centres</td>
<td>Andhra Pradesh</td>
</tr>
<tr>
<td>Uniform for Children</td>
<td>Sikkim and many other states</td>
</tr>
</tbody>
</table>

Programmes for Adolescent Girls

Rashtriya Madhyamik Shiksha Abhiyan

The Rashtriya Madhyamik Shiksha Abhiyan scheme initiated in 2009, demonstrates the government’s ambition for a secondary education system that can support India’s growth and development.

Rashtriya Madhyamik Shiksha Abhiyan aims to make secondary education of good quality available, accessible and affordable to all young students in the age group 15-16 years (classes IX and X) through physical quality and equity interventions.

RMSA also aims to increase the enrollment rate to 90% at secondary and 75% at higher secondary stage by providing a secondary school within 5 kilometers of any habitation and a higher secondary school within 7 kilometer of any habitation.

RMSK Scheme aims to:

- Improve the quality of education imparted at secondary level by making all secondary schools conform to prescribed norms.
- Remove gender, socio-economic and disability barriers.
- Provide universal access to secondary level education by 2017.
- Enhance and universalize retention by 2020.

Figure 104: Important Interventions under Rashtriya Madhyamik Shiksha Abhiyan
Incentives to Girls at Secondary Stage

National Scheme of Incentives to Girls for Secondary Education was launched in May, 2008 to:

- Promote enrollment of girl child in the age group of 14-18 years at secondary stage, especially those who passed Class VIII.
- Encourage the secondary education of such girls, through Centrally Sponsored Scheme.

Target Group

- All SC/ST girls who pass class VIII.
- Girls, who pass class VIII examination from Kasturba Gandhi Balika Vidyalaya (irrespective of whether they belong to Scheduled Castes or Tribes) and enroll for class IX in State/UT Government, Government-aided or local body schools in the academic year 2008-09 onwards.
- Girls below 16 years of age (as on 31st March) on joining class IX.
- Exclusion: Married girls, girls studying in private un-aided schools and enrolled in schools run by Central Government are excluded.

Benefits

A sum of ` 3,000 is deposited in the name of eligible girls as fixed deposit which they are entitled to withdraw along with interest on reaching 18 years of age and on passing 10th class examination.

Adolescence Education Programme (AEP)

The AEP was launched by the MHRD in 2005. It ensures that schools will provide accurate and age appropriate life skills based adolescence education in a sustained manner to young people. Adolescence education is a new and a distinct curricular area. The life skills approach as its integral part makes it a unique program.

The Adolescence Education Programme aims to:

- Reinforce/support development of behaviours that will empower adolescents to make healthy choices.
- Provide opportunities for enhancement of life skills and reinforcement of positive behaviours to enable young people to grow up healthy, cope with challenges and optimize opportunities in positive and responsible ways.

Target Group

- All secondary and senior secondary schools, rural and urban across the country.
- All learners studying at the secondary and senior secondary level in:
  - Government, local body and government-aided schools.
  - Educational guarantee schemes (alternative innovative schemes, across the country).
  - All out of school children and adolescents being catered to by the adult literacy programs.
  - Learners of open schooling/open university systems.

Benefits

- Life skills based age appropriate adolescence education is provided to young people (10-18 years) in schools.
- School-going and out of school [through National Institute of Open Schooling (NIOS)] adolescents gain accurate information, knowledge and skills in: process of growing up, prevention of HIV/AIDS and prevention of substance (drug) abuse.
- Integration of Adolescence Education components in school curriculum, teacher education courses, adult literacy programmes and alternative innovative education schemes.
UDAAN

- UDAAN is an initiative of the CBSE to enable disadvantaged girl students and other girl students from SC/ST & minorities to transit from school to post school professional education especially in Science and Maths.
- It aims to reduce the quality gap between school education and engineering education entrance systems by focusing on the three dimensions - curriculum design, transaction and assessment.

Eligibility

- Indian citizens only.
- All girls studying in classes XI and XII in any board in India.
- Girl currently enrolled in classes XI and XII in Physics, Chemistry, Maths (PCM) stream.
- Minimum 70% marks in class X overall and 80% marks in science and mathematics.
- For classes XII students, a minimum of 75% marks in PCM in class XII in addition to the class X requirements.
- Cumulative Grade Point Average (CGPA) of 8 and 9 in Science and Mathematics respectively.
- Selection will be based on merit cum means.
- Preference will be given to girl from economically disadvantaged background.

Benefits

- Mentoring for 1000 girl selected by merit cum means basis to compete for admission at Premier Engineering Colleges.
- Free of cost comprehensive course in an online and offline format.
- Provision of distribution of tablets with pre-loaded study material.
- Provision of online tutorials, lectures and study material for preparation for Indian Institute of Technology Joint Entrance Examination (IIT JEE).
- Financial assistance by means of reward points redeemed towards fees in Indian Institutes of Technology (IITs) and National Institutes of Technology (NITs).
- Student helpline to enhance learning.
- Periodic counselling to motivate students and parent.

Strengthening for Providing Quality Education in Madrasas

The National Monitoring Committee for Minorities Education (NMCME) was constituted in 2004 to look into all aspects of education of minorities and suggest ways and means to improve the conditions for educational empowerment of minorities. An Expert Committee of the NMCME was constituted to give inputs for revising the programme of modernization of madrasas. The Scheme for Providing Quality Education in Madrasas has been recast after taking into account the inputs of the Expert Committee of NMCME. It seeks to bring about qualitative improvement in madrasas to enable Muslim children attain standards of national education system in formal education system.
Benefits

- The scheme will provide opportunities to students of these institutions to acquire education comparable to the national education system especially for secondary and senior secondary levels.
- This will enable children studying in these institutions to progress to higher levels of learning and also open up better job opportunities for them.
- Maktaba/Madrasas/Dar-ul-Ulooms can opt to become accredited study centres with the NIOS for primary and middle levels of education or/and for secondary and senior secondary levels as well.
- Assistance would be given to Maktabas, Madrasas and Dar-ul-Uloom for activities, which contribute to these objectives.
- The scheme also will seek to provide opportunities for vocational training for children studying in madrasas opting for assistance above 14 years of age, to enhance their opportunities for entering the job market and encourage entrepreneurship.

The unique feature of SPQEM is that it encourages linkage of madrasas with NIOS, as accredited centres for providing formal education, which will:

- Enable children studying in such madrasas to get certification for class 5, 8, 10 and 12.
- Transit to higher studies and also ensure that quality standards are similar to the national education system.

Registration & examination fees to the NIOS will be covered under this scheme along with teaching learning materials.

Programmes for Women

Mahila Samakhya

The Mahila Samakhya programme was launched in 1988 to pursue the objectives of the National Policy on Education, 1986. It recognised that education can be an effective tool for women's empowerment. The principal strategy identified for ensuring women's participation is through mobilizing and organizing them into groups (sanghas) Mahila Shikshan Kendras (MSK).

Target Group:

- Girls in the age group of 15 years and above, who have never gone to school
- School dropouts
- Working girls and young women

Benefits

- It helps enhancing self-esteem and self-confidence of women.
- Developing and enhancing life skills such as critical thinking and decision making.
- It enables women to make informed choices in areas like education, employment and health (especially reproductive health).
- It helps ensure equal participation in legal and developmental domains.
- Facilitates economic independence by providing information, knowledge and skill.

Activity: Group Discussions

Materials Required: Case Study, Board Marker

The trainers may refer to the case study placed at Annexure 86 highlighting how Mahila Samakhya can support and empower a woman. They may further the discussion by asking following questions.

- Is there any age for learning?
- Are there any Mahila Kendras/sanghas in your area?
- What are the facilities provided by them?
- How are they helping women in your area?
Saakshar Bharat

*Saakshar Bharat*, the new variant of earlier National Literacy Mission (NLM), a centrally sponsored scheme of Ministry of Human Resource Development, was launched on the International Literacy Day, 8th September, 2009. The Mission goes beyond ‘3’ R’s (i.e. Reading, Writing & Arithmetic) as it also seeks to create awareness on social disparities.

*Saakshar Bharat* focuses on adult women literacy seeking – to reduce the gap between male and female literacy. *Saakshar Bharat* targets all non-literates of 15 years and above including SC/ST and minorities.

![Figure 107: Focus areas of Saakshar Bharat](image)

**Imparting functional literacy and numeracy to non-literates**

**Acquiring equivalency to formal educational system**

**Imparting relevant skill development programme**

**Providing opportunities for continuing education to make societies better**

**Activity: Video on Saakshar Bharat & Discussion**

**Materials Required:** Computer and Internet

Short video clips on *Saakshar Bharat Programme* may be shown to the trainees. The trainer may go to following links for the video: [https://www.youtube.com/watch?v=f4KGjr0eIh8](https://www.youtube.com/watch?v=f4KGjr0eIh8).

For more videos the trainer may go to the youtube channel of Ministry of Human Resource Development: [https://www.youtube.com/user/HRDMinistry/videos](https://www.youtube.com/user/HRDMinistry/videos).

Jan Shikshan Sansthas

The scheme of *Jan Shikshan Santhan* was initially launched in 1967 as *Shramik Vidyapeeth*, a multi-faceted adult education institution. *Jan Shikshan Sansthas* were established to provide vocational training to non-literate, neo-literate, as well as school drop outs by identifying skills as would have a market in the region of their establishment.

**Target Group**

- Socio-economically backward people
- Educationally disadvantaged groups of urban/rural population such as men, women and youth, employed, self-employed
- Neo-literates, prospective workers and their family members as well as unemployed youth
- Adult neo-literates/semi-literates
- SC and ST, women/girls, oppressed, migrants, slum/pavement dwellers and working children
Benefits

- Improve the occupational skills.
- Improve technical knowledge of the neo-literates and the trainees to raise their efficiency and increase productive ability.
- Provide academic and technical resource support to Zilla Saksharata Samities in taking up vocational and skill development programmes for neo-literates in both urban and rural areas.
- Enhance skills of non-literates through training of Key Resource Persons and Master Trainers.
- Provide learning opportunities by organizing equivalency programmes through Open Learning Systems.
- Promote secularism, national integration, population and development, women’s equality, protection and conservation of environment.

Summary Points

- SSA is Indian government’s programmes for achievement of universalization of elementary education.
- Main provisions under SSA includes free text books for children upto class VII and separate toilets for girls and boys.
- Mid-Day Meal programme intends to improve enrollment, retention, attendance and nutritional status of children by providing hot cooked meal in schools.
- ECCE aims to foster development and learning capacity in children below 6 years.
- Rashtriya Madhyamik Shiksha Abhiyan aims to make secondary education of good quality available, accessible and affordable to all young students in the age group 15-16 years (classes IX and X) through physical quality and equity interventions.
- National Scheme of Incentives to Girls for Secondary Education promote enrollment of girl child in the age group of 14-18 years at secondary stage. They are entitled for a sum of ` 3,000 which can be withdrawn on attaining the age of 18 years.
- The Adolescence Education Programme is a programme for transacting life skills based education to students of classes 8th, 9th and 11th using interactive methodologies.
- UDAAN is an initiative to enable disadvantaged girl students and other girl students from SC/ST & minorities to transit from school to post-school professional education especially in Science and Math. Free of cost comprehensive course, distribution of tablets, provision of online tutorials, financial assistance and periodic counselling are some benefits of this scheme.
- Strengthening for Providing Quality Education in Madrasas bring about qualitative improvement in madrasas.
  - Linkages with NIOS under the scheme will enable children to get certification for classes 5, 8, 10 and 12.
- Mahila Samakhya is a programme to educate out of school, drop-out girls and women through Mahila Shikshan Kendras.
- Shakshar Bharat aims to reduce the literacy gap between male and female by focusing on education of women above the age of 15 years.
- Jan Shikshan Sansthans are established to provide vocational training to non-literate, neo-literate and school drop outs.
SESSION 3
SCHOLARSHIP PROGRAMMES OF MINISTRY OF MINORITY AFFAIRS (MoMA), DIRECT BENEFIT TRANSFER AND NATIONAL SCHOLARSHIPS PORTAL

OBJECTIVES
- To provide information about various scholarship programmes offered by MoMA for the benefit of students.
- To apprise the trainees about National Scholarships Portal (NSP).
- To describe the utility of Direct Benefit Transfer (DBT).

CONTENTS
- Scholarship for Minorities
  - Scholarship Programmes of MoMA
    - Pre-Matric Scholarships for Students
    - Post-Matric Scholarships Scheme
    - Merit cum Means based Scholarship Scheme
    - Maulana Azad National Fellowship
    - Maulana Azad National Scholarship for Meritorious Girls Student (through Maulana Azad Education Foundation)
  - Financial Assistance Schemes of Ministry of Minority Affairs
    - Free Coaching and Allied Scheme
    - Padho Pradesh
- National Scholarships Portal
- Direct Benefit Transfer
- Summary Points

DURATION
2 Hours

TRAINING METHODS
Powerpoint Presentation, Group Discussion, Group Activity, Case Study

ACTIVITY
Demonstration on National Scholarships Portal

LEARNING OUTCOMES
- The trainees will get an insight into various scholarship opportunities available to attain school and higher level education.
- They will learn about how to apply for these scholarships.
- The trainees will get familiarise with National Scholarships Portal and Direct Benefit Transfer Scheme.

MATERIALS REQUIRED
LCD Projector, Charts, Pencils

ANNEXURES
- Scholarship Schemes of Ministry of Minority Affairs (MoMA)
- Case Study (Scholarships)
- List of Scholarships Functioning Through NSP
- Flow of Money in Direct Benefit Transfer Scheme
- Scholarship Schemes under DBT

REFERENCES
- http://www.minorityaffairs.gov.in
- http://momascholarship.gov.in/minority_scholarship/freshDBT.html
- mhrd.gov.in/sites/upload_files/mhrd/files/HBScholarshipRenewal.pdf
The content has been prepared to guide and assist the trainers in conducting a training session on scholarship opportunities available for minority students under Ministry of Minority Affairs and Maulana Azad Education Foundation and associated systems like Direct Benefit Transfer and National Scholarships Portal. In order to prepare and ensure successful delivery of a session, the trainers may follow the instructions given in the box.

**Note:**
- The trainer may use the detailed information on scholarship schemes and financial assistance schemes placed at the Annexure 87 to ensure that trainees are well equipped with information on various scholarship programme.
- The trainers may supplement the content provided in the module with updates by visiting relevant websites such as:
  - http://www.momascholarship.gov.in/
  - http://www.minorityaffairs.gov.in/
  - http://www.maef.nic.in/

The trainers may begin the session by providing the trainees with a brief introduction on scholarships and explaining the importance of the scholarships and how they can benefit students of the minority communities.

The trainers may then ask the trainees to share their experience in case they or any other member of their family have ever availed a scholarship and how beneficial it proved for them in fulfilling their educational dreams.

**Scholarship for Minorities**

Education is a basic necessity for every individual. However, very often students belonging to the weaker sections of the society are unable to continue their education further for some reason or the other. In such situations, scholarship proves to be the key to unlock the locked doors. Scholarships in the form of incentives motivate and encourage students who are talented but do not have the means to study further.

Scholarship programmes are crucial for students of minority communities, they act as an instrument of bringing improvement in their educational status which in turn equips them to grab better employment opportunities.

It is believed that scholarships will motivate both parents and students towards education and aid in many ways (Figure 108).

**Scholarship Programmes of Ministry of Minority Affairs**

**Pre-Matric Scholarship**

The scholarship at pre-matric level is aimed at encouraging parents from minority communities to:
- Send their children to school.
- Lighten their financial burden on school education.
- Sustain their efforts to support their children to complete school education.
Post-Matric Scholarship
The objective of the scheme is to award scholarships to meritorious students belonging to economically weaker sections of minority community so as to:

- Provide them better opportunities for higher education.
- Increase their rate of attainment in higher education.
- Enhance their employability.

Merit cum Means based Scholarship
The scheme seeks to provide financial assistance to the poor and meritorious students belonging to minority communities to enable them to pursue professional and technical courses.

During 12th Five Year Plan, there is a provision of distribution of 60,000 fresh scholarships each year besides renewal of already awarded scholarships.

Maulana Azad National Fellowship
Under this fellowship scheme, financial assistance is provided for integrated 5 years to minority students to pursue regular and full time M.Phil and Ph.D courses in universities/institutes recognised by University Grant Commission (UGC).

The objective of the scheme is:

- To enable them to become eligible for employment to the post with M.Phil and Ph.D as pre-requisites (researcher, academician etc.)

Maulana Azad National Scholarship Scheme for Meritorious Girl Students
This scheme is implemented by Maulana Azad Education Foundation, a voluntary non-political, non-profit marking social service organisation under MoMA.

The objective of the scheme is:

- To recognise, promote and assist meritorious girl students belonging to minority communities who cannot continue their education without financial support.

Financial Assistance Schemes of Ministry of Minority Affairs
Free Coaching and Allied Schemes
The scheme aims to empower the minority communities by assisting the economically weaker sections of students among them through coaching institutions.

Under this scheme financial assistance is provided:

- To students for enhancing their skill and capabilities to make them employable in industries, service, business sector in addition to government sector.
- To institutions to adapt to market dynamics on a continuous basis so that the target groups are not deprived of the professional acumen demanded in the market.
Padho Pradesh

- *Padho Pradesh* is a scheme for students of minority communities aspiring to study overseas.
- It offers interest subsidy on educational loans to meritorious students for higher studies abroad.

The scheme aims to:

- Promote educational advancement.
- Provide better opportunities for higher studies abroad.
- Enhance their employability.

Note: The trainer must refer to scheme details such as eligibility criteria, entitlement, etc. placed at Annexure 87. The trainer may also use case study placed at Annexure 88 to stress upon the importance of scholarships.

National Scholarships Portal

- National Scholarships Portal is one-stop solution through which various services starting from student application, application receipt, processing, sanction and disbursal of various scholarships to students are enabled.
- This portal will ensure the submission of applications for scholarships online and transfer of scholarship amount directly in to the bank accounts of students.
- National Scholarships Portal is taken as Mission Mode Project under National e-Governance Plan (NeGP).

Objectives:

- Ensure timely disbursement of Scholarships to students.
- Provide a common portal for various Scholarships schemes of Central and State Governments.
- Create a transparent database of scholars.
- Avoid duplication in processing.
- Harmonisation of different Scholarships schemes & norms
- Application of Direct Benefit Transfer

Innovative

- Utilisation of ICT for the promotion of education by targeting avenues for ease of usage access is new.

Transparent

- Information regarding the receipt of application, its sanction and release of scholarship and fee reimbursement amount to the college and student is available.

User friendly

- Provision of easy instructions for the students to access services and data.

24x7

- It is accessible from anywhere, any time.

Accurate

- Registration process generates a unique student ID which ensures scholarships are allocated to suitable students.

Efficient

- The system allows for speedy scholarship disbursement.

Sustainable

- Allows faster renewal of scholarships as data is preserved for future use.

Figure 109: Qualities of National Scholarship Portal

Note: The trainer may visit www.scholarship.gov.in for more information on National Scholarship Portal.
Procedure for submission of application

There is a simplified procedure for submission of application. The students can submit self-declaration for community certificate and annual family income. Moreover, they can submit self-attested documents like mark sheets, etc.

Activity: Demonstration on National Scholarship Portal

Material required: A computer system with internet facility/flip book

The trainer may use either a computer system (if facility permits) or a flip book with screen shorts and detailed instructions of steps involved in applying for a scholarship through online system for this activity.

The trainer must explain the steps involved in

- Student registration for fresh applicants
- Renewal of scholarship

While conducting this demonstration, the trainer must entertain questions from the trainees in order to ensure better understanding and avoid any confusion.

The trainer may visit http://registrations.scholarships.gov.in/uploads/Student_Brochure_NSP.pdf for accessing screen shorts and detailed instructions.

Note: while dealing with this topic the trainer may share the list of scholarships functions through National Scholarship Portal. The detailed list is placed at Annexure 89.

Direct Benefit Transfer (DBT)

- The Government of India offers financial assistance in the form of scholarships, subsidies, micro credits through many of its schemes and programmes. However, this amount never reached directly to the beneficiaries. Also, there were cases where the intermediary officers would ask for a ‘cut’ or ‘commission’ leading to leakages in the benefits reaching the true beneficiaries.

- Keeping in mind the benefit of the people and to make mechanism of cash transfer transparent DBT Scheme was introduced.

- Under the scheme, the cash benefits are transferred directly to the Bank or Post Office. Accounts of identified beneficiaries either by the central government or through the state government.

- The shift to this has been taking place in a phased, time-bound manner while ensuring that the necessary systems are in place for Direct Benefits Transfer.

Purpose of DBT

The DBT Scheme aims at:

- To ensure faster transfer of benefits to individuals’ bank accounts electronically, minimising levels involved in fund flow.

- To avoid delay in payment.

- To ensure accurate targeting of the beneficiaries.

- To curb pilferage and duplication.

- To ensure availability of data at all levels of governance for strategic decision making.

Figure 110: Objectives of Direct Benefit Transfer
Note: If the trainer may wish to explain the flow of funds from central ministry to beneficiaries, she/he may refer to Annexure 90.

![Flowchart: Pre-requisite for Direct Benefit Transfer]

*optional for student scholarships

**Figure 111: Pre-requisite for Direct Benefit Transfer**

**DBT Associated Programmes**

Though DBT appears to be an effective scheme, extensive coverage of all financial assistance programmes will take a long time. Up till now the programmes covered under DBT are:

- National Child Labour Project
- Student Scholarship
- Liquified Petroleum Gas (LPG) Subsidy

**DBT and Student Scholarships**

- In an effort to safeguard the interests of students and to prohibit discrimination and harassment, Government of India has introduced Direct Benefit Transfer system in all centrally sponsored scholarship schemes.
- In order to provide scholarships under DBT scheme, colleges/institutes are required to register themselves with the Public Financial Management System (PFMS).
- PFMS serves as a common central portal for registering implementing agencies and beneficiaries enabling verification of the online applications of the students and disbursement of scholarships to the students directly into their bank accounts.
- DBT has now been linked to 19 scholarships/stipend schemes of Government of India.

*Note: The trainer may refer to the list of scholarship schemes under DBT placed at Annexure 91.*

**Benefits to Beneficiaries**

- Faster transfer of funds into their account.
- They can check for payments credited to the account online.
- People will get their due benefit without giving any commission or cut to middle men.
Summary Points

- Scholarships as incentives motivate and encourage talented students, with fund shortage to continue their education.
- Ministry of Minority Affairs offers four scholarships for students belonging to minorities – Pre-Matric Scholarship, Post-Matric Scholarship, Merit cum Means based Scholarship and Maulana Azad National Fellowship.
- Maulana Azad Education Foundation provides Maulana Azad National Scholarship Scheme for meritorious girls students to complete school education.
- Under MoMA, financial assistance is also provided through Free Coaching and Allied Scheme and Padho Pradesh.
- Most scholarship schemes have earmarking of 30% of scholarship for girls.
- National Scholarships Portal is relatively a new system which allows effective management of processes related to submission of application, processing, sanction and disbursement of scholarships to students.
- It has been introduced to make scholarship management transparent and accurate.
- Direct Benefit Transfer scheme is an initiative of Government of India to make the process of cash transfer (subsidy/scholarship) transparent and corruption free.
- Introduction of DBT in scholarship domain was needed to safeguard the interests of students and to prohibit discrimination and harassment.
### SESSION 4: DISTANCE EDUCATION AND OPEN LEARNING

#### OBJECTIVE
To familiarise with concept of open and distance learning as an opportunity to gain education.

#### CONTENTS
- Open and Distance Learning (ODL)
- National Level Institutions under ODL
- SAKSHAT: A One Stop Education Portal
- Nai Manzil
- Summary Points

#### DURATION
45 Minutes

#### TRAINING METHODS
Powerpoint Presentation, Group Discussion, Group Activity, Case Study

#### ACTIVITY
Discussion on Open Learning

#### LEARNING OUTCOMES
- The trainees will learn about the Open and Distance Learning opportunities for pursuing higher education.
- The trainees will know about the various Universities/Institutes providing distance education.
- The trainees will learn about National Level Institutions providing education through ODL.

#### MATERIALS REQUIRED
LCD Projector, Charts

#### ANNEXURES
- Web Related Terminology
- UGC Recognised State Open Universities
- Indira Gandhi National Open University (IGNOU)- FAQs
- Case Studies (Open Learning and Distance Education)

#### REFERENCES
- [http://www.ugc.ac.in/](http://www.ugc.ac.in/)
- [http://www.ignou.ac.in/](http://www.ignou.ac.in/)
- [www.nios.ac.in](http://www.nios.ac.in/)
This chapter has been prepared to guide and assist the trainers in conducting a training session on Open and Distance Learning. The content includes a brief introduction to ODL, its administration, advantages, National Level Institutions providing education through ODL. In order to prepare and ensure successful delivery of a session, the trainers may follow the instructions given in the box.

**Note:**
- The trainers may refer to Annexure 92 on Web related terminology for facilitating the session.
- The trainers must refer to http://www.ugc.ac.in/deb/pdf/DistanceEducationInstitutions-Directorate%20DistanceEducation.pdf to prepare a list of state specific Distance Education Institutions and must share it with trainees.

The trainers may begin the session by asking certain session related questions such as:

**Ask:**
- Have they ever heard of distance education, open school, correspondence study etc.?
- Do they know about any universities/institutes offering open and distance education?

The trainers must try and make effort to make session as interactive as possible by facilitating experience sharing.

**Education**
- Education is the act or process of imparting or acquiring general knowledge, skills and developing the powers of reasoning and judgment.
- It plays a vital role in development of an individual.
- Education is commonly and formally divided into 4 stages namely:
  - Preschool
  - Primary School
  - Secondary School
  - College, University or Apprenticeship
- However, taking formal education continuously may not be possible for everybody especially women due to multiple reasons:
  - Lack of resources to fund education
  - Burden of household work
  - Strong stereotyping of gender roles (lack of support from society)
  - Distant location of educational institute
  - Pressure to work to support household financially
- In such cases Distance Education and Open Learning can play a key role in democratising education in India and empowering the learners in expanding their livelihoods.

**Introduction to Open and Distance Learning (ODL)**
- Distance Education and Open Learning are quite often used interchangeably, but there lies a subtle difference between the two.
- Open Learning is a philosophy and Distance Education is the mode used for translating it into reality. They are two sides of the same coin.
- Thus, ODL is a term which accepts the philosophy of “openness” and uses the “distance mode” of learning.
Nature of Educational Transaction in ODL

- Dissemination of information and knowledge through specially prepared materials (self study learning materials) which are delivered to the learners at their doorstep.
- The self study material is provided using various media such as print, television, radio, satellite, audio/video tapes, Compact Disc Read Only Memory (CD-ROMs), Internet (World Wide Web) etc.
- Interactions between teacher and the learners take place mainly through electronic media (telephone, interactive radio counselling, teleconferencing, videoconferencing, chat sessions, email, website etc.)
- Face to face contact sessions held only at Study Centres set up by the Distance Education Institutions (DEIs).

Importance of ODL

ODL occupies a special place in the Indian higher education system because of its major contribution in enhancing the gross enrollment ratio and ensuring social equality in providing education to learners located at educationally disadvantageous locations.

Activity: Discussion on Open Learning

Materials Required: White Board, Marker

The trainer may divide the trainees into 2 groups and ask them to debate about the pros and cons of open education.

Administration of ODL

According to National Centre on Education and the Economy Report 2005, India has second largest distance education systems in the world. Distance Education in our country is provided through following:

- National Institute of Open Schooling
- National Open University (Indira Gandhi National Open University)
- State Open Universities
- Distance Education Institutions
- DEIs at Stands alone Institutions
- Institute of National Importance
- Central Universities
- State Universities
- Deemed to be Universities
- State Private Universities
- Professional Associations
- Government Institution
- Private Institutions
National Level Institutions for ODL

For Elementary, Secondary and Senior Secondary Level Education – NIOS

- It is the largest open schooling system established in 1989.
- It offers Courses/Programmes of study through ODL mode.
  - Open Basic Education (OBE) of level A, B and C which is equivalent to Class III, V, VIII respectively.
  - Secondary i.e. Class X, leading to Secondary School Certificate.
  - Senior Secondary i.e. Class XII - leading to Senior Secondary School Certificate.
  - Other courses offered include: Open Vocational Education and Life Enrichment Programmes.
- In NIOS, learning takes place through Study Centres, which are known as Accredited Institutions (AIs) for Academic Courses, Accredited Vocational Institutions (AVIs) for Vocational Education Courses and Accredited Agencies (AAs) for OBE courses.
- Learners enrolled with NIOS are provided printed self-instructional study materials supported by audio-video programmes and a half yearly Magazine “Open Learning”.
- Admission in NIOS is 100% online for class X and XII.

For Higher Education – Indira Gandhi National Open University (IGNOU)

- It is the largest distance learning national university located at New Delhi.
- It was established in 1985, to provide high-quality teaching through the Open and Distance Learning mode to disadvantaged segments of society.
- At IGNOU, higher education is made available through a variety of programmes. The details of the programmes can be accessed from [www.ignou.ac.in/](http://www.ignou.ac.in/).
- Education at IGNOU is provided through a network of Study Centres situated at multiple locations. The list of region specific study centres is available at [http://www.ignou.ac.in/ignou/aboutignou/studycentre/centre/39](http://www.ignou.ac.in/ignou/aboutignou/studycentre/centre/39).

Advantages of ODL

- It offers **flexibility** in terms of course selection, age of enrollment, eligibility criteria.
- It helps **save time and energy** as limited commuting is involved.
- It allows a person to **learn at its own pace** ensuring **comfortable** learning experience.
- It enables a person to **work and study at the same time**.
- It helps **save money** as distance learning is much cheaper than most on campus courses.
- It provides an opportunity for **upgradation of skills and qualifications**.

**Figure 114: Advantages of Open & Distance Learning**

Note: The trainer may refer to FAQs placed at Annexure 94, to know more about admission procedure, eligibility requirements, etc. of IGNOU.
SAKSHAT: A One Stop Education Portal

- **SAKSHAT** was launched on October 30, 2006.
- It aimed to facilitate lifelong learning for students, teachers and those in employments or in pursuit of knowledge by providing them study material free of cost.
- The portal will help in bridging the gap by providing just in time quality educational resources and teachers 24 × 7 to learners irrespective of their social, economic and educational status.
- The portal has the following five functional modules:
  - **Educational Resources**: Study material is available in the form of e-Books, e-Journals, Digital Repository, Digital Library etc. Most of the sources listed are open source material.
  - **Scholarship**: This section provides an update on the scholarship opportunities students can avail.
  - **Testing**: It enables the learners to test their knowledge through online testing and skill upgradation tools and enables guided environment for learning.
  - **Super Achiever**: This is for learners who aspire for excellence. Links are provided to various Olympiad sites to help them in testing and upgrading their capabilities to face competitive examinations in life.
  - **Interact**: This provides a medium to the learners to interact with their teachers, mentors and peer groups in real time. Tools provided for interaction includes, e-mail, web logging, webcasting, online chat, discussion forum. Other facilities include career counselling and a platform for uploading content and quiz by teachers.

Apart from the above the Portal has an inbuilt virtual class rich with multimedia learning resources.

**Nai Manzil: An Initiative**

As an integrated education and livelihood initiative for the minority communities, a pilot "Nai Manzil" has been launched in the year 2014-15 with IL&FS Skill Development Corporation. The pilot aims for educational enhancement and skill training especially for the school dropouts from the minority communities as well as the youths getting education from the Madarsa System of education, who are not able to come into/continue formal/mainstream education. It may enhance sustainable inclusive learning through mainstream formal education and skill certification. It aims to ensure that the youths from the minorities may continue education and are subsequently employed so as to ensure their suitable social inclusion.

**Summary Points**

- Distance education and open learning are different sides of same coin. An ODL system is one that accepts the philosophy of “openness” and uses the “distance mode” of learning.
- It is an excellent system providing education to learners located at educationally disadvantaged locations.
- NIOS and IGNOU are two national level institutions providing school and higher education respectively through ODL to a wide audience.
- ODL offers highly flexible and cost effective education system.
- It provides an opportunity for up-gradation of skill and qualification to employed/working personnel.
- **SAKSHAT**: A One Stop Education Portal facilitating lifelong learning for students, teachers and those in employments or in pursuit of knowledge by providing them study material free of cost.
### SESSION 1 COMMUNITY PARTICIPATION AND MOBILIZATION

**OBJECTIVE**
To equip the trainees with knowledge to mobilize the community and engage them for participation.

**CONTENTS**
- What is Community Participation?
  - Steps to Improve Community Participation
  - Role of Community Members
  - Platforms for Dissemination of Information in Community
- What is Community Mobilization?
  - Key Tasks Involved in Community Mobilization
  - Steps in Community Action Plan
  - Role of Stakeholders in Community Mobilization
  - Techniques of Encouraging Community Mobilization
- Summary Points

**DURATION**
1 Hour 15 Minutes

**TRAINING METHODS**
Powerpoint Presentation, Group Discussion, Group Activity, Role Play, Videos, Case Study

**ACTIVITY**
Planning a Community Outreach Programme

**LEARNING OUTCOMES**
- The trainees will be able to understand the concept of community participation and mobilization.
- They will learn about role of community members and other stakeholders.
- They will be equipped with the techniques for eliciting community participation and mobilization.

**MATERIALS REQUIRED**
LCD Projector, Charts and Sketch Pens

**ANNEXURES**
- Why is Community Participation essential?
- What Community Mobilization is and What it is Not
- Success Story (Community Mobilization)
- Tips for Effective Group Facilitation in PLA Exercises
- Success Story: (Community Participation)

**REFERENCES**
- Participatory Training: A Manual (PRIA)
- Participatory Training: A book of readings by Rajesh Tandon (PRIA)
The session has been prepared keeping in mind the need for Community Mobilization and Participation to empower minority women. The trainers may begin the session by asking few questions.

**Ask:**
- What is a community?
- What do you understand by community participation and mobilization?
- Why community participation is essential? Cite examples of community participation in your area.

The trainers may then discuss the concepts in detail.

**Community** refers to a village or a group of villages with families inhabiting them, who are dependent on one another in their day to day transactions of mutual advantages. A Community is a set of people living together with common interest and share common territory, resources, administrative unit, language, religion, culture and occupation.

Community engagement improves the quality of service and programmes. Community engagement in any programme is seen worthwhile as it helps:
- Determine local needs and aspirations.
- Reduce inequalities.
- Improve service design and the quality of programme.
- Strengthen unity among the community members.

**Community Participation**
Community Participation is an active involvement of people in planning, implementing and monitoring of any programme which is for their wellbeing. Community participation is more than utilising services and being passive users. The success of any community based programme depends on community participation.

It is voluntary and democratic involvement of elders, local and religious leaders, institutions and organisations. It includes community action and decision making in planning, implementation and monitoring of the programme which leads to self-reliance, ownership and sustainability of the programme.

**Community participation helps in:**
- Smooth functioning of any government programme.
- Reach and increase in utilisation of programme service.
- Accountability for success or failure of a programme.
- Reduces government intervention.
- Ownership of programme.
- Sustainability of the programme.
- Increasing programme efficiency.
- Ensuring social acceptability and sustainability.
- Enhancing community's participation in utilisation of programmes & services.
- Improving program implementation and bringing down costs through the utilisation of local technology and knowledge.
- Empowering and building capacity of the community especially women.

*Note: The trainer may use Annexure 96 to discuss why is community participation essential.*
How to Elicit Community Participation?

One of the primary steps is to know the community’s knowledge, skills and attitudes towards the community and government programmes. Knowledge, Skills and Attitude of the community can be assessed via community meetings, mothers meetings, meeting with individual, talking with community, Yuvak Mandal etc. It is effective to understand the community’s Customs, Traditions, Practices (CTP) through informal discussion among the community members. One should take care that the community’s sentiments must not be affected.

Step 1: Develop a shared understanding of community participation

Communities are made up of people with a variety of interests and identities. Each will have a different understanding of what community participation is. It is important to share and discuss these different perspectives.

Step 2: Establish the current position

A baseline position can be ascertained by identifying where your community is now in relation to the framework.

Step 3: Identify issues and needs to be addressed

Establishing the current position should help to highlight issues that need to be addressed. This follows identification of the different activities that will help to develop greater and more meaningful community participation.

Step 4: Agree on an action plan

- It is important to be realistic about what is achievable within any given timescale and the level of resources available.
- Identify other stakeholders/NGOs that can lend their support.

Step 5: Review progress

Community participation strategies should be reviewed in the light of the progress made and outstanding needs. This is not just about what the processes and procedures are in place but their effectiveness.

Points for Effective Active Community Participation

- Know the community well & understand their problems and their needs.
- Gather information about their existing beliefs and practices already prevalent in the community.
- Always practice active listening.
- Try to not introduce new and very varied interventions in the community.
- Analyse the community dynamics and adjust in situation.
- Involve community in the programme from the beginning.
- Give respect/importance to negative experiences of the community and try to minimise the feeling.
Activity: Planning a Community Outreach Programme

Materials Required:- Paper, Pen, Charts

The trainer may divide the trainees in groups and may ask them to plan a community outreach programme following the steps of elicit community participation mentioned earlier.

Discuss the programme planned by the trainees highlighting each step and its relevance.

Role of Community Members in any Programme

Community members have an important role to play in any programme.

<table>
<thead>
<tr>
<th>COMMUNITY MEMBER</th>
<th>MAJOR ROLE</th>
</tr>
</thead>
</table>
| Gram Panchayat                 | ➢ Planning and promotion of delivery of services and advocacy.  
                                  | ➢ Monitoring and Implementation.                  |
| Adolescent Girls               | ➢ Assist government functionaries in delivery of services and other advocacy and BCC/IEC material preparation. |
| Mahila Mandal Pradhan          | ➢ Encourage women to participate in the activities of the programme and utilise services.       |
| Primary School Teacher         | ➢ Encourage community, children and their parents to participate and avail services of the programme. |
| Religious and Local Leaders    | ➢ Mobilize and organise community to participate in Programme Support Services to run the programme effectively. |
| NGOs                           |                                                 |

Platforms for Dissemination of Information in Community

Information dissemination emphasises on refining knowledge that already exists, upgrading existing level of skills, and nurturing and shaping innate potential and talent of individuals and groups in a community and society at large.

Community Mobilization

Community Mobilization is the process of bringing together or empowering members of the community from various sectors to raise awareness on/and demand for a particular development programme. It facilitates change and development taking into account the felt needs of the community and leads to community organisation.

Community mobilization is the foundation of participatory approach in any development programme. In community mobilization intervention make people aware about their role and responsibilities as parents, guardians, members of local authorities and freedom given to them for the development of their community.
Community Mobilization:

- Builds capacity through which individuals, groups and organisations, plan, carry and evaluate activities on a participatory and sustained basis to improve their needs.
- Generates awareness among people on shared concern or needs and help them take action in order to create shared benefits.
- Involves communication, education and organisation, which together lead to community action and development.
- Strengthens participation in local decision making.
- Improves access to social and production services.
- Increases efficiency in the use of locally available resources.
- Enhances opportunities for asset-building.
- Implies an improvement in quality of life through better health, education, housing, overall resources and social welfare.

Note: The trainer may refer Annexure 97 to discuss with trainees what community mobilization is and what community mobilization is not.

Key Task involved in Community Mobilization

- Developing an on-going dialogue between community members.
- Creating or strengthening community organisations (Committees etc.).
- Creating an environment in which individuals can empower themselves to address their own and their community's needs.
- Promoting community members' participation.

Figure 117: Steps in Community Action Plan

Step 1: Identify the problem/issue

Identify and select core areas of community development like poverty, health, HIV/AIDS, malaria, education, women empowerment, water and sanitation, prohibition of alcohol, skill improvement etc.

Step 2: Select a strategy to solve the problem

Depending on problem, plan for community dialogue and select a strategy. Some problems require sensitization on the issue while other call for both mobilization of community and need interaction with individual family members.

Step 3: Community Mobilization

Mobilize the community on the identified common issue in which the whole community is ready to get involved, gather information about the issue and identify resources and constraint for effective mobilization.

Step 4: Implementation through people's participation

Implement the programme through participation of people and monitor the programme constantly for better results.

Note: The trainer may discuss case study of successful mobilization placed at Annexure 98.
Step 5: Assess the results and improve
Assess the results after implementation, revise the strategy wherever necessary and scale up for far-reaching the spread of the programme and better implementation.

Role of Stakeholders in Community Mobilization
The role of members from the community/community leaders who may help in encouraging community participation and mobilization is given below:

Role of PRI
- Mobilize the community to act against crimes against women and children by spreading awareness and gender sensitivity through public education programme.
- Discuss social issues with Gram Sabha on a regular basis.
- Facilitate free access to public information on local development programme and activities.

Role of Gram Sabha
- Create/spread awareness on social issue.
- Involvements of community as a vigilance group to identify any problem and inform Gram Sabha.
- Advocate on social issues like gender equality and educate community using regional language.
- Form village level committee for monitoring of the initiatives.

Role of Mahila Mandal Pradhan
- Encourage women to participate in community activities and utilise services of running programmes.
- Arrange special Mahila Sabha meetings to discuss leading issues like gender, violence against women, drug abuse etc.
- Discovering real reasons behind community mindset (violence against women in public space is a major concern) and how to face it.

Role of Religious and Local Leaders
- Mobilize and organise community to participate in community based programme and avail services of government run programmes.

Role of NGOs
- Support services to run community specific programme effectively.

Techniques for Encouraging Community Mobilization
Techniques and activities which can be used for community mobilization are mentioned below:
- **Role play** is a simulation in which each participant is given a role to play. Participant are given with some information related to description of the role, concerns, objectives, responsibilities and emotions. Then, a general description of the situation and the problem that each one of them faces, is given. For instance, situation could be alcoholism, two parties in conflict, managing conflict, etc. Once the participants read their role descriptions, they act out their roles by interacting with one another.
  - Role Plays helps in:
    - Developing interpersonal skills and communication skills.
    - Conflict resolution & group decision making.
    - Developing insight into one’s own behaviour and its impact on others.
- A **Demonstration** convinces the community more as they see things for themselves and its not theoretical but is practical as practice gives more confidence. People learn through mutual interaction in a group discussion as they get an opportunity to express their ideas, opinions and views.
- In a **Group Discussion**, the discussion leader should be skilled in ensuring that the discussion proceeds in a meaningful and constructive manner.
- **Focused Group Discussion** (FGDs) can be used to examine issues in depth, explore alternative opinions and develop communication skills. FGDs are helpful in providing qualitative information on social practices, norms, values, perceptions & feelings.
- **Home Visit** enables one to identify health problems of women and children and provide necessary referral service. A home visit inspires confidence and the family at once becomes more responsive and receptive and helps establish informal contacts with community. It is best to visit the home at a time when the mothers/members are not too busy and have some leisure time at their disposal. Learning takes place more effectively when the learners go to the field site and learn by doing.

- **Nukad Natak** is a technique of mass communication used for creating awareness and transferring knowledge.

**Note:** The trainers may show youtube video [www.youtube.com/watch?v=8NoD8zt80AU](https://www.youtube.com/watch?v=8NoD8zt80AU) and discuss it. The trainer may also show videos on other social issues raising community awareness and seeking community participation.

- **Participatory Learning and Action (PLA)** is an approach for learning about and engaging with communities. It combines an ever-growing toolkit of participatory and visual methods with natural interviewing techniques and is intended to facilitate a process of collective analysis and learning. The approach can be used in identifying needs, planning, monitoring or evaluating projects and programmes. Whilst a powerful consultation tool, it offers the opportunity to go beyond mere consultation and promote the active participation of communities in the issues and interventions that shape their lives. The approach has been used, traditionally, with rural communities in the developing world. There it has been found extremely effective in tapping into the unique perspectives of the rural poor, helping to unlock their ideas not only on the nature and causes of the issues that affect them, but also on realistic solutions. It enables local people to share their perceptions and identify priorities and appraise issues from their knowledge of local conditions.

**Note:** The trainer may refer Annexure 99 to discuss Tips for Effective Group Facilitation in PLA Exercises.

- **Maps:** Mapping activities are often used as introductory activities. They allow the community to show and talk about how they see the area where they live, the resources/facilities available and what is important to them in their environment. They enable ‘outsiders’ to begin to see a community through the eyes of the local people.

- **Time Lines:** Time lines are a type of diagram that help to record changes in a community/household/life of a community member over time. They are a way of noting the important historical markers and milestones of a community or individual, giving a wider historical context to issues being discussed. They can also enable participants to draw out trends.

- **Transect Walks:** Transect Walks are a type of mapping activity, but they involve actually walking across an area with a community member/group of community members, observing, asking questions and listening as one moves along. This information is then represented usually in a transect sketch/diagram.

- **Problem Trees:** A ‘Problem Tree’ or ‘issue tree’ is a type of diagram which enables community members to analyse the causes and effects of a particular problem and how they relate to one another. Constructed around a focal problem/issue, the causes of that problem are traced down below and the effects above.

- **Ranking Activities:** Ranking/Scoring activities provide a way for community members to rate and prioritise issues relative to them.

- **Participatory Training:** Participatory training is the training conducted with mutual support of trainers and the trainees with proper communication and discussion on a particular topic.

Other techniques include:
- Community meetings.
- Door to door campaigns.
- Electronic and print media.
- Radio talks and television programmes.
- Person to person discussion.
- Rallies such as cycle rallies.
- Processions and walks.
- Puppet shows.
• Film and video shows.
• Posters, pamphlets and handouts.

All these tools can be utilised to mobilize the community effectively and help in the awareness generation and participation of the community.

### Summary Points

- Community participation refers to active involvement of people in planning, implementation and monitoring of any programme for their wellbeing.
- Community mobilization is the process of bringing together or empowering members of the community from various sectors to raise awareness over a particular development programme.
- AWCs, panchayat ghars, village chaupal, PHCs, schools, community groups and NGOs serve as platform for dissemination of information in the community.
- Stakeholders such as PRIs, gram sabhas, mahila mandals, religious and local leaders and NGOs play an important role in community participation and mobilization.
- The trainer may share the success story placed at Annexure 100 and conclude the session.
# SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC)

## OBJECTIVES
- To discuss the concept and process of social and behaviour change communication and its importance in various social issues.
- To share information about communication process and provide tips to become an efficient communicator.

## CONTENTS
- Community Needs Assessment
- Social and Behaviour Change Communication (SBCC)
  - What is SBCC - An overview
  - Principles of SBCC
  - Stages of Behaviour Change
- Communication
  - Process of Communication
  - Types of Communication
  - Developing Messages
  - Barriers to Communication
  - Effective Communication
  - Strengthening Communication
  - Active Listening
- Communication for Development (C4D)
  - Strategies of C4D
  - Phases of Communication for Development
- Summary Points

## DURATION
1 Hour 15 Minutes

## TRAINING METHODS
Presentation, Group Discussion, Group Activity, Case Study, Role Play, Videos.

## ACTIVITIES
- Case study
- Role Play
- Designing Messages

## LEARNING OUTCOMES
- The trainees will gain knowledge about the concept of Social and Behaviour Change Communication and its process.
- They would be able to facilitate a change in the community by planning a SBCC campaign.
- They would be able to identify and tackle social issues with the help of effective communication.

## RESOURCES REQUIRED
LCD Projector, Powerpoint Presentation, Charts, Sketch Pens, Marker, Board

## ANNEXURES
- Behaviour and Motivation Theories
- Case Study (Principles of SBCC)
- Success Stories (SBCC Campaigns)

## REFERENCES
- Improving Healthy Behaviors Programme
- Building Interpersonal Communication Skills - A Training Module, UNICEF
This chapter focuses on the need for behavioural and social change with positive and empowering communication. The trainers may begin the session by discussing the need and importance for social and behaviour change.

(For facilitating the discussion the trainers may:)

**Ask:**
- What is social & behaviour change?
- Why is bringing social and behaviour change important?
- Are you aware of stages involved in behaviour change?

**Community Needs Assessment**

A central part of community needs assessment is gathering information on local people’s views of their needs and resources. Community, local residents can be made part of planning, delivering and reviewing services. Gathering information from community involves:

- Collection of relevant information that will inform the functionaries about the needs.
- Analysis of information via various household surveys.
- Choosing and deciding on priorities for action.

**Community needs assessment is a process that:**

- Describes the state of well-being of local people.
- Enables the identification of the major risk factors and causes of ill health or any other issue.
- Enables the identification of the actions needed to address the existing problems.
- It is not just about looking for problems and needs but also about assessing the strengths and resources/assets that promote wellbeing in the community.

**Importance of Needs Assessment**

- To identify local issues and needs.
- To use scarce resources most effectively and equitably.
- To work with others so they can help to meet community’s needs.
- To involve local people in planning their services – make services more democratic.
- To ensure that the needs of hidden or marginal groups are identified and met.
- To identify gaps in local provision.
- To provide baseline data against which we can measure the achievement of objectives and targets.

**Social and Behaviour Change Communication (SBCC)**

Social and behaviour change communication is an interactive, evidence-based, consultative process that uses communication to promote and facilitate behaviour change and thus brings about social change.
Principles of SBCC

There are 10 key principles of SBCC that should be kept in mind while designing and implementing SBCC campaigns and programmes to ensure they are effective and of high-quality.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic Approach</td>
<td>Follow a systematic approach using appropriate planning strategies.</td>
</tr>
<tr>
<td>Use Research</td>
<td>Use research, not assumptions to drive your programme. Carry out a situational analysis to gain an insight into the needs of the community.</td>
</tr>
<tr>
<td>Social Context</td>
<td>Consider the social context and assess resources, decide upon the approach and forming alliances.</td>
</tr>
<tr>
<td>Focus on Audience</td>
<td>Focus on target audience(s), their needs and ways in which those needs can be addressed.</td>
</tr>
<tr>
<td>Use Models</td>
<td>Use behavioural theories and models to guide decisions like theory of planned behaviour, stages of change model, social cognitive theory.</td>
</tr>
<tr>
<td>Involve Partners</td>
<td>Involve partners/stakeholders and communities throughout the process of SBCC. Working with partners and stakeholders increases efficiency of a project.</td>
</tr>
<tr>
<td>Set Objectives</td>
<td>Set realistic objectives and consider cost-effectiveness. Choose SMART objectives.</td>
</tr>
<tr>
<td>Use Materials</td>
<td>Use materials and activities at many levels that may reinforce each other.</td>
</tr>
<tr>
<td>Choose Strategies</td>
<td>Choose strategies that are motivational (Theory of Human Motivation) and action-oriented.</td>
</tr>
<tr>
<td>Ensure Quality</td>
<td>Ensure quality at every step by monitoring, evaluating and replanning the programme for its impact and sustainability.</td>
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</table>

Note: The trainer may refer to the Annexure 101 to explain the theories of behaviour change.
Activity: Case Study

Materials Required: Board, Marker and Case Study

Hand out a Case Study placed at Annexure 102 to the trainees and ask them to read through it. Ask them to reflect on the case study and discuss how the Prachar project exemplified some of the 10 SBCC principles.

Note: There are no right or wrong answers for this group discussion and there may not be an answer for every principle. Some examples of responses may include:

- Principle 1: The Prachar project used a systematic and stepwise approach.
- Principle 2: The Prachar project conducted a situational analysis.
- Principle 3: Activities included an array of partners and environments.
- Principle 4: The audience was addressed by life stage/sub-population.
- Principle 5: The Prachar project used several strategies that were consistent with an SBCC approach (e.g., advocacy, IPC).
- Principle 6: The project worked with a range of partners and stakeholders.
- Principle 8: The project used both advocacy and IPC approaches, which are mutually reinforcing.

What SBCC Can and Cannot Do?

<table>
<thead>
<tr>
<th>SBCC Can</th>
<th>SBCC Cannot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase knowledge and awareness.</td>
<td>Compensate for inadequate infrastructure or logistics of services (though it can mobilize or advocate for improvement in these areas).</td>
</tr>
<tr>
<td>Counter myths and misconceptions.</td>
<td>Produce sustainable change without support from other programme components or programmes providing services, technology and enforcing regulations and policies (though it can link with these programmes).</td>
</tr>
<tr>
<td>Influence perceptions, beliefs, attitudes.</td>
<td></td>
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<tr>
<td>Prompt action.</td>
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<tr>
<td>Trigger an individual to adopt and maintain a healthy behaviour.</td>
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<tr>
<td>Demonstrate and allow new skills to be practiced.</td>
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<tr>
<td>Reinforce self and collective efficacy.</td>
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<tr>
<td>Address barriers.</td>
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<tr>
<td>Support or initiate norm change.</td>
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Stages of Behaviour Change

Behaviour change is a process, not an event. If a person attempts to change any behaviour, he or she moves through five stages: pre-contemplation, contemplation, preparation, action and maintenance (and relapse).

- **Pre-contemplation/Unaware:** People are not interested in change and have no intention of taking action. They defend their current behaviour and are not aware that they can lead a better life. They are resistant, unmotivated and in denial.
  - **Potential Change Strategies:** Increase awareness of need for change; personalize information about risks and benefits.

- **Contemplation:** People start to think about the issue and the possible need to make some changes. They recognise that there is a problem and that they can and should do something about it. At this stage, people are very open to information. They may be procrastinators and ambivalent. They look for options and strategies.
  - **Potential Change Strategies:** Motivate, encourage making specific plans.

- **Preparation:** A change is about to happen. People realise the seriousness of the problem and intend to take action. They take ‘pre-change’ steps with a view to make the required change. This stage is marked by determination, making plans, introspection and decision to change as well as a reaffirmation of the need and desire to change. This is period of transition.
  - **Potential Change Strategies:** Assist with developing and implementing concrete action plans, help set gradual goals.
- **Action**: People make real and overt changes or modifications to their behaviours. While the chances of relapse are very strong, there is also openness to receive help and support. This stage is the ‘will power’ stage and short term rewards to sustain motivation may be used.
  - **Potential Change Strategies**: Assist with feedback, problem solving, social support and reinforcement.

- **Maintenance**: People work to consolidate any changes in their behaviour, to maintain the ‘new’ status quo and to prevent relapse or temptation. The former behaviour is no longer seen desirable now. This stage requires patience and avoid personal and environmental temptations. The risk of relapsing to earlier stages is high.
  - **Potential Change Strategies**: Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable). Because individual behaviour change depends on many factors and in many cases is hard to sustain, individuals may relapse (no longer perform the desired behaviour).

Finally, a new stage is seen where people need help in moving and sticking to newly adopted behavioural change. During this a relapse can occur, but it may be seen as a learning opportunity to help strengthen coping strategies.

![The Stages of Behavior Change](image)

**Figure 121: The Stages of Behaviour change**

*Source: Grimley 1997 and Prochaska 1992*

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**Activity: Role Play**

**Materials Required:** Role play script, Board and Marker

Using the Stages of Behaviour Change ask the trainees to prepare and present a role play. The trainer may give a scenario to the trainees for the role play.

For example, a person who uses drugs and was earlier not interested in changing his behaviour later on became a non-user. Ask the trainees to describe through a role play the strategies he used and stages that he experienced while undergoing this transaction.

**Note**: At the end of the role play the trainer may add on and discuss potential change strategies for each stage.

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**Communication**

- Communication is one of the core elements of SBCC.
- It is a process that allows individuals to interact with other people; without which, it would be difficult to share knowledge or experiences with others.
- Ideas and knowledge can be shared by speaking, writing, gestures, touch and broadcasting. Communication can be verbal and non-verbal or written.
To bring about Social and Behaviour Change, effective communication plays a very important role.

The way we communicate is a learned style. We can learn to improve the way we communicate by observing others who communicate effectively, learning new skills and practising those skills.

### Communication Process

The process of communication involves a sender, message, channel, receiver and feedback.

- **Sender:** The communicator or sender is the person who is sending the message. There are two factors that will determine how effective the communicator will be.
  - The first factor is the communicator’s attitude. It must be positive.
  - The second factor is the communicator’s selection of meaningful symbols or selecting the right symbols depending on the audience and the right environment.

- **Channel:** The medium by which information is communicated is called a channel. Care needs to be exercised in selecting the most effective channel for each message. The channels of communication can vary from situation to situation. For example, for a literate population the channels of communication could be powerpoint presentations, brochures and pamphlets and any type of print media. On the other hand, for illiterate population, channel could be videos, audio recordings, pictures etc.

- **Message:** what needs to be communicated is called a message. It could be in writing, in speech or by signals.

- **Receiver:** The receiver is the person receiving the message who understands and translates it into meaningful information.

- **Feedback:** Feedback can be a verbal or non verbal reaction or response.

### Types of Communication

Communication can be classified as:

1. **Verbal and Non-Verbal**
   - Verbal Communication is the process of conveying the messages through oral, written or visual forms. Examples of verbal communication may be, written documents, posters, oral messages.
   - Non-verbal communication describes the process of conveying meaning in the form of non word messages. Examples of non-verbal communication include communication through, gestures, body language, facial expression, eye contact and how one dresses.

2. **One way and Two way communication**
   - In one way communication information is transferred in one direction only, from the sender to the receiver. There isn’t any opportunity for the receiver to give feedback to the sender. For example, a politician giving speech in front of large audience, newspaper.
   - Two way communication is when one person is the sender and he transmit a message to another person, who is the receiver. When the receiver gets the message, he sends back a feedback acknowledging, the message is received.

   **Importance of Feedback**
   - Help us to know whether the recipient has understood the message as intended.
   - Help us to evaluate the effectiveness of message.
   - Maintains an open communication.
   - Provides an opportunity to motivate the communicator.

3. **Internal and External Communication**
   - Internal communication is the process of exchanging information among the people of different levels or internal participants within the organisation.
Intrapersonal Communication:
- Takes place within a single person, often for the purpose of clarifying ideas or analysing the situations.
- Other times, intrapersonal communication is undertaken in order to reflect upon or appreciate something.
- Three aspects of intrapersonal communication are self-concept, perception and expectation.

External communication is exchange of information and messages between groups or individuals outside the formal structure of an organisation.

Interpersonal Communication (IPC):
- IPC is the face to face verbal or non-verbal exchange of information and feelings between two or more people.
- The six steps of Community/Individual Interaction (GATHER technique)
  - Greet the community, trainees.
  - Ask people about themselves.
  - Tell people why you have come and what you can offer.
  - Help people in decision-making – do they want to accept what you are offering. If there are choices help them to make a decision.
  - Explain fully the information on their decision.
  - Return to the community to see how things are going and whether anyone has any problem or need any support.

Mass Communication:
- Mass communication is a more public form of communication between an entity and a large and diverse audience, mediated by some form of technology.
- This may be either real time or on a taped delay basis or it may be rooted in the usually recent past. Examples: Radio and television, newspapers and magazines.

### Figure 123: Skills to Improve “Getting” and “Giving” Information

<table>
<thead>
<tr>
<th>Getting Information</th>
<th>Giving Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay attention and listen carefully.</td>
<td>Make sure others are listening.</td>
</tr>
<tr>
<td>Make notes and pointers.</td>
<td>Speak slowly and with clarity.</td>
</tr>
<tr>
<td>Ask questions and reconfirm the information received.</td>
<td>Use visual aids whenever necessary.</td>
</tr>
<tr>
<td></td>
<td>Have the listener repeat the information provided.</td>
</tr>
<tr>
<td></td>
<td>Encourage healthy discussion.</td>
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</tbody>
</table>

Developing Messages

Message is something that a communicator intends to communicate. The communicator needs to take care of following things for developing effective messages so that the intended thought or idea is communicated to the receiver/target audience.

Remember:
- Concise and consistent messages are critical for effective communication.
- Content is only one part of a message. Other factors such as messenger, place and timing of the message are equally or more important than the content alone. Sometimes what is not communicated leaves a louder message than what is communicated.

### Figure 124: Tips for Developing Effective Messages

- Make messages clear, positive, compelling, non-judgmental and engaging. Avoid jargon.
- Put a ‘frame’ around the issue – highlight main perspective.
- Use clear facts and numbers creatively.
- Stress on use of positive words rather than negative.
- If possible include information that is local so that it is relevant for people.
- Allow the audience to reach their own conclusions.
- Present a solution if possible.
Activity: Designing Messages

Materials Required:- Chart, Sketch Pens, Markers

- Divide the trainees in groups and ask them to design sample messages on any social issue prevalent in their area.
- The trainer may refer to the sample messages given in Figure 125 and Day 6, Session 3 to facilitate the activity.

Figure 125: Sample Messages on Social Issues

Barriers to Communication

Barriers to effective communication can retard or distort the message and intention of the message being conveyed which may result in failure of the communication process or an effect that is undesirable. The barriers can be internal (attitudinal, language, physiological barriers) or external (physical, cultural differences, ambiguity of words).

- **Physical barriers:** Physical barriers are often due to the nature of the environment. For example, if target audiences are located in different buildings or on different sites. Likewise, poor or outdated equipment may also act as physical barrier.
- **Attitudinal barriers:** These may be brought about the personal attitudes of individuals which may be due to lack of motivation or dissatisfaction or simply resistance to change due to particular beliefs and ideas.
- **Ambiguity of words/phrases:** Words sounding the same but having different meaning can convey a different meaning altogether. Hence the communicator must ensure that the receiver receives the same meaning. It is better if such words are avoided by using alternatives whenever possible.
- **Individual linguistic ability:** The use of jargon, difficult or inappropriate words in communication can prevent the recipients from understanding the message. Poorly explained or misunderstood messages can also result in confusion.
- **Physiological barriers:** These may result from individuals’ personal discomfort, for example caused by ill health, poor eyesight or hearing difficulties.
- **Cultural differences:** These may result from the cultural differences of communities (tribal/regional differences, dialects etc), between religious groups, people may have different expectations and norms. Also words, colours and symbols have different meanings in different cultures.
- **Socio-psychological Barriers:** It includes societal and personal barriers that exist in the targeted community or audience. For example, in some communities women may not be allowed to sit with men during an information dissemination process.
- **Noise:** Blaring of loud speakers, poor telephone line and faulty TV connection may create problems in effectively sending intended message.
- **Time:** Untimely information affects effective communication. The time of giving the information should be in accordance with the needs of the target audience.
- **Distance:** Accessibility of the information to the target audience affects the communication. For example, if the place of information dissemination (meeting ground) is far from the habitation of target audience there are chances that less number of people will get the information.

Effective Communication

- Communication is considered effective when it succeeds in evoking a desired response from the other person.
- It should maintain the effect, with the potential to increase the effect of the message.
Possible purposes might be to elicit change, generate action, create understanding, inform or communicate a certain idea or point of view.

When the desired effect is not achieved, factors such as barriers to communication are explored, with the intention being to discover how the communication has been ineffective.

Strengthening Communication

In addition to removal of barriers to communication, the following guidelines may also facilitate communication.

- Have a positive attitude. Defensiveness interferes with communication.
- Check people’s understanding.
- Know exactly what is to be communicated.
- Make communication goal oriented. Relational goals come first and pave the way for other goals. When the sender and receiver have a good relationship, they are much more likely to accomplish their communication goals.
- Experiment with communication alternatives. What works with one person may not work well with another person. Vary channels, listening techniques and feedback techniques.
- Use appropriate words and speak clearly.
- Listen well. Sender must check his own understanding of what the other person said.
- Become sincerely interested in the other person.
- Try to see things from the other person’s point of view.
- Encourage questions.
- Use encouraging non-verbal communication like nodding, smile.
- Ask self: “Am I giving too much information or not enough?”
- Accept the miscommunication and work to minimise its negative impacts.
- Think: “How is it possible for someone to misunderstand the message?”

Active Listening

- Listening comprises of hearing, attending, understanding and remembering. It can also facilitate the effectiveness of communication.
- Listening can be pleasurable, discriminative or critical depending on the degree of application of mind.
- Listener has to employ the appropriate type of listening depending on the situation and nature of the message.
- Proper listening requires a reasonable background familiarity, right attitude, interest, objectivity, patience and rapport with the sender.
- Absence of rapport with the sender often leads to ambush listening where the receiver listens only till he gets a point for argument after which his main intention would be to interrupt the communication.
- Lack of interest in the topic spoken by a person with whom receiver has rapport would sometimes make them employ pseudo listening.
- Appropriate listener response serves as a means by which feedback is judged.
Communication for Development (C4D)

- Communication for development (C4D) is seen as a two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives.
- Communication for Development involves understanding people, their beliefs and values, the social and cultural norms that shape their lives and behaviours and thus work on changing their mind-sets for accepting healthy behaviours.
- It involves engaging communities and listening to adults and children as they identify problems, propose solutions and act upon them.
- This includes large scale media campaigns, social marketing, dissemination of printed materials and education-entertainment.
- It operates through three main strategies:
  - Advocacy to raise resources and political and social leadership commitment for development goals.
  - Social mobilization to build partnerships and alliances with civil society organisations and the private sector.
  - Programme Communication for changes in knowledge, attitude and practice of people.

Phases of Communication for Development

1. **Communication Based Assessment:** Study the cultural, political, and social context; identify and interview opinion leaders and relevant stakeholders; assess risks (such as opposition and potential conflict); seek solutions; and finally, define the objectives to support the intended change.

2. **Strategy Design:** The main output of this phase is the definition of a strategy and relative action plan. These indicate the budget and time required, the communication approaches needed and the related media and messages identified for each audience.

3. **Implementation:** Communication activities are prepared and executed according to the agreed strategy and plan of action. They include training of relevant staff, media design and production, information dissemination and a host of other activities.

4. **Monitoring & Evaluation:** The final phase, monitoring and evaluation, is about both examining the process (formative evaluation) and measuring the final outcomes (summative evaluation).

![Figure 127: Phases of Communication for Development](image)

**Note:** The trainer may conclude the session by discussing the success stories of SBCC campaign given at the Annexure 103 and may also show videos on Behaviour Change Communication. For the video refer to the following link:https://www.youtube.com/watch?v=Jt1x9Y90w5M or may search for relevant videos.
Summary Points

- Social and Behaviour Change Communication addresses social and structural barriers and promotes adoption of healthy practices.
- It addresses change at:
  - Individual
  - Community
  - Societal levels
- Effective SBCC campaign triggers an individual to change and maintain healthy behaviour.
- Behaviour change is a process, not an event. As a person attempts to change any behaviour, he or she moves through five stages: pre-contemplation, contemplation, preparation, action, and maintenance (and relapse).
- Communication is a process that allows individuals to interact with other people. Ideas and knowledge can be shared by speaking, writing, gestures, touch and broadcasting.
- Communication for Development involves engaging communities as they identify problems, propose solutions and act upon them.
SESSION 3 ADVOCACY

OBJECTIVES
- To equip the trainers to utilise advocacy based strategies to help empower women.
- To provide knowledge to the trainees to assert them to plan an advocacy campaign in order to
  spread awareness regarding various social issues in their community.

CONTENTS
- Advocacy: An Overview
  - Need and Importance of Advocacy
  - Steps in Planning an Advocacy Campaign
- Role of Media
  - Media Platforms
  - Strengthening Advocacy Campaigns using Media
- Summary Points

DURATION
2 Hours

TRAINING METHODS
Powerpoint Presentation, Group Discussions, Group Activity, Role Play, Videos

ACTIVITIES
- Problem Tree Analysis
- Framing SMART Objectives
- Stakeholder Mapping Exercise
- Group Discussion
- Role Play
- Plan an Advocacy Campaign

LEARNING OUTCOMES
- The trainees will understand the importance and process of advocacy.
- They will learn about the role of media in bringing about a change.

MATERIALS REQUIRED
LCD Projectors, Charts, Stationary

ANNEXURES
- Case Studies (Advocacy)
- Advocacy for Prevention of Alcoholism-Learning from Best Practices
- Success Story (Advocacy Campaign)

REFERENCES
- An Advocacy Training Guide: Mobilising Communities on Young People’s Health and Rights
  by Family Care International
- Media Advocacy: A strategy for empowering people and communities. Lawrence Wallack,
  Journal of Public Health
The chapter has been created keeping in mind the need of advocacy related knowledge for the trainees. The trainers may begin the session by asking the trainees:

**Ask:**
- What comes to your mind when you hear the word “advocacy”?
- Are you aware of any advocacy campaign? Give examples.
- Why do you think advocacy is important?

Record the responses of the trainees and discuss using the content.

**Advocacy: An Overview**
- Advocacy refers to the efforts of an individual or group to effectively communicate, convey, negotiate or assert the interests, desires, needs and rights of an initiative, policy, programme or even an individual or a group.
- Advocacy is an act of well planned actions directed at changing the policies, perspective or programmes of any type of institution.

**Figure 128: Objectives of Advocacy**

- To build support for an issue or cause for desirable action.
- To ensure necessary resources are provided for programmes and services.
- To persuade policy makers/government officials to prioritise particular programme approaches or services.
- To inform the general public and opinion leaders about a particular issue or problem and mobilize them to apply pressure to those in the position to take action.
- To create support among community members and generate demand for the implementation of particular programme approaches or services.

**Need and Importance of Advocacy**
Advocacy is of great importance as it can influence:
- Government to develop policies and legislations.
- Commercial and other organisations to consider the impact of their activities.
Individuals, groups and communities to make wise choices for their benefit.
- Individuals and communities to support initiatives to promote their own interest.
- It may be used in highlighting problems and gaps in particular services.

In order to assist the community in planning an advocacy campaign, it is essential for the community to be ready for a change. Since advocacy is a broadly defined term, identifying which strategies to use is an important component in planning and implementation of an advocacy campaign. Certain qualities are pre requisite for any individual to initiate an advocacy campaign.

**Qualities of a Good Advocate**
- Adequate knowledge about the concerned area/issue.
- Knowledge about the system and socio-cultural environment.
- Understand the nature and need of the target audience.
- Establish rapport comfortably and maintain it throughout.
- Actively listen to what others say “active listening”.
- Encourage the participation of target audience in the discussion.
- Carefully select questions to not embarrass the target group.
- Communicate clearly and with confidence.
- Be assertive but respectful.
- Never be aggressive.
- Don’t be judgemental.

**How to Be an Effective Advocate**

<table>
<thead>
<tr>
<th>DO’s</th>
<th>Don’ts</th>
</tr>
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<tbody>
<tr>
<td>✓ Make eye contact.</td>
<td>✗ Make things personal.</td>
</tr>
<tr>
<td>✓ Be prepared with talking points.</td>
<td>✗ Yell or storm out.</td>
</tr>
<tr>
<td>✓ Don’t deviate from the message.</td>
<td>✗ Make things up or exaggerate.</td>
</tr>
<tr>
<td>✓ Dress appropriately.</td>
<td>✗ Make compromise.</td>
</tr>
<tr>
<td>✓ Stick to what you know.</td>
<td></td>
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</table>

*Figure 129: Effective Advocate Characteristics*

Note: The trainer may use the following youtube links to show videos related to advocacy to facilitate better understanding.
- www.youtube.com/watch?v=fz-bthOW4zw – advocacy campaign to stop violence against children.
- www.youtube.com/watch?v=InQoXBQFmzU - advocacy campaign for early childhood care and development.

**Steps in Planning an Advocacy Campaign**
- The process of advocacy is dynamic and multifaceted in nature.
- An advocacy campaign serves as a guide that can be used for awareness generation.

**I. Identification of an Advocacy Issue**

Identification of an advocacy issue is the first step in planning an advocacy campaign. The issue should be the one which is affecting majority of people in the community so that the community agrees to support it to promote a policy change.

Identification of the issue can be done using following techniques:
SWOT Analysis: Analysis of factors associated with a problem is an important part of the strategic planning process. SWOT involves analysis of strengths (S), weaknesses (W) opportunities (O) and threats (T) present in the community to bring the necessary change.

Force Field Analysis: Force Field Analysis is a useful technique. It helps analysing the forces for and against a change and helps you communicate the reasoning behind the decision.

Problem Tree Analysis: The Problem Tree method is a planning method based on needs. It involves mapping out main problems along with their causes and effect, supporting advocates to identify clear and manageable goals and the strategy of how to achieve them.

TOWS Analysis: This is similar to SWOT analysis but unlike SWOT, TOWS analysis starts with identification of opportunities and threat followed by identification and analysis of strengths and weaknesses and determination of strategic position and directions of business development.

The trainer may consider the social issues like dowry, domestic violence, gender bias and substance abuse (alcoholism and drug abuse) to continue the discussion using the activity given below:

Activity: Problem Tree Analysis

Materials Required: Board, Marker

One way to understand an issue is to create a visual representation of the problem, its root, causes and its consequences in form of a problem tree.

Draw a Problem Tree showing causes and effects of the problem

- Identify the central problem – for example poor participation of youth in drug prevention programmes, declining child sex ratio, increase in incidence of crime against women, lack of awareness about social and health problems associated with alcohol consumption, etc.
- Brainstorm to produce its causes and consequences.
- Rank the causes and consequences in terms of importance.
- Identify the most direct causes of the problem.
- Arrange causes and effects into a problem tree, with causes as the ‘roots’ and effects as the ‘branches’. Discuss the links between them.

It will become clear that which of the causes can be addressed through advocacy.

II. Gather Information/Analyse the Situation

A situation analysis forms the foundation for any programme or advocacy plan. It provides a detailed analysis of the problem in terms of its prevalence, incidence, population group most affected, risk factors etc. that needs to be addressed. For the purpose of situational analysis, the data can be obtained from:

- Interactions with community members.
- Reading relevant information from newspapers, press releases etc.
- Policy documents, for e.g. National Education Policy, National Health Policy etc. can be accessed from india.gov.in/my-government/documents/policy.
- Knowledge, Attitude and Practices surveys, conducted by NGOs and research organisations.
- Consultation reports which can be accessed from Ministry’s Website.
- Demographic and Household Survey Data Such as NSSO, DLHS.
III. Set Goals and Objectives

- For the success of an advocacy campaign, it is crucial that the goals and objectives are defined at the beginning. The problem tree providing clear information on the causes of the problem can help us set goals and objectives.
- The key objective of every advocacy campaign is to bring about a change which should be quantifiable.
- The objectives should clearly state:
  - What is to be done?
  - Who will do it?
  - When?
- The objectives should be clear, focused and account for resources as well.
- Fulfilment of the objectives contribute to goal achievement.

<table>
<thead>
<tr>
<th>Objectives should be</th>
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<tbody>
<tr>
<td>S - Specific</td>
</tr>
<tr>
<td>M - Measurable</td>
</tr>
<tr>
<td>A - Achievable</td>
</tr>
<tr>
<td>R - Realistic</td>
</tr>
<tr>
<td>T – Time bound</td>
</tr>
<tr>
<td>+</td>
</tr>
<tr>
<td>C – Challenging</td>
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Activity: Framing SMART Objective

Materials Required: Board and Marker

Consider the difference between two:

Goal: To eliminate gender disparity in primary and secondary education.

SMART Objective: To make education for all the girls (6-18 years) compulsory in 100 gender critical districts by mid-2017, with a provision of financial assistance to be provided by state government.

IV. Identifying Targets, Influentials and Resources

Target audience can be people who have the power to make decision to bring about a change. Target audience for an advocacy campaign preferably includes those who have the formal authority as well as those who have the capacity to influence the authority figures. In both cases, an effective advocacy effort requires a clear sense of the audience and the access points available to move them.

Discuss:

- Before choosing an advocacy activity and materials for the advocacy campaign, it is essential to identify the right target audience to achieve the advocacy objectives.
- Target audience could be primary audience (the individuals and/or institutions with authority to change or ensure the implementation of the policy commitment) or secondary audience (the individuals or and/or institutions that can influence the primary audience).
- Ask the trainees who according to them will be the primary and secondary audience in an advocacy campaign planned to prevent alcoholism.
- Record their comments and discuss.

Identification of resources for an advocacy is crucial in planning an effective advocacy campaign. Resources for advocacy may be very different from those needed to run programs in the community.

For the purpose of an advocacy campaign, the resources required may include:

- Funds (including in-kind contributions) balanced against expenses.
- People who are already available (both staff and volunteers) and their skills.
- People you expect to be available.
- Contacts (e.g., with media resources).
- Facilities (e.g., access to transportation, computers and meeting rooms).
- Access to information archives or libraries.

Figure 131: Target Audience for an Advocacy Campaign
**Activity: Stakeholder Mapping Exercise**

**Materials Required:** Flip Chart, Marker

This exercise will help map all the relevant stakeholders and the links, power dynamics and relationships between them. Start with identified targets and then include other stakeholders (both allies and opponents).

- On a flip chart draw two axes (see below) showing support/opposition and their power for bringing a desired change.
- Brainstorm possible key advocacy targets and place each name on one card/board (this should be done for each objective).
- Place the targets according to the perception of their support or opposition to advocacy objectives under consideration and arrange them according to their power to make a change.
- Those with the most power are the main targets and should be prioritised.
- The hardest targets to influence will be those with the most power who oppose the change.
- Then repeat the same exercise, but use different coloured pens to identify possible influential allies (those who support the identified advocacy objectives) as well as opponent.

**Targets:**

**Decision Makers:** People who have the power to make the necessary changes or people with influence over decision makers.

**Constituents:** These are those people who work for and who are expected to benefit from the advocacy.

**Allies:** Those who share same aims and can help to influence or put pressure on the decision makers.

**Opponents:** Those who are opposed to the advocacy objectives and try to block the desired changes.

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**V. Developing Messages**

- A set of messages, tailored to the audience must be developed in order to persuade them.
- Messages developed for advocating mostly has two basic components: an appeal to what is right and an appeal to the audience's self-interest.
- It is critical to think about what you want to say and how to say it.

**Note:** The trainer may refer to the contents of Day 6, Session 2 for more information on considerations for developing a message and sample messages.

- Once a message is developed, it is important to choose a channel/medium for its dissemination.
- Messages can be propagated/disseminated through various platforms such as electronic media, print media, drama, street plays, publicity campaigns, awareness campaigns, exhibitions, group meetings, demonstrations, field camps, role play etc.

**VI. Building Support and Working with Partners:**

- Building support involves working in partnerships with individuals or organisations sharing the same goal.
- Partnerships may play a crucial role in the success of an advocacy campaign as partners strengthen each other by pooling their collective resources and complementing each other's efforts. However, partnerships can also be challenging and potentially full of conflicts.
- Good planning and communication between partners can help ensure the success of a partnership.
- Another important strategy to build support is to look for local resources and reach out to people that know the community and issues well.
VII. Developing Realistic and Effective Implementation/Action Plan

**Activity: Group Discussion**

**Materials Required:** Board, Marker

Ask the trainees to brainstorm the reasons why it is important to have an implementation or action plan before starting any advocacy activities.

Record their comments.

Preparing an action plan requires answering the following questions:

- **Who is the target audience?**
- **What is the type of activity?**
- **Which all resources are needed?**
- **Who will be in charge of the activity?**
- **What is the time frame for each advocacy activity?**

Care must be taken to ensure that preparatory activities are completed before the beginning of the advocacy activities.

Preparatory activities would include collecting data or information on the issue, meeting with potential partners, creating fact sheets, etc.

**Activity: Role Play**

**Materials Required:** Board, Marker and Role play script

- Ask 10 trainees to volunteer for this activity.
- Ask them to read and understand the situation given below and develop a 10 minute role play demonstrating how will they advocate the problem presented in the situation.
- Three members from the group will play the role of village council, two members will represent the international agency, one will play the role of lead advocate (from the organisation), two will play the role of supporter and two will act as critic.
- Ask the other trainees to observe the role play and record their comments.

**Situation:** Your organisation works to promote gender equity in rural communities. It has come to your attention that an international agency has planned a water and sanitation project for one of the communities where your organisation works. Through conversations with the agency, you learn that there are no plans to incorporate a gender focus into the project design. The organisation sees the project’s potential value but feels that the project will be more sustainable if an analysis of gender relations is integrated into it. The Village Council in the target community is holding a special hearing to address this issue. Your organisation has been invited to present its view.

After the enactment is over ask the full group for feedback and discuss using following questions:

- Was the central advocacy message clear? What was it?
- Put yourselves in the place of the target audience. Were you informed, persuaded and moved to act?
- Did the issue have adequate support to convince the stakeholders?
- What was the most effective part of the message?
- What could have been done differently to make it more effective?

Note: The trainer may suggest the trainees participating in the role play to keep in mind the qualities of a good advocate to tackle the problem effectively.

VIII. Monitoring and Evaluation

The purpose of monitoring is to track activities during every step of the advocacy campaign in order to ensure that activities are being implemented as planned and to compare what has been done against what was planned or expected. For example alcohol consumption is one of the causes of increasing health problems and criminal offences and thus campaigns preventing alcoholism must be carefully monitored.
An evaluation assesses whether the campaign was effective in contributing to progress in meeting the advocacy objectives. Evaluation of advocacy campaign primarily measures outcomes—the achievements or results. In an advocacy campaign, outcomes are measured at two levels—at the level of each advocacy activity and at the level of the overall advocacy initiative or campaign.

**Activity: Plan an Advocacy Campaign**

**Materials Required:** Chart, Coloured Pens, Paper

The trainer may ask the trainees to plan an advocacy campaign against substance abuse keeping in mind the information discussed in the session.

Before starting this exercise the trainer may share the case studies and best practices of a successful advocacy campaign against alcoholism with the trainees (Refer Annexure 104 & 105).

**Role of Media**

- Media are channels, such as newspapers, magazines, radio or television, used to communicate information to people.
- A significant proliferation of media sources and their deep penetration in the lives of common people over the years has made the media one of the most powerful tools for community mobilization, advocacy and SBCC.

- Other roles of media may include:
  - Facilitating policy debates.
  - Initiating campaigns.
  - Acting as a watchdog of social development programmes and policy debates on social and economic development.
  - Engaging the common citizen in reporting.
  - Motivating people working for social causes by offering them media space and honouring them with media awards.

**Note:** The trainer may share the success story of “Bell Bajao” campaign placed at Annexure 106 to stress on the role of media in making a campaign successful.

**Media Platforms**

Media offers a wide variety of platforms that one can choose from to influence people for the purpose of community mobilization, advocacy or SBCC.

However, in order to select the most appropriate platform following questions must be considered:

- What is the nature of the message?
- Who is the target audience?
- Is the media platform appropriate and accessible by the target audience?
- What is the level of skill and experience in dealing with media?

Most often combinations of media platforms are used to promote one issue. This is referred to as “media mix”.

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**Figure 132: Functions of Media**

- **Identification of the issue**
  - Bring an issue of social and national concern to light.
  - Attract attention of the people.
  - Reflect people’s mind.

- **Framing problems from a public policy perspective**
  - Hold spot light on the issue.
  - Focus on “upstream” causes.

- **Facilitate social and public initiative**
  - Provide knowledge and skill to individuals to enable them to participate in efforts to change social and political factors.
### Figure 133: Media Platforms and their Utility

<table>
<thead>
<tr>
<th>Media Platforms</th>
<th>Activities</th>
<th>Utility</th>
</tr>
</thead>
</table>
| **Electronic Media** | Film, Short Movies, Documentary, Video Tapes, Radio, Audio Tapes Programme, Mobile Messages, SMS, TV Advertisements, Slides etc. | ➢ Provide informations  
➢ Remind people about actions |
| **Folk & Traditional Media** | Song, Dance, Drama, Kirtan/Bhajan, Puppet Show, Nagada, Wall Writing etc. | ➢ Raise interest and facilitate understanding |
| **Alternate Media** | Role Play, Nukkad Natak, Nautanki Street Play, etc. | ➢ Provide information  
➢ Present role models for behaviour change  
➢ Provide opportunities for community participation |
| **Multi-Media Campaign** | Publicity Campaigns, Awareness Campaigns, Exhibitions etc. | ➢ Provide information |
| **Group Communication** | Group Meetings, Demonstrations, Field Camps, Public Speaking | ➢ Provide information  
➢ Provide opportunities to plan for solving problems |

### Strengthening Advocacy Campaigns using Media

- Form a ‘Media Coalition’ for advocating social issues by bringing together TV channels, the print media, audio and video channels and internet magazines/journals.
- Making the media campaign an integral part of editorial policy, besides sensitising reporters on social issues such as status of women, HIV/AIDS, drug abuse at regular in house meetings.
- Create a beat (such as a health and pollution beat) for providing a situational analysis of the problem under study.
- Initiate weekly column in the print media, TV and radio (especially city based FM radio) for programmes such as ‘Beti Bachao Beti Padhao’, ‘Bell Bajao’, ‘Jago Grahak Jago’, ‘Pulse Polio’ etc. with updates on the status of demand, awareness, availability, access, quality of service delivery and community participation.
- Hand holding with partner organisations for carrying out social development activities and also improving the capacities for the same.
- Using brand ambassadors to highlight the issue for better impact and coverage.
Summary Points

- Advocacy is an act of well planned actions directed at changing the policies, perspective or programmes of any type of institution.
- Advocacy is essential for building support, persuading policy makers, making people aware and generating demand for change.
- The process of advocacy is a dynamic and multifaceted in nature.
- Steps involved in planning an advocacy campaign are:
  - Identifying the Advocacy Issue.
  - Gathering Information/Situational Analysis.
  - Setting Goals and Objectives.
  - Identifying Targets, Influentials and Resources.
  - Developing Messages.
  - Building Support and Working with Partners.
  - Developing Realistic and Effective Implementation/Action Plan.
  - Monitoring and Evaluation.
- Media is one of the most powerful tools for community mobilization, advocacy and SBCC.
- A combination of media platforms like Electronic Media, Print Media, Folk & Traditional Media, Alternate media, Multi Media Campaign, Group Communication can be used for influencing and changing mindsets of people.
ANNEXURE 1

“Nai Roshni”
The Scheme for Leadership Development of Minority Women

Government of India
Ministry of Minority Affairs
New Delhi
(Revised in May 2013)
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The Scheme for Leadership Development of Minority Women

1. Background

1.1 The status of women in the country, particularly those from the disadvantaged sections of the society, is unfavourable. A girl child suffers from discrimination even before birth and also after birth in the allocation of household resources such as food, education, access to health care and at puberty, sometimes coerced into early marriage. Most women in the rural areas suffer from double burden of carrying out less quantifiable work like cooking, fetching water, sending children to school along with agriculture labour, feeding cattle, milking cows etc., while the men folk perform defined activities like selling milk and grains produced by the household. Women in the minority communities fare badly too. They are not just a minority, but the ‘marginalized majority’ and are sidelined in decision making in the family, and usually cut off from full involvement in the workings of the community and form an equal share in the rewards from social institutions.

1.2. Empowerment of women per se is not only essential for equity, but also constitutes a critical element in our fight for poverty reduction, economic growth and strengthening of civil society. Women and children are always the worst sufferers in a poverty stricken family and need support. Empowering women, especially mothers, is even more important as it is in homes that she nourishes, nurture and moulds the character of her offspring.

1.3. A report of the High Level Committee on the social, economic and educational status of the Muslim community of India (popularly known as the Sachar Report) had highlighted the fact that India’s largest minority group, the Muslim numbering 13.83 Crore, have been left out of the development trajectory and within this group Muslim women are doubly disadvantaged.

1.4. Keeping this in view, Ministry of Minority Affairs has reformulated the scheme in 2011-12 and renamed it as “Scheme for Leadership Development of Minority Women”. The implementation of the Scheme started in 2012-13.

1.5 Based on experience in the first year of implementation, it was felt to bring in certain modifications to ensure its reach to the target groups and effective implementation at ground level, and therefore an appraisal was made by the Standing Finance Committee in on 6th March 2013. As per their recommendations, the scheme has been revised as follows for continuation during 12th Five Year Plan:

2. Target Group and Distribution of Targets

2.1 Target Group includes women belonging to all minorities notified under Section 2 (c) of the National Commission for Minorities Act, 1992 viz. Muslims, Sikhs, Christians, Buddhists and Zoroastrians (Parsis). However, to further strengthen the mosaic of plurality in the society and bring about solidarity and unity through their own efforts to improve their lot, the scheme permits a mix of women from non-minority communities not exceeding 25% of a project proposal. Efforts should be made by the organisation for having a representative mix of women from SCs/STs/OBCs, women with disabilities and other communities under within this 25% group.

2.2 Efforts will be made to persuade Elected Women Representatives (EWRs), from any community, under the Panchayati Raj institutions to be included as a trainee.

3. Objective

3.1 The objective of the scheme is to empower and instill confidence among minority women, including their neighbours from other communities living in the same village/locality, by providing knowledge, tools and techniques for interacting with Government systems, banks and other institutions at all levels.

3.2 Empowerment of women from the minority communities and emboldening them to move out of the confines of their home and community and assume leadership roles and assert their rights, collectively or individually, in accessing services, facilities, skills, and opportunities besides claiming their due share of development benefits of the Government for improving their lives and living conditions.

4. Eligible Organisations

4.1. Nurturing/hand holding service envisaged in the scheme being linked with advocacy is a field intensive activity. It requires continuous involvement and availability of facilitators at the doorsteps of the target group. The personnel of the organisation implementing the scheme would be required to visit the village/locality periodically for providing nurturing/handholding service to the group of women imparted leadership development training so that they are guided in the use of tools and techniques taught to them and are able to extract the benefit from their efforts. Such field intensive activities are best suited for highly motivated and dedicated community based organisations. Due to the very nature of women’s household activities requiring them to stay close to their home, it is important that the organisation implementing this scheme have the experience, personnel and resources to carry out trainings in the village/locality where the women reside.

4.2 The organisation should also have prior experience and resources to arrange residential training in recognised Government training institutes or their own facility. It is, therefore, necessary that organisations having the reach, motivation, dedication, manpower and resources to carry out such trainings in the villages/localities and also arrange residential training courses are eligible to participate in the implementation of the scheme. This does not preclude Central and State Government’s training institutes including universities and institutes of higher learning in participating in the implementation of this scheme.

4.3 Organisations which would be eligible for applying for financial assistance under this scheme are given below:

(i) Society registered under the Societies Registration Act, 1860.

(ii) Public Trust registered under any law for the time being in force.

(iii) Private limited non-profit company registered under Section 25 of the Indian Companies Act, 1956.

(iv) Universities/Institutions of higher learning recognised by University Grants Commission (UGC).
5. Implementation of Projects

5.1 The leadership development training scheme shall be implemented by the Ministry of Minority Affairs through organisations.

5.2 The selected organisations should implement the project directly through their organisational set-up in the locality/village/area.

5.3 The onus of implementing the project properly and successfully would rest with the organisation assigned with work by the Ministry.

6. Leadership Development Training Modules

6.1 The leadership training modules should invariably cover issues and rights of women, relating to education, employment, livelihood etc. under the Constitution and various Acts; opportunities, facilities and services available under schemes and programmes of the Central and State Governments in the fields of education, health, hygiene, nutrition, immunization, family planning, disease control, fair price shop, drinking water supply, electricity supply, sanitation, housing, self-employment, wage employment, skill training opportunities, crimes against women etc. It may also cover role of women in Panchayati Raj and Nagar Palika, legal rights of women, Right to Information Act (RTI), Mahatma Gandhi National Rural Employment Programme (MGNREGA), household surveys and Below Poverty Line (BPL) list/Modalities, Aadhaar/UID Number, knowledge regarding government, semi-government office structure and functions, Redressal Forums/mechanisms etc.

6.2 Specific training modules based on local issues/needs will be developed by involving ground level local organisations. Ministry may also consult other Ministries like Ministry of Human Resource Development, Ministry of Urban Development, Ministry of Health and Family Welfare etc. to develop modules. Training modules will also be converted into DVDs in Hindi, English and regional languages. The cost will be borne from the Administrative Expenses under the scheme.

6.3 The training module will be structured in such a manner that training inputs are given in short phases.

6.4 The training module will also use audio-visual aids and case studies for making it more interesting and comprehensible. Qualities of leadership like organisational capacity, communicable skill, self development and articulation, communication and public speaking, organizing capabilities, negotiation and conflict resolutions etc. will form integral part of the training. Group exercises and discussions will be incorporated in the training modules to encourage active participation and make the scheme more lively and interactive. If possible, official functionaries, bankers etc. should be invited to speak on their schemes and programmes and interact with the women undergoing training.

6.5 In case the need arises, the Ministry may engage outside expert/consultant/adviser to prepare suitable training modules/material for leadership development of women from the minority communities.

6.6 The Sanctioning Committee will also function as the Committee for approving/training modules prepared by outside expert/consultant/agency and selected organisation and will include, as members, the Joint Secretary concerned dealing with schemes connected with the objective of this scheme in the Ministries of Home Affairs, Women & Child Development, Rural Development, Labour & Employment, Health & Family Welfare, Food & Public Distribution, Department of School Education & Literacy and any other Ministries/Departments whose schemes/programmes/initiatives are covered by the training modules.

7. Various Activities to be carried out by the Organisations

7.1 Selection of villages/urban localities: Villages/urban localities in rural/urban areas having a substantial percentage of minority population shall be selected by the organisation for conducting the leadership development training programme. A list of villages where the village/urban locality trainings are proposed to be conducted should be submitted to the Ministry along with the percentage of minority population. These lists will be duly authenticated by a local authority and submitted to Government of India along with Project proposals directly to the Ministry of Minority Affairs.

7.2 Identification of women for training and selection criteria: Organisation selected for carrying out training for leadership development of women would have the responsibility to motivate, identify and select women to be trained in accordance with the criteria of the scheme from villages/localities having a substantial minority population. The organisations will involve Head of Gram Panchayati/Municipal Body/Local Authority for identification/selection of women trainees and such lists will be duly authenticated by Head of Panchayati/Municipal Body/Local Authority. The list will be submitted by the organisation before start of training.

7.3 Eligible Women Trainees: Although there will be no annual income bar, woman/parent or guardian of woman having annual income not exceeding ₹2.50 lakh from all sources would be given preference in selection. They should be between the age group of 18 years to 65 years.

7.4 AADHAAR/UID number: All citizens in the country are being given a unique identity (UID) number called AADHAAR. AADHAAR number should be collected by the organisation wherever it has been issued and indicated against the name of the woman selected for training. The organisations shall also assist the women trainees in obtaining their AADHAAR Number from the office of District Collectors/District Magistrate or any other institute, organisation authorized for this purpose by the Central/State Government/s, Unique Identification Authority of India (UIDAI) etc.

7.5 Types of Trainings: There will be two types of leadership development trainings viz. Non-residential and Residential, and the criteria for selection of women for each type of trainings are as follows:

(a) Non-residential Leadership Development Training in the village/urban locality: Up to 25 women in one batch from a village/urban locality who are dedicated, motivated and committed to work for the betterment of the welfare of women from the minority communities in particular and the society in general, would be imparted leadership training. At least 10% of the total women in a group of 25 women should have passed Class X or its equivalent. This may be relaxed to Class V level or its equivalent in case women who have passed Class
organisations would be required to give proposal for this training in sets of five batches of trainees.

(b) **Residential Leadership Development Training:** Out of a group of 25 women (one batch) for residential training, not more than five women from a single village/urban locality may be selected for residential leadership development training. They should possess at least Class XII certificate or its equivalent, which may be relaxed to class X certificate holder or its equivalent, in case Class XII pass are not easily available and should be dedicated, motivated, physically fit and healthy and committed to work for the betterment of the welfare of women from the minority communities in particular and society in general. After their advanced training they should be expected to become community-based leaders/trainers in the village and assume leadership role as envisaged in the scheme. They would also be available to Government agencies and organisations for furtherance of the objectives of the scheme.

7.6 **Conduct of the Trainings**

1) Taking into consideration the fact that most women, especially in the rural areas are required to stay close to their home and are not able to venture far out and also the fact that there would still be some educated and young women who would like to dedicate themselves to work for the betterment of women folk in particular and the community in general, the two types of trainings are provided under this scheme.

2) It is envisaged that women imparted leadership development training would work towards achieving the objectives of the scheme.

3) The organisation shall carry out nurturing and handholding for a period of at least one year to ensure that the empowered women folk are able to act as a pressure group to take up their grievances/problems with the village/block/district/State authorities relating to availability of basic infrastructure and services identified during formulation of the project as requiring improvement or provisioning in the village/locality.

4) The organisation would need to ensure that facilitators engaged for nurturing/handholding service visit the village/urban locality as stipulated, carry out their assignments diligently, report the progress and are assisted by the organisation whenever the need arises.

5) The training programmes shall be conducted in the manner given below:-

   (a) **Non-residential Training in the Village/Urban Locality:** The training shall be conducted in the village/locality by using existing facilities or rented permanent structure. The duration of the training shall be for six days and each day will be of six hours. Care should be taken to ensure that the dates for training are fixed in order to avoid religious/festive occasions and demands of seasons. Printed training material would be prepared by the organisation on the basis of training modules and provided in the local language of the area. To incentivise the training course, allowance/stipend to partially compensate/offset the loss of income/wage would be given to the selected women trainees along with a meal and creche arrangement for their children while the training is ongoing during the day. At least two-third of the trainers engaged by the organisation shall be women and they should be able to deliver their inputs in the local language of the area on the topics given in the training module.

   (b) **Residential Leadership Development Training:** Selected eligible women would be imparted leadership training in residential training institutes. For approving residential trainings in training institutes of organisations, the institute concerned must have boarding/lodging arrangements for at least 25 women in a secure location, which would be verified by the District Administration. Printed training material would be prepared by the organisation on the basis of training modules and provided in the local language of the area. Care should be taken to ensure that the dates for training are fixed to avoid religious/festive occasions and demands of seasons. The entire training fees, training materials, boarding, food, refreshment and travel expenses would be covered by the scheme. The trainees would be also given allowance/stipend for the duration of the training period. The organisation carrying out training for leadership development of minority women would be responsible to select women who are capable of becoming trainers and assume leadership role to be trained in accordance with the criteria of the scheme.

7.7 **Workshop:** Training organisation, in collaboration with the District Collector/Deputy Commissioner/Sub Divisional Officer/Block Development Officer, will organise at least half-day workshop to sensitise Government functionaries, bankers including Panchayati Raj functionaries etc. at the district, sub-division/block level etc. concerned about the women empowerment programme carried out by them under this scheme. The Government functionaries would be informed of the remedial action which may be sought by groups of women and how to be responsive in addressing their problems and grievances. In case more than one organisation is approved for implementing this scheme in a district/sub-division/block concerned, the District Administration may give the responsibility of holding such a workshop to one of the selected organisations. The selected organisation shall ensure that other organisations sanctioned training projects under this scheme in the district/sub-division/block participate in the workshop. For holding this workshop, an amount of `15,000 only would be admissible to the organisation concerned.

7.8 **Nurturing and Hand Holding:** Nurturing and hand holding would be a post-training service to be rendered by the organisation for a period not exceeding one year from the beginning of the training programme to women who have undergone leadership development training. The facilitators of organisation shall visit the village/locality to assist the empowered women at least once a month during the project period. This is considered critical to the success of the scheme in order to ensure that they are guided and assisted in placing their problems and grievances before the authorities concerned for remedial action as envisaged in the scheme.

7.9 **Concurrent Monitoring and Reporting:** The organisation shall, while extending nurturing and hand holding service, carry out concurrent monitoring for taking corrective action, wherever required. The organisation shall submit monthly/quarterly progress reports and project completion report to the Ministry in the formats to be prescribed. It shall also submit such reports to the State and District Administration if so required by the Ministry. Further, the organisation shall, through the Global Positioning System (GPS) enabled mobile phone, send photos of all important activities of the training programme such as address by faculty, government functionaries, lunch/meals being provided, usage of audio-visual equipments, submitting petitions for redressal of grievances/problems faced, workshop being conducted etc.
8. **Agency Fees/Charges for Organisation**

8.1. Along with proposal, the organisation shall submit a Project Report for a minimum of 5 (five) batches of village/locality level training. The organisation would be entitled to an amount of `25,000 only as agency fees/charges per project of 5 (five) Non-residential village/urban locality trainings for services rendered towards proper, timely and successful implementation of the project. Agency fees/charges admissible to the organisation for Non-residential village/urban locality training would cover items of expenditure of the organisation on concurrent monitoring and reporting, administrative costs, all other expenses required for implementation of the scheme, etc.

8.2. In respect of Residential training, an amount of `15,000 only would be the entitlement of agency fees/charges for one batch of trainees.

9. **Prescribed Financial Norms**

9.1 The organisation shall be provided financial assistance for implementation of the scheme. The item-wise rates given below in the table are indicative and may vary according to the area of operation, fees charged by training institutes, boarding cost etc. The total cost indicated for each type of training would be the maximum permissible cost that may be sanctioned for a batch of 25 women. However, item-wise cost would be inter-changeable provided it does not exceed the total permissible amount, except for allowance/pay which is fixed. Supporting documents should be provided in the project proposal by the organisation for proposed expenditure to be incurred in respect of training, travel etc. The rates are given in the table below:

### Details of Rates for Non-Residential Leadership Development Training in Village/Locality for Women

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Items of expenditure for leadership development training programme</th>
<th>No. of persons</th>
<th>Indicative rate (`)</th>
<th>Duration/units</th>
<th>Total cost (`)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(i) Leadership development training in the village/locality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) Fees/honorarium for engaging faculty members/resource person</td>
<td>2</td>
<td>500</td>
<td>6 days</td>
<td>6000</td>
</tr>
<tr>
<td></td>
<td>(b) To and fro transportation cost for faculty members/resource person</td>
<td>2</td>
<td>500</td>
<td>3 occasions</td>
<td>15000</td>
</tr>
<tr>
<td></td>
<td>(c) Lodging cost for faculty members</td>
<td>2</td>
<td>250</td>
<td>6 days</td>
<td>3000</td>
</tr>
<tr>
<td></td>
<td>(d) Hiring of venue, furniture, and creche facility</td>
<td></td>
<td></td>
<td>750</td>
<td>4500</td>
</tr>
<tr>
<td></td>
<td>(e) Cost for one meal for trainee women</td>
<td>25</td>
<td>50</td>
<td>6 lunches</td>
<td>7500</td>
</tr>
<tr>
<td></td>
<td>(f) Cost for using/hiring audio-visual aids, participatory training kits and taking audio-visual clips of different activities for reports.</td>
<td></td>
<td></td>
<td>2000</td>
<td>12000</td>
</tr>
<tr>
<td></td>
<td>(g) Cost for distribution of training material, literature in local language and stationary.</td>
<td>25</td>
<td>200</td>
<td>One time</td>
<td>5000</td>
</tr>
<tr>
<td></td>
<td>(h) Allowance/stipend for women (To be paid by Cheque into the Account of the beneficiary)</td>
<td>25</td>
<td>50</td>
<td>6 days</td>
<td>7500</td>
</tr>
<tr>
<td></td>
<td>(i) Cost for motivation, identification and selection of eligible women.</td>
<td>25</td>
<td>50</td>
<td>One time</td>
<td>1250</td>
</tr>
<tr>
<td></td>
<td>(j) Cost for hand holding/nurturing by facilitators for project period including concurrent monitoring and reporting.</td>
<td>25</td>
<td>400</td>
<td>Once a month for 12 months</td>
<td>4800</td>
</tr>
<tr>
<td>2</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>66550</td>
</tr>
<tr>
<td>3</td>
<td>Total for 5 batches of Non-residential village trainings</td>
<td></td>
<td></td>
<td>66550</td>
<td>332750</td>
</tr>
<tr>
<td>4</td>
<td>Add agency fees/charges for 5 batches of village trainings</td>
<td>25000</td>
<td></td>
<td></td>
<td>357750</td>
</tr>
</tbody>
</table>

### Details of Rates for Residential Leadership Development Training

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Items of expenditure for leadership development training programme</th>
<th>No. of persons</th>
<th>Indicative rate (`)</th>
<th>Duration/units</th>
<th>Total cost (`)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(i) Residential leadership development training.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) Includes fees, boarding, food etc. (acts to be reimbursed)</td>
<td>25</td>
<td>1000</td>
<td>6 days</td>
<td>150000</td>
</tr>
<tr>
<td></td>
<td>(b) Literature, training material, information booklets, copies of government schemes and programmes, relevant laws and Acts, stationary.</td>
<td>25</td>
<td>600</td>
<td>One time</td>
<td>15500</td>
</tr>
<tr>
<td></td>
<td>(c) Indicative transport expenditure (acts to be reimbursed)</td>
<td>25</td>
<td>1000</td>
<td>One return trip</td>
<td>25000</td>
</tr>
<tr>
<td></td>
<td>(d) Allowance/stipend for women (To be paid by Cheque into the Account of the beneficiary)</td>
<td>25</td>
<td>100</td>
<td>6 days</td>
<td>15000</td>
</tr>
<tr>
<td></td>
<td>(e) Cost for motivation, identification and selection of eligible women.</td>
<td>25</td>
<td>50</td>
<td>One time</td>
<td>1250</td>
</tr>
<tr>
<td>2</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>206250</td>
</tr>
<tr>
<td>3</td>
<td>Add agency fees/charges for one batch (25 Women) of residential training</td>
<td>15000</td>
<td></td>
<td></td>
<td>221250</td>
</tr>
</tbody>
</table>
10. Administrative Expenditure for Ministry

10.1 The Ministry shall be permitted to set aside up to the extent of 1.5% of the annual allocation under this scheme to meet administrative expenditure for purchase of computers and accessories, GPS enabled mobile phones and accessories, furniture, stationary and developing software, DVDs of training modules, engaging qualified personnel/agency for entering and analyzing data, processing proposals, monitoring and evaluating reports, preparation of notes, power point presentation and reports, preparing material for placing information and data on the Ministry’s website, manning telephone during office days for question and answer (Q & A) facility or outsourcing such activities, issue of advertisement, consultancy charges for preparation of pedagogy and training materials, etc. Financial assistance shall also be given to the State/government organisations for meeting expenses that would be required for smooth implementation of the scheme. This may include purchase of GPS enabled mobile phones and field visit expenses of government functionaries and evaluators.

11. Financial and Physical Targets

11.1 The scheme will be implemented throughout the country with special focus on districts, blocks and towns/cities having a substantial minority population. It is proposed to cover 2 (two) lakh minority women during entire 12th Five Year Plan Period with 40,000 women in each financial year. The fund requirement for the scheme for entire 12th Five Year Plan period is ₹ 75 Crore.

12. Advertisement

12.1 Advertisement will be published by the Ministry of Minority Affairs in the National/Local newspapers for inviting proposals from organisations.

13. Criteria for Selection of Organisations

13.1 Mandatory qualifications: Stringent requirements would be adopted for selection of organisations in order to ensure that organisations that are highly motivated, dedicated and committed to the welfare of women and working in the field among women, especially minority women, qualify. They should have the requisite personnel, financial viability and infrastructure to operate at the grass root level for implementation of the project. Given below are mandatory qualifications required to be fulfilled by the organisation before consideration of other requirements:

(a) The organisation must be duly registered and should have been in operation for a minimum of three years.
(b) The organisation should be financially viable and not have deficit account during last three years. For this, duly audited annual accounts of the last three years should be provided to the Ministry with proposal.
(c) The organisation should have held all their statutory required meetings during the last three years. Documents to prove these should be provided.
(d) The organisation must have undertaken at least one project exclusively for development of women and also conducted programmes, where minority community was included. Evidence to that effect should be provided.
(e) Preference will be given to local ground level organisation which are certified by the local authorities/District Collector/Urban Local Bodies that such organisation has worked in that particular area for women development projects and delivered good results.
(f) The organisation must have at least three key training personnel who should at least be a Graduate/a Graduate Diploma holder. A list of all the key training personnel containing their names, gender, educational qualifications, area of expertise, number of years and type of experience, full postal address and contact numbers should be given. (A single affidavit can be given).
(g) The organisation should not have been blacklisted by any Government Departments/agency. Organisation or any of its head should not have been convicted for any criminal offence. An affidavit certified by NOTARY should be provided.
(h) In case of residential trainings for trainees, the organisation must have the requisite residential boarding facilities, training space and toilets which should be sufficient for at least 25 trainees. Safety of trainees must be of prime importance.

13.2. Requirements for processing request: Given below are the essential requirements for selection of organisations. Documents etc. (self-certified photocopies) which are required to support the fulfilment of essential requirements should be furnished by the organisation concerned:

(a) The organisation shall submit Bye laws/Articles of Association etc.
(b) Income tax clearance of the previous year must be provided by the organisation.
(c) The name of the States and the Districts where the organisation has jurisdiction to operate shall be submitted along with documents [Memorandum of Articles (MoA), Articles of Association (AoA) etc.] to support it.

13.3. Criteria to be Given Weightage for Selection: Criteria, which may be modified/changed as per the requirement under General Financial Rules (GFR)/relevant instructions of the Government in this regard, for assessing the suitability of organisations by assigning weights and minimum qualification marks for selection of organisation, are given below:-

(a) The number of years of existence and operation of the organisation beyond the minimum requirement of three years.
(b) The number of projects implemented by the organisation for development of women.
(c) Performance record of the institution evaluated by any recognised agency.
(d) The number of projects implemented by the organisation in the region/area/locality similar cultural environment where it intends to implement the projects under this scheme.
(e) The number of key personnel working for the organisation with undergraduate or post graduate degree in social work.
(f) The number of field women workers/facilitators working for the organisation the organisation.
(g) The number of projects of Government, bi-lateral, multi-lateral funding agencies/institutions or United Nations funded projects taken up by the organisation.
13.4. The provisions of para 13.1 to 13.3 above shall not apply to Central and State Universities/Government institutions of higher learning recognised by University Grants Commission (UGC) and training institutes of Central and State Government. For such organisations/institutions, proposal would be invited directly from the State Governments/UT Administration along with their recommendations.

14. Committee for Selection of Organisations
14.1 Organisations fulfilling the mandatory qualifications and essential requirements laid down by the Ministry would be selected by a Committee constituted in the Ministry as per the General Financial Rules/relevant instructions of the Government in this regard on the basis of weightage assigned and the qualification marks attained by the organisation.

15. Preparation and Submission of Proposal
15.1 The Proposal will form two parts. In Part-I, the organisations will submit their credentials and documents as per mandatory criteria mentioned in para 13.1 to para 13.3, and Part-II will include a detailed Project Proposal. The Proposal will be submitted in Prescribed Format. The prescribed financial norms under this scheme will be strictly adhered to. At this stage, the requirement to submit list of trainees is optional.

15.2 The Complete Proposal (Part-I & II) will be submitted through District Minority Welfare Officers to the District Collectors, who in turn will send it to the Ministry directly with her/his comments/recommendations. The District Administration will require to ascertain credentials, activities and capabilities of organisations, verification of the village/locality of having a substantial minority population and the need for such training in the village/locality proposed and any other matter related to the implementation of the project.

15.3 The organisations will require to qualify on mandatory criteria to make their project eligible for examination and consideration. The organisation is required to achieve minimum 70% marks for this purpose.

15.4 As soon as an organisation/s qualifies as per para 15.3 above, the organisation/s will have to submit the complete list of trainees which will mandatorily contain age, qualification, family income details, AADHAAR Number/Voter ID Number/any other identification, recognised by the Government in the prescribed format. No project will be approved for an organisation which does not furnish completed list of trainees duly authenticated by Head of Panchayat/Municipal Body/Local Authority.

15.5 The Projects of qualified organisations shall be placed for consideration and approval of the Sanctioning Committee in the Ministry. Financial assistance would be given to the organisations whose project proposals are found in order and would serve the objectives of the scheme.

15.6. Baseline profile of village/urban locality: The project proposal shall also contain a baseline profile on the status of availability of basic amenities and services in each village/urban locality. Having a baseline profile of each village bringing out the problems and grievances is required for gauging the extent of achievement of leadership development training. Such trainings would have empowered and emboldened women to seek redressal of their problems through advocacy. The baseline profile should invariably cover availability of Government personnel, status and opportunity to access to existing infrastructure/services, need for new/additional infrastructure/services, the quality and standard of delivery of services/benefits, etc. relating to:

(i) education (teaching, mid-day meals in schools);
(ii) inoculation, vaccination and nutrition in anganwadi centres;
(iii) health care (OPD, institutional delivery, family planning, doctors, medical staff, medicines etc.) in health centres/sub-centres/ dispensaries;
(iv) essential commodities in Fair Price Shop/ration shop;
(v) drinking water supply;
(vi) individual and community toilet/sanitation facilities;
(vi) electricity supply in homes;
(vii) employment opportunities (MGNREGA etc.);
(viii) skill development/training opportunities and facility;
(ix) crime against women/women issues,
(x) post office and banking services etc.

16. Measurable outcomes
16.1 The measurable outcomes of a women leadership development training programme implemented for women from a village or locality would be assessed from their ability to assume leadership roles and assert their rights, collectively or individually, in having their problems and grievances listed out in the village baseline profile addressed for accessing services, facilities, skills, and opportunities besides claiming their due share of development benefits of the government for improving their lives and living conditions. The deprivation faced, in terms of availability and access to infrastructure, facilities and services relating to civic/basic amenities and socio-economic conditions, brought out in the village baseline profile of a village/locality would be assessed in terms of its status before and after the intervention after the implementation of the project.

17. Sanctioning Committee
17.1 A Sanctioning Committee, comprising of the following, shall be constituted in the Ministry of Minority Affairs to consider and approve projects submitted by the qualified/eligible organisations for implementation of the scheme:

(a) Secretary, Ministry of Minority Affairs – Chairperson
(b) Financial Advisor, Ministry of Minority Affairs
(c) Joint Secretary, Ministry of Women & Child Development – Member
(d) Joint Secretary, Department of School Education & Literacy - Member
(e) Joint Secretary, Ministry of Rural Development – Member
18. Terms and Conditions for Release of Fund

The terms and conditions for release of financial assistance, which may be reviewed/modified by the Ministry at any stage, are as follows:

(a) The organisation shall have a website displaying all the details of their organisation, head office, field offices, land line telephone numbers, personnel, details of past operations and activities, and maintain full details of name and AADHAAR number (wherever Unique Identity Card has been issued), address, and telephone number etc. of the women given training under the scheme, the activities carried out by them for improving their lives and living conditions after the training and during the nurturing/handholding period and furnish this information to the Ministry.

(b) The organisation shall have in their possession Global Positioning System (GPS) digital camera for taking photos of all important activities such as address by faculty, government functionaries, lunch being provided, usage of audio-visual equipments, submitting petitions for redressal of grievances/problems faced, workshop being conducted etc. such cameras should have the feature of taking photos with the location (latitude and longitude) of where the photo was taken using a GPS receiver. In case such equipment is not available with the organisation, it should give an undertaking that it would do so before funds are released.

(c) The organisation shall furnish an undertaking, in the name of the competent authority responsible for actual implementation of the scheme, accepting the terms and conditions laid down by the Ministry of Minority Affairs and furnish a bond with two sureties and will also be responsible for furnishing of accounts of the grant sanctioned. The requirement of furnishing two sureties would not be required in the case of Central and State Universities/Institutions of higher learning recognised by University Grants Commission (UGC) and training institutes of Central and State Government.

(d) The organisation shall maintain a separate account for the financial assistance released by the Ministry of Minority Affairs and shall make the books of accounts available to the Ministry as and when requisitioned for inspection.

(e) The organisation shall utilise the financial assistance for the specified purposes only.

(f) The stipend to trainees will be given by Cheque into the bank account of the beneficiary.

(g) The organisation shall give an undertaking that in the event of acting in contravention of this condition, it will refund the amount received from the Government with 18% annual penal interest or the penal interest prescribed by Chief Controller of Accounts and any other action, as deemed necessary by the Government.

(h) The organisation shall be solely responsible for ensuring that women fulfilling the eligibility criteria are selected for training.

(i) The organisation shall give an undertaking that their books for this project will be open to inspection by the officers of Central Government, concerned State Government/UT Administration or any Chartered Accountant authorized by the Ministry.

(j) The organisation shall be solely responsible for ensuring that women fulfilling the eligibility criteria are selected for training.

(k) The organisation shall give an undertaking that it would do so before funds are released.

(l) The organisation shall maintain a separate account for the financial assistance released by the Ministry of Minority Affairs and shall make the books of accounts available to the Ministry as and when requisitioned for inspection.

(m) The organisation shall give an undertaking that they would make the books of accounts available to the Ministry as and when requisitioned for inspection.

(n) The organisation shall give an undertaking that they would do so before funds are released.

(o) The organisation shall give an undertaking that their books for this project will be open to inspection by the officers of Central Government, concerned State Government/UT Administration or any Chartered Accountant authorized by the Ministry.

(p) The organisation shall give an undertaking that their books for this project will be open to inspection by the officers of Central Government, concerned State Government/UT Administration or any Chartered Accountant authorized by the Ministry.

(q) The organisation shall give an undertaking that their books for this project will be open to inspection by the officers of Central Government, concerned State Government/UT Administration or any Chartered Accountant authorized by the Ministry.

19. Requirements for Release of Fund in Installments

19.1 A bond furnished by the organisation along with two sureties shall be sufficient if the bond covers the amount that would be released directly to the organisation. Release of second and subsequent installments will be based on the various requirements to be fulfilled by the organisation as stated in the Annex to the sanction order and will invariably include photographic evidence of all activities/trainings, Progress reports and

(f) Deputy Director, Council for Advancement of People's Action and Rural Technology (CAPART) – Member

(g) Executive Director, Rashtriya Mahila Kosh (RMK) – Member

(h) Advisor, Minority Welfare Sector, Planning Commission – Member

(i) Managing Director, National Minorities Development & Finance Corporation (NMDFC) – Member

(j) Joint Secretary, Ministry of Minority Affairs (dealing with the scheme) – Convenor and Member
utilisation certificate by the organisation, etc. For the release of 2nd Installment, an inspection report in prescribed format from District Minority Welfare Officer with regard to satisfactory completion of training will be necessary.

19.2 **Photographs:** With the Global Positioning System (GPS) enabled mobile phones available with the organisation, the photos of all daily activities would be captured and sent to the internet address of the Ministry every day as given in the sanction order. Submission of photographs to the Ministry and State Government on each of the activities carried out by the organisation would be a requirement for release of the 2nd and subsequent installments. The organisation shall place the photographs on their website and this should be informed to the Ministry of Minority Affairs, State Government and District Collector concerned.

19.3 **Release of Funds:** Funds will be released by the Ministry to the organisation concerned based on the approved project proposal in installments as follows:

For Non-residential Village/urban locality Training:

1st installment: 50% of the approved project cost would be released before the commencement of the training. The organisation will ensure that this release covers expenditure for conduct of training and allowance/stipend. Expenditure for holding workshop will be released in one lump sum along with the first installment.

2nd installments: 50% of the approved project cost would be released on submission of a certificate of satisfactory completion of the training course duly signed by all women trained and countersigned by Head of Panchayat/Municipal Body/Local Authority and submission of utilisation certificate. For Residential Training: 1st installment: 50% of the approved project cost would be released before the commencement of the training. The organisation will ensure that this release covers expenditure for conduct of training and allowance/stipend. 2nd installment: 50% of the approved project cost would be released on submission of a certificate of satisfactory completion of the training course duly signed by all women trained and countersigned by Head of Panchayat/Municipal Body/Local Authority and submission of utilisation certificate.

20. **Electronic Fund Transfer**

20.1 Transfer of fund would be done through electronic transfer by the banks wherever facility for such transfer is available.

20.2 For enabling E-payment directly into the account of organisation/training institute, the organisation shall furnish an Authorization Letter from the payee, with full details of e-payment of the organisation i.e. name of payee, bank IFS code number, bank branch, bank branch name, number and address etc. The Authorization Letter must be submitted in Prescribed Format and counter-signed by the manager of the bank branch concerned to avoid wrong account number. Only one authorization letter would be required for the entire financial year or till the account number is changed during the year.

21. **Transparency**

21.1 Having a website of the organisation displaying all the details of their organisation, head office, field offices, land line telephone numbers, personnel, details of past operations and activities, and full details of names including AADHAAR number, address, and telephone number etc. of the women given training under the scheme, the activities carried out by them for improving their lives and living conditions after the training and during the nurturing/handholding period is necessary. Furnishing this information to the Ministry would constitute an important element under the scheme to enable social audit. The organisation shall ensure that photographs and short clips of the leadership trainings conducted including question and answer sessions are taken, placed on the website and made available to the Ministry.

22. **Monitoring and Evaluation**

22.1 Ministry will put in place a mechanism for monitoring the progress of implementation of the projects by organisations and for this purpose invite State Secretary concerned and also some renowned women/NGOs to the review meetings. The Sanctioning Committee will also review the progress of implementation of the projects. The women and NGOs may be paid some amount for monitoring.

22.2 The District Level Committees constituted under Multi-sectoral Development Programme (MsDP), which also involve People's representative, may also be assigned the task of monitoring this programme.

22.3 Financial monitoring of implementing organisations may also be done through Chartered Accountants empanelled for this purpose by the Ministry for which charges shall be met from the sub head professional charges of the scheme.

22.4 There will be a Mid-Term Evaluation of the Scheme in 2015-16. During Mid-Term Evaluation, the Ministry will particularly review the necessity of the training modules in a particular area, financial viability of such trainings, maximum number of women who could be trained by an organisation. This could be done by the agencies empanelled with the Ministry under the Research/Studies, Monitoring and Evaluation of Development Schemes including Publicity, experienced officers, women, NGOs could also be involved in this process.

22.5 Impact assessment and evaluation of the project would be carried out periodically or as and when required, by an empanelled agency of the Ministry as above. Such studies will be funded under the existing scheme of Research/studies, Monitoring and Evaluation of the Ministry.

23. **Review of the Scheme**

23.1 The implementation of the scheme would be reviewed by the Ministry after one year of implementation.

23.2 Ministry of Minority Affairs may make changes/modifications, not involving financial aspects, in the scheme as and when required for improvement in implementation keeping in view the National, Regional needs and requirements of target groups.
Pre and Post Knowledge Assessment Questionnaire

Pre Test Questionnaire

➢ What do you know about ‘Nai Roshni’ Scheme?

➢ What are your expectations from training on leadership development of minority women?

Trainees’ Pre Knowledge Assessment

1. What are the qualities of a good leader?
   a. Energetic
   b. Empathy
   c. Objectivity
   d. All of the above

2. In which leadership style team members are encouraged to be a part of decision making?
   a. Autocratic
   b. Bureaucratic
   c. Democratic
   d. Delegative

3. Gender reflects
   a. Biological differences
   b. Socio-cultural differences
   c. Both of the above
   d. None of the above

4. Who are the beneficiaries of Public Distribution System entitlements under National Food Security Act, 2013?
   a. AAY/BPL/APL
   b. AAY and BPL
   c. AAY and Priority Households
   d. Only priority households

5. Under Right to Information Act within what time should the information be provided in normal case?
   a. 48 Hours
   b. 30 Days
   c. 45 Days
   d. 28 Days

6. What is the application fee required to be paid to seek information under Right to Information Act?
   a. No fee
   b. ‘10
   c. ‘50
   d. None of the above

7. What is the upper age limit of studying through National Institute of Open Schooling?
   a. Till 25 years
   b. Till 45 years
   c. Till 30 years
   d. There is no age limit

8. Fund transfer under which of the programmes is covered under Direct Benefit Transfer Scheme?
   a. LPG subsidy
   b. Student scholarships
   c. Both a and b
   d. None of the above

9. Right to Education Act guarantees right to free and compulsory education to children of which age group?
   a. 4–14 Years
   b. 6–14 Years
   c. 6–12 Years
   d. 6–18 Years

10. What percentage of Pre-Matric, Post-Matric and Merit cum Means scholarships are reserved for girl students?
    a. 10 %
    b. 20 %
    c. 30 %
    d. 33 %

11. Right to Vote can be exercised by a woman of what age?
    a. 18 Years
    b. 19 Years
    c. 20 Years
    d. 21 Years
12. What is the legal age of marriage in India for girls and boys respectively?
   a. 15, 21  
   b. 18, 21  
   c. 21, 21  
13. Which of the following abuse is covered in the domain of domestic violence?
   a. Sexual abuse  b. Verbal and emotional abuse  
   c. Economic abuse  d. All of the above  
14. Which of the following is not a provision for adoption under JJ Act?
   a. A child may be adoptive irrespective of the marital status of the adopter  
   b. Adoption can occur only if there is no child of same sex as that of the adopted child living in the same house  
   c. Adoption requires consent of child if she/he can understand and express  
   d. Child can be given for adoption only after the child has been declared legally free  
15. When was Swachh Bharat Mission launched?
   a. 15th August 2014  
   b. 2nd October 2014  
   c. 14th November 2014  
   d. 26th January 2015  
16. HIV is transmitted through
   a. Unprotected sex  b. Sharing of syringes  
   c. None of the above  d. Both a and b  
17. Which of the following is the best source of Vitamin A?
   a. Dark Green leafy vegetables  b. Wheat  
   c. Orange  d. Oil  
18. At what age complimentary feeding should be initiated?
   a. At 4 months  b. At 6 months  
   c. At 8 months  d. At 12 months  
19. Till what age are children immunized to protect them from various childhood diseases?
   a. 0-2 years  b. 0-5 years  
   c. 0-6 years  d. 0-8 years  
20. Which of the following contraceptive can be used after unprotected sex?
   a. Emergency contraceptive pills  b. Oral contraceptive pills  
   c. Condoms  d. None of the above  
21. What cash benefit is provided through Indira Gandhi Matritva Sahyog Yojana?
   a. Rs 3000  b. Rs 4000  
   c. Rs 6000  d. No cash benefit  
22. At what price sanitary napkins are sold to adolescent girls under the scheme for promotion of menstrual hygiene?
   a. Rs 5  b. Rs 6  
   c. Rs 10  d. Rs 20  
23. Where do you approach for rehabilitation of severely malnourished children?
   c. Village Health Centre  d. None of the above  
24. Which of the following are water borne infections?
   a. Cholera  b. Diarrhoea  
   c. Typhoid  d. All of the above  
25. What does FSSA stands for?
   a. Food Safety and Standards Act  b. Food Standards and Safety Act  
   c. Food Safety and Security Act  d. None of the above  
26. What does deficiency of Vitamin D leads to?
   a. Polio  b. Scurvy  
   c. Rickets  d. Night blindness
27. Which of the activities are good for health?
   a. Smoking  
   b. Consuming alcohol  
   c. Abusing  
   d. Walking

28. Which of the following is not a life skill?
   a. Empathy  
   b. Sympathy  
   c. Critical thinking  
   d. Coping

29. What is the limit of financial assistance provided by National Minorities Development and Finance Corporation?
   a. Upto `10,00,000  
   b. Upto `20,00,000  
   c. Upto `30,00,000  
   d. Upto `40,00,000

30. What is the overdraft amount in Pradhan Mantri Jan Dhan Yojana?
   a. `4,000  
   b. `5,000  
   c. `8,000  
   d. `10,000

31. How many levels are there in Panchayati Raj Institutions?
   a. 3  
   b. 4  
   c. 5  
   d. None of the above

32. What is the minimum amount of investment in National Saving Certificates?
   a. `50  
   b. `100  
   c. `200  
   d. `500

33. What is the validity of Kisan Credit Card?
   a. 1 year  
   b. 2 year  
   c. 3 years  
   d. 5 years

34. How can water be purified at home?
   a. Boiling  
   b. Using chlorine tablets  
   c. By filtration  
   d. All of the above

35. A good message should not be?
   a. Clear  
   b. Positive  
   c. Judgemental  
   d. Precise

Post Test Questionnaire

➢ What have you learnt about women specific schemes and programmes?

➢ What were the best aspects of the training and which aspects require improvement?

Questions 1 – 35, to be used for knowledge change assessment at the end of the programme.

Answers to questions

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Case Studies (Leadership in Women)

**Lijjat Papad: A Case Study of Inclusive Responsible Leadership**

In March 1959, a majority of the women inhabitants of an old residential building in Girgaum (a thickly populated area of South Mumbai), were busy attending their usual domestic chores. A few of them (seven to be exact) gathered on the terrace of the building and started a small inconspicuous function. The function ended shortly, the result - production of 4 packets of *papads* and a firm resolve to continue production. This pioneer batch of 7 ladies had set the ball rolling. As the days went by, the additions to this initial group of 7 was ever-increasing.

Today, *Lijjat* is more than just a household name for ‘papad’. Started with a modest loan of ` 80, these women took its turnover from ` 6,196 in the first year to ` 300 crore in the next few decades, involving over 40,000 women on its revolutionary march.

*Shri Mahila Griha Udhyog*, the makers of the famous *Lijjat papad*, is an organisation, which symbolises the strength of a woman. Only women can become the members of the organisation. All members are also the owners of the organisation and are fondly referred to as ‘sisters’. There is a central managing committee of 21 members to manage the affairs of the organisation. To aid the management, there are also *sanchalikas* to look after the day-to-day affairs of the individual centers and also that of the *udhyog* as a whole. The organisation functions on the basis of consensus and each member has ‘veto’ powers.

What’s more stunning than its stupendous success is its striking simplicity. With quality consciousness as the principle that guided production, *Shri Mahila Griha Udhyog Lijjat papad* grew to be the flourishing and successful organisation that it is today. The model of responsible leadership.

**Case Study**

Paramjit Kaur, secretary of *Kap Kalan Malerkotla* SHG joined the group eight years ago and considers it the best decision of her life. She is a matriculate and her husband, Roop Singh, is a JBT teacher. She is trained in stitching and embroidery which she learnt from *Mandi Ahmasgarh*. She then decided to impart this knowledge to other women and give them an opportunity to earn a livelihood. She opened a stitching centre in her house by borrowing a loan of ` 55,000. While she took ` 27,000 from the group, the remaining amount was given by the bank.

She trains approximately 25-30 girls in a year and charge ` 200 per student. Besides training, she also stitch and embroider clothes on order. She earns approximately ` 8,000 to 10,000 per month, which is more than enough to sustain her family. While her elder daughter is married, her two boys and two girls are studying. They are a happy, financially-stable family and this was made possible by her belief in herself.

**Case Study**

In the ‘labour lines’ of Behali tea garden in lower Assam’s Sonitpur district, as the sun goes down people indulge in the free-flowing, locally-brewed alcohol. Alcoholism is a truth almost every tea tribe family in Assam is familiar with and yet is unable to escape from its pitfalls. Having borne and seen enough, the women folk in these gardens finally took the matters into their own hands and under the aegis of Mothers’ Club, attempted to, and succeeded in detoxifying their lives.

According to Maloti and other women of the tea gardens, the daily expenditure on alcohol is ` 20-30, a sizeable sum considering their daily wage is about ` 90. Moreover, alcoholics are also notorious for having high records of absenteeism from work, further draining their earning power.

Apart from being an economic drain, the repercussions of alcoholism are multilayered. Children of alcoholic parents often drop out of school by class five or six and look for petty work in the garden area to supplement the family income. Not just that, under the influence of the environment at home most children also take up drinking at an early age.

The Mothers’ Club’s strategy to deal with this serious issue is to spread awareness door-to-door. These clubs, consists of 12 to 15 women. In their monthly meetings, they discuss a particular theme, such as nutrition, hygiene, or which diseases to look out for the month, and after discussions with the doctor in the hospital, go to the lines and talk to the people. They don’t get any added incentive for their work - just a uniform (a green bordered sari) - but the fact that their work is positively impacting their own community and children, in particular, is a reward for them.

*Ashamboti Tatti* of the same club says, “It’s been a few years since we have been persevering, so things are changing and alcoholism has come down in families. You don’t get liquor as easily in the lines as you used to. Moreover, the women have become more confident in putting forth their opinion,” she elaborates.

While a lot more needs to be done, a wave of awareness is spreading, though slowly, on the importance of education in the community, which in turn has had a positive impact on their living condition.


## Comparison of Different Leadership Styles

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<th>Leadership Styles</th>
<th>Description</th>
<th>Positive Points</th>
<th>Negative Points</th>
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<td>Autocratic Leadership</td>
<td>➢ Has lots of power and makes decisions.</td>
<td>➢ Decision making takes less time.</td>
<td>➢ More dependency and less individuality.</td>
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<td>➢ Maintains authority.</td>
<td>➢ Less competent team mates also have to work.</td>
<td>➢ The team becomes tense, fearful or resentful.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>➢ Team depends on the leader to make all the decisions.</td>
</tr>
<tr>
<td>Bureaucratic Leadership</td>
<td>➢ Everything is done according to procedure or policy.</td>
<td>➢ Results in smooth, efficient and predictable operations.</td>
<td>➢ Team loses interest.</td>
</tr>
<tr>
<td></td>
<td>➢ Leader enforces the rules.</td>
<td>➢ Minimises ambiguity.</td>
<td>➢ Team members do only what is expected of them and no more.</td>
</tr>
<tr>
<td>Democratic Leadership</td>
<td>➢ Encourages the sharing of ideas but maintains final decision making authority.</td>
<td>➢ Increase sense of belongingness among members.</td>
<td>➢ Time consuming to get everyone’s input.</td>
</tr>
<tr>
<td></td>
<td>➢ Emphasises equal status of team members.</td>
<td>➢ Organisational stability.</td>
<td>➢ Confidentiality is a critical concern.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>➢ Slow decision making.</td>
</tr>
<tr>
<td>Delegative Leadership</td>
<td>➢ Provides little or no direction.</td>
<td>➢ Provides more opportunities to team members.</td>
<td>➢ May lead to clash of interest and loss of group cohesiveness.</td>
</tr>
<tr>
<td></td>
<td>➢ Authority is given to the team to determine goals and resolve problems.</td>
<td>➢ Develops independent personality.</td>
<td>➢ Team members feel insecure at the unavailability of the leader.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>➢ Lack of regular feedback to let the team know how well they are doing.</td>
</tr>
</tbody>
</table>
SWOT Analysis

A SWOT analysis is a strategic planning tool to evaluate the Strengths, Weaknesses, Opportunities and Threats involved in effective leadership. It involves specifying the objective and then identifying the internal and external factors that are favourable and unfavourable to achieve that objective.

SWOT is an acronym for Strengths, Weaknesses, Opportunities and Threats where:

- Strengths and opportunities are helpful
- Weaknesses and threats are harmful
- Strengths and weaknesses are internal
- Opportunities and threats are external

**Quadrant 1: Strengths** - what you have

**Quadrant 2: Weaknesses** - anything that can be improved upon

**Quadrant 3: Opportunities** - leads that you can focus your energy on

**Quadrant 4: Threats** - obstacles that you must surpass

Below is an example of SWOT analysis of an individual.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard working</td>
<td>Lack of education</td>
</tr>
<tr>
<td>Honest</td>
<td>Unstable economic condition</td>
</tr>
<tr>
<td>Support from family</td>
<td></td>
</tr>
<tr>
<td>Confident</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult education programme running in the community</td>
<td>Societal norms</td>
</tr>
<tr>
<td></td>
<td>Lack of access to services</td>
</tr>
</tbody>
</table>

The trainer may explain SWOT analysis to the trainees using the above mentioned example and may give a situation (like alcoholism, domestic violence, sanitation related problems and so on) to the trainees to work on.
Tips for Leaders

- **Refrain** from saying unkind or negative things
- **Exercise** patience with others
- **Keep** the promises you make to others
- **Assume** the best of others
- **Reward** open, honest expressions and questions
- **Admit** your mistakes and apologize
- **Welcome** open discussions
- **Go** step by step
- **Avoid** fight or flight situations
- **Agree** on the limits, rules, expectations and consequences
- **Speak** the language of logic
- **Delegate** effectively
- **Involve** people in meaningful projects
Case Studies (Gender Empowerment)

I. Daksha can be easily spotted in the classroom, among the other girls due to her vivacious nature. “But one year ago she was not the same, she used to hide seeing a stranger”, says Amina Ben, teacher of Dhuppi Adolescent Girls Learning Centre (AGLC), where Daksha has been coming for the past one year. Daksha’s mother had died a few years ago and she is the only sister among the seven siblings. With the responsibility of household work of a huge family, Daksha couldn’t continue studying beyond standard three. Having lost her voice in a family dominated by male members, she found it back again after coming to AGLC.

Being a fast learner Daksha quickly acquired competency in language and math. She also learnt sewing from Amina Ben after classes. “The knowledge of numbers helps me in taking measurement for stitching clothes”, says Daksha. With her increased confidence and skills, Daksha wanted to earn a living by sewing but her family didn’t support her. She then took a loan of three thousand rupees from the SHG of her village to buy a sewing machine. Today Daksha is fulfilling her dreams. Using the sewing and embroidery skills she acquired in AGLC, she earns a living and plans to repay her loan soon.

Source: Care India, http://www.careindia.org/node/554

II. Selvarani a 20 year old woman and Paulpandi (27 years old) her husband, both natives of Pootchipatti village, Usilampatti taluka, had three daughters. Paulpandi was the only bread-winner of the family, he used to do some social work in his village. With the hope of begetting a male child, Selvarani became pregnant for the fourth time. Her husband and her relatives had thought of killing the baby if it was a female child.

At this juncture, the AWW met Selvarani in her house and registered her name for services for pregnant women at the Anganwadi Centre (AWC). She used to meet her regularly to educate her about taking nutritious food and also following the immunization schedule. She was invited to participate in the Ante-Natal training camps organised by AWW in Pootchipatti, her own village. In such camps, the importance of female children was also discussed to sensitize women folk. It was explained that the idea of family members to kill the baby if it happened to be a female child was bad and had to be abandoned as girls are important for a healthy and balanced society. From then onwards, the staff counselled Selvarani’s husband and her relatives, but all in vain.

The child was born. It happened to be a female child. As planned earlier, her husband and in-laws had decided to kill the girl child. Selvarani kept the child away throughout the day and night to prevent female infanticide. Fortunately, the next day AWW visited the mother and the child. Selvarani explained her, the difficulties she faced in her family.

The AWW met her husband and his parents and motivated them to keep the baby. Fortunately, AWW counselled the family intensely, to retain the fourth girl in their family. AWW helped the mother to develop a strong mind and will power to save a girl child from death.

Later after 25 years, her father was proud that his daughters had achieved something that he had always wished his sons would achieve and he realised that they excelled in any field that they chose. One of his daughters was now a doctor and helped her community by doing charitable practice so that the poor can get treatment.

Source: wcd.nic.in/training module_BBBP_Draft 7. pdf
Glossary of Gender Related Terms

Gender: Describes the socially constructed ways of being women and men, that is – the gender division of labour, the relationship between men and women, differences in roles, behaviour, expectations. It changes according to culture, class, time and place.

Sex: The biological differences between women and men, which are universal, obvious, and generally permanent. Sex describes the biological, physical and genetic composition with which we are born.

Gender Equality: Refers to norms, values, attitudes and perceptions required to attain equal status between women and men without neutralising the biological differences between being women and men.

Gender Equity: Fairness in women's and men's access to socio-economic resources. Example: access to education, depending on whether the child is a boy or a girl. A condition in which women and men participate as equals, and have equal access to socio-economic resources.

Gender Division of Labour: Socially prescribed allocation of productive, reproductive and community tasks for men and women which define norms, status, degree of workload and time allocation to specific tasks by gender for adult women and men, boys and girls.

Women in Development (WID): WID approach seeks to integrate women into the development process by targeting them as passive beneficiaries of programming.

Women and Development (WAD): WAD recognises that women have always been economic actors and emphasises structural change of the global political economy. It does not address the linkage between patriarchy and economic exploitation.

Gender and Development (GAD): GAD looks at the larger inequities of unequal relations between the rich and the poor, the advantaged and the disadvantaged and within that, the additional inequities that women face.

Practical Gender Needs/Strategic Gender Interests: Interventions that meet women's immediate and daily needs such as water, shelter and food are considered practical gender needs. Those addressing more fundamental issues related to women's subordination and gender inequities are defined as strategic gender interests. Practical gender needs are immediate and material and can be met in the short term through practical and visible solutions. Strategic gender interests are long term and related to structural changes in society regarding women's status and equity. They include legislation for equal rights and opportunities, reproductive choice, and increased participation in decision-making.

Gender Balance: Participation of an equal number of women and men within an activity or organisation. Examples are representation in committees or in decision-making structures.

Gender Blind: Interventions, which appear neutral as they are couched in abstract, generic categories but are implicitly male biased.

Gender Specific: Targeted only at the needs and interests of either women or men, as separate categories.

Gender Neutral: Interventions targeted at the actors - be they women or men, which are appropriate to the realisation of pre-determined goals, which leave the existing division of resources and responsibilities intact.

Gender Sensitive: Recognition of the differences and inequities between women's and men's needs, roles, responsibilities and identities.

Gender Relations: Ways in which a culture or society prescribes rights, roles, responsibilities, and identities of women and men in relation to one another.

Access to Resources: The variation that exists between men and women in utilising resources which can be material - food, capital assets; human - labour and skills; intangible - information, contacts - and occurs both within the household and in the community.

Control of Resources: The degree to which each gender has control over the utilisation, the decision making and benefits of any specific resource, within the household and in the community.

Efficiency/Equity Rationale: Reasons for the inclusion of women in development. The efficiency rationale holds that the development activities will be more effective with the full involvement of women and men infull capacities. The equity rationale regards the equal representation of women's and men's interests in development as a matter of justice.

Empowerment: The process of gaining control over the self, over ideology and the resources, which determine power.

Patriarchy: Refers to the power relationships by which men dominate women, and characterizes a system whereby women are kept subordinate in a number of ways.

Sexual Harassment: Any unwelcome sexual advance, request for sexual favours or other verbal or physical conduct of a sexual nature, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. It is particularly serious when behaviour of this kind is engaged in by any official who is in a position to influence the career or employment conditions (including hiring, assignment, contract renewal, performance evaluation, working conditions, promotion) of the recipient of such attentions. It includes both unwelcome heterosexual and homosexual sexual advances.

Source: Training Module on Gender Issues in Development, Institute of Management in Government, Thiruvananthapuram, 2003
### Schemes for BPL

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Description</th>
</tr>
</thead>
</table>
| **National Rural Livelihoods Mission, 2011** | It is a restructured version of Swarnjayanti Gram Swarozgar Yojana with focus on:  
- Enhancing and expanding existing livelihood options of the poor  
- Building skills for the job market outside  
- Nurturing self-employed and entrepreneurs. |
| **Indra Awaas Yojna, 1985** | Provide financial assistance to the rural poor living Below the Poverty Line (BPL) for construction of a house and also to provide house sites to the landless poor as well. |
| **Antyodaya Anna Yojana, 2000** | Provide 35 kg of food grains to poorest of poor at highly subsidised rates. |
| **Rashtriya Swasthya Bima Yojana, 2008** | Provide health insurance coverage for below poverty line (BPL) families  
- Hospitalization coverage up to ₹30,000/- |
| **Jawahar Gram Samriddhi Yojna, 1999** | To create a demand driven community village infrastructure including durable assets at the village level and assets to enable the rural poor to increase the opportunities for sustained employment.  
- Generation of supplementary employment for the unemployed poor in the rural areas.  
- The wage employment to below poverty line (BPL) families. |
| **New Liquified Petroleum Gas (LPG) Scheme, 2015** | Provide rebate of ₹1600 for 14.2 Kg cylinder to BPL category people on taking New LPG connection.  
- A waiver of ₹500 for getting a 5 kg connection for the BPL families. |
Process of Seeking Redressal against a Complaint

- Lodging of complaint
- Receipt or acknowledgement of acceptance of complaint
- Assessment of grievance by respective department/officer
- Forwarding and transfer/reminders and clarification
- Monitoring of redress procedure and action
- Closure of case

IF SATISFIED

IF NOT SATISFIED

ANNEXURE 10

Government Helplines

<table>
<thead>
<tr>
<th>Helplines</th>
<th>Toll Free Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Commission For Minorities</td>
<td>1800-11-0088</td>
</tr>
<tr>
<td>Police Control Room</td>
<td>100</td>
</tr>
<tr>
<td>Fire Station</td>
<td>101</td>
</tr>
<tr>
<td>Ambulance</td>
<td>102</td>
</tr>
<tr>
<td>Child Line</td>
<td>1098</td>
</tr>
<tr>
<td>Women’s Helpline</td>
<td>181</td>
</tr>
<tr>
<td>National Anti-Ragging Helpline</td>
<td>1800-180-5522</td>
</tr>
<tr>
<td>AIDS Helpline</td>
<td>1097</td>
</tr>
<tr>
<td>Nutrition Helpline (Nutrition Resource Platform)</td>
<td>1800-11-1606</td>
</tr>
<tr>
<td>Kisan Call Centre</td>
<td>1800-180-1551</td>
</tr>
<tr>
<td>National Rural Employment Guarantee Act (MGNREGA)</td>
<td>1800-11-0707</td>
</tr>
<tr>
<td>Micro, Small and Medium Enterprises (MSME) Udyami Helpline</td>
<td>1800-180-6763</td>
</tr>
<tr>
<td>National Consumer Helpline</td>
<td>1800-11-4000</td>
</tr>
<tr>
<td>AADHAAR Card India</td>
<td>1800-300-1947</td>
</tr>
<tr>
<td>PAN Card</td>
<td>1800-180-1961</td>
</tr>
<tr>
<td>Census of India</td>
<td>1800-345-0111, 1800-209-5040</td>
</tr>
</tbody>
</table>
Application Form under Right to Information Act, 2005

To
Public Information Officer
Department Office
(Complete postal address)

Sub: Information under the Right to Information Act, 2005

Sir,
I am sending herewith an application seeking information under the Right to Information Act, 2005 as per particulars furnished below:

Name :
Postal Address :
Telephone No./Mobile No. :
Date:
*Subject of information sought and Department concerned :

Application Fee : 10 (Rupees Ten Only)
Mode of payment : Cash, Demand Draft (DD), Banker's Cheque, Indian Postal Order

Date :
DD/Banker's cheque should be payable to……………………………………………………….
New Delhi
Date of receipt :
*Add pages if needed

Signature of applicant
RTI Related Frequently Asked Questions

Q.1  When did RTI come into force?
Ans 1  It came into force on the 12th October, 2005.

Q.2  What does Right to Information mean?
Ans 2  It includes the right to:
  •  Inspect works, documents, and records.
  •  Take notes, extracts or certified copies of documents or records.
  •  Take certified samples of material.
  •  Obtain information in form of printouts, diskettes, floppies, tapes, video cassettes or in any other electronic mode or through printouts.

Q.3  What is the time limit to get the information?
Ans 3  •  30 days from the date of application.
  •  48 hours for information concerning the life and liberty of a person.
  •  5 days shall be added to the above response time, in case the application for information is given to Assistant Public Information Officer.
  •  If the interests of a third party are involved then time limit will be 40 days (maximum period + time given to the party to make representation).
  •  Failure to provide information within the specified period is a deemed refusal.

Q.4  What could be the grounds for rejection?
Ans 4  •  If it is covered by exemption from disclosure.
  •  If it interferes with copyright of any person other than the State.
Centrally Sponsored Schemes Delivered through PRIs

- **Agricultural Development Schemes**
  - **National Horticulture Mission**: National Horticulture Mission was launched in 2005-06 to promote holistic growth of the horticulture sector through area based regionally differentiated strategies. The scheme has been subsumed as a part of Mission for Integration Development of Horticulture (MIDH) during 2014-15.
  - **Macro Management of Agriculture (MMA) Scheme**: The scheme was formulated with the objective to ensure that central assistance is spent on focused and specific interventions for the development of agriculture in states. The scheme provides sufficient flexibility to the states to develop and pursue the programmes on the basis of their regional priorities.
  - **National Mission on Micro Irrigation**: The mission aims to promote modern irrigation methods to use water efficiently, increase crop productivity and farmer’s income. It involves financial assistance of 60% of total cost to small and marginal farmers having up to two hectare of land area and 50% to other farmers.

- **Education and Literacy Related Schemes**
  - **Saakshar Bharat Programme (SBP)**: The mission aims at extending educational options to those adults, who have lost the opportunity and have crossed the age of formal education, but now feel a need for learning of any type, including literacy, basic education, skill development (Vocational Education) and equivalency.
  - **National Programme of Nutritional Support to Primary Education (MDM)**: The Mid-Day Meal programme was launched to enhance enrollment, retention and attendance and simultaneously improve nutritional levels among children. Under the programme the children up to class VIII are provided free home cooked meal in the school meal.
  - **Sarva Shiksha Abhiyan (SSA) (including Kasturba Gandhi Balika Vidyalaya (KGBV)/Teacher Education Scheme (TE))**: The programme seeks to open new schools in those habitations which do not have schooling facilities and strengthen existing school infrastructure through provision of additional class rooms, toilets, drinking water, maintenance grant and school improvement grants. It also seeks to provide quality elementary education including life skills. It has a special focus on girl’s education and children with special needs. SSA also seeks to provide computer education to bridge the digital divide.

- **Employment Schemes**
  - **Mahatma Gandhi Rural Employment Guarantee Scheme (MGNREGA)**: The scheme guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work. This is an important step towards the realization of the right to work.
  - **National Rural Livelihoods Mission (NRLM)**: The mission aims to reduce poverty by enabling the poor households to access gainful self-employment and skilled wage employment opportunities resulting in appreciable improvement in their livelihoods on a sustainable basis, through building strong and sustainable grassroots institutions.

- **Health Related Schemes**
  - **National Rural Health Mission (NRHM)**: NRHM seeks to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

- **Housing Schemes**
  - **Indira Gandhi Awaas Yojana (IAY)**: The aim of Indira Awaas Yojana is to provide financial assistance to the rural houseless poor families and those living in dilapidated and kutcha houses belonging to Below the Poverty Line (BPL) for construction of house and also to provide house sites to the landless poor as well.

- **Schemes for Women and Child Development**
  - **Integrated Child Development Services Scheme (ICDS)**: ICDS Scheme is one of the world’s largest and most unique programmes to provide pre-school education and break the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality. The scheme seeks to provide nutrition and basic health care facilities including referrals to young children (6-60 months), pregnant and lactating women.
  - **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)**: SABLA aims to address multidimensional problems of adolescent girls. It enables the adolescent girls for self-development and empowerment, improve their nutrition and health status, promote awareness about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH) and family and child care, provide mainstreaming via education and provide information/guidance about existing public services such as primary health centre, community health centre, post office, bank, police station.

- **Other Schemes**
  - **National Social Assistance Programme (NSAP)**: The programme introduced a National Policy for Social Assistance for the poor and aims at ensuring minimum national standard for social assistance in addition to the benefits that are provided by states or will be provided in future. NSAP at present comprises of Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme (IGNDPS), National Family Benefit Scheme (NFBS) and Annapurna.
• **Accelerated Rural Water Supply Programme (ARWS):** The programme was introduced to assist the States and Union Territories (UTs) to accelerate the pace of coverage of drinking water supply.

• **Central Rural Sanitation Programme (CRSP):** The programme has been relaunched as “Total Sanitation Campaign (TSC)” with emphasis on Information, Education and Communication (IEC), Human Resource Development, capacity development activities to increase awareness among the rural people and generation of demand for sanitary facilities. The programme aims to enhance people’s capacity to choose appropriate options through alternate delivery mechanisms as per their economic condition. It intends to tap children’s potential as the most persuasive advocates of good sanitation practices in their house-holds and in schools. It also aims to provide separate urinals/toilets for boys and girls in all the schools/Anganwadis in rural areas in the country.

• **Pradhan Mantri Gram Sadak Yojana (PMGSY):** PMGSY was introduced to provide all weather road connectivity in rural areas of the country. The programme envisages connecting all habitations with a population of 500 persons and above in the plain areas and 250 persons and above in hill the tribal and the desert areas.
Case Studies (Empowerment of Women through PRIs)

**Hope Town Gram Panchayat “Andaman and Nicobar Islands - A Ray of Hope”**

Hope is the state which promotes the desire of positive outcomes related to events and circumstances in our life or in the world at large. This is exactly what Smt. Rasheeda Bibi led Hope Town Panchayat is striving towards in their native South Andaman district. The Gram Sabhas conducted were well intended to involve the general public for discussions on issues faced in the day-to-day life. Hence, it received an overwhelming response in the form of active participation from people of all spheres including elected members and government officials. These efforts have succeeded to bring about drastic changes in the quality of drinking water, social security and gender equality among others.

Thanks to the effective Gram Sabha meetings that were conducted, there are around 18 Self Help Groups running successfully under Hope Town Gram Panchayat engaging in activities like goatery, fishing, milch cow etc. In addition to these, the Panchayat also recommended for sanction of financial assistance for construction or upgradation of new houses. In an unequivocal commitment to human rights and good governance, the Hope Town Gram Sabha conducted several campaigns relating to health awareness, ill-effects of liquor consumption and blood test campaign.

The Gram Sabha has been used as a very effective platform by the residents of Hope Town. The people of other backward classes not only participated in these meetings but also highlighted issues like generation of income of the Gram Panchayat in the form of Panchayat Toll Tax, provision of bus services to school children and improvement of the quality of electricity service. Women participants of the Gram Sabha were equally pro-active in bringing their concerns to light. The Hope Town Gram Sabha has been hugely triumphant in its drive to generate employment under the MGNREGA scheme. Male and female workers were given equal opportunity to work with timely payment of wages. Several self-employment and skill enhancement drives were also conducted under the supervision of the Panchayat.

Focus on the quality of education to fire the young minds of the country has been a top priority of the Hope Town Panchayat. The primary schools were converted to middle grade and the medium of teaching has been decided as English. Also the compound walls and play grounds of the schools were renovated. A healthy mind dwells in a healthy body; a saying well understood by the Hope Town Panchayat. Health awareness campaigns were held with the involvement of Anganwadi workers in which several disabled children were attended to and given proper nutritional supplements. Several cases were also referred to higher hospitals.

The Gram Sabha has been very watchful in making sure that the remote areas of their villages are not deprived of government aid and has taken several steps for the same. These efforts of Panchayat have flowered as an offering of hope emerging amongst the rigid terrains of issues and difficulties.

**Manyachiwadi Gram Panchayat, Satara, Maharashtra – “Growing with Technology”**

Gram Sabha is an institution founded upon the unity and cooperation of the people, which grows stronger as more diversity is added to this forum. Women of our nation, long confined to the courtyards have broken down the shackles and have actively participated in these meetings. The Manyachiwadi Gram Panchayat, led by woman Sarpanch, Smt. Sangeeta Ashok Pachupate, is a perfect example of women empowerment. A Gram Sabha with maximum participation of women does not only discuss issues related to women but also elaborate on other significant subjects like revenue, expenditure and social audit.

Modernization, an agenda which has long eluded several Panchayats because they found it too sweet for their liking has become the cup of tea of Manyachiwadi Gram Panchayat. They have done exceedingly well in terms of keeping pace with modern technology. Use of free e-Software and e-Panchayat is widespread in the village. Additionally, provisions are made to register the births and deaths online and avoid the hassles tagged with the conventional procedures. Manyachiwadi holds the distinction of being the first solar village of the state of Maharashtra. Its experience is instructive and points to the need to cultivate and nurture all sources of power, more so the renewable ones such as solar power.

Apart from doing their best on the technology front, Manyachiwadi Gram Sabha has also taken several steps to preserve and protect their natural environment. The entire village of Manyachiwad is plastic-free with their sole focus on use of biodegradable materials. Also, the animal husbandry is well taken care of with frequent immunization drives being launched for their welfare. It is a matter of concern that trees are being mowed down recklessly throughout the country, which in turn is affecting the entire ecological balance.

Recognising this fact, the Gram Sabha has set up a Van Rakshak Samiti to protect and safeguard their forests. They have tightened the circle of security further by laying down punishments and procedures for those who harm the forests.

Apart from the care and concern shown towards women, various sections of the society have received an overwhelming support from the Panchayat. The Manyachiwadi Gram Sabha has taken special care to discuss and resolve the issues faced by senior citizens, widows and homeless/destitute. Owing to its excellent work across all the segments, the Manyachiwadi Panchayat stood first in Sant Gadge Baba Swachhta Abhiyaan and received a cash prize of ₹ 5 lakh.

The Gram Sabha of Manyachiwadi has also planned and undertaken several human welfare activities like blood donation and child adoption. With its relentless follow up and seamless planning the Manyachiwadi Panchayat had budged past several barriers with ease on its way to glory.

**Major Highlights:**

- Conducted the annual compulsory four Gram Sabhas.
- Appreciable attendance of women and government officials in Gram Sabhas.
- The proceedings were video recorded and duly registered.
- Separate Gram Sabha and Ward Sabha meetings were held.
- Special efforts were made by the Gram Panchayat towards provisions by PDS.

### Other e-Citizen Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Available facilities</th>
<th>Reference link</th>
</tr>
</thead>
</table>
| **MGNREGA** | • Guaranteeing hundred days of wage-employment  
**Provide details about:**  
• How to register  
• Where to apply  
• Job cards and duplicate job cards  
• Online filing of grievances | www.nrega.nic.in |
| **PASSPORT** | • Online application for Passport  
• Give suggestions & file complaints  
• Check status of application  
**Provide details about:**  
• Fee structure and processing of application  
• Tatkal schemes of application  
• Suggestions & complaints | www.passportindia.gov.in |
| **PAN CARD** | • Online application for PAN card  
• Provide guidelines for online application  
• Check status and track for PAN application  
• Reprint of PAN card  
• Changes or correction in PAN details  
• Transaction status enquiry  
• Online search of PAN application submission centre states and city wise  
• Locate nearest PAN submission centre | www.tin.tin.nsdl.com  
http://www.myutitsl.co.in/intra/web/search_psa.jsp |
### Health Related Technical Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full vaccination</td>
<td>The full vaccination includes one dose of BCG, three injections against DPT, three doses of Polio (excluding polio 0) and one vaccine against measles.</td>
</tr>
<tr>
<td>Peri-natal Mortality</td>
<td>It is the number of stillbirths and deaths in the first week of life per 1,000 live births, the perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth.</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>It is the number of deaths of children less than one year of age per 1,000 live births.</td>
</tr>
<tr>
<td>Neonatal Mortality</td>
<td>It is the number of deaths of infants &lt; 29 days per 1,000 live births in a given year.</td>
</tr>
<tr>
<td>Maternal Mortality Rate</td>
<td>Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.</td>
</tr>
<tr>
<td>Under 5 Mortality Rate</td>
<td>It is the number of deaths between birth and exactly five years of age expressed per 1,000 live births.</td>
</tr>
<tr>
<td>Still Birth Rate</td>
<td>It is the number of still births per 1,000 live births and still births during a year. A still birth is a baby born with no signs of life at or after 28 weeks’ gestation.</td>
</tr>
<tr>
<td>Wasting</td>
<td>It refers to low weight for height. The weight-for-height index measures body mass in relation to body length and describes current nutritional status.</td>
</tr>
<tr>
<td>Stunting</td>
<td>Stunted growth refers to low height-for-age, when a child is short for her/his age but not necessarily thin. It reflects failure to receive adequate nutrition over a long period of time and is also affected by recurrent and chronic illness.</td>
</tr>
<tr>
<td>Under weight</td>
<td>Under-weight refers to low weight-for-age, when a child can be either thin or short for her/his age. This reflects a combination of chronic and acute malnutrition.</td>
</tr>
<tr>
<td>Body mass index (BMI)</td>
<td>BMI is defined as weight in kilograms divided by height in metres squared (kg/m²).</td>
</tr>
</tbody>
</table>
Healthy Eating Habits

- Eat variety of foods to ensure consumption of nutritionally adequate diet.
- Avoid overeating to prevent overweight and obesity.
- Ensure the use of safe and clean foods.
- Drink plenty of water, take sweetened beverages in moderation and avoid alcohol.
- Eat plenty of vegetables and fruits.
- Exercise regularly and be physically active to maintain ideal body weight.
- Practice healthy cooking methods such as steaming, boiling, pressure cooking etc.
- Minimise the use of processed foods rich in salt, sugar and fats.
- Ensure moderate use of edible oils and animal foods and less use of ghee/butter/Vanaspati.
- Use salt in moderation/Restrict salt intake to limited use.
- Encourage consumption of germinated sprouted/fermented foods.
- Read nutritional labels carefully for nutrient composition, best before date, food additives.
## Sources and Functions of Essential Nutrients

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Nutrients</th>
<th>Sources</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Carbohydrates</td>
<td>Rice, wheat, millets, roots and tubers like potatoes, yam, tapioca, colocasia (arbi), sugar and jaggery, nuts like almond, dry coconut, groundnut, peanut</td>
<td>These are helpful in providing energy to the body.</td>
</tr>
<tr>
<td>2</td>
<td>Proteins</td>
<td>Pulses like bengal gram, black gram, green gram, lentil and red gram, groundnuts, nuts, milk &amp; milk products, poultry, fish, meat, egg white, cheese, khoa</td>
<td>Proteins are helpful in building and repairing the body tissues, muscles and vital fluids like blood.</td>
</tr>
<tr>
<td>3</td>
<td>Fats</td>
<td>Butter, ghee, vegetable oils, fats and nuts</td>
<td>Fats serve as a concentrated source of energy and provide essential fatty acids.</td>
</tr>
<tr>
<td>4</td>
<td>Vitamins and Minerals</td>
<td>Milk and milk products (curds, butter, ghee), yellow and red fruits, green leafy and yellow vegetables (carrots, pumpkins)</td>
<td>These helps in keeping the body healthy by building up immunity against illnesses.</td>
</tr>
<tr>
<td>5</td>
<td>Water</td>
<td>Safe drinking water, some foods with high water content, including water melon, cucumber etc.</td>
<td>It helps in transportation of vital nutrients in the body and unnecessary waste out of the body to regulate temperature.</td>
</tr>
</tbody>
</table>
## Importance of Vitamins and Minerals

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Nutrients</th>
<th>Sources</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vitamin A</td>
<td>Dark green leafy vegetables (spinach, mint and radish leaves, drumstick leaves) yellow vegetables and fruits (carrot, pumpkin, mango, papaya) and animal foods like milk, milk products (butter and ghee)</td>
<td>Helps in preventing blindness, good for skin and provide immunity to the body.</td>
</tr>
<tr>
<td>2</td>
<td>Vitamin B</td>
<td>Legumes and pulses, meat, fish, eggs, milk and milk products, nuts and cereals</td>
<td>Helps to prevent mouth and tongue ulcers. There are a number of vitamins in this group that are essential for normal growth.</td>
</tr>
<tr>
<td>3</td>
<td>Vitamin B6</td>
<td>Potatoes, nuts, spinach</td>
<td>Promotes white blood cell production.</td>
</tr>
<tr>
<td>4</td>
<td>Folate</td>
<td>Peas, green leafy vegetables, legumes, nuts and olive</td>
<td>Increases activity of white blood cells.</td>
</tr>
<tr>
<td>5</td>
<td>Vitamin C</td>
<td>Guava, citrus fruits and vegetables like orange, grapes, green chili and tomato and amla</td>
<td>Enhances immunity, essential for good health and protection against diseases. It is also an anti-oxidant.</td>
</tr>
<tr>
<td>6</td>
<td>Vitamin D</td>
<td>Fish liver oil, cod liver oil, butter and egg</td>
<td>It is essential for the formation of bones.</td>
</tr>
<tr>
<td>No.</td>
<td><strong>Nutrient</strong></td>
<td><strong>Food Sources</strong></td>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>-----</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>7</td>
<td><strong>Vitamin E</strong></td>
<td>Vegetable oils and grains</td>
<td>It is an anti-oxidant that stimulates immune response to infectious diseases.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Calcium</strong></td>
<td>Vegetables like spinach, mustard greens. Animal sources include cheese, milk, yoghurt, curd and butter milk</td>
<td>It is essential for normal development of bones and teeth.</td>
</tr>
<tr>
<td>9</td>
<td><strong>Zinc</strong></td>
<td>Egg, whole grains</td>
<td>Promotes wound healing.</td>
</tr>
<tr>
<td>10</td>
<td><strong>Iron</strong></td>
<td>Green leafy vegetables, like spinach, methi, amaranth etc. watermelon, pumpkin, chick pea, chana, chole, rice flakes, lotus stem, jaggery etc. Animal source include meat and meat products</td>
<td>It is needed for oxygen transport and for blood formation.</td>
</tr>
<tr>
<td>11</td>
<td><strong>Iodine</strong></td>
<td>Sea foods like fish, prawns etc. and iodised salt</td>
<td>Promotes mental and physical development. Prevents mental retardation. Needed for the production of thyroid hormone.</td>
</tr>
</tbody>
</table>
## Micronutrient Deficiencies – Causes, Symptoms, Prevention

<table>
<thead>
<tr>
<th>Deficiencies</th>
<th>Causes</th>
<th>Symptoms</th>
<th>Preventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td>Insufficient intake of iron/rich foods</td>
<td>Person looks weak and pale</td>
<td>Eat foods that are rich in iron and protein such as green leafy vegetables</td>
</tr>
<tr>
<td></td>
<td>Low absorption of iron in body</td>
<td>Gets tired easily</td>
<td>(spinach, mint, radish leaves, drumstick leaves), sprouted grams, soyabean,</td>
</tr>
<tr>
<td></td>
<td>Worm infestation</td>
<td>Difficulty in concentrating</td>
<td>jaggery, egg yolk</td>
</tr>
<tr>
<td></td>
<td>Frequent episodes of malaria</td>
<td></td>
<td>Include foods rich in Vitamin C such as guava, amla, oranges, lime, green</td>
</tr>
<tr>
<td></td>
<td>Loss of blood through menstrual bleeding in adolescent girls and women</td>
<td></td>
<td>leafy vegetables.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Do not drink tea or coffee with meals or for at least one hour after taking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>iron tablets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Give plenty of dark green leafy vegetables.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Maintain personal hygiene.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wear footwear to prevent worm infestation, take a course of deworming if</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>worm infestation is suspected before starting iron supplementation.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A Deficiency</td>
<td>Not feeding colostrum</td>
<td>Skin and coat damages, troubles with vision or even convulsions and</td>
<td>Feed colostrum to the child</td>
</tr>
<tr>
<td></td>
<td>Delayed breast feeding</td>
<td>paralysis</td>
<td>Initiate breastfeeding as early as possible</td>
</tr>
<tr>
<td></td>
<td>Delayed and inappropriate complementary feeding</td>
<td></td>
<td>Initiate appropriate complementary feeding at six months of age.</td>
</tr>
<tr>
<td></td>
<td>Frequent illnesses like diarrhoea, measles, etc. and loss of appetite</td>
<td></td>
<td>Eat foods that are rich in vitamin A such as yellow, red and green leafy</td>
</tr>
<tr>
<td></td>
<td>Low intake of vitamin A rich foods</td>
<td></td>
<td>vegetables and fruits such as pumpkin, carrot, papaya, mango, spinach,</td>
</tr>
<tr>
<td>Iodine Deficiency</td>
<td>Lack of iodine in the body</td>
<td>Enlargement of the gland, visible externally as a swelling on the front</td>
<td>Increase intake of ghee/oil/butter in the diet.</td>
</tr>
<tr>
<td>Disorders (IDD)</td>
<td>Consumption of foods grown on land deficient in iodine</td>
<td>of the neck</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ignorance about using iodised salt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rickets</td>
<td>Inability of the body to produce adequate vitamin D due to poor sun</td>
<td>Softening and weakening of the bones which are more susceptible to</td>
<td>Regular sun exposure for about 30 minutes.</td>
</tr>
<tr>
<td></td>
<td>exposure.</td>
<td>fractures.</td>
<td>Consume diet rich in calcium by including adequate quantities of milk,</td>
</tr>
<tr>
<td></td>
<td>Lack of calcium in the diet.</td>
<td></td>
<td>curd, green leafy vegetables, soybean.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Include vitamin D rich foods in diet (fatty fish, cod liver oil, and eggs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If vegetarian, can take vitamin supplements after consulting a doctor.</td>
</tr>
</tbody>
</table>

### Signs of Rickets
- Soft spot on baby’s head is slow to close.
- Bony necklace
- Curved bones
- Big, lumpy joints
- Bowed legs (knees bent out)
## First Aid for Common Injuries

<table>
<thead>
<tr>
<th>S.No</th>
<th>Injury/Accident</th>
<th>First Aid</th>
</tr>
</thead>
</table>
| 1    | Burns and Scalds (from fire, stove, cooking pot, hot food, boiling water, steam) | ➢ If the child’s clothing catches fire, quickly wrap the child with blanket or roll him/her on ground  
➢ Use plenty of cold water to cool the burned area  
➢ Use antibiotic/cream/oily substance to soothe the area  
➢ Keep the burned area clean and protect with a loose bandage  
➢ If blister occurs, take the person to nearest health centre  
➢ Give plenty of fluids such as juices or water with little sugar and salt to drink |
| 2    | Electric Shock                                                                   | ➢ In case of electric shock do not waste time, immediately switch off the main switch for electricity supply before touching the person who had electric shock  
➢ If the person is restless or unconscious take the person to the nearest doctor/health centre immediately |
| 3    | Road Accidents                                                                   | ➢ If the injury is on head or backbone area, do not move head and neck  
➢ If the person is in extreme pain, s/he may have broken bones. Do not move the injured part, immediately get medical help  
➢ In case of bruises or sprains, immerse the injured part in cold water  
➢ If the person is unconscious take him to nearest health centre |
| 4    | Bruises, broken bones and serious head falls (Fall from cots/window, table stairs) | ➢ Limit movement of head and back and avoid twisting of spine  
➢ If child is unable to move or is in extreme pain after fall, he may have broken bones. Do not move the injured area, instead provide support and get medical help immediately |
| 5    | Poisoning                                                                        | ➢ In case a person swallows poison, do not try to make the person vomit as it may result in greater illness  
➢ If the poison is on the person’s skin or clothes, remove the clothing and pour large amounts of water over the skin  
➢ Wash the skin thoroughly several times with soap.  
➢ If a person has poison in her or his eyes, splash clean water in the eyes for at least 10 minute  
➢ Take the person immediately to a health centre or hospital along with the sample of poison and/or its container |
| 6    | Snake Bite                                                                       | ➢ In case of a snake bite do not waste time by running after the snake.  
➢ Tie a cloth tightly a little above the snake bite and give a cut on the bitten area to squeeze out blood to remove the poison.  
➢ Do not let the person sleep.  
➢ Do not consult snake charmers, aghas & traditional healers; rather take the person to the health centre immediately |
| 7 | Drowning | • In case a person is drowning, immediately take the person out of the water  
• If the mouth/face is blocked with mud or froth, clean the face and mouth with an available cloth  
• Make the person lie down and press the stomach. Then turn the person and press back of stomach to take out water from the body  
• If the person is breathing but is unconscious, roll the person onto the side so that the tongue does not block breathing  
• If the person is having difficulty in breathing, make the person lie flat on the back and tilt her/his head back slightly; hold the person’s nostrils close and blow into mouth; blow hard enough to make the person’s chest rise; count up to three and blow again and continue till the person begins breathing  
• After giving first aid, immediately take the person to the nearest health centre. |

| 8 | Cuts and wounds (due to knives, scissors, sharp or pointed objects and broken glass) | • For a minor cut, wash the wound with clean (boiled & cooled) water. Dry the skin around the wound and cover it with a clean cloth or bandage  
• If the child is bleeding heavily from the wound, raise the injured area and press firmly until bleeding stops. If a piece of glass or other object is sticking around the wound, do not remove it as it may worsen the injury and take the child to health centre.  
• Mother may be advised not to put any plant or animal matter on the wound to avoid infection.  
• Take the child to health centre to get medical help immediately and get a tetanus toxoid injection. |

| 9 | Choking (by small objects like buttons, beads, coins, seeds and nuts) | • If an infant or child has put some small object in the mouth and is coughing, do not interfere; let the child try to cough up the object.  
• If the child is unable to release the object, try to remove it quickly from child’s mouth and take the child to the nearest health centre immediately. |
WHO Recommendations for Feeding Young Children

- Initiate breastfeeding as early as possible, preferably within half an hour.
- Do not give pre-lacteals such as water, honey or any milk other than breast milk.
- Do not discard colostrum.

At Birth

- Start by offering 2-3 tablespoons of thick porridge/mashed food 2-3 times a day.
- Gradually increase the quantity to 125 ml.
- At 8 months help the child to feed him/herself with her/his fingers.
- Avoid foods, such as nuts, grapes, raw carrots etc., as they can cause 'choking'.
- Give 1-2 snacks in between meals, depending on the appetite.

6-9 months

- Breastfeed as often as the child wants, up to the age of 2 years or beyond.
- Continue to give 3-4 meals of nutritious foods chopped/mashed if necessary, ¼ - 1 cup (250 ml) at each meal. Also give 1-2 snacks in between meals.
- Give variety of foods.
- Actively help the child to eat.

Birth to 6 Months

- Exclusive breastfeeding until the child is 6 months old. Not to give the child anything other than breast milk, not even water.
- Breastfeed as frequently as the child wants during day and night, at least 8 times in 24 hours.
- When a child begins to fuss, sucks fingers or moves lips, it indicates that she/he is hungry.
- Ensure that one breast is emptied completely, before shifting to the other.
- The child does not require water or any other fluids, as breast milk quenches 'thirst' as well as 'hunger'.

9-12 months

- Offer finely chopped or mashed foods that child can pick up about ½ cup, 3-4 times a day.
- Give 1-2 snacks in between meals depending on his appetite.
- Feed him/her from her/his own bowl patiently, talking to him/her and looking into her/his eyes lovingly.
- Remove distractions, if any, to keep the child interested in meals.
- Do not force feed. Do not feed left overs.
- To increase energy density of foods, add 1-2 tsp of ghee/oil to the food. If the preparation is thin, then 2/3 to 3/4 cup should be given each time.

1-2 years

- Give family foods, 3 meals each day. Also give nutritious snacks twice daily, in between meals.
- Give variety of foods, if the child refuses, offer him 'tastes' of the food several times.
- Do not force feed the child. Give realistic portions depending on his age, size and activity.
- Increase the quantity of food as child grows older.

2-5 years
Exclusive Breastfeeding - the first 6 months

To maximise the benefits of breastfeeding, all infants should be exclusively breastfed for first six months and to ensure that, you could play a significant role. You can make a difference! With the present knowledge and its application it is now possible to enable women to adopt this most useful practice for optimum development of children and ensure their nutrition rights. In the Infant and Young Child Feeding Update -1, we talk about exclusive breastfeeding, its reasons and how to apply this knowledge. Some common questions asked by mothers are also taken up to provide you with appropriate responses, which would help a mother to be successful in breastfeeding her baby. The following are some practices that help to establish and sustain exclusive breastfeeding for the first six months of the infant’s life.

1 Initiate breastfeeding as early as possible preferably within about an hour of birth

Why early initiation?
- The newborn is very active and alert during first hour of life and then goes to sleep. The baby has very strong sucking reflex at this time.
- It helps in better mother-child bonding and development of the baby.
- It stimulates the oxytocin and prolactin reflex and hence breastmilk production.
- It ensures that baby gets colostrum, which serves as the baby’s first immunization with a host of antibodies and live cells in it.
- It reduces chances of postpartum haemorrhage in the mother.

2 Establish good breastfeeding skills (proper positioning, attachment and effective feeding)

Why good skills?
- Establishing good breastfeeding skills helps effective milk transfer from mother to the baby.
- This also helps to prevent later breastfeeding problems like nipple pain, sore nipples or mastitis etc. which may lead to discontinuation of breastfeeding.

Dear Reader,
Malnutrition in children is a major problem facing us and to reduce it, a multi-faceted approach is essential. We at BPNI set up an expert group to review the areas which require special focus in the health sector. Its outcome, the Infant and Young Child Feeding Update will provide you information on caring practices to reduce malnutrition in the young child. We welcome your valuable contribution based on your experience.
Exclusive Breastfeeding

3 Breastfeed exclusively for about first six months

Why?
- Breastmilk should be a baby’s first taste. There should be no prelacteal feeds such as honey, water, other liquids or ritual foods, as they would delay the start to breastfeeding because babies do not want to suckle if they receive any such foods.

- It fosters mother-infant bonding and optimal growth and development, including brain growth. Many studies have shown this relationship.

- Exclusive breastfeeding for first six months reduces chances of development of asthma and allergy.

- Breastmilk completely satisfies an infant’s nutritional and fluid needs for about the first six months. Infants do not need water or other liquids such as herbal teas even in hot climates. The potential dangers of water supplementation are introduction of infection and the reduction in mother’s breastmilk supply due to decreased stimulation to produce prolactin.

- Exclusively breastfed children are at a much lower risk of infection from diarrhoea and acute respiratory infections.

4 Practice frequent, on demand breastfeeding, including night feeds

Why?
- Babies should be fed 8-12 times per 24 hours, every 2-3 hours or more frequently if needed, especially in the early months.

- An infant’s stomach is small and needs to be refilled often.

- Frequent feeding helps maintain the mother’s milk supply, maximizes the contraceptive effect, and provides immune factors at each feeding. It also prevents breastfeeding problems.

Did you know?

Despite the fact that everyone knows that breastmilk is the best food for infants, it is unfortunate that:

- About 50% of babies in first 3 months are not exclusively breastfed (NFHS 1992-93 data).
- Use of artificial milk & bottle feeding jumps from 11% during 1st month to 55% during 4th month (BPNI study).
- About 20-30% babies in first year are given supplements of artificial milk under the influence of health care providers (BPNI Study 1998)

Tips

While counselling mothers, here are some tips to keep in mind

1. Let mother know that colostrum is enough food and water for the babies during first few days, it is God’s gift to save them from diseases and provides security.

2. Offer no bottles or pacifiers (dummies) or artificial teats to babies as it might interfere in lactation performance.

3. If a baby urinates at least six times in 24 hours, this is a sign that breastmilk intake is adequate. This information, you must share with mothers who are worried about their milk supply.

4. While counselling women who have a feeling of “Not enough milk”, inform them that adequate weight gain of the baby is the best criteria to assess adequacy of breastmilk supply. So monitoring the growth of babies is a useful strategy in your child health practice.

5. If you like to know why a baby is not getting enough, look for the reasons of not enough milk, most common and important reasons include the introduction of supplements or incorrect attachment of the baby at the breast.

Infant and Young Child Feeding
Applying this Information

Every mother needs help, especially the primigravidas. You can help mothers to position their babies for correct attachment at the breast and it should happen on day one. Though mothers should receive such information during pregnancy it is useful to help a mother to position her baby correctly at the breast immediately after birth. Here are some ideas.

1. Talk to her to find out how she feels.

2. Have her baby very near to her. Baby should be held close to the mother, facing the breast with the baby’s ear, shoulder and hip in a straight line (Fig. 3).

3. Baby’s mouth should open wide just before attaching so that the nipple and much of the areola are in the mouth. If properly attached, the lips are rolled outward, with the tongue over the lower gum (see correct & incorrect position in Figures 1-2).

4. You can observe signs of effective feeding like, visible jaw movement drawing milk out, slow and deep sucks and not the rapid & shallow ones, rhythmical suckling with an audible swallowing and no indrawing of checks. Mother should have no pain while feeding.
Commonly asked questions

There are some questions that are commonly asked by the mothers. The following are suggested responses, which you can use while counselling mothers. However, you can individualise your decisions. These are suggestions only.

Q.1 What if I use one bottle-feed/top-feed at night? My friend told me that it will give me rest and my baby would also sleep well.

**Response:** Good you thought of this question and that you plan to breastfeed your baby mostly. Let me tell you that even one bottle may interfere in breastfeeding process and then the baby would receive less milk and slowly get on to bottle. Regarding sleeping, the artificial milk takes longer to digest and babies donot demand frequently. Exclusively breastfed babies may demand frequently in early weeks but tend to set their own timing over a period of time.

Q.2 If I exclusively breastfeed my baby, he might not get into the habit of other milks later?

**Response:** You are worried about baby’s milk diet when he is older. It may be useful to know that a baby gets about 500 ml of breastmilk per day in 2nd year of life in case a mother continues to breastfeed along with solid food of course. Ideally your baby does not need any other milk for first two years. After two years he would get to habits of milk and other family foods. Milk does not make a priority food when he is grown up after two years of age.

Q.3. As milk does not come in during first three days, is it not right I should give something to my baby?

**Response:** It is good you are thinking of your baby getting enough food for first few days. It is important to know that during first few days your milk will be thick and yellowish, called colostrum. It takes care of baby’s food and fluids during these days, after which there is free flow of milk seemingly coming now but milk production starts in pregnancy and as the baby suckles he gets all what he needs.

Resources

Following publications are available at BPNI Resource Center, in case you need to order, please send your payments through MO or DD in favour of BPNI Delhi.

The Law to protect and promote breastfeeding. A book that explains the provisions of the IMS Act in a simple manner.
Rs. 40 each

Breastfeeding and Infant Feeding-A Guide for the parents (in Hindi, Punjabi, English, Bengali, Kannad, Marathi)
Rs. 10 each

Breastfeeding Posters 12” x 18” (in English & Hindi)
Rs. 5 each

Video: Maa Ka Pyar - Sishu Ahaar
Language: Hindi. Duration: 12 minutes. This video covers early, exclusive breastfeeding, how to breastfeed and complementary feeding.
Rs. 250 per cassette

Rs. 2500 each set

Helping Mothers to Breastfeed an ACASH (Bombay) publication.
Rs. 75 each

Maternity Home Practices & Breastfeeding an ACASH (Bombay) publication.
Rs. 35 each
Complementary Feeding

Update - 2

Complementary Feeding

Breastfeeding alone is sufficient food for all babies till 6 months of age. From 6 months, complementary foods are required to ensure adequate growth and to prevent malnutrition and stunting. In order to help mothers to feed their infants appropriately you need to know the age of introduction of complementary foods, type, texture, frequency, amount of food and method of feeding.

The 6-11 month period is an especially vulnerable time because infants are just learning to eat and must be fed soft foods frequently and patiently. Care must be taken to ensure that these foods complement rather than replace breastmilk. For older infants and toddlers, breastmilk continues to be an important source of energy, protein, vitamin A and vitamin C. Therefore, breastfeeding should continue up to the age of 2 years along with complementary feeding. All health care providers should be able to counsel mothers with regard to complementary feeding and guide them concerning age of introduction, type and texture of food, quantity, and method of feeding.

Age of introduction of complementary foods
For all infants after six months of age.
Sufficient scientific data is now available to support that exclusive breastfeeding should be continued till six months and complementary foods added to breastmilk after 6 months. Initiating complementary foods too early or too late can lead to malnutrition. If given too early the infant may not be ready to digest the food properly and may also reduce intake of breastmilk thereby losing out on appropriate energy intake for his/her growth. Early introduction of complementary foods replaces breastmilk by food which is usually less nutritious. It also increases the risk of diarrhoea and other infections.

After six months of age, however, the breastmilk cannot supply all the needs of the growing baby. Introduction of complementary feeds too late results in an inadequate intake of energy and protein leading to poor growth as well as iron and other nutritional deficiencies.

Why at 6 months
An understanding of the development of suckling and chewing abilities in babies is necessary for the timing of the introduction of complementary feeding.

By six months an infant can voluntarily

Dear Reader,

Malnutrition in children is a major problem facing us and to reduce it, a multi-faceted approach is essential. We at BPNI set up an expert group to review the areas which require special focus in the health sector. Its outcome, the Infant and Young Child Feeding Update will provide you information on caring practices to reduce malnutrition in the young child. We welcome your valuable contribution based on your experience.
Complementary Feeding

control sucking and swallowing, and biting movements begin. The tendency to push solids out of mouth decreases. Teeth begin to erupt and pancreatic enzymes reach adequate levels for digestion of starch. By the age of nine months an infant can use lips to clear a spoon and use the tongue to move food between the teeth. Solids can also be chewed at this age.

This implies that from about 6 months, a child can eat soft and starchy foods such as cereals. By 9 months infants can be given chopped foods.

![By one year a child can eat family foods and if trained should be able to use fingers or spoon to feed self.]

Taste, consistency and texture and types of complementary foods

A child’s first food should be based on cereals like suji or fruit like banana which are soft, thicker than breastmilk, and bland in taste, mashed or strained to homogenize.

The consistency of food should be suitable as per the child’s age. For very young infants, liquid supplements should be given and their consistency gradually needs to be changed from liquid to semisolid and then to solid with advancing age of the child. Initially, a baby might spit out the food. That does not mean s/he does not like it. Learning to swallow semisolid food is difficult for a baby who only knows how to suckle at the breast. Husks, bean skin and vegetable fibers may cause indigestion, so everything must be mashed at the beginning.

The first pre-requisite of a good complementary food is to meet the nutritional needs of the child. No single food can meet all the nutrient requirements. Essential nutrients are widely distributed in nature and can be obtained from many foods with ease. Also, most of the foods contain more than one and quite often, many of the essential nutrients in varying proportions. Therefore to achieve a balance of nutrients, foods should be included from all the three food groups (energy giving, body building and protective) in the diet.

<table>
<thead>
<tr>
<th>Foods</th>
<th>Major Nutrients</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>Protein</td>
<td>Body Building</td>
</tr>
<tr>
<td>Meat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cereal, starches</td>
<td>Carbohydrates &amp; Fat</td>
<td>Energy Giving</td>
</tr>
<tr>
<td>Fat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar</td>
<td>Minerals, Vitamins &amp;</td>
<td>Protective</td>
</tr>
<tr>
<td></td>
<td>Dietary fibres</td>
<td></td>
</tr>
<tr>
<td>Vegetables (excluding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>starchy vegetables)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from Text Book of Nutrition and Dietetics, Deptt. of Food & Nutrition, Institute of Home Economics, University of Delhi.

Tips

1. Potatoes, carrots, beans can be easily cooked along with dal and rice or dallya and mashed to desired softness to feed the young child.
2. Adding oil or butter to cooked and mashed food is a good way to increase energy density.
3. When introducing fresh fruit in the diet mash it for easy feeding.
4. During illness, give small frequent meals along with breastmilk.
5. Avoid spices and chillies.
6. If a food makes the baby sick or he turns pale, it should not be given till the baby is older, as the baby may be allergic to the food.
7. Offer home made family foods as they are more nutritious. Commercially processed foods are seemingly convenient but are not better or even equal to home made foods and they are 6 times costly as well. (Quota A, Bhatia S. Commercial Infant Foods: Analysis of Promotion, BPNI 1998)
Applying this Information

Frequency of complementary foods

When food is first introduced, a small amount should be given 1-2 times a day. From the age of six months to one year adequate serving of complementary foods should be given thrice a day and gradually the amount should be increased. If the child is not breastfed, complementary foods should be given five times a day. It is advisable to continue frequent breastfeeding including night breastfeeds up to two years of age.

Feeding Practice

Children can usually feed themselves by one year of age but they need supervision and help.

- Mothers/care-givers should introduce one food at a time.
- The child should never be fed forcibly. If the child dislikes a particular food, it should be removed from his/her diet for some time and re-introduced at a later stage or mixed with another food that the baby likes. If the child shows a persistent dislike for that food, it should not be forced upon. No food is indispensable and some other substitute can always be given.
- Variety should be introduced in the child’s diet to make it more appealing.
- As the child grows older, colour, flavour, texture and shape of the food can be given special consideration so as to attract child’s attention.
- To make the child learn to eat all types of foods and to inculcate good eating habits among children, the parents should not show personal prejudices and dislikes towards any foods.
- Use meal times as an opportunity for communicating with the child.
- It is not always necessary to cook seperately for the child, as the family meals can be easily modified in consistency, spicing, etc; for the amount needed to feed the child.

Did you know?

- Recent studies show that the introduction of complementary foods before the age of six months neither enhances growth nor nutritional status of infants and that these foods replace breastmilk in breastfed infants and increase exposure to contaminated weaning foods. (Ann CH, Maclean WC. Growth of the exclusively breastfed infant. Am J Clin Nutrition 33: 183-192, 1980; Cohen RJ et al. Effects of age of introduction of complementary foods on infant breastmilk intake, total energy intake, and growth: a randomised intervention study in Honduras. The Lancet. 44:288-293, 1994)
- Early introduction of complementary foods can lead to malnutrition and more importantly decrease mother’s milk production due to decreased Prolactin, a hormone, which is responsible for milk production, and depends on suckling stimulation by the baby. (Malek MA et al. Effects of Training Mothers on Weaning and Supplementary Food in Rural Bangladesh. Journal of Child Health, 10: 134-137, 1986)

Hygiene and Care

- When a child starts complementary food, there is increase in risk of diarrhoea. Care should be taken to prepare and handle food hygienically.
- Feed the child fresh food and keep food away from flies, insects and pets. Use cooked food within few hours.

A child of 1-2 years needs half the amount of food that his/her mother eats.

It is preferable to continue breastfeeding until about 2 years. Let the baby decide when to stop breastfeeding. The best time to wean is when the baby wants to stop breastfeeding. Advise mothers to slowly wean off from the breast and not suddenly. Gradually breastmilk supply will decrease and baby will lose interest. The less the baby suckles less breastmilk is made.
Commonly asked questions

Q 1. My baby is 4 months old and I am away from home between 8.30 a.m. to 6.30 p.m. How much expressed breastmilk is adequate for each feed and how should it be stored?

Response: It is good that you are keen to give breastmilk to your baby while you are away at work. Here are some useful guidelines.

- Breastfeed your baby before you leave for work and as soon as you can when you return from work. Baby would need a feed every 3 or 4 hours so you can express enough to last the time that you are away.
- Your baby would need around 100ml (i.e. about ⅓ cup) of expressed breastmilk (EBM) per feed. If you can store for each feed separately then that will be good.
- Breastmilk can be expressed and stored safely in a clean cup for 8 hours at room temperature even in a hot climate and 24 hours in refrigerator. Use a clean plate to cover the cup.
- Do not heat expressed milk. If you had stored it in the refrigerator, then ask the care-giver to bring it to room temperature by keeping it out of the refrigerator or keep the cup of milk in a basin of warm water – do not heat the milk.

Q2. I do not have enough milk so I give some artificial milk in addition to breastfeeds. Is that OK?

Response: Firstly, you need to know, what makes you think that you do not have enough milk. I would like to inform you that if the baby is passing urine 6 or more times a day and is gaining weight appropriately i.e. 500gms per month, then s/he is getting enough milk. If the baby is not getting enough, please don’t be anxious or tense as it will affect your oxytocin reflex that is responsible for flow of breastmilk from your breast to your baby. Be confident to keep up your milk supply. Check if your baby is sucking in correct position or not, and you are frequently breastfeeding on demand to the child day and night. It is baby’s sucking that controls whole production of breastmilk through a hormone called ‘Prolactin’. The other hormone Oxytocin controls the flow of milk from your breast to the baby and is dependant on your confidence, thoughts and feelings; good feelings enhance it, anxiety or doubt depress it.

In our next issue we will cover Problems in initiating breastfeeding and how breastfeeding works.
### Problems Associated with Child Feeding and Suggestions to Tackle them

<table>
<thead>
<tr>
<th>Feeding Problems</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age group: Birth to 6 months</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Mother is not breastfeeding exclusively |  - Breastfeed at least 8 times during day and night.  
  - Do not give glucose water, tea, animal milk, porridge and even water. This will reduce the protection given by breast milk. |
| Mother feels she does not have enough breast milk | **To increase her breast milk supply**  
  - She should breastfeed the child more often and for longer period at each feed.  
  - She should breastfeed during the day and at night.  
  - She should eat more and drink more fluids. |
| Mother goes out to work and is unable to feed the child |  - Mother should breastfeed the child often before going to work after returning from work and at night.  
  - If possible, she should take the child to work and she must take brief breaks from work to feed the child.  
  - She may express her milk before going to work for the child to be given in her absence. |
| Mother has flat or retracted nipples and cannot feed |  - Mother should learn to gently pull the nipples and massage them with oil (do not use mustard oil). This should be done 3-4 times per day.  
  - Mother should consult a doctor if the problem does not improve in 2-3 days. |
| Mother has sore nipples or swelling on the breast |  - Consult a doctor.  
  - Breast milk should be expressed regularly every 2 hours.  
  - If the breast is infected, throw away the expressed breast milk. |
| Child is fed by a bottle |  - Stop bottle feeding as this can be very harmful.  
  - Put the child to breast every time child is hungry and feed for as long as the child suckles.  
  - Since breast milk may take 3-4 days to improve, feed the animal milk by a cup and a spoon. |
| Child is unable to take breastfeeding |  - There may be problem in suckling, position or attachment.  
  - Consult a doctor/health worker who can solve the problem. |
| **Age group: 6 months upto 12 months** | |
| Child is given diluted animal milk |  - Animal milk should never be diluted.  
  - If mother is very worried that animal milk is too strong, she should give plain clean water after a feed. |
| Mother has discontinued breastfeeding. She considers child is too old to breastfeed |  - Breastfeeding can be done upto 2 years.  
  - Resume breastfeeding by putting the child to breast feed every 2-3 hours. Breast milk will come back after 3-4 days. |
| Complementary food is not being given |  - Only breast milk is not sufficient for the child hence additional foods need to be introduced.  
  - Introduce soft mashed food cooked in oil/ghee like mashed cooked vegetables (peas, carrots) with oil, mashed fruit (banana, cheeku, mango, papaya), Khichari etc. |
| Child does not want to eat complementary foods |  - Offer the child her/his most favourite food.  
  - Play with the child or divert her/his attention to the things which attract the child while feeding.  
  - If at all, child is fussy, mother will have to be more patient and persistent while feeding the child.  
  - Introduce only one food at a time and repeat it till the child starts liking the food. |
| Child spits out the food |  - Do not place the food on tip of the tongue, place the food given inside the mouth. |
| **Age group: 12 months upto 2 years** | |
| Child is not actively fed |  - Mother or somebody in the family who is responsible, should feed the child.  
  - The food for the child should be separate from the rest of the family. |
| Child does not take family foods |  - Make sure that family foods like dal, vegetable, meat, eggs, rice are soft and mashed.  
  - Do not add any chillies or spices in the child’s serving. |
Offer what the child likes.
Give snacks (biscuit, chikki, besan laddoo, fried potato).
If still breastfeeding, give breast milk only after the child has eaten other foods.

**Age group: 2 years upto 5 years**

**Child is not hungry**
- Identify the most favourite food and offer it.
- Give snacks the child likes (biscuits, channa, groundnut, chikki, besan laddoo, fried potato.
- Increase the frequency of food to more than 5 times daily if the child cannot eat enough at one meal.

**Family is poor and cannot give snacks between meals**
- Get supplementary nutrition from Anganwadi Centre and give it to the child.
- Increase the frequency of family foods to 5 times per day instead of 3 times.

**Child is under nourished**
- Increase the amount of food at every meal. Give foods which are thick and have oil added.
- Give food more often.
- Include snacks (procured from Anganwadi Centre, biscuits, chikki, chana, ground nut, laddoo, panjiri, fried potato, seasonal fruits) in between meals.

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**Immunization Schedule**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Vaccine And Its Presentation</th>
<th>Protection</th>
<th>Route</th>
<th>No. of Doses</th>
<th>Vaccination Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>BCG - Lyophilised vaccine</td>
<td>Tuberculosis</td>
<td>Intra-dermal</td>
<td>1</td>
<td>At birth (upto 1 year if not given earlier)</td>
</tr>
<tr>
<td>2.</td>
<td>OPV - Liquid vaccine</td>
<td>Poliomyelitis</td>
<td>Oral</td>
<td>5</td>
<td>Birth dose for institutional deliveries, primary 3 doses at 6, 10 &amp; 14 week and one booster dose at 16-24 month of age. Given orally</td>
</tr>
<tr>
<td>3.</td>
<td>Hepatitis B - Liquid Vaccine</td>
<td>Hepatitis B</td>
<td>Intra-muscular</td>
<td>4</td>
<td>Birth dose (within 24 hours) for institutional deliveries. Primary 3 doses at 6, 10 &amp; 14 week</td>
</tr>
<tr>
<td>4.</td>
<td>DPT - Liquid vaccine</td>
<td>Diphtheria, Pertussis and Tetanus</td>
<td>Intra-muscular</td>
<td>5</td>
<td>3 doses at 6, 10 &amp; 14 week and 2 booster dose at 16-24 month and 5-6 years of age</td>
</tr>
<tr>
<td>5.</td>
<td>Measles -Lyophilised vaccine</td>
<td>Measles</td>
<td>Sub-cutaneous</td>
<td>2</td>
<td>9-12 months of age and 2nd dose at 16-24 months</td>
</tr>
<tr>
<td>6.</td>
<td>TT - Liquid Vaccine</td>
<td>Tetanus</td>
<td>Intra-muscular</td>
<td>2</td>
<td>10 years and 16 years of age For pregnant woman, 2 doses given (one dose if previously vaccinated within 3 years)</td>
</tr>
<tr>
<td>7.</td>
<td>JE vaccination (in selected high disease burden districts) Lyophilised vaccine</td>
<td>Japanese Encephalitis (Brain fever)</td>
<td>Sub-cutaneous</td>
<td>2</td>
<td>9-12 months of age and 2nd dose at 16-24 months (6 month after vaccination drive)</td>
</tr>
<tr>
<td>8.</td>
<td>Hib (given as pentavalent containing and Hib+DPT+Hep B) (in 8 states) – Liquid vaccine</td>
<td>Hib, Pneumonia meningitis</td>
<td>Intra-muscular</td>
<td>3</td>
<td>6, 10 &amp; 14 week of age</td>
</tr>
</tbody>
</table>
Frequently Asked Questions about Menstruation

Q: At what age does a girl start menstruating?
A: Some girls begin to menstruate as early as age nine or ten, while others may not get their first period until a few years later.

Q: How much flow is there normally?
A: Menstrual flow can vary from person to person. Usually, an entire period consists of a few to several spoonful of blood.

Q: How long should a girl's period last?
A: The duration of a menstrual period can vary from girl to girl but is typically 3-7 days long. One girl might have three-day periods while another might have six-day periods. In some cases, the length of the period can vary from month to month. For example, in the first month, a girl's period might last four days, and then the next month it could be six days.

Q: What kinds of foods should be avoided during periods?
A: Eat everyday foods such as vegetables, roti, rice, pulses and lots of fibre, and drink plenty of water to avoid constipation, as it can lead to increased pain from menstrual cramps. Cutting down on salty foods will prevent water retention in the body.

Q: How does the body feel during menstruation?
A: Sometimes a girl may experience physical or emotional changes around the time of her period, while others may not feel any change in moods or body. Physical changes include: cramps, pain, bloating, weight gain, food cravings, painful breasts, headache, dizziness or irritability. Emotional changes include: short temper, aggression, anger, anxiety or panic, confusion, lack of concentration, nervousness, tension, fatigue or depression.

Q: Is it risky or dangerous to engage in sports and games during menstruation?
A: No, but if you feel tired or weak and feel the need to rest then rest is advised.

Q: Are girls unclean and impure during periods?
A: There is no impurity in the blood associated with menstruation. Cleanliness and hygiene are important to the menstrual flow, to keep away any odor or infection.

Q: Should girls use only sanitary napkins?
A: No. Clean and dry cotton cloth can be made into a pad for absorbing menstrual blood.

Q: What can be done to relieve menstrual cramps?
A: Place a hot water bottle on the abdomen or on the back, depending on the cramps' location. Take a warm bath. Drink a hot beverage, such as tea. Take a walk. Rub or massage the abdomen. Get on your elbows and knees so that the uterus is hanging down, which helps it to relax. Lie on your back with knees up and move them in small circles.
### Common Problems Faced by Girls during Menstruation

<table>
<thead>
<tr>
<th>Problem</th>
<th>Symptoms</th>
<th>What can be done</th>
</tr>
</thead>
</table>
| Dysmenorrheal or painful periods caused due to contraction of the uterus to empty itself | Pain in lower abdomen, Muscular cramps and sometimes loose motions        | ➢ Keeping hot water bottle  
➢ Seeking help of ANM/Doctor |
| Heavy bleeding                                                         | ➢ Use of more than four/five sanitary pads in a day  
➢ The flow is over 7 days or the interval between two periods is less than three weeks  
➢ Blood clots get released  
➢ Symptoms of anaemia | ➢ Relax  
➢ Eat iron rich wholesome food to combat anaemia and take IFA tablet  
➢ Keep the genital area clean  
➢ Consult a doctor if the girl cannot carry on routine tasks due to tiredness |
| Pre menstrual stress                                                   | ➢ Irritability  
➢ Mood swings  
➢ Depression  
➢ Anxiety | ➢ Try to be active and involve self in some interesting work |
| Irregular periods or less amount of blood:                             | ➢ The interval between two periods is too long (more than 42 days)  
➢ Periods last only one or two days and the bleeding is very little  
➢ May be symptom of anaemia | ➢ Consult a doctor if the irregular period persists or reappear after one year of menarche  
➢ If other associated problems are present consult a doctor  
➢ Eat iron rich food and supplement it with IFA |
| Ceasation of menstruation                                              | If menstruation stops before menopause it may be due to: Pregnancy, acute emotional stress, malnutrition, diseases or psychiatric problems, or endocrinal disorders | Essential to consult a doctor for checkup and diagnosis |
Use and Disposal of Sanitary Napkins

Use sanitary napkins

If sanitary napkin is not available, use a clean cloth

Proper disposal of used sanitary napkin
Effectiveness of Contraceptive Methods

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>To be used by</th>
<th>Appropriateness</th>
<th>Protection from STI/HIV Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>Both</td>
<td>Not practical</td>
<td>Yes</td>
</tr>
<tr>
<td>Withdrawal Method</td>
<td>Man</td>
<td>Male partner's motivation/control is required</td>
<td>No</td>
</tr>
<tr>
<td>Rhythm Method</td>
<td>Woman</td>
<td>Requires a proper calculation of fertile and unfertile days during menstrual cycle. (Sexual intercourse is avoided during fertile days. However, in case of irregular periods, this method is not very effective)</td>
<td>No</td>
</tr>
<tr>
<td>Male Condoms</td>
<td>Man</td>
<td>Appropriate</td>
<td>Yes when used correctly and consistently</td>
</tr>
<tr>
<td>Combined Oral Pills /Mini Pills</td>
<td>Woman</td>
<td>Appropriate</td>
<td>No</td>
</tr>
<tr>
<td>IUCD/IUD/Copper-T</td>
<td>Woman</td>
<td>Not very appropriate especially for nulliparous</td>
<td>No</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>Man</td>
<td>Not appropriate</td>
<td>No</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>Woman</td>
<td>Not appropriate</td>
<td>No</td>
</tr>
</tbody>
</table>

Myths and Facts about RTIs/HIV/AIDS

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The top partner during vaginal and anal sex is at low risk for HIV</td>
<td>HIV can enter his body through microscopic cuts/abrasions on the head of his penis that normally occur during intercourse. Having another sexually transmitted disease (like syphilis and herpes) that causes open lesions can further increase this risk. During unprotected intercourse, neither partner is at low risk.</td>
</tr>
<tr>
<td>Oral sex has low risk for HIV</td>
<td>This is only half truth. Receiving oral sex (which would expose you only to saliva) has very low risk for HIV. But giving oral sex is risky for HIV. The more of these body fluids that a person gets into their mouth, the greater is the risk. The risk is less than intercourse, but one can also get other sexually transmitted diseases (like gonorrhea) by giving someone oral sex.</td>
</tr>
<tr>
<td>If you have an STI, you'll see it and know it</td>
<td>No, many STIs are silent. They don't show any symptoms at all.</td>
</tr>
<tr>
<td>Skin to skin contact isn't enough. You can only get an STI from semen.</td>
<td>No, not true. While semen and blood can spread some STIs, but infections like herpes and syphilis can be spread with skin to skin contact. For example, when herpes flares up, an active sore appears. When this sore comes into contact with your skin or other moist areas like the mouth, throat, and areas with cuts or rashes, it can spread. It can also be spread before the blisters actually form.</td>
</tr>
<tr>
<td>The pill prevents STIs</td>
<td>Birth control pills prevent babies, not sexually transmitted infections.</td>
</tr>
</tbody>
</table>
Do’s and Don’ts for a Pregnant Woman

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Getting registered with the AWW/ANM/PHC/nursing home</td>
<td>➢ Lifting or carrying heavy loads</td>
</tr>
<tr>
<td>➢ Regular Ante-Natal Check-up</td>
<td>➢ Drinking alcohol – it can cause serious problems for the baby</td>
</tr>
<tr>
<td>➢ Taking two TT injections (4-6 weeks apart) and 100 IFA tablets</td>
<td>➢ Smoking – smoking cigarettes or bidi and chewing tobacco can</td>
</tr>
<tr>
<td></td>
<td>harm the baby and the mother</td>
</tr>
<tr>
<td>➢ Atleast 8 hours sleep everyday</td>
<td>➢ Taking medicine or herbs without doctor’s prescription</td>
</tr>
<tr>
<td>➢ Rest or sleep for 2 hours during the day</td>
<td>➢ Exposure to chemicals such as hair dyes, pesticides to kill insects</td>
</tr>
<tr>
<td></td>
<td>or herbicides to destroy weeds</td>
</tr>
<tr>
<td>➢ Maintaining personal and genital hygiene</td>
<td>➢ Ignoring danger signs</td>
</tr>
<tr>
<td>➢ Regular light exercise like walking for half an hour every day</td>
<td>➢ Delivery by untrained persons</td>
</tr>
<tr>
<td>➢ Wearing loose, comfortable clothing and low heeled shoes that</td>
<td>➢ Walking without sleeper/shoes</td>
</tr>
<tr>
<td>support the feet</td>
<td></td>
</tr>
<tr>
<td>➢ Drinking plenty of fluids and eating enough food, especially the</td>
<td></td>
</tr>
<tr>
<td>right kinds of food (energy giving, body building and protective</td>
<td></td>
</tr>
<tr>
<td>food)</td>
<td></td>
</tr>
<tr>
<td>➢ Visiting health facility immediately, if there is any problem</td>
<td></td>
</tr>
<tr>
<td>➢ Institutional delivery</td>
<td></td>
</tr>
</tbody>
</table>

Myths Correlated with Pregnancy

**Myth:** It is bad to talk about pregnancy because it may attract witches or evil people who will harm the baby.

**Fact:** Pregnancy does not attract witches or evil people. A woman should tell about her pregnancy as soon as she suspects it and seek early Ante-Natal care, in order to fulfil her special needs during pregnancy.

**Myth:** A pregnant woman should continue performing heavy physical labour.

**Fact:** Too much heavy work like working in the fields or picking heavy loads can cause problems such as miscarriage, premature delivery or underweight babies. Therefore, pregnant women should avoid heavy physical labour.

**Myth:** A pregnant woman should not do any work at all.

**Fact:** A pregnant woman should do normal household work, unless advised by the doctor as it is a form of daily exercise that keeps her healthy and her muscles toned.

**Myth:** A pregnant woman need not go for Ante-Natal Check-up if she does not have any complaint.

**Fact:** Even if she has no complaint, it is very important and beneficial for her to go for Ante-Natal Check-up so as to receive quality care and remain healthy.

**Myth:** A pregnant woman should remain indoors and should not step out of the house.

**Fact:** Pregnancy is not an illness. Like other people, she can also go out from time to time. In fact, remaining indoors may deprive her from getting fresh air, exercise, recreation, essential Ante-Natal Check-ups etc. However, she should avoid jerks and heavy strain, if traveling by a vehicle. Walking for some distance is a good exercise for her.

**Myth:** A man and his family members can do nothing to help a pregnant woman.

**Fact:** They can give her a lot of emotional support and ensure essential care to her by providing her with nutritious food, sharing her workload, taking her to regular health check-ups, etc.

**Myth:** Healthy mother’s milk comes after 3 days.

**Fact:** You may say that it actually starts flowing freely by the third day but the yellowish milk (colostrum) starts coming out as early as baby starts sucking and it is sufficient for the baby’s demands for the first 3 days. Also, colostrum has many benefits for the baby including providing protection from infections.
Mother and Child Protection Card

**Integrated Child Development Services (ICDS): National Rural Health Mission**

**Mother and Child Protection Card**

**Photograph of Mother & Child**

**Mother's Name**: [Name]
**Father's Name**: [Name]
**Address**: [Address]
**Community Health Center**: [Center]
**ANC/Immuno Card No.**: [Number]
**ANC Visit (Month-Year)**: [Month-Year]
**ANC Visit (Number)**: [Number]
**ANC Visit (Reason)**: [Reason]

**Antenatal Care**

**Regular checkup is essential during pregnancy**

**antenatal care**

<table>
<thead>
<tr>
<th>gestation period</th>
<th>week</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st trimester</td>
<td></td>
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<tr>
<td>2nd trimester</td>
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<tr>
<td>3rd trimester</td>
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</tbody>
</table>

**Antenatal Visits**

<table>
<thead>
<tr>
<th>Antenatal Visit</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-natal Check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-natal Check</td>
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</tr>
</tbody>
</table>

**Antenatal Examinations**

**Essential Investigations**

**Postnatal Care**

**Prenatal care**

<table>
<thead>
<tr>
<th>Postnatal Care</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postnatal check</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Postnatal Care**

**Complications**

- 3rd trimester

**Epidemiological Data**

**Birth Weight**

<table>
<thead>
<tr>
<th>Birth Weight</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
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<tr>
<td>Birth Weight</td>
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</table>

**Postnatal Care**

**Complications**

- 3rd trimester

**Epidemiological Data**

**Birth Weight**

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**Postnatal Care**

**Complications**

- 3rd trimester

**Epidemiological Data**

**Birth Weight**

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<tr>
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**Postnatal Care**

**Complications**

- 3rd trimester

**Epidemiological Data**

**Birth Weight**

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</thead>
<tbody>
<tr>
<td>Birth Weight</td>
<td></td>
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</tbody>
</table>
Feeding, playing and communicating with children helps them grow and develop well

1 to 2 years
Feeding
- Continue to offer a wide variety of foods including breastmilk, which is still preferred.
- Ensure child is seated before feeding.
- Use a spoon to feed the child.
- Provide the child with a variety of foods to eat.
- Ensure child is seated while feeding.

What you can do
- Give your child things to hold and put into containers and take out.
- Encourage him to play with toys and games.
- Ask your child simple questions.
- Support your child to talk.

What children can do
- Around 1½ years most children can:
- Express words
- Put 3-puzzle in a cup
- Walk
- Wear a simple plastic bowl

Continue breastfeeding during illness
- Always use adequately iodized salt for the family
- Child needs extra food after illness
- If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor.

2 to 3 years
Feeding
- Continue breastfeeding four times a day.
- Help child eat a breast every 1½ hour.
- Emphasize feeding
- Ensure hand washing with soap before feeding
- Ensure at least four/day.

What you can do
- Help your child wash and comb hair, make simple toys for your child.
- Encourage your child to play & respond to your child's questions.
- Teach your child stories, songs and games.

What children can do
- Around 2 years most children can:
- Point to 6 body parts
- Food self getting looks
- Name one color correctly
- Name 2 or 3 objects

BOY: Weight/age - Birth to 3 Years
GIRL: Weight/age - Birth to 3 Years

Ensure equal care for the girl child
Have your child weighed at the ANC every month
### Myths and Facts related to Breastfeeding

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colostrum (milk in first 2-3 days after delivery) should be</td>
<td>Colostrum is neither stale nor harmful to the baby. Colostrum contains a lot of infection fighting substances. It is rich in vitamins K and A. It is highly nutritious and must be given to the baby immediately after birth. It is the first immunization of child.</td>
</tr>
<tr>
<td>discarded because it is stale and is not for the baby.</td>
<td></td>
</tr>
<tr>
<td>Baby should be given honey, sugar water or jaggery water</td>
<td>These substances given traditionally before the first breastfeed are called prelacteal feeds and are not necessary. They interfere with establishment of breastfeeding and can introduce infection into the newborn's vulnerable system.</td>
</tr>
<tr>
<td>before the first breastfeed to welcome him to this world.</td>
<td></td>
</tr>
<tr>
<td>Small breasts produce less milk.</td>
<td>Milk production depends on secretory glands in the breast that are same in number in all breasts. Its supportive fatty and connective tissue determine the size of a breast. Small breasts produce milk as efficiently as large breasts.</td>
</tr>
<tr>
<td>If a pregnant mother breastfeeds then the baby in the womb may be</td>
<td>Breastfeeding does not harm the baby in the womb. A normal mother can continue to breastfeed up to the last trimester of pregnancy and if she so chooses, even after the birth of a new baby. She should however ensure good nourishment for herself. A pregnant woman with a risk of premature labour should not breastfeed during pregnancy.</td>
</tr>
<tr>
<td>harmed.</td>
<td></td>
</tr>
<tr>
<td>Malnourished mother produces lesser quantities of inferior quality</td>
<td>Breastmilk is produced at the mother's expense. Even undernourished mother produce enough quantity of milk for optimal growth of their infants for six months. Food and nutrition of the mother does not affect the quality or quantity of her breast milk. However, it is a good idea to give a lactating mother extra calories in her diet.</td>
</tr>
<tr>
<td>milk.</td>
<td></td>
</tr>
<tr>
<td>Mother should not breastfeed the baby when she is ill.</td>
<td>During common illnesses like cough and cold, fever, diarrhoea and vomiting mother can breastfeed her baby. She can even continue to take medications for these illnesses. In diseases like cancer or AIDS a healthcare provider should be consulted.</td>
</tr>
<tr>
<td>If a child cries excessively it means that mother has less milk &amp;</td>
<td>Inadequate milk is only one of the many causes of excessive crying. One should look for other causes of excessive crying. The baby may be wet or cold or warm or maybe running fever due to a hidden infection or may have ear pain or may simply be wanting to be picked up. Excessive crying should not be the reason for starting top milk.</td>
</tr>
<tr>
<td>hence mother should start feeding top milk.</td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE 36

BBBP Handout

The logo symbolizes the rights, hopes and aspirations of the girl child for a life of dignity and equality

BETI BACHAO BETI PADHAO

Ministry of Women & Child Development
Government of India
www.wcd.nic.in
www.youtube.com/user/betibachaobetipadhao
www.mygov.in/group_info/beti-bachao-beti-padhao

Overall Goal
Celebrate the girl child & enable her education

Objectives
- Prevent gender biased sex selective elimination
- Ensure survival & protection of the girl child
- Ensure education of the girl child

The Beti Bachao Beti Padhao (BBBP) is an initiative to arrest and reverse the trend in Child Sex Ratio. Through this process, efforts to empower women, provide them dignity and opportunities will be enhanced.

Implementation is through a national campaign and focused multi sectoral action in 106 selected districts, covering all States and UTs. This is a joint initiative of Ministry of Women and Child Development, Ministry of Health and Family Welfare and Ministry of Human Resource Development.

Guddi-Gudda Boards will display gender data related to birth at prominent public places. Data on Sex Ratio at Birth (SRB) will be publicized.

What Can You & I Do?
I Commit to
- Celebrate the birth of girl child
- Take pride in daughters and oppose the mentality of "Paraya Dhan"
- Find ways to promote equality between boys & girls
- Secure admission to & retention of girl child in schools
- Engage men and boys to challenge gender stereotypes and roles
- Report any incident of sex determination test
- Strive to make neighbourhood safe & violence-free for women & girls
- Oppose dowry and child marriage
- Advocate simple weddings
- Support women’s right to inherit and own property

Guddi-Gudda Board

"The happiness of a nation lies in the dignity of its daughters"
Admission Criteria for Children 6-59 months in NRCs

Presence of any of the following:
1. MUAC <115mm with or without any grade of oedema; or
2. Weight for Height/length < -3 SD with or without any grade of oedema; or
3. Bilateral pitting oedema +/++ (children with oedema +++ always need inpatient care)

WITH

Any of the following complications:
1. Anorexia (Loss of appetite)
2. Fever (39 degree c) or Hypothermia (<35 degree c)
3. Persistent vomiting
4. Severe dehydration based on history and clinical examination
5. Not alert, very weak, apathetic, unconscious, convulsions
6. Hypoglycemia
7. Severe Anaemia (severe palmar pallor)
8. Severe pneumonia
9. Extensive superficial infection requiring intra muscular medications

Any other general sign that a clinician thinks requires admission for further assessment or care in addition to above criteria and if the caregiver is unable to take care of the child at home, the child should be admitted.

Supplementation for Children 6–60 months as per Government of India Guidelines

- One ml of IFA syrup containing 20 mg of elemental iron and 100 mcg of folic acid biweekly for 100 doses in a year. Iron folic acid supplements be supplied in bottles of 100 ml each and composition, preparation dose and duration of IFA supplementation will remain same as the existing guidelines.
- The bottle comes with an auto dispenser so that only 1 ml of syrup will be dispensed at a time.
- Albendazole tablets will be provided to children for biannual de worming, with dose of half tablet between 1-2 years age and full tablet from the age of 2 years onwards.
- For implementation among all children aged 6 to 60 months it is proposed that IFA supplement will be administered under the direct supervision of ANM/ASHA on fixed days on a biweekly basis.
- The micro plan for reaching out to these children can be worked out at village level. It is recommended that a particular child should receive the supplement on the fixed day (Monday and Thursday), though it can vary for the groups of children depending on the home visits schedule prepared at block/district level. The nutritional status of children should be assessed by MUAC (Mid Upper Arm Circumference less than 11.5 cm) to ensure that IFA syrup is not given to children with SAM.
- ANM/ASHA would give IFA syrup bottles to mothers for safe storage and to lessen the logistic hurdle of carrying bottles around but the IFA syrup will be administered under her direct supervision only.
- During the visits, the ANM/ASHA will also advise/inform the caregiver about the following issues:
  - Time of administration – half an hour after food if the child has been breastfed (in LBW infants)/fed semisolid/solid food
  - Benefits of regular intake of IFA syrup in physical and cognitive development of the child e.g. improvement in well being, attentiveness in studies and intelligence etc.
  - Minor side effects associated with IFA administration such as black discolouration of stools.
  - Preservation of IFA bottle – in a cool and dark place, away from reach of children, keeping the lid of the bottle tightly closed each time after administration, etc.
- IFA supplementation should be recorded in the MCPC.
Success Story (Menstrual Hygiene Scheme)

Missing school four or five days a month has been a routine affair for Aruna, a Class X student (name changed). Not that she does not love going to school or that she engages in any entertainment activities by bunking school, but she does this out of her inability to continue with her classes during the four or five days during her menstruation. Says Aruna, “I feel hesitant to ask my teacher to use the bathroom several times a day. That is why I prefer to stay out of school during those four or five days in a month.” Aruna’s father does not earn enough to buy her costly sanitary napkins available in the market and hence she is bound to use traditional materials like clothes during her menstruation.

It was a moment of tremendous joy for Aruna when she came to learn from her ASHA baiden working under Golakganj Block PHC in Dhubri district during a meeting organised by her that the government is supplying sanitary napkins at a very affordable price. “I was elated to hear from my baiden that our government is providing ‘Freedays’ sanitary napkins at the rate of ₹6 for a pack of six napkins. Now I regularly buy ‘Freedays’ from my baiden which helps me in effectively overcoming those difficult days,” says Aruna. “And now I do not have to miss school four or five days a month,” she smiles shyly.

At first there were some reservations regarding the efficiency of the napkins. “Some of my friends who had used ‘Freedays’ told me that the napkins were thin and had less glue. So I was a bit hesitant while buying the first pack,” says Aruna. But thanks to the Behaviour Change Communication skills of the ASHAs and the knowledge gathered by her during training for Menstrual Hygiene at the block PHC, the ASHA became armed with the knowledge and skill. The ASHAs during meeting with adolescent girls, made the girls understand how using unsterilized clothes was not good and how ‘Freedays’ was one of the best options to take care of menstruation. Eventually, the girls came to realise the importance of hygiene to be maintained during menstruation.

This is the case with many other girls like Aruna who are forced to skip classes four or five days a month during their menstruation. The introduction of ‘Freedays’ has helped many girls like Aruna to overcome the embarrassment and attend school regularly even during ‘those four or five days a month’. Says a school teacher, “Many girls cannot concentrate properly and have low confidence levels during their menstruation. Providing them with sanitary napkins at subsidised rate will help them wade through those difficult days without missing school.” The ASHAs are also happy about the fact that they have got an opportunity to help that segment of the community whose education is very important for a developing country like India.

Source: nrhm.gov.in/images/pdf/programmes/mhs/Success_Stories/Freedays_in_Assam_1.pdf

ANNEXURE 39

Disease Transmission Routes and Barriers

The faecal-oral mechanism, by which traces of faeces of an infected individual are transmitted to the mouth of a new host, is by far the most significant transmission mechanism. This mechanism works through a variety of routes - via fingers, flies (insects), fields, fluids, and food. Because of the use of so many “F-words” in English, it is often called the F-Diagram.

By interrupting these transmission routes, diarrhoeal and other water borne diseases can be prevented. They are interrupted by improved water quality, hygiene and sanitation.

- Water quality improvements (e.g., water treatment)
- Hygiene improvements (e.g., hand washing, proper food storage)
- Sanitation improvements (e.g., proper use of toilet, eliminating open defecation)
The ‘f’ diagram

The movement of pathogens from the faeces of a sick person to where they are ingested by somebody else can take many pathways, some direct and some indirect. This diagram illustrates the main pathways. They are easily memorized as they all begin with the letter ‘f’: fluids (drinking water), food, flies, fields (crops and soil), floods, fingers and faces (and surface water generally).

WATER
SANITATION
HYGIENE

Barriers can stop the transmission of disease; these can be primary (preventing the initial contact with the faeces) or secondary (preventing it being ingested by a new person). They can be controlled by water, sanitation and hygiene interventions.

Protect the water source
Separate faeces from water sources
Wash hands after defecation
Separate faeces from the environment
Drainage
Wash hands
Wash hands before eating or preparing food
Control flies
Cover food
Pee and wash food
Store and cook food carefully
Wash hands before eating or preparing food
Wash hands before eating or preparing food
Treat, transport and store the water safely
### Detection of Common Food Adulterants

<table>
<thead>
<tr>
<th>Food</th>
<th>Adulterant</th>
<th>Detection Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong></td>
<td>Water</td>
<td>The presence of water can be detected by putting a drop of milk on a polished surface. The drop of pure milk flows slowly leaving a white trail behind it, whereas milk adulterated with water will flow immediately without leaving a mark.</td>
</tr>
<tr>
<td></td>
<td>Starch</td>
<td>Add a few drops of tincture of Iodine or Iodine solution. Formation of blue colour indicates the presence of starch.</td>
</tr>
<tr>
<td></td>
<td>Detergent</td>
<td>Shake 5-10 ml of sample with an equal amount of water, lather indicates the presence of detergent.</td>
</tr>
<tr>
<td></td>
<td>Synthetic Milk</td>
<td>Synthetic milk has a bitter after taste, gives a soapy feeling on rubbing between the fingers and turns yellowish on heating.</td>
</tr>
<tr>
<td></td>
<td>Urea</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td></td>
<td>Formalin</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td></td>
<td>Glucose</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td></td>
<td>Vanaspati</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td>Sweet curd</td>
<td>Vanaspati</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td>Rabdi</td>
<td>Blotting Paper</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td>Khoa, paneer and its products</td>
<td>Starch</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td></td>
<td>Coal Tar</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td>Desi Ghee and Butter</td>
<td>Vanaspati</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td></td>
<td>Mashed Potato</td>
<td>Presence of potatoes can be easily detected using few drops of iodine solution.</td>
</tr>
<tr>
<td>Coconut Oil</td>
<td>With any other oil</td>
<td>Place a small bottle of oil in refrigerator. Coconut oil solidifies leaving the adulterant as a separate layer.</td>
</tr>
<tr>
<td>Edible Oil</td>
<td>Prohibited Colours</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td>Whole grains and pulses</td>
<td>Sand, marble chips, stones, filth, damaged grains, rodents hairs and excreta, ergot (a fungus containing poisonous substance)</td>
<td>Whole grains and pulses may be examined visually for adulterants.</td>
</tr>
<tr>
<td>Arhar Pulse</td>
<td>Kesari Pulse</td>
<td>Close visual examination shows Khesari dal has edged type appearance and split showing a slant on one side and square in appearance in contrast to other pulse.</td>
</tr>
<tr>
<td></td>
<td>Yellow Colour (Metanil yellow)</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td>Besan</td>
<td>Yellow Colour</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td></td>
<td>Kesari Dal Flour</td>
<td>Requires chemical solutions.</td>
</tr>
<tr>
<td>Green Peas</td>
<td>Artificial Colour</td>
<td>Take a little amount of green peas in a glass bowl, add water to it and mix well. Let it stand for half an hour. Clear separation of colour in water indicates adulteration.</td>
</tr>
<tr>
<td>Mustard Seeds</td>
<td>Argemone Seeds</td>
<td>Visual examination using a magnifying glass may be useful in identifying the difference. Mustard seeds have a smooth surface whereas Argemone seed have grainy and rough surface and are black.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When Mustard seed is pressed inside, it is yellow while for Argemone seed it is white.</td>
</tr>
<tr>
<td>Black Pepper</td>
<td>Papaya Seeds</td>
<td>Papaya seeds can be separated out from pepper as they are shrunked, oval in shape and greenish brown or brownish black in colour.</td>
</tr>
<tr>
<td>Coriander Powder</td>
<td>Saw Dust</td>
<td>Sprinkle the sample on water surface. Sawdust float on the surface.</td>
</tr>
<tr>
<td>Cumin Powder</td>
<td>Saw Dust</td>
<td>Sprinkle the sample on water surface. Sawdust float on the surface.</td>
</tr>
<tr>
<td>Turmeric Powder</td>
<td>Yellow Colour</td>
<td>Requires chemical solutions.</td>
</tr>
</tbody>
</table>
Adulteration as per Prevention of Food Adulteration Act, 1954

- If the article sold by vendor is not of the nature, substance or quality demanded by the purchaser.
- If the article contains any other substance which affects the substance or quality thereof.
- If any inferior or cheaper substance has been substituted wholly or in part for the article so as to affect the nature, substance or quality of the product.
- If any constituent of the article has been wholly or in part extracted to affect the quality thereof.
- If the article has been prepared, packed or kept under unsanitary conditions where by it has become contaminated or injurious to health.
- If the article consists wholly or in part of any filthy, putrefied, rotten decomposed or diseased animal or vegetable substance or is insect-infested or is otherwise unfit for human consumption.
- If the article is obtained from a diseased animal.
- If the article contains any poisonous or other ingredient which renders it injurious to health.
- If the container of the article is composed, whether, wholly or in part of any poisonous or deleterious substance which renders its contents injurious to health.
- If any colouring matter other than that prescribed in respect thereof is present in the article or if the amounts of the prescribed colouring matter which is present in the article are not within the prescribed limits.
- If the article contains any prohibited preservative or permitted preservative in excess of the prescribed limits.
- If the quality or purity of the article falls below the prescribed limits of variability which renders it injurious to health.
- If the quality or purity of the article falls below the prescribed standard or its constituents are present in quantities not within the prescribed limits of variability which renders it injurious to health.

<table>
<thead>
<tr>
<th>Red Chilli Powder</th>
<th>Brick Dust</th>
<th>Take a tea spoon full of chillies powder in a glass of water. Coloured water extract will show the presence of earthy material.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificial Red Colour</td>
<td>Requires chemical solutions.</td>
<td></td>
</tr>
<tr>
<td>Hing</td>
<td>Resin and Colour</td>
<td>Burn on a spoon, if the sample burns like camphor, it indicates the sample is pure.</td>
</tr>
<tr>
<td>Tea Leaves</td>
<td>Iron Flakes</td>
<td>By moving a magnet through the sample, iron filings can be separated.</td>
</tr>
<tr>
<td>Coffee Powder</td>
<td>Chicory Powder</td>
<td>Gently sprinkle the coffee powder sample on the surface of water in a glass. The coffee floats over the water but chicory begins to sink down within a few seconds. The falling chicory powder particles leave behind them a trail of colour, due to large amount of caramel.</td>
</tr>
<tr>
<td>Honey</td>
<td>Sugar/Jaggery Solution</td>
<td>A cotton wick dipped in pure honey when lighted with a match stick burns and shows the purity of honey. If adulterated, the presence of water will not allow the honey to burn, if it does; it will produce a cracking sound. Add a drop of honey to a glass of water, if the drop does not disperse in water it indicates that the honey is pure. However, if the drop disperses in water it indicates presence of added sugar.</td>
</tr>
<tr>
<td>Sugar</td>
<td>Chalk Powder</td>
<td>Dissolve 10 gm of sample in a glass of water, allow settling, chalk will settle down at the bottom.</td>
</tr>
<tr>
<td>Iodised Salt</td>
<td>Common Salt</td>
<td>Cut a piece of potato, add salt and wait for a minute and add two drops of lemon juice. If iodized salt, blue colour will develop. In case of common salt, there will be no blue colour.</td>
</tr>
</tbody>
</table>

ANNEXURE 42
Role Play

Savita and Radha were sitting at home when Rahul arrived with a box of sweets. “From where did you get it?” asked Radha. “I got it from Aruna Aunty’s house. They are celebrating, as Indu has got a baby brother” Rahul replied.

Radha remarked, “Two years ago when Indu was born, there were no celebrations. In fact, Indu’s grandparents were very sad because a girl had been born, and today they are celebrating because a boy has been born. Isn’t it unfair and sad?”

Savita said, “We are lucky that our parents did not differentiate between boys and girls and gave both of us much love and care.”

Gender discrimination means making a distinction between girls and boys in which usually girls are looked down upon just because they are girls and for no other reason. They are not given equal opportunities or equal respect, nor are they given equal rewards for the work they do as compared to boys.

Annexure 43

Compensatory Provisions for Women in Indian Constitution:

Annexure 44

Provisions for Women

Compensatory Provisions for Women in Indian Constitution:

Article 15(3) has enabled the state to make special provisions under:

- Section 354 Indian Penal Code (IPC): Assaulting or using force to a woman with intent to outrage her modesty; imprisonment for 2 years or with fine or with both.
- Section 497 IPC: Only punishes man in cases of adultery and exempts the women even though she may be equally guilty as an abettor. This provision is also applicable for children.
- Section 497 (1) Criminal Procedure Code: Making special treatment for women and children in matter of granting bail.
- Section 494 IPC: Makes bigamy a punishable offence.
- The Hindu Marriage Act of 1955 has made bigamy punishable offence & given greater strength to monogamy.
- Reservation of seats in local body.
- The Hindu Succession Act, 1956 made for reaching changes in the law improved the position of women & treated women on par with men in case of property succession.
- Separate educational institutions exclusively for women.
- Reservation of seats or places for women in public conveyances & places of public resort.
- The Factories Act, 1948 provides separate facilities & treatment for women.
- Maternity Benefit Act, 1961 provides free medical treatment & maternity leave for women.
- The State is competent under Article 15(3) 16(1) 16(2) & 16(4) of the constitution to give preference to women in government jobs where they are equally mentioned but more suited than men. These constitutional provisions, no doubt ensures equality of opportunity to women. The purpose of Article 15(3) is to improve the status of women, to empower them in a manner that would bring about effective equality between men & women.
Case Study (Sexual Exploitation)

Sexual exploitation of woman: Rajasthan (Case No.685/20/97-98)

The Commission received an anonymous complaint alleging that a 24 year old woman had been forcibly detained and was being sexually abused by certain persons at Jaipur for the last 2-3 years. According to the complaint, the woman had a young child and was in a pitiable condition and the culprits were planning to force her into prostitution. The Commission took cognizance of the anonymous complaint and deputed its investigation team for an on-the-spot inquiry. The Commission's team, along with local police, rescued the woman from the house of one of the criminals. She was found to be undernourished, in ill health and in traumatized condition. She was sent for medical examination and was found to be pregnant.

The commission assisted the victim in filing a case under relevant provisions of the IPC against 6 persons who all were identified as being responsible for her desperate condition; two of them had already been arrested. Further, taking note of the travails of the victimized woman as well as the trauma that she had undergone, the commission recommended that the Government of Rajasthan accord her appropriate assistance, inter alia by providing her suitable employment.

Source: www.nhrc.nic/ChildCases.htm#no5
### Punishments for Offences under Various Acts

#### PCPNDT Act, 1994

<table>
<thead>
<tr>
<th>Offences</th>
<th>Punishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisement published stating that they provide services of any kind for sex selection.</td>
<td>Person/organisation associated with the advertisement is liable to punishment for a term which may extend up to ₹1,00,000.</td>
</tr>
<tr>
<td>Medical personnel who performs gender selection or offers services in any medical clinic.</td>
<td>Punishable with a term which may extend to three years with a fine of ₹1,00,000.</td>
</tr>
<tr>
<td>Compelling a pregnant woman to undergo sex determination.</td>
<td>Punishable for a term that can be extended up to three years and a fine which may extend to ₹10,000/-</td>
</tr>
</tbody>
</table>

#### The Prohibition of Child Marriage Act, 2006

<table>
<thead>
<tr>
<th>Offences</th>
<th>Punishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any adult male contracting Child Marriage</td>
<td>A fine upto ₹One lakh and rigorous imprisonment upto 2 years</td>
</tr>
<tr>
<td>Any person or organisation who promotes and permits child marriage or whose negligence leads to child marriage (it includes attending and participating such marriage)</td>
<td>Penalty upto ₹One lakh and rigorous imprisonment up to 2 years.</td>
</tr>
<tr>
<td>Anyone who disobeys knowingly, a judicial restraint order regarding performance/conduct of Child Marriage</td>
<td>Penalty upto ₹One lakh and rigorous imprisonment up to 2 years.</td>
</tr>
</tbody>
</table>

#### The Immoral Traffic Prevention Act, 1956

<table>
<thead>
<tr>
<th>Offences</th>
<th>Punishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punishment for keeping a brothel or allowing premises to be used as a brothel</td>
<td>Rigorous imprisonment for a term not less than two years which may extend to seven years and also a fine which may extend from ten thousand rupees to two lakh rupees</td>
</tr>
<tr>
<td>Punishment for living on the earnings of prostitution</td>
<td>Imprisonment for two years which may extend to seven years or fine or both</td>
</tr>
<tr>
<td>Procuring, inducing or taking person for sake of prostitution</td>
<td>Imprisonment for a term not less than three years which may extend to imprisonment for fourteen years and also with fine</td>
</tr>
<tr>
<td>Prostitution in or in the vicinity of public place</td>
<td>Imprisonment for a term of three months but may be for life and also liable to fine</td>
</tr>
<tr>
<td>Seduction of a person in custody</td>
<td>Imprisonment for a term not be less than seven years but may extend for life and also liable to fine</td>
</tr>
</tbody>
</table>
### The Child Labour (Prohibition and Regulation) Act, 1986 (Amended in 2012)

<table>
<thead>
<tr>
<th>Offences</th>
<th>Punishment</th>
</tr>
</thead>
</table>
| Employing a child in the prohibited occupations or processes | • Fine ranging from `10,000 to `20,000, with or without imprisonment for 3 months for the first time she/he commits the offence.  
• If the offence is repeated the employer would be liable to a minimum imprisonment of 6 months which may extend up to two years. |
| If the occupier fails to maintain a register to be available for inspection or maintains fake entries in respect of children employed or permitted to work in any establishment. | • Fine up to `10,000 with or without imprisonment up to 1 month. |

### The Sexual Harassment of Women at Work Place (Prevention, Protection and Prohibition) Act, 2013

<table>
<thead>
<tr>
<th>Offences</th>
<th>Punishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>If any work place has failed to constitute an internal complaints committee or failed to initiate action within a reasonable time on the complaint of sexual harassment or failed to obey orders passed by the district officer</td>
<td>A fine of not less than `10,000</td>
</tr>
<tr>
<td>Penalty for non-compliance with the provisions</td>
<td>A minimum fine of `10,000</td>
</tr>
</tbody>
</table>

### The Indecent Representation of Women (Prohibition) Act, 1986

<table>
<thead>
<tr>
<th>Offences</th>
<th>Punishment</th>
</tr>
</thead>
</table>
| Advertisement and publication of books, pamphlets containing indecent representation of women | • Imprisonment of a term which may extend to two years and a fine which may extend to `2,000  
• Second or subsequent conviction comprises imprisonment for a term not less than six months which may extend to five years and a fine not less than `10,000 which may extend to `1,00,000 |

### The Protection of Children from Sexual Offences Act, 2012 (POCSO)

<table>
<thead>
<tr>
<th>Offences</th>
<th>Punishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a penetrative sexual assault, aggressive sexual assault or sexual harassment is committed upon a child</td>
<td>Imprisonment of either a term not be less than seven years which may extend to imprisonment for life, a fine or both</td>
</tr>
<tr>
<td>Using a child in any form of media for the purpose of sexual gratification (pornographic purposes) including representation of child's sexual organs, engaging child in sexual acts and indecent representation of child</td>
<td>Imprisonment which may extend from three years to imprisonment for life, also liable to fine or both</td>
</tr>
<tr>
<td>A person who abets/instigates any person or engages with others to attempt/commit an offence</td>
<td>Imprisonment which may extend upto one half of the imprisonment for life or a fine or both</td>
</tr>
<tr>
<td>A person, who fails to report an offence or refuses to record the information</td>
<td>Is punishable with upto 6 months of imprisonment and a fine or both</td>
</tr>
<tr>
<td>Reporting the identity of the child or making comments in media that invades child's privacy</td>
<td>Imprisonment upto one year</td>
</tr>
</tbody>
</table>
Case Study (PCPNDT)

Madhu was married to Ganesh for five years and they had two daughters. Ganesh and his family had been harassing Madhu, taunting her for not producing a male child. When she got pregnant once again, her mother-in-law took her to the doctor and had her examined, illegally. They found out that Madhu was pregnant with a baby girl. Ganesh and his family started pressurising Madhu to have an abortion. Ganesh said that he would throw her out of the house if she did not have the abortion. Madhu also found out that the family was looking for another girl for Ganesh to get married for the second time. What should Madhu do in this situation?


Complaining of Violations under PCPNDT Act

When to complain:

- If an advertisement to provide the services of any kind of sex selection is published
- If a clinic using the pre-conception and pre-natal diagnostic techniques is not registered under the PCPNDT Act.
- If any person has got sex selection of his or her unborn child done.
- If any medical professional has communicated the sex of unborn child to his/her patient.
- If any person is compelling a pregnant women to undergo sex selection done.
- If anybody is assisting or facilitating the process of sex selection.

How to Complain?

- Complaint for violation of PCPNDT Act shall be filed only in the court of Metropolitan Magistrate/First Class Judicial Magistrate
- There are officials at local level (civil surgeon or chief medical officer at the district level, the chief health officer or a ward superintendent) who may be approached.
- A written complaint has to be made to the Appropriate Authority (AA), which has to have an acknowledgement receipt.
- If the AA takes no action within 15 days, the complainant can go to Court with the acknowledgment receipt. Alternatively, the complainant can also approach a social organisation like a NGO working on women's rights issues in the local area or state. (For more details, log on to: http://pndt.gov.in)

(The Appropriate Authority at the State Level is a high ranking Health Department official above the rank of Joint Director of Health and Family Welfare)
**Case Study (Child Marriage)**

Rani, at 10 years, was always full of enthusiasm and indeed was a very intelligent girl. She was the second child of four sisters. Rani’s mother has died during birth of her youngest sister. Her father had since then always treated all of his girls as burdens and often came drunk in the night. He had always wished for sons to carry out his legacy, and he made it very clear to all his children that he despised them all. Rani’s father was a worker in the mine and hence did not earn a lot; ever since their mother had died, it was up to Rani and her elder sister Shanti to take care of two younger sisters.

As Shanti had turned 12, one of the neighbouring village’s Chaudhary who had given a loan to Rani’s father, demanded that he get Shanti married to his son who was 18 and his load will be forgotten. Since Rani’s father did not have enough money, he considered the proposal and decided to get Shanti married.

Rani knew that Shanti always wanted to study so that she could help earn for the family but this was a surprise for them all. Shanti agreed to the marriage out of obligation to her father and thoughts of her sisters. She thought that if she marries into a rich family she could help provide for her sisters.

Shanti got married but her family life was not good. Her husband used to beat her and treat her very badly. One of the abuses was so violent that Shanti was left paralysed. Seeing this situation of her sister Rani decided that she would not get married and would study further. She rebelled against her father and in spite of him decided to study further.

Rani’s father also succumbed to her spirit and decided to let his daughter study. Rani finally studied with all her heart and soul and was rewarded equally. After completing her high school with flying colours, she was accepted in a renowned law college on full scholarship. Rani now also got a job working alongside studying. The money she earned, she sent home to take care of her family and also help educate her sisters.

Studying law, Rani was able to make her father understand that Child Marriage is an offense. Today Rani is a successful lawyer who fights for women who do not have a voice for their own. She was able to educate her sisters who became doctor and engineer. Today Rani finally made her father proud and her father never stops thanking god for giving him such gifted daughters.

*Source: www.wcd.nic.in/Training Module_BBBP_Draft 7.pdf*

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**ANNEXURE 50**

**Signs of an Abusive Relationship**

<table>
<thead>
<tr>
<th>Your Inner Thoughts and Feelings</th>
<th>Your Partner's belittling behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You Do:</strong></td>
<td><strong>Does your Partner:</strong></td>
</tr>
<tr>
<td><strong>DENIAL</strong></td>
<td></td>
</tr>
<tr>
<td>Refuses to admit—even to yourself—that you have been beaten or that there is a “problem” in your marriage. You may call each incident an “accident”. You find excuses for your husband’s violence and each time firmly believes it will never happen again.</td>
<td>Acts jealous or possessive or constantly accuses you of being unfaithful, hits, kicks, shoves, slaps, chokes or otherwise hurts you, your children or your pets.</td>
</tr>
<tr>
<td><strong>GUILT</strong></td>
<td></td>
</tr>
<tr>
<td>You acknowledge there is a problem, but considers yourself responsible for it. You feel that you “deserve” to be beaten, because you have defects in your character and you are not living up to husband’s expectations.</td>
<td>Blaming you for all the problems in the relationship, and for the times they are out of control or violent.</td>
</tr>
<tr>
<td><strong>ENLIGHTENMENT</strong></td>
<td></td>
</tr>
<tr>
<td>You no longer assume responsibility for husband’s/ partner’s abusive treatment, recognizing that no one “deserves” to be beaten. You are still committed to your marriage, though, and stay with your husband, hoping you can work things out.</td>
<td>Tries to control how you spend money, where you go, what medicines you take or what you wear. Blames you for his or her violent behaviour or tells you that you deserve it.</td>
</tr>
<tr>
<td><strong>RESPONSIBILITY</strong></td>
<td></td>
</tr>
<tr>
<td>Accepting the fact that your husband will not, or cannot stop his violent behaviour, you decide you will no longer submit to it and start a new life.</td>
<td>Usually begins an intense effort to win forgiveness and ensure that the relationship will not break up.</td>
</tr>
</tbody>
</table>
Case Study (Domestic Violence)

Rizwana and Mihir have been living together for two years. They were in a relationship and not married. Mihir is a pilot and travels a lot. In the last six months Rizwana has noticed a change in Mihir. He frequently gets angry. One day he lost his temper and beat her up very badly. The neighbours, hearing her screams, came to her rescue and took her to the hospital for treatment. Rizwana is very scared to go back to her home. She wants to leave Mihir. How can you assist her using the Protection of Women from Domestic Violence Act, 2005?


Case Study (Trafficking)

1. Sixteen-year-old Manju was trafficked to Delhi when she was just 12.

   Manju’s parents, daily wage laborers with five children, agreed to send the teenager to the city after a local agent told them she could get a good job there. But instead, Manju said, she was taken to be sold to a much older man.

   The deal of 50,000 failed, because the agent demanded more money. That night, the agent raped Manju, angry that he had spent money traveling with her. He cursed her and blamed her for the failed deal.

   The next morning, Manju said, the agent sold her as a domestic worker for about 35,000 to a New Delhi household. After 11 months, she asked the agent to send her home. Instead, he locked her in an office and raped her again, she said.

   Almost a year and a half later, Manju was rescued by a non-governmental organisation. She is now fighting a legal battle to get the agent convicted for rape and trafficking.

2. Twenty-one year old Vinita had lost all hope of ever seeing her family again. Trafficked from a tea garden in northeast India, she was sold as a bride to a 50-year-old man for about 70,000/-. When a rescue team, made up of NGO workers and police, found her almost a year after she had been held captive, she broke down. Holding on to her sister tightly and crying, Vinita said that every attempt of hers to escape had failed, and that when she was caught she had been beaten mercilessly.

3. Sixteen year old Mausami was three months’ pregnant when she was rescued from her abusive employer’s house. She had been sexually abused and denied contact with anyone. She said that in return for her 14 to 16 hours of work every day, all she got was abuse.

   A year later, back home with her family in her village Lakhimpur in Assam, Mausami said she had lost the desire to live. She almost never left her house, fearful of what people would say about her. Hiding her face behind a veil, she said, “I feel very lonely and want to kill myself. I guess that’s the only way out of this misery.”

Prohibition of Employment of Children in certain Occupations and Processes

No child shall be employed or permitted to work in any of the following occupations:

1. Transport of passengers, goods; or mails by railway
2. Cinder picking, clearing of an ash pit or building operation in the railway premise
3. Work in a catering establishment at a railway station, involving the movement of vendor or any other employee of the establishment from one platform to another or into or out of a moving train
4. Work relating to the construction of railway station or with any other work where such work is done in close proximity to or between the railway lines
5. The port authority within the limits of any port
6. Work relating to selling of crackers and fireworks in shops with temporary licenses
7. Abattoirs/slaughter Houses
8. Automobile workshops and garages
9. Founderies
10. Handling of taxies or inflammable substance or explosives
11. Handloom and powerloom industry
12. Mines (under ground and under water) and collieries
13. Plastic units and Fiber glass workshop

No child shall be employed or permitted to work in any workshop wherein any of the following processes is carried on:

1. Beedi making
2. Carpet Weaving
3. Cement manufacture including bagging of cement
4. Cloth printing, dyeing and weaving.
5. Manufacture of matches, explosive and fire works
6. Mica cutting and splitting
7. Shellac manufacture
8. Soap manufacture
9. Tanning
10. Wool cleaning
11. Building and construction industry
12. Manufacture of slate pencils (including packing)
13. Manufacture of products of agate
14. Manufacturing processes using toxic metals and substances such as lead, mercury, manganese, chromium, cadmium, benzene, pesticides and asbestos (Section-3)
15. All Hazardous process an defined in Section 2 (cb) and dangerous operations as notified in ruler made under Section 87 of the Factories Act, 1948
16. Printing (as defined in Section 2 (k) of the Factories Act,1948
17. Cashew and cashew nut descaling and processing 18 Soldering process in electronic industries
18. Agarbathi manufacturing
19. Automobile repairs and maintenance (namely welding, lather work, dent beating and printing)
20. Brick kilns and roof tiles units
21. Cotton ginning and processing and production of hosiery goods
22. Detergent manufacturing
23. Fabrication workshop (ferrous and non-ferrous)
24. Gem cutting and polishing
25. Handling of chromites and manganies ores
26. Jute textile manufacture and coir making
27. Lime kilns and manufacture of lime
Case Study (Problems of Widowhood)

“My husband died when I was 18,” whispers Radha, who is now 28. She finds it difficult to express herself. Her unfinished sentences are the after-effects of sexual abuse by her family members—Radha feels she must remain silent out of fear of not being believed or of giving her family a bad name.

Radha was tired of living in an emotional prison constructed by not only her own silence, but that of those around her. No one in her family or community would speak to her because of the bad luck she is thought to carry.

She went to Vrindavan, about 90 miles (145 kilometers) south of New Delhi, five years ago. The “city of widows,” as it is known, is where more than 15,000 widows live in order to worship Krishna and search for spiritual salvation. Radha, unlike most widows in the city, does not live in an ashram—a spiritual center for prayer. When she arrived at Vrindavan, she found a job that earned her a few rupees a day by looking after a sadhu, a man who renounces worldly pleasures to attain enlightenment through meditation. She cleaned, prepared food for him and bought him medicine.

After the sadhu died, Radha inherited his small house and stayed there for her own protection—she did not want to be raped as a young widow in the streets or fields. Behind a locked door she felt safe.

One day, on the way to the sacred river of Yamuna, she saw a man following her. It was the same man who had previously sent messages to her via his friends offering large sums of money, most likely for prostitution. A primary form of survival of widows in Vrindavan is prostitution, with the younger ones often forced into the sex trade and “owned” by pimps.

The man urged Radha to come with him. She ran into a temple, repeating: “No, no, no sex!”

Today Radha can say that she has escaped rape and even prostitution, but others have not been as lucky.

Source: http://www.womenundersiegeproject.org/blog/entry/the-ongoing-tragedy-of-indias-widows

ANNEXURE 54
Requirements for marriage under The Special Marriage Act, 1954

- Each party involved should have no other subsisting valid marriage. In other words, each party should be monogamous.
- The bridegroom must be at least 21 years old; the bride must be at least 18 years old.
- The parties should be competent in regards to their mental capacity to the extent that they are able to give valid consent for the marriage.
- The parties should not fall within the degree of prohibited relationship.

The Special Marriage Act, 1954

Marriage Notice Book and Publication
- Marriage Officer enters marriage application in the Marriage Notice Book which can be inspected by anyone during office hours.
- A copy of marriage application is put in marriage office and in district Marriage Officer’s office.
- If marriage officer refuses to solemnize intended marriage, then within thirty days of the intended marriage, either party can prefer an appeal to District Court.
- The decision of the District Court, regarding the solemnization of the intended marriage, shall be final.

Objection to Marriage
In 30 days notice period anyone can raise an objection which will be investigated by the Marriage Officer. If Marriage Officer upholds the objection, the groom and the bride can appeal to the District Court.

Declaration before the Marriage
The marriage can be solemnized either at the Marriage Officer’s office or at a place of the couple’s choosing. Before the marriage, the couple, three witnesses and the Marriage Officer need to sign a declaration form.

Solemnization of the Marriage
The groom and the bride must in the presence of the three witnesses and the Marriage Officer say to each other “I (name) take thee (name of spouse), to be my lawful wife/husband”.

Marriage Certificate
- The Marriage Officer will issue a marriage certificate.
- Registration of marriage also needs to be done.
The Hindu Adoptions and Maintenance Act, 1956

Requisites for Adoption under the Act.
- The adopter should be a Hindu, Buddhist, Jain or Sikh.
- They have to have the capacity to be able to provide for the adopted child.
- The child must be capable of being adopted.
- A single Hindu male or female could adopt and if they have a living spouse they have to take the consent of their spouse, except when the spouse is of un-sound mind or has renounced the world or has ceased to be a Hindu.

Who Can Be Adopted?
- The adopted child can be either male or female.
- The adopted child must fall under the Hindu category. The age of the adoptee should be below 15 years and should be unmarried.
- An adoption can only occur if there is no child of the same sex of the adopted child still residing in the home.
- If the adoption is by a male/female and the person to be adopted is a female/male, the adoptive father/mother is at least twenty-one years older than the person to be adopted.

Other Specifications
- The law recognises equal rights of a father or a mother to give their son/daughter in adoption, but with the consent of the living spouse.
- There can be no payment or reward for giving/taking a child in adoption. Any person found guilty of indulging in such activities is either fined or imprisoned for six months or both.

Legal Implications for an Adopted Child
- From the date of the adoption, the child is under the legal guardianship of the new adopted parent(s) and thus should enjoy all the benefits from those family ties.
- This also means that this child, therefore, is cut off from all legal benefits (property, inheritance, etc.) from the family who had given him or her up for adoption "except that which was vested in such person before she/he was given in adoption".

Maintenance under The Hindu Adoptions and Maintenance Act, 1956

Maintenance of a Wife
- A Hindu wife, whether married before or after the commencement of this Act, shall be entitled to be maintained by her husband during her lifetime.
- The only way the wife can null her maintenance is if she renounces being a Hindu and converts to a different religion or if she commits adultery.
- The wife is allowed to live separately from her husband and still be provided for by him.
- A Hindu wife shall be entitled to be maintained after the death of her husband, by her father-in-law provided and to the extent that she is unable to maintain herself out of her own earnings or other property or, where she has no property of her own or is unable to obtain maintenance from the estate of her husband or her parents or from her children, if any or their estate.

Maintenance of a Child or of Aged Parent(s)
- Under this Act, a child is guaranteed maintenance from his or her parents until the child ceases to be a minor.
- This is in effect for both legitimate and illegitimate children who are claimed by the parent or parents.
- Parents or infirmed daughters, on the other hand, must be maintained so long as they are unable to maintain for themselves.

Amount of Maintenance Provided
- The amount of maintenance awarded, if any, is dependent on the discretion of the court.
- Particular factors included in the decision process include the position or status of the parties, the number of persons entitled to maintenance, the reasonable wants of the claimants, if the claimant is living separately and if the claimant is justified in doing so and the value of the claimant's estate and income.
- If any debts are owed by the deceased, then those are to be paid before the amount of maintenance is awarded or even considered.
Duties and Removal of Guardian under Guardians and Wards Act, 1890

Duties of guardian of the person
A guardian of the person of a ward is charged with the custody of the ward and must look to his support, health and education and such other matters as the law to which the ward is subject requires.

Removal of guardian
The court may, on the application of any person interested or of its own motion, remove a guardian appointed or declared by the Court or a guardian appointed by will for any of the following reasons:

- For abuse of his trust for continued failure to perform the duties of his trust
- For incapacity to perform the duties of his trust
- For ill-treatment or neglect to take proper care of ward
- For contumacious disregard of any provision of this Act or of any order of the Court
- For conviction of an offence implying a defect of character which unfit the person to be the guardian

Services Provided at One Stop Centre

<table>
<thead>
<tr>
<th>Type of Services</th>
<th>Service Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assistance</td>
<td>• Centre administrator through empanelled hospital/medical practitioner/paramedical staff</td>
</tr>
<tr>
<td>• Referral to hospital through helpline/centre</td>
<td>• Empanelled public and private ambulance providers</td>
</tr>
<tr>
<td>• If required provide ambulance</td>
<td></td>
</tr>
<tr>
<td>Police Assistance</td>
<td>• A retired police officer to facilitate the process</td>
</tr>
<tr>
<td>• Assist women in filling FIR report</td>
<td></td>
</tr>
<tr>
<td>Psycho-social support/counselling (referral)</td>
<td>• Empanelled counsellors on pro-bono basis or for notional honorarium</td>
</tr>
<tr>
<td>Legal Aid/Case Management</td>
<td>• Lawyers empanelled with District Legal Service Authority (DLSA) or empanelled on pro-bono basis or for notional honorarium</td>
</tr>
<tr>
<td>Shelter</td>
<td>• Centre for short stay</td>
</tr>
<tr>
<td>• Short stay with food and clothing</td>
<td>• Integrated protection hubs/Swaadhar Greh/other shelter homes for long stay</td>
</tr>
<tr>
<td>Video Conferencing Facility (as applicable)</td>
<td>• With police/court facilitating through IT staff</td>
</tr>
</tbody>
</table>
Bridge Model (Life Skills)

- Availability/access to accurate information forms the foundation of healthy living.
- Our goal is to see members of our communities living healthy, happy, fulfilling lives.
- In order to realize a positive, healthy life, we need to deal with the problems and issues that we face in our day to day life.

Life Skills focus on building the planks in the bridge and help us achieve our goal.

Working on the individual skills that help people to make healthier decisions about their lives and improve their quality of living.

Source: Life skill program by Peacecorps

Note: The trainer may ask trainees to share any life problem and use this model to find solution.
Sample Story for Put-Ups and Put-Downs Activity

Sushila was unwell, and when her husband called, she didn't come up instantly. A few minutes later, her husband shouted, "you, lazybones!" When she was laying table for the breakfast her sister-in-law replied can't you make something delicious, I'm bored of eating this routine thing daily.

Sometime later her friend came to remind her that today they have to go for community meeting so be ready by 10.30 am so she dressed in a new combination she thought looked nice, but when her friend saw her, she laughed. "That looks stupid," she said.

Sushila ran back to her house and changed her clothes immediately and went back for the meeting. On the way back she decided to buy some snacks for her children and vegetables to cook at night.

When she returned home, her mother-in-law saw her with the goodies and appreciated her saying "its good to see that you got vegetables otherwise I would have to go again to the market.' At noon when her children returned home from school, the younger one showed her the comment that teacher had written which states "Rahul is improving in his studies, I'm happy that you as a parent is taking your responsibility of teaching him seriously". Reading this sushila handed over the snacks that she bought for the children and children said "thank you mother, We love you".

Role Description

<table>
<thead>
<tr>
<th>Role 1</th>
<th>Role 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Buyer:</strong> You are trying to buy a leather jacket from a street market. You really like the jacket, which is a good fit, well made and stylish. But you think the trader is asking too much. Can you negotiate an acceptable price for both of you? You have a maximum of ₹1500. You also know that generally goods are half as costly in this market compared to they are in malls. Decide what you want to pay and the tactics you will employ making concessions. A similar jacket in the mall will cost you ₹2500.</td>
<td><strong>1. Trader:</strong> You have sold seven of these jackets to people in the last few days. The lowest price you received was ₹1000 the best prices ₹2500. Most people did not even haggle with you. The jacket cost you ₹800. You are determined to make a good profit on this deal.</td>
</tr>
<tr>
<td><strong>2. Buyer:</strong> You want to buy a new washing machine. Visit the electrical appliance shop and see if the sales assistant will offer you a discount. You are budget conscious, but respond positively if interest free credit terms are offered. You can afford up to ₹500 per month on credit payments.</td>
<td><strong>2. Sales-assistant:</strong> You are a sales assistant selling electrical appliances. You can offer the customer interest/free credit terms. The Whirlpool Turbo wash is on special offer at the moment, and includes a range of special features including special cold wash cycle and is only ₹5500 (₹460 per month for 12 months).</td>
</tr>
<tr>
<td><strong>3. Tenant:</strong> You are meeting the landlord of a flat you are interested in renting. It is tiny and on a top floor without a lift but the situation is perfect for you and you are very keen. The asking price is ₹6000 per month; try to negotiate ₹5000 per month. You can eventually agree to ₹5500 if the electricity is included.</td>
<td><strong>3. Landlord:</strong> You are a landlord meeting a prospective tenant for your one room flat. The flat is very small and at the 4th floor (there is no lift). It has a living room, kitchen and one bedroom, plus a tiny shower room and toilet. You have been trying to get ₹6000 per month for this flat, but now you are prepared to reduce that to ₹5500, if a reliable tenant presents themselves. The electricity bill is very low as the flat is well insulated, so be prepared to include the costs of electricity in the rent if required in the negotiation.</td>
</tr>
<tr>
<td><strong>4. Seller:</strong> You are selling your old bicycle at a car-boot sale. Although it cost ₹2000, it is now 8 years old and well used. The minimum price you would like to accept is ₹500.</td>
<td><strong>4. Buyer:</strong> You have seen an interesting bicycle at a car boot sale. Negotiate a price with the seller; it looks like it would be worth at least ₹1000, but obviously you would be happier to get it for cheaper than that.</td>
</tr>
<tr>
<td><strong>5. Seller:</strong> You are a small market stallholder selling fruit and vegetables and it is 11.45 am. The market closes in 15 minutes. You have 20 melons left that are ripe and will not be in good form for sale by next market day, so you are keen to sell them. You paid ₹500 for these melons and you don't want to accept less than that.</td>
<td><strong>5. Buyer:</strong> You visit the market just before it closes as you need to buy 20 melons to provide a starter at a party you are hosting. Negotiate the price with the stall holder, bearing in mind that normally 20 melons of this quality costs at least ₹850.</td>
</tr>
</tbody>
</table>
Observation Sheet

NAME OF THE OBSERVER:

NAME OF NEGOTIATOR 1

ROLE

What went well?

• 
•
•
•
•
•

What could the negotiator improve to get better result?

•
•
•
•
•
•

NAME OF NEGOTIATOR 2

ROLE

What went well?

•
•
•
•
•
•

What could the negotiator improve to get better result?

•
•
•
•
•
•
Decision Making Wheel

This Wheel will help you to make better choices in your life. When you have an important decision to make, start by stating the problem in the hub of the wheel. Next, move through the 9 choice, one by one. When you have a decision to make fill in the blanks.

Situations for activity

1. It is the wedding day of your cousin sister. Everyone is standing outside the house to go to the wedding venue; you have to go to the toilet. On the way to the toilet, you pass the brides room and notice that there is someone in the room. You stop and peep in out of curiosity. Just as you do, you see one of the cousins (Raj) of the bride reach into the safe where some cash is kept and take something out of it. You quickly move past the door before you are seen. Just after the wedding everybody returns home and bride’s father finds that some cash is missing. A moment later he announces this news to everybody in the house. What do you do?

Problem in the situation 1 has been dealt with using decision making wheel in the figure. The trainer may ask the trainees to try and solve the problem in situation 2 using the wheel.

2. Your friend has returned from a trip and upon meeting with your fiancé, she informs you that the person you are engaged to is not a right person. She has spotted your fiancé with some other women many a times. You know that your friend is very loyal and will not do anything bad for you. How will you deal with this situation? What will you do?

2. CHOICES
a. Disclose the name of culprit,
b. Hide the reality considering that its none of your business

3. CONSEQUENCES
a. The cousin will be punished.
b. Thief may not be identified resulting in loss.

4. VALUES
a. Loyalty
b. Care
c. Decisiveness
d. Friendship
e. Restraint

5. FEELINGS
a. Confusion
b. Empathy
c. Anger
d. Doubtful
e. Frightened

6. MORE INFO
a. On enquiring more about that cousin, you find that he is a drunkard and drug addict and needed money to buy alcohol.

7. WHO CAN HELP
a. Friends
b. Bride

8. DECISION
a. For example you decide to disclose that the cousin Raj has stolen the money.

9. ASSESS DECISION
The decision is correct as
a. Stealing money is a crime.
b. He needed money to indulge in alcohol (A bad habit).
c. Disclosing his reality will alert the family members against him.
d. Once punished he may not indulge in such practice again.
Success Stories (State examples of SHGs)

Andhra Pradesh
Smt. Padmavati Devi of Garla Mandal in Khammam District of Andhra Pradesh belongs to a very poor family. With a meager income, it was very difficult for her husband to meet the expenditure of family. Smt. Padmavati was, however, playing the multiple roles in the family like wife, daughter and provider. She thought of doing some work as a provider. The first problem before her was how to do a business without money. Through one of her friends she came to know that in her village there was a Self Help Group called Gram Samakhya that provides loans to the members of SHGs. She thought of going for grinding mill in the village Therefore, she became a member of the Gram Samakhya and approached her Group leader for a loan. The group leader placed her application before the Mahila Mandal Samakhya. She could convince the Mahila Mandal Samakhya. She got a loan of 25,000 from Rashtriya Mahila Kosh through this Mandal Samakhya. She decided to go for two grinding mills – viz Chillies and Rice. The total cost for these mills was 30,000/- . To meet the full cost of the mills she took 5000 from one of the members of SHG. With this, she started 2 grinding mills in the village. She is now earning 2000 per month. Out of this 1500 is being used for repayment of loan and the remaining amount of 500 is being used for supplementing her monthly expenditure. She says that her family and other group members of Gram Samakhya are happy to have easy micro-credit assistance from RMK. The micro-finance assistance has made possible for her to go for these grinding mills.

Tamil Nadu
Smt. Jothi and her husband were daily wage labourers and earned together 100 per day. Jothi became a member of Vekkaliamman Women SHG supported by RMK in S. Kannur Village of Manachanalur Panchayat of Trichirapalli District. She got a loan of 8000 from the SHG and utilised the amount in purchasing silk yarns to take up weaving on her own. She not only started earning to meet both the ends but also started saving. After meeting all the expenditure she saves 60 per day and her husband earns 130 per day. In a short period she became an entrepreneur making investment, weaving silk sarees and marketing these on her own. Thus, the family which was nothing but daily wage earners are earning 6000 per month now with the micro-finance assistance provided by RMK.

Orissa
Smt. Sureswari Bhue of Block Dhankauda, District, Sambalpur, Orissa, a widow since 17 years ago has one son and one daughter to look after. She has a small agricultural land. Since the rate of interest in the area was too high she could not borrow money for purchase of seed and fertilizer. This made her life vulnerable. As a result of this her children worked as child labourers making Bidi at home. However, Sureshari Bhue came to know about the SHG in Sambalpur. She became the member of one of the SHGs promoted by Bharat Integrated Social Welfare Agency (BISWA), NGO. The NGO was financially supported by RMK under its loan programme. She got loan from BISWA at cheaper rate. She utilised the loan not only for repaying of her outstanding loan taken from other sources but also for the purchase of goats, seeds and fertilizers. Now she is living happily and encouraging other women in the village to become members of SHGs.

Source: wcd.nic.in/ar 0708/English/Chapter-11.pdf
SHGs Linkages and Formation of SHGs

List of abbreviations

- BOB - Bank of Baroda
- DRDA - District Rural Development Agency
- IFAD - International Fund for Agriculture Development
- NABARD - National Bank for Agriculture and Rural Development
- NGO - Non Government Organisation
- OBC - Oriental Bank of Commerce
- RRBs - Regional Rural Banks
- SEWA - Self Employed Women’s Association, Lucknow
- SHG - Self Help Groups
- SHPI - Self Help Promoting Institutions (with NABARD assistance)
- VVV - Vikas Volunteer Vahini/Kissan Clubs

* Rakesh Malhotra, District Development Manager, NABARD, Bareilly.

Explanation of Legends

Individual members

SHG

Bank

NGO

Line Department

DRDA

Government

Credit

Savings

Consolidation, Support, Training, etc.

Savings & Credit

Job Work
1. Linkage Model
(General Model)

Members
Credit at rates decided by Members

Bank
Credit at rates decided by Bank

SHG

2. Modified Linkage Model
(e.g.- OBC Dehradun)

Members
Credit at rates prescribed by Bank

Bank

SHG
3. NGO Model
(e.g.- UPLDC, etc.)

Members ➔ Savings & Credit ➔ SHG

Support and linkage services

Bank

Savings & Credit

Support and linkage services

NGO

4. Modified NGO Model
(e.g.- BASIX & SHARE (AP), SEWA (Gujarat), etc.)

Members ➔ Savings & Credit

SHG

Credit

Bank

Credit / Grant

NGO
5. Indirect NGO Model
(e.g.- BOB- SEWA, Lucknow)

Members

Savings

Bank

Line Departments

Credit

Support services

NGO

Raw material & Job work

SHG

Savings

Credit

Support and linkage services

6. IFAD Model
(e.g.- TN, UP, Maharashtra under IFAD Project)
7. SGSY Model

- Members
- SHG
- Line Departments
- Bank
- NGO
- Support services
- Savings & Credit
- Support and linkage services
- DRDA
# List of Sectors covered under the NMDFC

## Agricultural & Allied Sector
- Bullock driven Cart
- Dairy Unit
- Mushroom Cultivation
- Power Tiler

## Artisans Sector
- Carpenter
- Laundry Unit (Dhobi)
- Wood Carving
- Embroidery Works

## Small Business Sector
- Book Shop
- Dhaba Unit
- Electric/Electronic Shop
- Fast Food Restaurant
- Fruit & Vegetable Shop
- General Store
- Meat Shop
- Pesticide/Fertilizer/Seed Shop
- Ready made Garments
- Small Business
- Book Binding
- Sweet/Namkeen Shop
- Tyre Repairing Shop

## Technical Trade Sector
- Aluminium Fabrication
- Architect Consultancy
- Auto Repair (2 Wheeler)
- Automobile Repair (Light Motor Vehicle)
- Babu/Jute Rope Manufacturing
- Videography
- Bicycle Hiring and Repair
- Dental Clinic
- Electric Motor Rewinding
- Stationery Shop
- Electronic Repair Shop
- Foot Wear Manufacturing
- Fabrication Unit
- Laundry Unit (Modern)
- Oil Expeller
- Plumber Shop
- Spray Painting Unit
- Tailoring cum Readymade Garments

## Transport Sector
- Autorickshaw Diesel
- Car Taxi/Maruti Van
- Loading Autorickshaw Use
Steps in Turning Computer On & Off

**Turning On the Computer**

**Step 1:** Find the ‘on’ button. It probably looks like this (but might be square or oblong!)

![Typical on button on a PC and laptop](image)

**Step 2:** Push the button.

On some computers, the button lights up when the computer is on. On laptops, there's often a light on the front that comes on.

Ensure that the monitor is turned on. Most Personal Computer (PC) monitors have an 'on/off' button on the bottom corner of the screen (see left). The button often lights up green when the monitor is on.

**Step 3:** Now you need to log in.

If you're the only user of your computer, once it's turned on it may go straight to the desktop.

If you're using a public computer – for example, in a library – you'll be given instructions (and help if you ask for it) on how to log in.

If you're sharing your computer with other people, each one will usually have their own account. When you turn on the computer, the screen will look something like this:

![Typical desktop with account icons](image)

When you click the icon above your name, you'll be asked for a password. The main user or administrator should set this up for you before you begin. Type in your password and click the arrow.
Turning off the Computer

**Step 1:** Click the ‘Windows’ button at the bottom left-hand corner of your screen.

**Step 2:** Click Shut down.

**Step 3:** If you’ve left any programs running or documents open, you’ll get a message similar to this:

You have two options now:

Click Cancel and then close everything that had been listed in the message, saving when necessary. Then try closing again.

or

Click Force shut down. The computer will automatically close all your documents, programs and so on without saving anything. As a result, you may lose some data.
A mouse is one of the main ways to control your computer.

Most mouse designs have two buttons—a left button and a right button.

An arrow lets you select things and move them around.

A hand lets you open a link on the internet.

An hourglass (if using Windows Vista this will appear as a revolving circle) is asking you to wait while the computer does a task.

You only need to use the left button for this section. If you click on the right button—don’t worry. Just click on the left button again.

When you move the mouse it moves a pointer or cursor on the screen.

The cursor will change shape depending on what you are doing.

You can use your mouse to do a variety of tasks—select things, open things and move things.

To select things, move your cursor over the item, click once with the left button and let go.

To open things click twice on the left button—think ‘knock, knock’ on a door.

To move things, you need to ‘drag and drop’. Hold down the left button as you ‘drag’ the mouse along. Let go of the button once you have positioned the item where you want it.
**Flash Cards: Desktop and Icons**

| **A desktop** is what you see when the computer is turned on. When you open programs or files they appear on your desktop. |
| From your desktop, you can use **shortcuts** to find files and programs on your computer. |
| **An icon** represents a file, folder or program. Icons look different for each type of file or program. |

| The **Start** button lets you open programs and files on your computer. |
| The **taskbar** shows which programs and folder or documents you have open. |

| A **folder** stores files such as documents or pictures. |
| When you open a **folder** or file by clicking twice on it with your mouse, its contents will appear in a **window**. |
| You can use the **scroll bars** to move around the window. |

| To hide a window, click on the **minimize** button in the top right hand corner. |
| To bring back the window, click on its button on the **taskbar**. |
| To make a window larger and fill the screen, click on the **maximize** button. |
| To close a window click on the **close** button. You have now covered 'Desktop and icons'.
Flash Cards: How to Use a Keyboard

A keyboard is for putting information such as letters, words and numbers into your computer. The keys are the individual buttons you press when you type.

The keys that surround the letters, numbers and symbol keys on the left, right and bottom of the keyboard, help you to choose where and how you type. The letter keys are in the centre of the keyboards.

The number keys run across the top of the keyboard and are also on the right of the keyboard.

The symbol keys to the right of the letters include symbols such as the question mark and full stop.

Pressing the **Shift** key lets you type capital letters and the symbols at the top of the keys.

The **Caps Lock** key

The **Shift** key

When you open a document or click in a box to type, you will see a flashing vertical line. This is the **cursor**. It tells you where you are going to start typing on the page or screen.

Press the **letter keys** for letters. They are laid out in a non-alphabetical order. This is called a **QWERTY** layout.

Press the **number keys** for numbers and press the **symbol keys** for symbols.

Putting in spaces, moving your cursor and deleting text

The space bar puts a space between words. You press it once to put in a space.

The **Tab** key puts a bigger space between words. You press it once to put in a space.

The **Enter** key moves your cursor down a line.

The **Arrow keys** let you move your cursor in all left and right.

To delete your typing you need to put your cursor to the right of a word. The cursor will move to the left and delete as it goes.

When you let go of the **Shift** key you will begin to type lower case letters and numbers again.

The **Caps Lock** key lets you write in capital letters. To turn it on, press it once and then type. To turn it off, press it again.

The **Shift** key

The **Arrow keys**
Stepwise Instructions to Use Microsoft Word

Step 1: From the desktop or from your ‘Start’ menu, open Microsoft Word.

Step 2: Microsoft Word will open up automatically into a new document ready for you to start typing. You’re now ready to type into your document.

Step 3: Click File in the top left-hand corner of the screen. Some versions of Word may have an ‘Office’ button in the top left-hand corner. Click on this to bring up the menu to continue.
Step 4: From the menu, choose Save.

Step 5: A ‘Save’ dialogue box will come up. At the top and at the left-hand side in the list of folder options, it will show the folder where you’ll be saving the document.

Step 6: Word will automatically give your document a name, based on the first few words of your text or you can choose to write your own file name in the ‘File Name’ box. Don’t worry about changing what’s in the box underneath, labelled ‘Save as type’.

Step 7: Once you have typed in the name of your document, click Save.

If you make changes to your document and then save them after it has been saved originally, the dialogue box will not come up again. It will just save your changes without any visual notification being shown.

Step 8: The ‘Save As’ menu – the link to which is on the left-hand side of the ‘File’ dialogue box, beneath ‘Save’ – is used to save an existing document under another name. This is helpful if you’ve made changes to your document and then want to save the changes, but also keep the original document in its original format and under its original name.
Stepwise Instructions to Use Microsoft Powerpoint

Step 1: To open Powerpoint in Windows, click on the Start button --> Programs --> Microsoft Powerpoint

Step 2: A new Powerpoint document will open. You can type your content in the slide.

Step 3: To add a new slide click on the new slide option given in the top bar.

Step 4: Click File in the top left-hand corner of the screen. Some versions may have an ‘Office’ button in the top left-hand corner. Click on this to bring up the menu to continue.

Step 5: Save your file. Select ‘Save As’ from the File menu. Pull down on the arrow and choose Presentation as the file type (ppt). Name the file and click on Save.
Flash Cards: How to Use Search Engines

You can normally open your web browser from a shortcut on your desktop. Some of the popular browsers are Internet explorer, Mozilla Firefox and Google chrome.

- To use a search engine, for example Internet Explorer or Mozilla Firefox, you need to open your web browser.
- Type in the address of the search engine you want to use in the address bar.
- Click the arrow key on the address bar or press the enter key on the keyboard. This will take you to the search engine.
- The search engine has a search box or search files.

- To Search you type key words into the search box and press the search button.
- Key words are words that describe what you are looking for in the most simple and direct way, for example ‘growing tomatoes’.
- The result from your search will appear as a list of websites and links. The most popular or relevant will be at the top of the list.
- To visit a site, click on a link.
### List of Important Websites

<table>
<thead>
<tr>
<th>S. No</th>
<th>Organisation</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ministry of Minority Affairs</td>
<td><a href="http://www.minorityaffairs.gov.in">www.minorityaffairs.gov.in</a></td>
</tr>
<tr>
<td>2.</td>
<td>Ministry of Minority Affairs</td>
<td><a href="http://www.scholarships.gov.in">www.scholarships.gov.in</a></td>
</tr>
<tr>
<td>3.</td>
<td>Ministry of Women and Child Development</td>
<td>wcd.nic.in</td>
</tr>
<tr>
<td>4.</td>
<td>MWCD twitter handle</td>
<td>@MinistryWCD</td>
</tr>
<tr>
<td>5.</td>
<td>Nutrition Resource Platform</td>
<td>poshan.nic.in</td>
</tr>
<tr>
<td>6.</td>
<td>Ministry of Health and Family Welfare</td>
<td><a href="http://www.mohfw.nic.in">www.mohfw.nic.in</a></td>
</tr>
<tr>
<td>7.</td>
<td>MWCD Youtube Channel</td>
<td><a href="http://www.youtube.com/user/ministrywcd">www.youtube.com/user/ministrywcd</a></td>
</tr>
<tr>
<td>8.</td>
<td>Beti Bachao Beti Padhao Youtube Channel</td>
<td><a href="http://www.youtube.com/user/BetiBachaoBetipadhao">www.youtube.com/user/BetiBachaoBetipadhao</a></td>
</tr>
<tr>
<td>9.</td>
<td>Ministry of Human Resource Development</td>
<td>mhrd.gov.in</td>
</tr>
<tr>
<td>10.</td>
<td>MHRD Youtube Channel</td>
<td><a href="http://www.youtube.com/user/HRDMinistry">www.youtube.com/user/HRDMinistry</a></td>
</tr>
<tr>
<td>11.</td>
<td>National Commission for Women</td>
<td>ncw.nic.in</td>
</tr>
<tr>
<td>12.</td>
<td>Track Child</td>
<td><a href="http://www.trackthemissingchild.gov.in">www.trackthemissingchild.gov.in</a></td>
</tr>
<tr>
<td>13.</td>
<td>Vikaspedia</td>
<td>vikaspedia.in</td>
</tr>
<tr>
<td>14.</td>
<td>Public Distribution System</td>
<td><a href="http://www.pdsportal.nic.in">www.pdsportal.nic.in</a></td>
</tr>
<tr>
<td>15.</td>
<td>Public Grievance System</td>
<td>pgportal.gov.in</td>
</tr>
<tr>
<td>16.</td>
<td>Right to Information</td>
<td>righttoinformation.gov.in, rtionline.gov.in</td>
</tr>
<tr>
<td>17.</td>
<td>Unique Identification Authority of India (Aadhaar)</td>
<td>eaadhaar.uidai.gov.in</td>
</tr>
<tr>
<td>18.</td>
<td>National Employment Exchange</td>
<td><a href="http://www.employmentservice.nic.in">www.employmentservice.nic.in</a></td>
</tr>
</tbody>
</table>
### e-Transportation Services

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Area of Service</th>
<th>Available services</th>
<th>Visit link</th>
</tr>
</thead>
</table>
| 1      | Book train ticket online         | ➢ Online train ticket booking  
➤ Passenger Name Record (PNR) status check 
➤ Trains between two stations 
➤ Train fare and accommodation 
➤ SMS services, etc. | www.indianrail.gov.in  
www.irctc.co.in  
www.erail.in |
| 2      | Online status check of running trains | ➢ Current status of train  
➤ Cancelled/diverted train status 
➤ Train arrival/departure 
➤ Train timetable | www.trainenquiry.com |
| 3      | Tour to the National Museum      | ➢ Online booking of tour to National Museum of natural history  
➤ Information on museum collection 
➤ Exhibit areas | www.nmnh.nic.in |
| 4      | Book Air India ticket            | ➢ Arrival/departure  
➤ Online ticket booking 
➤ Flight schedule 
➤ Fare & PNR status | www.airindia.com |
## e-Postal and Telecom Services

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Service</th>
<th>Available services</th>
<th>Visit link</th>
</tr>
</thead>
</table>
| 1      | Send your message through e-post | ➢ Sending & receiving the message/scanned images  
➢ Message delivery on same day  
➢ Services available at all 1,56,000 post offices  
➢ Cost ` 10/page of A4 size | www.indiapost.nic.in |
| 2      | Send your money through iMO      | ➢ Sending of money order up to ` 50,000  
➢ Same day delivery of money order  
➢ Nominal money order charges  
➢ Services available at 752 post offices in the country | www.indiapost.gov.in/IMOS.aspx |
| 3      | Track your speed post status online | ➢ Online tracking of speed post  
➢ List of domestic speed post centres  
➢ List of speed post managers | www.indiapost.gov.in |
| 4      | Search ISD code online           | ➢ Country-wise ISD code search  
➢ Country-wise ISD list | www.bsnl.co.in |
| 5      | Search your city PIN code        | ➢ PIN code search of state, district & city  
➢ Search of post office through PIN code | www.utilities.cept.gov.in/pinsearch/pinsearch.aspx |
| 6      | Calculate the postal charges online | Online calculation of postal charges for domestic & international services | www.indiapost.gov.in/postage/postagecalculator.htm |
| 7      | Online eMO status tracking       | Track status of your money order online | www.epostoffice.gov.in/electronic_money_order.html |
| 8      | Search your city STD code        | Find out your city STD code online | www.bsnl.co.in |
| 9      | Online Telephone Directory       | Find out the telephone number of any person state/city wise | www.bsnl.co.in |
## e- Educational Services

<table>
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<tr>
<th>S. No.</th>
<th>Area of Service</th>
<th>Available services</th>
<th>Link for details</th>
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</table>
| 1      | Download National Council of Educational Research and Training (NCERT) Books | - Books of class I to XII are available  
- Readable & printable version of books  
- Books available in English, Hindi and Urdu | www.ncert.nic.in |
| 2      | See examination results | - Exam results of class X, XII and all competitive exams (i.e., Engineering, Medical, MBA, CA, etc.)  
- Results of CBSE, Indian Certificate of Secondary Education (ICSE) and State Board | www.results.nic.in |
| 3      | Online employment news | - Current vacancy announced by— UPSC, SSC, Indian Army, Navy, Air Force, PSU & employment exchanges  
- List of state employment exchanges for online application  
- Link to Directorate of Employment & Training | http://www.employmentnews.gov.in/ |
| 4      | Apply for scholarship | - Scholarships - related information (merit & category based)  
- Information on various study programmes | http://www.ugc.ac.in/ugcschemes/ |
| 5      | Locate nearest study centre | - State-wise list of study centres for Academic (Secondary & Sr. Secondary), vocational and open basic education courses | nios.ac.in |
| 6      | Download Indian Fonts | - Free downloadable fonts, i.e.,— Hindi, Tamil, Gujarati, Bengali, Assamese, Telugu, Malayalam, Marathi, Oriya, Punjabi & Kannada with registration only  
- Free downloadable Bharteeya Open Office (BOO), Browser & e-mail service | www.ildc.in |
| 7      | Student loan for higher education | - Model student loan scheme of Indian Banks’ Association  
- Education loan schemes of various banks | http://www.ugc.ac.in/page Educational-Loan.aspx |
| 8      | Educational Institution of India | - List of universities/deemed universities, colleges, schools, specialised institutions, training centres and state educational institutions  
- Scientific institutions | http://www.ugc.ac.in/recog College.aspx |
## e-Grievance Redressal

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<th>S. No.</th>
<th>Grievance</th>
<th>Available services</th>
<th>Lodge your Grievance online at</th>
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<tr>
<td>1</td>
<td>Public Grievance</td>
<td>➢ Lodging grievances online</td>
<td>pgportal.gov.in</td>
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<tr>
<td></td>
<td></td>
<td>➢ Lodging reminders on past grievances</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Action status on grievances lodged earlier</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>➢ Information on grievance redressal process</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Complain against Officials</td>
<td>➢ Online lodging of complaints</td>
<td><a href="http://www.cvc.nic.in">www.cvc.nic.in</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Status check of lodged complaints</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Online Consumer Complaint</td>
<td>➢ Online registration of your products/services-related complaints</td>
<td><a href="http://www.ccccore.co.in">www.ccccore.co.in</a></td>
</tr>
<tr>
<td>4</td>
<td>Lodge Grievance with National Human Rights Commission</td>
<td>➢ Register your grievance with the National Human Right Commission</td>
<td><a href="http://www.nhrc.nic.in">www.nhrc.nic.in</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Status check of registered complaints</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Lodge Pension Grievance (Defence)</td>
<td>➢ Pension-related complaints registration</td>
<td><a href="http://www.pcdapension.nic.in">www.pcdapension.nic.in</a></td>
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<tr>
<td></td>
<td></td>
<td>➢ Know your pension and dearness relief</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Complaint against Department of Electronic and Information Technology (DEITY) Officials</td>
<td>➢ Register your complaints against officials of various institutions of Department of Electronics and Information Technology, Government of India</td>
<td><a href="http://www.deity.gov.in">www.deity.gov.in</a></td>
</tr>
<tr>
<td>7</td>
<td>Lodge Grievance with State Governments</td>
<td>➢ Register your Grievance</td>
<td>Madhya Pradesh, Bihar, Himachal Pradesh, Karnataka, Kerala (state specific sites)</td>
</tr>
<tr>
<td></td>
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<td>➢ Status check of grievance application</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>RTI: Grievance Redressal</td>
<td>➢ Complaint lodging</td>
<td><a href="http://www.rti.india.gov.in">www.rti.india.gov.in</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Checking status of complaint lodged</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Submission of second appeal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Status of second appeal</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Lodge Grievance with National Commission for Women</td>
<td>➢ Register your grievance with National Commission for Women</td>
<td><a href="http://www.ncw.nic.in">www.ncw.nic.in</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Status check of registered complaint</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Send reminder/follow up with National Commission for Women</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Lodge Pension Grievance (Civilian)</td>
<td>➢ Register the grievance</td>
<td><a href="http://www.pensionersportal.gov.in">www.pensionersportal.gov.in</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Send reminder/clarification</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Check status of registered grievance</td>
<td></td>
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</tbody>
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### Post Office Savings Schemes

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Interest payable, Rates, Periodicity</th>
<th>Minimum and maximum limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Office Savings Account</td>
<td>4.0% per annum on individual/joint accounts.</td>
<td>Minimum `20 for opening.</td>
</tr>
<tr>
<td>5-Year Post Office Recurring Deposit Account</td>
<td>From 1.4.2014, interest rates are as follows:- 8.4% per annum (quarterly compounded) On maturity 10 account fetches 746.53. Can be continued for another 5 years on year to year basis.</td>
<td>Minimum `10 per month or any amount in multiples of 5. No maximum limit.</td>
</tr>
</tbody>
</table>
| Post Office Time Deposit Account            | Interest payable annually but calculated quarterly. From 1.4.2014, interest rates are as follows:  
   Period   Rate  
   1yr A/c   8.40%  
   2yr A/c   8.40%  
   3yr A/c   8.40%  
   5yr A/c   8.50%  | Minimum `200 and in multiple thereof. No maximum limit. |
| Post Office Monthly Income Account Scheme   | From 1.4.2014, interest rates are as follows:- 8.40% per annum payable monthly. | In multiples of 1500 Maximum investment limit is 4.5 lakhs in single account and 9 lakhs in joint account. An individual can invest maximum 4.5 lakh in MIS (including his share in joint accounts). For calculation of share of an individual in joint account, each joint holder have equal share in each joint account. |
| Senior Citizen Savings Scheme               | From 1.4.2015, interest rates are as follows:- 9.3% per annum, payable from the date of deposit of 31st March/30th Sept/31st December in the first instance & thereafter, interest shall be payable on 31st March, 30th June, 30th Sept and 31st December. | There shall be only one deposit in the account in multiple of 1000 maximum not exceeding 15 lakh. |
| 15 year Public Provident Fund Account       | From 1.4.2014, interest rates are as follows:- 8.70% per annum (compounded yearly). | Minimum `500 Maximum `1,50,000 in a financial year. Deposits can be made in lump-sum or in 12 installments. |
| National Savings Certificates (NSC)         | From 1.4.2014, interest rates are as follows:- 8.5% compounded six monthly but payable at maturity. 100 grows to 151.62 after 5 years. 8.80% compounded six monthly but payable at maturity. 100 grows to 236.60 after 10 years. | Minimum `100 No maximum limit Available in denominations of `100/-, 500/-, 1000/-, 5000 & `10,000/-. |
| 5 Years National Savings Certificate (VIII Issue) | | |
| 10 Years National Savings Certificate (IX Issue) | | |
| Kisan Vikas Patra (KVP)                     | Amount invested doubles in 100 months (8 years & 4 months) | Available in denominations of `1,000, 5000, 10,000 and `50,000. Minimum deposit `1000 and no maximum limit. |
| Sukanya Samridhi Accounts                   | Rate of interest 9.2% per annum (w.e.f 1.4.2015), calculated on yearly basis, yearly compounded. | Minimum `1000/- and Maximum `1,50,000 in a financial year. Subsequent deposit in multiple of 100. Deposits can be made in lump-sum. No limit on number of deposits either in a month or in a financial year. |
Frequently Asked Questions about Pradhan Mantri Jan Dhan Yojana

1. Whether Joint account can be opened in Pradhan Mantri Jan Dhan Yojana?
   Yes, joint account can be opened.

2. What is RuPay Debit Card?
   RuPay Debit Card is an indigenous domestic debit card introduced by National Payment Corporation of India. This card is accepted at all ATMs (for cash withdrawal) in the country.

3. If both husband and wife who are opening accounts under PMJDY are eligible for Accidental Insurance Cover of ₹1.00 lac and Life Insurance cover of ₹30,000 and overdraft facility of ₹5000 in both the accounts separately?
   Accidental Insurance cover of ₹1.00 lac and Life Insurance Cover of ₹30000 will be available to all account-holders. However, overdraft facility upto ₹5000 will be available to only one person in the family (preferably lady of the house).

4. What documents are required to open an account under Pradhan Mantri Jan-Dhan Yojana?
   a. If AADHAAR Card/AADHAAR Number is available then no other documents is required. If address has changed, then a self certification of current address is sufficient.
   b. If AADHAAR Card is not available, then any one of the following Officially Valid Documents (OVD) is required: Voter ID Card, Driving Licence, PAN Card, Passport & MNREGA Card. If these documents also contain your address, it can serve both as “Proof of Identity and Address”.
   c. If a person does not have any of the “officially valid documents” mentioned above, but it is categorized as “low risk” by the banks, then she/he can open a bank account by submitting any one of the following documents:
      a. Identity Card with applicant’s photograph issued by Central/State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks and Public Financial Institutions;
      b. Letter issued by a gazette officer, with a duly attested photograph of the person.

5. Whether Cheque Book will be issued in accounts opened under PMJDY?
   In PMJDY accounts are being opened with Zero balance. However, if the account-holder wishes to get cheque book, she/he will have to fulfill minimum balance criteria, if any, of the bank.

6. Can a minor (below 18 years of age) open an account under PMJDY?
   A minor of above the age of 10 years can open his/her Savings Bank account in any bank.

7. Can I get my PMJDY account transferred to other City/State upon my transfer posting to other States?
   All banks participating in PMJDY are on CBS (Core Banking Solution) platform and the account can easily be transferred to any branch of the bank in any city/town as per the request of the account-holder.
Case Studies (Importance of Education)

Khushboo Rawat, 21, was born in a poor family in the eastern Indian city of Lucknow. Her childhood was filled with drudgery. Rawat’s mother died when she was just 2. Her father remarried, but her stepmother died too, leaving in her care two half-siblings who were still toddlers. That’s when Rawat’s father took to drinking too much. And she had to clean the house, cook food for everyone and look after her half siblings. She dropped out of school in second grade but always wanted to study. She joined a special school for drop outs that opened near her house in 2013 and was able to return to school. The school allowed her to make up for years of schooling she had missed out on. Her education didn’t sit well with her father, he had other plans for her. He believed it was time for her to leave school and get married. But she resisted, because she wanted to continue her education. Her father threw her out but her grandmother took her in. She graduated high school with honours and is currently pursuing a college degree. She is working full time for a busy lunch supply company, managing their pantry and keeping accounts. At 21, she’s paying for her own education and her grandmother’s health care.


Success Story

Fighting the Odds in Rural India

Shashi Rajpoot is like any other small village girl in rural India, with one exception: she is financially independent, equipped with new IT and business skills and can now support her family with a recently obtained teaching job.

Reaching this success hasn’t been easy for Shashi. She comes from a traditional farming family of 6 in Jhansi district of Uttar Pradesh, India. Her family is typical among others in her rural Indian community. Her brothers support her father in the field and the female family members tend to the home. Like in most parts of rural India, young women are not encouraged to continue their education. Shashi wanted to be different, she wanted to complete the full 12 years of formal schooling despite the odds and reservations from her parents. With much convincing and persistence, Shashi continued her studies. In her final year of high school, she joined a computer basics course but didn’t have the money to cover the course fees. Although initially reluctant to pay for the fees, Shashi’s father eventually supported his daughter’s passion for learning and covered the nominal expenses. After completing the course, Shashi knew she didn’t want to stop learning. Shashi found a part-time job as a computer teacher at a nearby public school to teach computers to kids up to the 8th grade. Shashi works 4 hours a day teaching basic computer skills to children and also provides extra tutorial. She now makes 4,000 rupees per month, which is enough to support herself and certain expenses at home.

Throughout this journey, Shashi hasn’t forgotten her goal of owning a computer learning center for girls and young women. She is now saving up to buy her first computer to make this dream become a reality.

Frequently Asked Questions about RTE

Ques 1. Why is RTE act significant and what does it mean for India?

The passing of the Right of Children to Free and Compulsory Education Act, 2009 marks a historic moment for the children of India. This Act serves as a building block to ensure that every child has his or her right (as an entitlement) to get a quality elementary education and that the State, with the help of families and communities, fulfils this obligation.

Few countries in the world have such a national provision to ensure both free and child-centred, child-friendly education.

Ques 2. What is ‘Free and Compulsory Elementary Education’?

All children between the ages of 6 and 14 shall have the right to free and compulsory elementary education at a neighbourhood school.

There is no direct (school fees) or indirect cost (uniforms, textbooks, mid-day meals, transportation) to be borne by the child or the parents to obtain elementary education. The government will provide schooling free of cost until a child’s elementary education is completed.

Ques 3. What is the role envisaged for the community and parents to ensure RTE?

RTE Act 2009 insists upon schools to constitute School Management Committees (SMCs) comprising local authority officials, parents, guardians and teachers. The SMCs shall form School Development Plans and monitor the utilisation of government grants and the whole school environment.

RTE also mandates the inclusion of 50 per cent women and parents of children from disadvantaged groups in SMCs. Such community participation will be crucial to ensuring a child friendly “whole school” environment through separate toilet facilities for girls and boys and adequate attention to health, water, sanitation and hygiene issues.

Ques 4. How does RTE promote Child-Friendly Schools?

All schools must comply with infrastructure and teacher norms for an effective learning environment. Two trained teachers will be provided for every sixty students at the primary level.

Teachers are required to attend school regularly and punctually, complete curriculum instruction, assess learning abilities and hold regular parent-teacher meetings. The number of teachers shall be based on the number of students rather than by grade.

The state shall ensure adequate support to teachers leading to improved learning outcomes of children. The community and civil society will have an important role to play in collaboration with the SMCs to ensure school quality with equity. The state will provide the policy framework and create an enabling environment to ensure RTE becomes a reality for every child.

Ques 5. How will RTE be financed and implemented in India?

Central and state governments shall share financial responsibility for RTE. The central government shall prepare estimates of expenditures. State governments will be provided a percentage of these costs.

Ques 6. What are the key issues for achieving RTE?

RTE provides a ripe platform to reach the unreached, with specific provisions for disadvantaged groups, such as child labourers, migrant children, children with special needs, or those who have a “disadvantage owing to social, cultural economical, geographical, linguistic, gender or such other factor.” RTE focuses on the quality of teaching and learning, which requires accelerated efforts and substantial reforms:

1. Creative and sustained initiatives are crucial to train more than one million new and untrained teachers within the next five years and to reinforce the skills of in-service teachers to ensure child-friendly education.
2. Families and communities also have a large role to play to ensure child-friendly education for each and every one of the estimated 190 million girls and boys in India who should be in elementary school today.
3. Disparities must be eliminated to assure quality with equity. Investing in preschool is a key strategy in meeting goals.
4. Bringing eight million out of school children into classes at the age appropriate level with the support to stay in school and succeed poses a major challenge necessitating flexible, innovative approaches.

Ques 7. What is the mechanism available if RTE is violated?

The National Commission for the Protection of Child Rights shall review the safeguards for rights provided under this Act, investigate complaints and have the powers of a civil court in trying cases.

States should constitute a State Commission for the Protection of Child Rights (SCPCR) or the Right to Education Protection Authority (REPA) within six months of 1 April, 2010. Any person wishing to file a grievance must submit a written complaint to the local authority.

Appeals will be decided by the SCPCR/REPA. Prosecution of offences requires the sanction of an officer authorised by the appropriate government.

Source: http://vikaspedia.in/education
Success Story (Mid-Day Meal)

Mid-Day Meal Scheme in Sikkim: A Smooth Ride to Success

Providing nutritious food to children in school helps address two key problems: hunger and education. Sikkim has found the answer to this call.

The hot cooked mid-day meals served to school children of Sikkim up to primary level (class I-V) from 2002 and from class VI-VIII since 2008 has had an affirmative effect not only on the retention of dropout rate, enhanced enrollment of children, particularly of girl child at the elementary level, but has also helped improve the health of students, besides helping the families to tide over the problems of hunger and malnutrition.

As per data available, there is improvement of enrollment especially of the girl child from class six to eight. In 2008 – when the cooked meal started – the enrollment was 11,178 boys and 14,285 girls. The figure jumped to 17,559 boys and 18,151 girls in 2013 academic session.

Overall, the above figures paint a rosy picture, but the MDM Cell in Sikkim doesn’t weigh success just in figures. They say they would better judge their achievement of the Mid-Day Meal scheme by the healthy look of the children and how best they enjoy the food.

What could then be the indicators that dictate the Mid-Day Meal success story in Sikkim? Regular checks conducted by external agencies as well as by department officials, school heads, school management development committees, school management committees and Panchayats have ensured that food is cooked well and in clean environment conditions and teachers taste the food before serving it to children.

To ensure special focus on provision of micronutrients, vitamins A, deworming medicines, iron and folic acid etc., the Nutrition Cell of Health and Family Welfare Department and Food and Nutrition Department are annually consulted and their expertise is utilised for educating the stakeholders of schools in north district, the MI survey reports.

On the positive side again Sikkim has the engagement of women from financially weak condition or women from self-help group – mostly scheduled tribe/ scheduled caste/backward communities – as cooks and helpers. The rate of cooking per child per day is 3.45 in primary and 4.65 in upper primary till June 2013, but the rate to the delight of the cooks has been enhanced to 5.00 for upper primary and 3.66 for primary from July 2013. The Government enhances 7.5% of cooking cost every year.

No doubt the implementation of the scheme is a big and complex affair. In Sikkim, it is estimated that some 85, 300 children studying up to standard eight are fed cooked meals every day in some 879 government schools, including 85 monastic and 12 Sanskrit pathshalas.

Overall the Mid-Day Meal journey in Sikkim has been smooth.


Case Study (Mahila Samakhyta)

Poornima: The Trouble Shooter of Bhadur Bandi

The trouble shooter of Bhadur Bandi, Poornima, belonged to the Bhadur Bandi village in Koppal, a backward district in Karnataka. She was married at the young age of 14 and suffered in her marital home. A school dropout she completed her 7th standard exams in 2008, after a gap of 18 years. She joined a self help group in her village and carried out savings and credit facilities, but had no knowledge about women's issues.

The Sahayogini from Mahila Samakhyta Karnataka began to give information on banks, loans, women's rights and other issues. Soon Poornima became an active member of the group and a Nari Adalat member due to her leadership qualities and courageous attitude.

The training and exposure visits to many places organised by Mahila Samakhyta has helped her evolve as a strong and independent sangha women. The exposure visit to Gulbarga Nari Adalat was particularly inspirational to Poornima.

Soon many women from neighbouring villages came to Nari Adalat in Koppal seeking help. They wanted justice and support to enforce their rights as women. Most of the women who came were poor, illiterate and were from villages with little or no knowledge about their rights. They did not have the time or resources to go to courts and were fearful of going to the police station. So they found Nari Adalats an accessible forum which speaks their language and views the problem of women from their perspective.

With monthly meetings, Poornima as a member of the Nari Adalat has been able to resolve cases relating to domestic violence, child marriages, harassment and discrimination. Any cases involving criminal acts such as rape, dowry or murder are forwarded to police stations or courts.

Today, Poornima is contented woman. Just like Mahila Samakhyta supported her to overcome her troubles, she is glad she can support other women with similar predicaments with assistance from Mahila Samakhyta. She says Mahila Samakhyta has provided a platform for her to emerge as a confident and strong woman.

Source: www.mabilasamakhyakarnataka.org/mahila/page15
Scholarship Schemes of Ministry of Minority Affairs

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Eligibility</th>
<th>Entitlement</th>
<th>Mode of application</th>
</tr>
</thead>
</table>
| 1. Pre-Matric Scholarship for Students of Minority Communities         | ➢ Should be studying in Class I to X of a government or private school, residential government institutes or government notified eligible private institutes.  
➤ Annual income of the parents/guardian from all sources not exceeding `1 lakh.  
➤ Should not be availing any other scholarship for the same purpose.  
➤ Scholarship cannot be availed by more than two students from a family.  
➤ The continuance of award will be subject to securing 50% marks in the previous examination.                                                                                                                                   | Financial assistance for Admission & Course/Tuition fee and Maintenance allowance is provided.  
➤ Admission fee (monthly for 1 year)  
• Class I to V: Nil  
• Class VI to X: Actual fee/`500 (max) to both hosteller and day scholar  
➤ Tuition fee (monthly for 1 year)  
• Class I to V: Nil  
• Class VI to X: Actual fee/`350 (max) to both hosteller and day scholar  
➤ Maintenance allowance (monthly for 10 months)  
• Class I to V: `100 for day scholar  
• Class VI to X: Actual fee/`600 (max) to hosteller and `100 for day scholar | Application is made on a prescribed format to the minority welfare department of State/UT on advertisement published by the State Government/UT administration concerned.                                                                                      |
| 2. Post-Matric Scholarship for Students of Minority Communities        | ➢ Should be studying in schools/colleges/institutes and private schools/institutes recognised by an appropriate authority including technical and vocational courses in Industrial Training Institutes/Industrial Training Centres affiliated with the National Council for Vocational Training.  
➤ Annual income of the parents/guardian from all sources not exceeding `2 lakh.  
➤ Should not be availing any other scholarship for the same purpose.  
➤ Scholarship cannot be availed by more than two students from a family.  
➤ The continuance of award will be subject to securing 50% marks in the previous examination.                                                                                                                                  | Financial assistance for Admission & Course/Tuition fee and Maintenance allowance is provided.  
➤ Admission fee and Tuition fee (per annum)  
• Classes XI to XII: Actual fee/`7,000 (max) to both hosteller and day scholar  
• Technical and Vocational courses of XI & XII level: Actual fee/`10,000 (max) to both hosteller and day scholar  
• Under-graduate, Post-graduate courses: Actual fee/`3,000 (max) to both hosteller and day scholar  
➤ Maintenance allowance (monthly for 10 months)  
• Classes XI and XII including technical and vocational courses of this level: `380 to hosteller and `230 to day scholar  
• Under-graduate, Post-graduate courses: `570 to hosteller and `300 to day scholar  
• M. Phil and Ph. D (not receiving any fellowship by university or any other authority): `1,200 to hosteller and `550 for day scholar | It is mandatory for all students to apply online on www.momascholarship.gov.in.                                                                                                                                                                                                 |
| 3. Merit Cum Means Based Scholarship for Students of Minority Communities | ➢ Students admitted to a college to pursue under-graduate, post-graduate level technical/professional courses, on the basis of a competitive examination.  
➤ Students admitted to a college to pursue under-graduate, post-graduate level technical/professional courses without taking competitive examination but have secured not less than 50% marks at higher secondary/graduation level.                                                                                                                                 | Financial assistance for Course fee and Maintenance allowance is provided.  
➤ Course fee (per annum)  
• Full Course fee reimbursement for the 85 listed institutions  
• For Others: Actual fee/`20,000 (max), whichever is less to both hosteller and day scholar  
➤ Maintenance allowance (monthly for 10 months)  
• For all eligible: `1,000 to hosteller and `500 for day scholar | It is mandatory for all students to apply online on www.momascholarship.gov.in.                                                                                                                                                                                                 |
### 4. Maulana Azad National Fellowship for Minority Students

- Should be admitted and registered for regular and full time M.Phil/Ph.D courses in University/Academic institution.
- Students once considered eligible for the fellowship shall not be entitled to benefits under any other source for the same study.
- Prior clearance of National Eligibility Test/State Level Eligibility Test examination is not to be a prerequisite.
- Annual income of the parents/guardian from all sources not exceeding `2.5 lakh.

**Rate of fellowship for Junior Research Fellowship (JRF)/Senior Research Fellowship (SRF) are at par with UGC fellowship as amended from time to time.**

- Fellowship (per month)
  - JRF: `25,000
  - SRF: `28,000
- Contingency (per annum)
  - Arts & Commerce: `10,000 for 1st two years & `20,500 for remaining 3 years
  - Sciences & Engineering: `12,000 for 1st two years & `25,000 for remaining 3 yrs

It is mandatory for all students to apply online on http://www.ugc.ac.in/manf/.

### 5. Maulana Azad National Scholarship Scheme for Meritorious Girls Students of Minority Communities

- Only girl students admitted to class XI.
- Should have secured not less than 55% marks (in aggregate) in the secondary school certificate examination (Class X) conducted by any of the 33 recognised Centre/State Board of Secondary Education.
- Annual income of the parents/guardian from all sources not exceeding `1 lakh.
- Should not be availing any other scholarship for the same purpose.

**Scholarship amount: `12,000**

Released in two instalments of `6,000 each, 1st instalment: after sanction of scholarship; 2nd instalment: after submission of proof of passing class XI.

Application is made on a prescribed format to Maulana Azad Education Foundation or application can be filled online on http://www.maef.nic.in/Instructions.aspx before 30th September.
Other Financial Assistance Schemes of Ministry of Minority Affairs

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Eligibility</th>
<th>Entitlement</th>
</tr>
</thead>
</table>
| 1. Free Coaching and Allied Scheme for Students of Minority           | ➢ Should secure requisite percentage of marks in the qualifying examination prescribed for admission into the desired courses/recruitment examinations.  
➢ Annual income of the parents/guardian from all sources not exceeding ` 3 lakh.  
➢ Benefits of coaching/training under the scheme can be availed by a particular student once only, irrespective of the number of chances she/he may be entitled to in a particular Competitive Examination. | Financial assistance for Coaching/Training fee and Stipend is provided.  
➢ Coaching/Training fee  
   • Group A, B Services: As fixed by the institute, subject to a maximum of ` 20,000  
   • Group C Services: As fixed by the institute, subject to a maximum of ` 15,000  
   • Entrance examination for technical/professional courses: As fixed by the institute, subject to a maximum of ` 20,000  
   • Coaching/Training for jobs in Private Sectors: As fixed by the institute, subject to a maximum of ` 20,000  
➢ Stipend amount (per month): Maintenance amount of ` 3,000 for outstation candidates and ` 1500 for local candidates for all eligible.  
➢ Rate of financial assistance under new component is of 1,00,000 p.a. (max) payable at the institute. |                                                                                  |
| Padho Pradesh (Scheme of Interest Subsidy on Educational Loans for Overseas Studies for Students of Minority Communities) | ➢ Student should have secured admission in the approved courses at Masters, M.Phil or Ph. D levels abroad for the courses indicated by the Ministry.  
➢ Should have availed loan from a scheduled bank under the Education Loan Scheme of the Indian Bank Association (IBA) for the purpose.  
➢ Annual income of the employed candidate or of the parents/guardian of the unemployed candidates from all sources not exceeding ` 6 lakh.  
➢ Should not be availing any other subsidy for the same purpose. | ➢ Under the scheme, the interest on the educational loan availed under the Education Loan Scheme of the Indian Bank Association shall be borne by Government of India for the period of moratorium (i.e. course period, plus one year or six months after getting job, whichever is earlier).  
➢ The principal instalment and interest beyond moratorium is borne by the candidate in accordance with Education Loan Scheme. |                                                                                  |

Note: 30% of the seats under Free Coaching and Allied Scheme are earmarked for girl students

Case Study (Scholarship)

For Mariya Aftab, to fulfill her dreams and get a doctoral degree would have been difficult had not she received the Maulana Azad National Fellowship to complete her Ph.D.

Born and brought up in the small town of Aligarh, Mariya always had keen interest in books. She always dreamt of becoming a teacher. She was fortunate enough to get support of her parents for completing her schooling, graduation and post-graduation. As soon as she completed her post graduate degree she was married to a Doctor, who promised to support her in all her endeavours.

Marriage did not dampen her spirits and she wanted to study further to get a research degree. However she did not wish to burden her husband with expenses of her education so decided to apply for Maulana Azad National Fellowship scheme about which she learnt at her college.

Being a university Gold Medalist, she do not had any problem qualifying for the award. She completed her Doctoral Degree in Education from Aligarh Muslim University in 2014 and currently is working as lecturer in Saudi Arabia.

In her case scholarship helped her reach her dream independently and made her financially sound.
### ANNEXURE 89

**Flow of Money in Direct Benefit Transfer Scheme**

- Identification, verification and certification of beneficiaries are done by line departments in each State.
- The combined list of certified beneficiaries is then digitalised by National Informatics Centre (NIC).
- The digitalized database is then sent by the State to the Central Ministry, who approves the list and sanction the release of funds.
- The sanctioned funds are then transferred to the Aadhaar linked bank accounts of the beneficiaries.

*Source: Modified from http://finmin.nic.in/dbt/DBT_PC.pdf*

### ANNEXURE 90

**Various Scholarships currently considered through National Scholarship Portal as below**

<table>
<thead>
<tr>
<th>Ministry</th>
<th>Scholarships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Minority Affairs</td>
<td>Merit Cum Means</td>
</tr>
<tr>
<td>Ministry of Tribal Affairs</td>
<td>Top Class Education for ST Students Rajiv Gandhi National Fellowship (RGNF) for ST Students</td>
</tr>
<tr>
<td>Department of Higher Education</td>
<td>Central Sector Scheme of Scholarship for College and University Students</td>
</tr>
<tr>
<td>Department of School Education</td>
<td>National Scheme for Incentive to Girl Child National Merit Scholarships Scheme</td>
</tr>
<tr>
<td>Department of Social Justice &amp; Empowerment</td>
<td>Pre-matric Scholarship for SCs</td>
</tr>
<tr>
<td>Department of Empowerment of Persons with Disabilities</td>
<td>Pre-matric Scholarships Scheme Post-matric Scholarships Scheme National Overseas Scheme Top Class Education Scheme</td>
</tr>
</tbody>
</table>
### Scholarship Schemes under DBT

<table>
<thead>
<tr>
<th>S. No</th>
<th>Scholarship Schemes</th>
<th>Ministry/Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post Matric Scholarship for SC Students</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pre-Matric Scholarship for SC Students</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pre-Matric Scholarship for Children of those engaged in unclean occupations</td>
<td>M/o Social Justice &amp; Empowerment</td>
</tr>
<tr>
<td>4</td>
<td>Post Matric Scholarship for OBCs</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Up-gradation of merit of SC Students</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Scholarship to Universities/College Students</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Fellowship Schemes of UGC</td>
<td>M/o Human Resources Development, D/o Higher Education</td>
</tr>
<tr>
<td>8</td>
<td>Fellowship Schemes of All India Council for Technical Education (AICTE)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>National Means cum Merit Scholarship</td>
<td>M/o Human Resources Development, D/o School Education &amp; Literacy</td>
</tr>
<tr>
<td>10</td>
<td>National Scheme for Incentive for the Girl Child for Secondary Education</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Post-Matric Scholarship Scheme for ST Students</td>
<td>M/o Tribal Affairs</td>
</tr>
<tr>
<td>12</td>
<td>Top Class Education System</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Rajiv Gandhi National Fellowship</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Matric Scholarship Scheme</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Maulana Azad National Fellowship</td>
<td>M/o Minority Affairs</td>
</tr>
<tr>
<td>16</td>
<td>Merit cum Means Scholarship Scheme</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Pre Matric Scholarship Scheme</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Stipend to children in the special schools under the Child Labour Project</td>
<td>M/o Labour and Employment</td>
</tr>
<tr>
<td>19</td>
<td>Stipend to trainees under the Scheme of Welfare of SC/ST job seekers through Coaching, Guidance and Vocational Training</td>
<td></td>
</tr>
</tbody>
</table>
Web Related Terminology

<table>
<thead>
<tr>
<th>Terms</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Wide Web</td>
<td>WWW is a system of Internet servers that support specially formatted documents. The documents are formatted in a markup language called HTML (HyperText Markup Language) that supports links to other documents, as well as graphics, audio and video files.</td>
</tr>
<tr>
<td>Teleconferencing</td>
<td>Teleconference means to hold a conference via a telephone or network connection.</td>
</tr>
<tr>
<td>Videoconferencing</td>
<td>It is a system integrating the phone and computer screen with internet facility so that an unlimited number of participants can talk to each other while viewing the same content.</td>
</tr>
<tr>
<td>Digital Repository</td>
<td>A digital repository is a mechanism for managing and storing digital content.</td>
</tr>
<tr>
<td>Digital Library</td>
<td>It is a focused collection of digital objects that can include text, visual material, audio material, video material, stored as electronic media formats (as opposed to print, micro form, or other media), along with means for organising, storing and retrieving the files and media contained in the library collection.</td>
</tr>
<tr>
<td>E-Mail</td>
<td>Electronic mail is a method of exchanging digital messages from a sender to one or more receivers.</td>
</tr>
<tr>
<td>Web Logging</td>
<td>A web log is a website that consists of a series of entries arranged in reverse chronological order, often updated on frequently with new information about particular topics.</td>
</tr>
<tr>
<td>Webcasting</td>
<td>To use the internet to broadcast live or delayed audio and/or video transmissions, much like traditional television and radio broadcasts.</td>
</tr>
<tr>
<td>Real Time</td>
<td>It is an operating system intended to serve real-time application process data as it comes in, typically without buffering delays.</td>
</tr>
<tr>
<td>Multimedia Learning Resources</td>
<td>Multimedia Learning Resources includes CD-ROM titles internet applications, audio-video tapes used for the purpose of imparting education.</td>
</tr>
</tbody>
</table>

UGC Recognised State Open Universities

1. Dr. B.R. Ambedkar Open University, Hyderabad, AP
2. Vardhman Mahaveer Open University, Kota, Rajasthan
3. Nalanda Open University Patna, Bihar
4. Yashwantrao Chavan Maharashtra Open University, Nashik, Maharashtra
5. Madhya Pradesh Bhoj Open University, Bhopal, MP
6. Dr. Babasaheb Ambedkar Open University, Ahmedabad, Gujarat
7. Karnataka State Open University, Mysore, Karnataka
8. Netaji Subhas Open University, Kolkata, W.B.
9. U.P. Rajarshi Tandon Open University, Allahabad, UP.
10. Tamil Nadu Open University, Chennai, Tamil Nadu
11. Pt. Sunderlal Sharma Open University, Bilaspur, Chhattisgarh
12. Uttarakhchal Open University, Haldwani, Uttarakhchal
13. K. K. Handique State University, Guwahati, Assam
IGNOU –FAQs

Q1. What is ‘ODL System”? How does it differ from the ‘Correspondence System’?

Ans. ‘ODL’ means Open and Distance Learning. It is an aggregate of the ‘Open Learning System’ and the ‘Distance Education Methodology’. In the ‘Correspondence System’ the teacher is absent. So is in the ‘ODL System’. But in the ‘ODL System’ the teacher is omnipresent, as the style of all learning material, be it print or audio/video, is self-instructional. The learners are supposed to get taught by these omnipresent teachers. They are supposed to get clarifications pertaining to the doubts and difficulties faced by them from the academic counsellors at the learner support centres. The back-up of support services through the network of the learners support centres is of cardinal importance in respect of the ‘ODL System’.

Q2. We have heard that one can do graduation at IGNOU even without being a 10+2. Is it really possible?

Ans. Yes, if you are 18 or above, you may join our Bachelors Preparatory Programme. It is a six months’ programme where you have to select any two among three preparatory courses in social sciences, commerce and mathematics. If you qualify you may join BA, BCom (not BSc) and for that matter any academic programme of IGNOU for which (10+2) is an entry qualification.

Q3. Are IGNOU Degrees/Diplomas recognised?

Ans. IGNOU Degrees/Diplomas/Certificates are recognised by all member universities of the Association of Indian Universities (AIU) and are at par with Degrees/Diplomas/Certificates of all Indian Universities/Institutions, as per UGC and AIU guidelines.

Q4. When does one take admission in IGNOU?

Ans. Normally, we have two admission cycles, one in January and the other in July. For the two cycles of admission, generally the scheme is as under:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Jan Cycle</th>
<th>July Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last date for submission of filled in admission forms at the Regional Centres (without late fee)</td>
<td>1st June to 31st October</td>
<td>1st December to 30th April</td>
</tr>
<tr>
<td>Last date for submission of filled-in admission form at the Regional Centre (with late fee of ₹200/-)</td>
<td>1st November to 30th November</td>
<td>1st May to 31st May</td>
</tr>
</tbody>
</table>

IGNOU has also introduced online admissions.

Q5. Where should I contact for seeking admission?

Ans. You have to contact the nearest Study Centre/Regional Centre for collection of admission form and prospectus. The form may also be downloaded from our website. The filled in form with the requisite fee has to be submitted at the Regional Centre concerned. You may also submit the form online.

Q6. From where can I collect the Prospectus and the Admission Application form?

Ans. The prospectus and the form can be downloaded from the IGNOU website. These are available at the following outlets:

1. Any Regional Centre of IGNOU
2. Any Learner Support Centre of IGNOU
3. Public Information Unit at the IGNOU Headquarters
4. IGNOU Headquarters Sales Counter at the Students Registration Division

It may be noted that while Numbers 1, 3 and 4 are permanent offices of IGNOU, No. 2 is not. You may visit the Learner Support Centres as per the timings followed by such centres.

The cost of the Prospectus which contains the admission application form can be paid in cash or through Demand Draft or Indian Postal Order.

Q7. How do I know that my admission has been confirmed?

Ans. The Regional Centre concerned will send a letter to you confirming your admission. It would contain the necessary details regarding your Enrollment Number, Study Centre, Programme and other relevant instructions regarding your study.

Q8. Can I take admission at IGNOU in spite of myself being registered with any other university?

Ans. You can take admission at IGNOU while being a student of any other university.

Q9. What are the documents required for admission to various programmes?

Ans. The documents required for admission to various programmes are:

1. Attested copies of Mark-sheet and Certificate of relevant qualification as per eligibility criteria as mentioned in the Student Handbook & Prospectus.
3. Experience Certificate (wherever applicable).
4) Caste Certificate (If the candidate belongs to SC/ST/OBC category).
5) Requisite fee in the form of a Demand Draft drawn in favour of IGNOU and payable at the city of the Regional Centre.
6) Duly filled-in Identity Card (available in the Student Handbook & Prospectus) with recent passport size photograph.
7) Duly filled-in Acknowledgement Card (available in the Student Handbook & Prospectus) with requisite postal stamp.
8) The hall-ticket in original in case of admission by way of qualification at an entrance test.

Q10. Is programme fee refundable?

Ans. Fee once paid will not be refunded under any circumstances. It is also not adjustable against any other programme of this university. However, in case where University denies admission, the programme fee will be refunded after deduction of registration fee through a/c payee cheque only.

---

Case Studies (Open Learning and Distance Education)

Case Study 1

The girl from a tiny thanda (tribal settlement) of Nalgonda district strode like a colossus on the Dr. Bhim Rao Ambedkar Open University propeller to be the first tribal woman to become an Associate Professor and take a Ph.D.

Surya Dhananjay Naik hails from Bhallunaikthanda, a remote hamlet tucked away in the deep hinterlands of Miryalguda which strictly adheres to its own rules set to preserve the inimitable tribal traditions and their unique style of living. Born in one such thanda cocooned with tribal traditions and taboos, Surya was ninth of the ten children to their parents. Surya took her community by storm when she first stepped out of their settlement to study in a different thanda and leapt to the rank of Associate Professor besides getting a doctorate and BRAOU stands as the central pillar of her success story.

Case Study 2

Ms. Komal belonged to an urban slum of Delhi, in order to support her family she has to take up a job of primary school teacher. But she was very determined to complete her studies and appear for civil service examinations. She firmly believed in the fact that only education will help her secure a good job and will put an end to all her miseries. Unable to go to a regular college due to financial constraints she pursued B.A (H) English at IGNOU through distance learning which gave her the opportunity to appear for Union Public Service Commission (UPSC), which changed her life for ever. She finally cleared UPSC examination 2012 and secured 592 rank and currently is working as an Administrative officer

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Why is Community Participation Essential?

- Active participation of local residents is essential to improve democratic and service accountability.
- It enhances social cohesion because communities recognise the value of working in partnership with each other and with statutory agencies.
- It enhances effectiveness as communities bring understanding, knowledge and experience essential to the regeneration process. Community definitions of need, problems and solutions are different from those put forward by service planners and providers.
- It enables policy to be relevant to local communities.
- It adds economic value both through the mobilization of voluntary contributions and through skill development, which enhances the opportunities for employment and increases community's wealth.
- It gives residents the opportunity to develop the skills and networks that are needed to address social exclusion.
- It promotes sustainability because community members have ownership of their communities and can develop the confidence and skills to sustain developments once the ‘extra’ resources have gone.
What Community Mobilization is and What it is not

<table>
<thead>
<tr>
<th>Community Mobilization is….</th>
<th>Community Mobilization isn’t….</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fostering collective power</td>
<td>Using power over others</td>
</tr>
<tr>
<td>Sustained engagement with the community</td>
<td>One-off activities</td>
</tr>
<tr>
<td>Systematic</td>
<td>Ad hoc or done without a plan</td>
</tr>
<tr>
<td>Multi-faceted</td>
<td>Done with one strategy</td>
</tr>
<tr>
<td>A process</td>
<td>A project</td>
</tr>
<tr>
<td>A struggle for social justice</td>
<td>A technical quick-fix</td>
</tr>
<tr>
<td>About fostering activism</td>
<td>About implementing activities</td>
</tr>
<tr>
<td>Requiring a range of people, groups and institutions</td>
<td>Possible with few individuals or groups</td>
</tr>
<tr>
<td>Going beyond individuals to influence people</td>
<td>Focused only on individuals</td>
</tr>
<tr>
<td>Building social networks or capital</td>
<td>Dividing individuals or groups</td>
</tr>
<tr>
<td>Fostering alternative values</td>
<td>Providing only information and facts</td>
</tr>
<tr>
<td>Stimulating critical thinking</td>
<td>Telling people what to think</td>
</tr>
<tr>
<td>Holistic and inclusive</td>
<td>Limited to specific individuals or groups</td>
</tr>
<tr>
<td>Positive and supportive</td>
<td>Blaming and shaming</td>
</tr>
<tr>
<td>Democratic</td>
<td>Hierarchical</td>
</tr>
<tr>
<td>Changing norms</td>
<td>Changing just specific behaviours</td>
</tr>
<tr>
<td>Collective: everyone must work together for change</td>
<td>Possible with individuals acting in isolation</td>
</tr>
<tr>
<td>Benefits based</td>
<td>Punitive</td>
</tr>
<tr>
<td>Focused on root cause</td>
<td>Focused on manifestations of violence</td>
</tr>
</tbody>
</table>

Success Story (Community Mobilization)

**Total sanitation programme in Avanur Gram Panchayat, Kerala, India**

This example of successful mobilization of the entire community by a gram panchayat to meet a basic need has been widely recognised. It has brought national honour and a cash prize of `1.2 million to the panchayat. In 1996, a survey held by the Avanur Gram Panchayat in Kerala State found that over 2,000 of Avanur’s 5,000 households were too poor to afford basic sanitation facilities. The Gram Panchayat President convened a series of awareness building meetings for all families below the poverty line.

As an outcome of these meetings it was agreed that the Gram Panchayat would provide all these families building material for a sanitation unit, with the condition that each beneficiary family would complete 20 percent of the work on its own. The meetings focused on awareness building of women as main beneficiaries. Much to the surprise of all, the campaign was successfully completed within three months. The Gram Panchayat spent only 20 percent of allocated resources because 80 percent of the work was done by the beneficiary families themselves. In this way, a total of about `12 million in assets was mobilized for the poorest families.

Source: www.fao.org/docrep/006/ad346e/ad346e07.htm
Tips for Effective Group Facilitation in PLA Exercises

- Keep your eyes and ears open. Listen to what participants have to say, even when you’re not formally conducting an exercise. Pay attention to body language.
- Keep in mind the objectives of the activity. Ask probing questions during and after you have completed the activity. Remember that doing an exercise, such as a map, is only the first step. The discussion that follows is the key opportunity for learning.
- If participants’ offer ideas that are connected with PLA exercise’s objectives, even if they are not planned or expected, follow them.
- Be careful that your body language does not reveal that you either approve or disapprove of what the participants are saying. Don’t be judgmental. Never respond to a participant with astonishment, impatience or criticism. Remember that there are no right or wrong answers, and a facilitator’s role is not to correct what is being said.
- Show interest by using expressions like “I see” or “That’s interesting.”
- Be aware of people who dominate the process, as well as people who are not participating. Try to bring those who are quiet or shy into the process.
- While some people may be quiet because they are shy, others may be quiet because they are remembering a painful experience (such as violence in their past) and do not want to talk about it. If at any time you sense that someone is uncomfortable with the subject matter, make sure that they are not pressured by your team or other participants to talk about something they don’t want to. Remind them that they can choose not to answer any question or not to participate in a particular activity.
- Try to get the opinions of all participants. Do not accept one person’s opinion as the opinion of the whole group.
- Encourage participants to speak in whichever language they are most comfortable with, even if it means you need to get a translator.
- Because many issues you are discussing are sensitive, the respondents may often be silent. You may have to try different ways of introducing the same topic. Don’t keep repeating the same question; be creative and ask in another way.
- Don’t be afraid of silences. The person who was speaking may continue or another person may decide to talk.
- Diplomatically discourage more than one person from talking at the same time.
- Listen to the discussion and make notes of non-verbal communication such as hesitations, laughter and silences.
- When using a specific tool, don’t limit yourself to the procedures of the tool; the procedures have been provided as a guide to help you. Remember that spontaneous discussion among the participants is good and should be encouraged because it can provide useful insight.
- Always keep in mind the overall purpose of the project and the broad themes and topics that you want to explore so that you can facilitate an appropriate discussion with the participants when you are doing the exercises.
- Be aware of the personal biases that you might bring to the discussion and try not to let them limit the conversation.
- Remember that emotion, tension and conflict are likely to arise in a group setting. This is normal and to be expected, so be ready to handle it appropriately. It is your role to help people find common ground when conflicts arise and recognise when to agree or to disagree. Try to avoid taking criticism or resistance personally.
Success Story (Community Participation)

A Village that Plants 111 Trees for Every Girl Born in Rajasthan

In an atmosphere where every morning, our newspapers greet us with stories of girls being tormented, raped, killed or treated like a doormat in one way or another, trust India’s “village republics” to bring in some good news from time to time. One such village in southern Rajasthan’s Rajsamand district is quietly practicing its own, homegrown brand of Ecofeminism and achieving spectacular results. For the last several years, Piplantri village panchayat has been saving girl children and increasing the green cover in and around it at the same time. Here, villagers plant 111 trees every time a girl is born and the community ensures these trees survive, attaining fruition as the girls grow up. Over the last six years, people here have managed to plant over a quarter million trees on the village’s grazing commons-including neem, sheesham, mango, Amla among others. On an average 60 girls are born here every year, according to the village’s former sarpanch Shyam Sundar Paliwal, who was instrumental in starting this initiative in the memory of his daughter Kiran, who died a few years ago. In about half of these cases, parents are reluctant to accept the girl children, he says. Such families are identified by a village committee comprising the village school principal along with panchayat and Anganwadi members.

21,000 is collected from the village residents and 10,000 from the girl’s father and this sum of 31,000 is made into a fixed deposit for the girl, with a maturity period of 20 years. But here’s the best part. “We make these parents sign an affidavit promising that they would not marry her off before the legal age, send her to school regularly and take care of the trees planted in her name,” says Mr. Paliwal. People also plant 11 trees whenever a family member dies. But this village of 8,000 did not just stop at planting trees and greening their commons. To prevent these trees from being infested with termite, the residents planted over two and a half million Aloevera plants around them. Now these trees, especially the Aloevera, are a source of livelihood for several residents. “Gradually, we realized that aloevera could be processed and marketed in a variety of ways. So we invited some experts and asked them to train our women. Now residents make and market aloevera products like juice, gel, pickle etc.,” he says. The village panchayat, which has a studio-recorded anthem and a website of its own, has completely banned alcohol, open grazing of animals and cutting of trees. Villagers claim there has not been any police case here for the last 7-8 years. Mr. Paliwal recalls the visit of social activist Anna Hazare, who was very happy with the progress made by the village, he says. “But Rajasthan is quite backward in terms of village development compared to panchayats in Andhra Pradesh, Maharashtra etc. So we need to work hard towards creating more and more empowered villages,” says the former sarpanch, hoping the government listens to him.

Behaviour and Motivation Theories

Theory of Planned Behaviour
The Theory of Planned Behaviour examines the relations between an individual's beliefs, attitudes, intentions, behaviour and perceived control over that behaviour. This theory posits that behavioural intention is the most important determinant of behaviour. Behaviours are more likely to be influenced when: individuals have a positive attitude about the behaviour; the behaviour is viewed positively by key people who influence the individual (subjective norm) and the individual has a sense that she/he can control the behaviour (perceived behavioural control).

The Stages of Change Model
The Stages of Change Model (sometimes called the “transtheoretical model”) describes individuals’ motivation and readiness to change a behaviour. It evolved out of studies comparing the experiences of smokers who quit on their own with those smokers receiving professional treatment. The model’s basic premise is that behaviour change is a process, not an event. As a person attempts to change a behaviour, he or she moves through five stages: pre-contemplation, contemplation, preparation, action, and maintenance (and relapse).

Theory of Human Motivation
Humans must first meet basic physiological and safety needs (Food, water, shelter, etc.) before addressing “higher” needs such as social relations, esteem, or “self-actualization” (e.g., a fulfilling career). In relation to behaviour change, Maslow’s hierarchy of needs provides some reference to understand the barriers to change for any behaviour.

The theory suggests that when planning and designing an intervention, success may be limited in circumstances/contexts where people are focused on meeting basic needs or have other priorities. For example, if someone is worrying about feeding their family they may not be thinking about “open defecation” (even though they should be, for obvious health reasons).

Social Cognitive Theory (SCT)
Social Cognitive Theory (SCT) describes a dynamic, ongoing process in which personal factors, environmental factors and human behaviour exert influence upon each other. According to SCT, three main factors affect the likelihood that a person will change a health behaviour: (1) self-efficacy, (2) goals and (3) outcome expectations (self and social). If individuals have a sense of personal agency or self-efficacy, they can change behaviours even when faced with obstacles. If they do not feel that they can exercise control over their health behaviour, they are not motivated to act, or to persist through challenges. As a person adopts new behaviours, this causes changes in both the environment and in the person. Behaviour is not simply a product of the environment and the person and environment is not simply a product of the person and behaviour. Self-efficacy has been applied to groups as well and is referred to as collective efficacy.

Case Study (Principles of SBCC)
The Prachar project in India was implemented in three phases. The project worked to improve adolescent and young married couples’ reproductive health. Through a situation analysis, the project set objectives to
- Delay the birth of the first and second child.
- Improve the health and welfare of young mothers and their children.
- Improve the economic well-being of families.
- Reduce population growth by changing social norms related to early child-bearing.

The primary target group for the project were young adolescents (ages 15–24 years) as well as couples in which the wife was younger than 25 and had no more than one child. Within this universe, the target group was treated not as a homogenous group, but rather as subgroups with differing, life stage-specific needs, including:
- Unmarried adolescents aged 15–19
- Newlyweds
- Women who were pregnant for the first time
- Young married men and women with one child

Over the three phases of the project, some of the interventions included:
- Capacity building of partner organisations
- Support for door to door counselling, sensitization meetings, workshops
- Support for community-level activities such as group meetings
- Training of voluntary contraceptive counsellors to promote family planning in their communities
- Work with social marketing agencies to ensure steady supply of contraceptives
- Advocacy activities at the state, national, regional and international levels

Source: Social and Behaviour Change Communication, Training for Information, Education and Communication (IEC) officers, 2013. Improving Healthy Behaviors Program
Success Stories (SBCC Campaign)

*Budaun* district in Western Uttar Pradesh, was a polio ‘hotspot’ and headed the list of 25 worst-affected districts in India with a staggering 52 cases reported during 2009. A survey by the district administration in *Budaun* revealed 49,000 dry toilets as the main source of poor sanitation in the district. Converting dry latrines was also seen as an urgent priority in elimination of transmission of wild polio virus (WPV) in *Budaun*. A campaign to convert dry latrines into flush latrines was launched in October 2009 under the leadership of the District Magistrate and more than 47,000 dry toilets were converted to flush toilets in less than one year and 2,200 manual scavengers (mostly women) were rehabilitated.

The core elements of the strategy were:

- Interpersonal communication and community mobilization: Polio’s Social Mobilization Network, block & village level motivators and village pradhans engaged to build awareness using interpersonal communication which raised awareness on the purpose of the initiative, the need for the initiative and the associated health hazards explained the technology of the new toilets and addressed the concerns of the community. Regular village level meetings conducted by district and block level officials.
- Role model initiatives: All Government functionaries at grass root level (ASHA, AWW, ANM) asked to convert or build sanitary toilets in their houses.
- Convergence of Government Departments: Health, Panchayati Raj, Sanitation, Education and Food and Civil Supplies.
- Campaigning of the cause by the District Magistrate and strong commitment of the district administration.
- Involvement of media: Information sharing with local media resulting in large number of stories and articles being printed in the local newspapers like Dainik Jagran and Amar Ujala.
- Formal ceremony to celebrate Stoppage of Dry Latrines in the village by burning manual scavenger baskets.
- Funding and linkages with other sanitation schemes: TSC, NRHM, *Indira Awas Yojana*, Dr. Ambedkar *Gram Vikas Yojana*

**Impact on health:**

- Polio transmission interrupted in *Budaun* - 52 in 2009 and none reported till June 2011.
- Decline in sickness among under five from March and April in 2011 as compared to the same months in 2010.
- Decline in Water Borne Diseases - not only of diarrhoea but other diseases cases (such as typhoid fever, viral hepatitis A).
- Women scavengers who earlier suffered from skin diseases and respiratory ailments were free from such disorders.

*Source: Rapid Assessment of the Utilisation of Converted Dry Latrines in Budaun; conducted by International Institute of Health Management Research, commissioned by UNICEF 2011.*

**Polio Eradication Efforts in India**

The success of the Polio Eradication campaign in India can be credited to the focused and closely-monitored communication strategies by UNICEF, the World Health Organisation, Rotary International and the Centers for Disease Control and Prevention (CDC), aimed at behaviour change.

When, in 2003 in Uttar Pradesh, a *fatwa* was issued calling for a halt to polio immunization – alleged to render children sterile, UNICEF and a range of global and national partners began working closely with local *imams* and other respected community leaders who were supplied with valuable research on polio vaccine safety and whose prestige and influence were then marshaled to counteract the misinformation. Community based efforts were boosted by the use of mass media – press, radio and television campaigns - that multiplied the reach and reinforced the messages of the *imams*.

Secondly, UNICEF helped launch the Social Mobilization Network (SMNet), which galvanized into action some 5,000 community mobilizers. With some training, these community activists have been empowered not only to provide accurate information but also to maintain and update complicated data and records about hundreds of thousands of households —essential for a vaccine that must be administered repeatedly and every few weeks in order to be effective.

As a result of consistently employing this strong data-driven, epidemiologically-guided and localised strategy, some 50 million children were successfully immunized against polio in every round. Further, between March and October 2007, the number of households in Uttar Pradesh resistant to immunizing their children dropped by half. To successfully eradicate polio and ensure that it does not revisit coming generations, persistent, vigilant and localised communication actions were critical to cover the “final inch”.

It was the consequence of these vigorous efforts that India was declared “Polio free” in 2014.

*Source: www.unicef.org/cbsc/index_49534.html*
Case Study (Advocacy)

Advocacy for Policy Change and Improving Counselling Facility at Rehabilitation Centres

Problem: Excessive alcohol consumption causing rise in health and social problems
Advocate: Blue Bird Forum, an NGO.

Advocacy Objectives:
- Strengthen NGO-government collaboration for increased sustainability.
- Maximise effectiveness of existing health services.
- Increase recognition of counselling as an important element of rehabilitation.
- Strengthen bridging between institutions and communities.

Target Audience:
- Government and Directors of rehabilitation centres

Advocacy Activities:
- Blue Bird's advocacy strategy was based essentially on building partnerships at all levels.
- Blue Bird Forum held discussions with the Kerala government in 1995. The discussions focused on the possibility of Kerala becoming the first state in the country to have revised alcohol policy and well equipped rehabilitation centres. In doing so, Kerala would secure its position as the premier state for controlling alcoholism in the country.
- Blue bird stressed the need of having a policy designed in such a way that families of the alcohol abuser would benefit without having government to lose its revenue.
- Blue Bird invited representatives from the government to participate in the evaluation of its rehabilitation counsellor training programme. This increased the professional communities’ understanding of the programme and encouraged endorsement for the programme within the professional community and government.

Results of advocacy campaign:
- Revision in the alcohol policy of state of Kerala.
- 1st of every month to be treated as Dry Day- prohibiting sale of alcohol on the salary day.
- Strengthening of the network of rehabilitation centres.
- Significant increases in people accessing and completing treatment.
- Significant increases in youth accessing services.
- Marked improvements in privacy, confidentiality and sensitive treatment of patients.
- Widespread recognition and acknowledgement of counselling as a critical intervention for rehabilitation of alcohol abusers.

Advocacy Campaign on Drug Abuse and Drug Driven HIV

Mizoram’s proximity to the border of Myanmar, from where heroin is sourced, is one of the main contributors to the prevalence of drug use and related drug driven HIV in the state. Over the past decade Mizoram has been witnessing a significant increase in the number of drug users and more importantly the number of HIV infections because of drug use in its communities. To respond to these problems NACO in partnership with UNODC launched a multimedia campaign, the Red Ribbon Youth Icon 2006.

The campaign swept through the three North Eastern States using music events to reach young and at risk populations. The multi media campaign through the “Youth Icon” music event saw immense support and participation from the parliamentarians, ministers, senior decision makers, faith based organisations and the Mizo youth at large, all of whom have been contributing to the success of the multi media campaign. Some of the initial achievements of the multi media campaign include the recognition of drug users and their unique health and social needs.

Significant to the success of this campaign was the political commitment, social concern and the enthusiasm that was evident throughout the state as it geared up for its second leg of the talent hunt, through the red ribbon “Youth Icon” 2009 soccer competitions.

While the road to success ahead looks difficult it is certainly not impossible in Mizoram. There are opportunities, strengths and good precedence’s to look up to. UNODC is committed to support NACO and the people of Mizoram in its fight against drug use and HIV.

Best Practices

Advocacy for Prevention of Alcoholism- Learning from Best Practices

- Sharing evidence from both developed and developing countries that demonstrate that there are effective policy tools that can be used and recommended to individual governments to reduce alcohol related problems at country level and globally.
- Subsequently promote national and sub-national policies that follow ‘best practices’ from the developed countries that can be adapted by developing countries with appropriate modifications. International trade agreements need to be closely monitored and advocacy needs to focus unanimously on treating alcohol as an extra-ordinary commodity and should be excluded from these trade agreements.
- National and international policies and partnerships are needed to empower communities and to protect them from dangers of alcohol addiction both directly and indirectly. Balanced policies and programmes with regards to the consumption and production of alcohol need to be advocated to national government at all levels and in different sectors.
- Effective legislative measures should be recommended to government for inclusion in comprehensive National Alcohol Control Policies. These should include: minimum drinking age, price and taxation mechanisms and controls on marketing and availability.
- Multidisciplinary stakeholders (NGOs, youth groups, women organisations, partners interested in avoiding road accidents, scientists, medical societies and health professionals) need to be brought together at each country level to work collectively on alcohol control that requires a multi-sectoral response. It is also important to train people in these sectors about alcohol issues and to provide specialized training in initiating appropriate advocacy with the government at national level and motivate government to connect at regional and international level for comprehensive global policy on alcohol control.


Success Story (Advocacy Campaign)

Bell Bajao! – ringing louder violence against women

The Bell Bajao! Campaign was originally conceived to support the human rights and gender training as well as community mobilization activities that Breakthrough has been vigorously sustaining through various campaigns since a decade now. Bell Bajao! took a multi-dimensional approach by raising awareness about domestic violence in public service announcement (PSA) advertisements aired on national television, radio channels, gender and human rights training workshops, multimedia equipped video vans running across different districts of the country and online platforms via prominent video streaming channels like YouTube.

Use of social media was critical to take on the social normative values at a big scale. To create a context to raise awareness on domestic violence that would excite an unlikely audience to participate in the dialogue process. The campaign essentially can be held responsible for bringing the issue of domestic abuse out of the closet and into the next door's neighbour's conscience. This multimedia campaign supported with on ground youth mobilization has reached over 130 million people in India. In addition, more than 75,000 rights advocates were trained to become agents of change – their combined efforts resulted in a 49 percent increase in the number of people aware of the Protection of Women from Domestic Violence Act in India and a 15 percent increase in access to services for survivors.

Bell Bajao! has become an action call to men & boys alike to step out of the role of a perpetrator and spectator of violence towards women.

Source: www.indiasocial.in/case-study-bell-bajao-ringing-louder-against-vaw/