

Evaluation of Centrally Sponsored Schemes

Best Practices Compendium: Women & Child Development Sector



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1. Overview

In October 2019, NITI Aayog commissioned an evaluation of Centrally Sponsored Schemes under the Women and Child Development Sector. A part of this evaluation, was focused on identifying global and homegrown best-practices to strengthen the implementation of various schemes under the Women and Child Development Sector.

This document is a by-product of the evaluation and presents a collection of best practices collected through primary and secondary sources, and provides details on implementation mechanisms and impact of such practices. The document is intended to facilitate knowledge sharing and highlighting high-impact and innovative practices which have resulted in positive changes for women and children, both in India and outside.

Thirty-six practices – 12 Global and 24 national level have been documented, covering areas like systems strengthening, convergence and Jan Andolan, efficacy of cash transfers, women's empowerment, and safety and protection of women. These practices have been included based on their contribution to the wider public policy context, by highlighting lessons learnt which may be useful for scale-up or cross-adoption.

It is highlighted that the practices included in this document are not exhaustive, and it is acknowledged that various high-impact interventions and activities are being undertaken across the country, based on global and local lessons, which may not have been included in this document.

This document is expected to be used by policy makers, scheme managers, and implementers for learning lessons from proven successful implementation of interventions. The document aims to bring in one place the available knowledge and promulgate knowledge sharing.

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A. ICDS Systems Strengthening

1. Ensuring Transparency, Quality, Efficiency & Accountability in THR distribution in Gujarat – PuShTI “Poshan umbrella for Supply chain through Tech Innovation”

The project aims to apply digital technology for transparent, timely and accurate supply chain management of Take Home Ration (THR) with a bottom up approach by eliminating the gap between actual requirement and supply of THR. The project is being implemented by Department of Women and Child Development, Gujarat, Gujarat Co-operative Milk Marketing Federation, SUMUL, AMUL & BANAS Dairy Unions and Gujarat Info Petro Limited (GIPL).

In 2017, Government of Gujarat signed an agreement with the Gujarat Cooperative Milk Marketing Federation (GCMMF) to procure energy dense micronutrient fortified food in form of THR and to ensure uninterrupted supply of THR through manufacturing at three leading District cooperative milk unions as Banas, Amul and Sumul Dairy under GCMMF. Three different products i.e. Balshakti for children, Matrushakti for pregnant & lactating women and Purnashakti for adolescent girls is designed considering the requirement of the specific age groups.

To streamline the THR service delivery and real-time monitoring, a software has been developed by the Department. Monthly indenting, approval and delivery of THR packets up to AWC level is being monitored through the dashboard. It also comprises of a web based application for demand & supply cycle and an Android based App for transportation solutions. This system ensures smooth, transparent, speedy and error free supply of THR at the Anganwadi centres.

Benefits:

- It ensures **transparency**. The entire processes are available at public domain and all the stakeholders D/oWDC, GCMMF AWC etc. are made equally responsible
- Quality- It is ensured as THR is initially tested at Amul lab and after passing of decided parameters it is distributed at AWCs. To cross check the quality, it is again tested in Government of Gujarat Food & Drug Laboratory and after passing of the test, it is allowed to distribute to beneficiaries for consumption.
- Safety of products is ensured by proper packaging of the product to make it free from contamination.
- Standardization is done by making same quality & quantity of product in the entire state as per the prescribed norms.
- Community involvement and Social Audit (as the distribution of THR is also done on monthly basis on 4th Tuesday in the presence of local persons)
- The entire supply chain management follows the principle of demand driven supply as opposed to the supply driven management.
- OTP based tracking of distribution of THR up to AWCs.
- Online certification of delivery is provided in the system in order to ensure timely and correct payment to the supplier.
- Timely and regular supply of THR on monthly basis on 4th Tuesday (supply on monthly basis at the scheduled time)- Timely delivery of THR ensures timely distribution of Ration to beneficiaries, which will directly support in nutritional indicators.

2. Odisha SNP systems strengthening

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

Globally, various programmes have been implemented to tackle child under-nutrition- however, given the scale of the intervention and the spread of beneficiaries- many of these suffer from leakages, non-transparent implementation and information asymmetry. Accountability within nutrition programmes can be ensured, but it requires political commitment, a sustained and large-scale capacity-building effort, the harnessing of modern technology, and mobilising of communities to sustain the system.

Background to the intervention

The State of Odisha is noted to struggle with challenging levels of poverty. Though there has been a reduction in under-nutrition in recent years, the levels remain high. In the last decade, Odisha has undertaken several measures to combat under-nutrition focussing strongly on 'systems strengthening', wherein a major reform was initiated under the Supplementary Nutrition Programme (SNP) of the Integrated Child Development Services (ICDS) programme. Delivering SNP means that every day, nearly five million people are in direct contact with the State. At the AWCs 3-6-year-olds are fed a hot cooked meal, and for 0-3-year-olds, pregnant and lactating mothers (and adolescent girls in some districts), rations are given rations to be taken home.

An intervention of such scale inevitably suffers from leakages and opacity if implemented in a centralised manner. To avoid the same, SNP administration was decentralised in 2011- thereby bringing greater transparency, accountability and responsiveness in the system.

Details of the intervention

With the decentralisation of the SNP administration, local village communities (Jaanch Committees), Women's Self Help Groups, Mothers Committees and elected representatives were given specific responsibilities in procurement, preparation, supervision and monitoring. Detailed operating procedures for each aspect, including food safety and quality, were laid out.

Further, the State invested in building the capacity of community members and AWC workers to empower them to demand greater public accountability. Capacity building and training of nearly 850,000 community members, Anganwadi Workers, Anganwadi Helpers and the supervisory staff were done across the state using ICTs and video conferencing initially, and later through master trainers. Moreover, previously unknown entitlements were publicised through advertisements, flex boards at AWCs and folk media. All funds were routed through e-transfers on fixed days and strictly monitored. In addition, the State gave an impetus to the conduct of social audits to measure adherence to nutrition norms, and improvements in AWC attendance.

Impact

Regular collection and updating of records at the AWC, with community oversight, has led to greater transparency. At the community level, there is greater involvement in the AWC

functioning, and gradually in Community-based Management of Acute Malnutrition (CMAM) and growth monitoring of children.

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

3. Odisha Millet Mission (OMM)

The OMM was set up in April 2017, and aims to improve productivity, promote household level consumption, set up decentralized Processing facilities, promoting Farmer Collectives and Marketing and inclusion of millets in Nutrition Programmes (SNP to begin with).

Detailed Activities: OMM was initiated in 2017 for promoting Millets (Ragi) as a staple crop of the farming system. This aim of OMM is to improve productivity, promote household level consumption, set up decentralized Processing facilities, promoting Farmer Collectives and Marketing and inclusion of millets in Nutrition Programmes (SNP to begin with). For this, promotion of Farmer Producer Organization (FPOs) for aggregation and better marketing is conceptualised and most importantly include millets in ICDS, MDM and PDS. The mission activities are implemented by FPOs with support of local NGOs. The key steps for Millet procurement include:

- Procurement of Ragi at Minimum Support Price (MSP) conforming to Fair Average Quality (FAQ) norms
- Making subsidized Ragi available for inclusion in the PDS, ICDS and MDM schemes, closing the production cycle and multiplying benefits of Ragi production for the region
- Exploring markets for distribution of surplus Millets beyond PDS, ICDS and MDM schemes.

The Mission was started with 30 Blocks (7 Districts) in 2017 but due to positive response and demand from the farmers it was expanded to 55 Blocks (11 Districts) in 2018 to 72 Blocks (14 Districts) in 2019 by the Government of Odisha. Another 4 Blocks were added in the June 2020. The program shall be implemented in each selected Blocks for 5 years, and these Blocks are currently at varying stages of implementation.

Various guidelines on Ragi procurement from local farmers at MSP, farmer registration, District wise storage godowns, route Map from possible procurement locations to Storage godowns and Millet Procurement Automation System were developed to streamline this initiative.

Impacts and Outcomes:

- Increase in number of Farmers growing Millets from 7,014 in 2016-17 to 8,596 in 2017-18
- Increase in area under Millets cultivation from 2949 hectares to 5182 hectares (almost double) & increase in yield by 120% between 2016-17 to 2017-18
- 215% increase in gross value of produce per farmer household from Rs. 3957 to Rs. 12486
- 26495 Farmers registered, almost 95% of Ragi procured from farmers in 2019-20
- Procurement infrastructure set up in 14 Districts: this assured market supports bolsters Ragi production programmes in the area.
- Procurement made subsidized Ragi available which led to inclusion on Ragi in ICDS, MDM and PDS schemes, closing the production and economic cycle

Inclusion in PDS

In 14 Districts procuring Ragi, 1kg of rice has been substituted by Ragi owing to its higher nutritional value. It was distributed at the rate of Rs. 1 per kg under PDS scheme in 6 Districts to 16,01,206 ration card holders under NFSA.

Inclusion in ICDS

Ragi laddoo mix, made from ragi procured from farmers under the mission, was piloted in the Anganwadi menu in Keonjhar District on July 2nd, 2020, and the same has been requisitioned for Sundergarh District. Keonjhar District is also set to pilot ragi biscuits in the MDM/ICDS utilizing 401.4 quintals of surplus ragi.

Challenges:

- The farmers faced registration issues on the Millet Procurement Automated System (M-PAS) due to lack of familiarity with the process.
- The long distances to limited mandi points in each block, di-incentivized farmers from transporting their produce for procurement.
- Limited decentralized infrastructure for procurement and processing persisted in some areas.

4. SNP through State Enterprise-linked Value Chain, Telangana

Telangana Foods (earlier known as AP Foods) is a state government enterprise established in 1976 for production of nutritious food for distribution to malnourished children and women under government food distribution programmes. The enterprise was set up with the help of CARE, UNICEF and the Government of India.

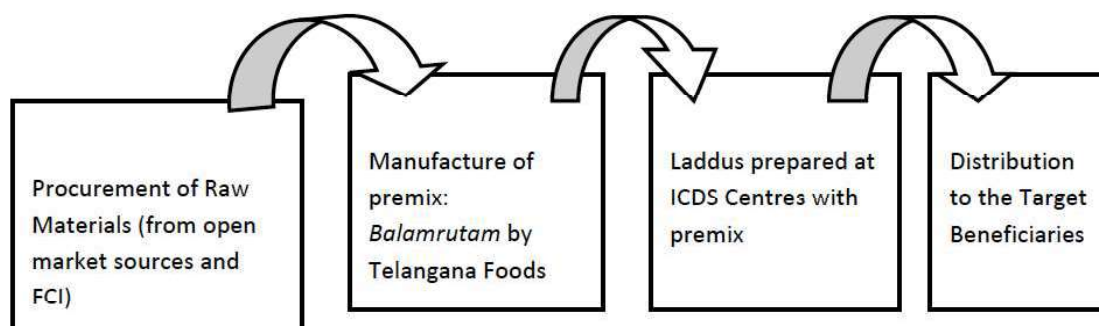
Currently, Telangana Foods manufactures and supplies the therapeutic mix *Balamrutam* and extruded snacks to all the ICDS projects in Telangana. Earlier, other ready-to-cook premixes like *upma*, *halwa*, *khichri* mix and sweet porridge were also being produced. These mixes were given to children alternately to avoid monotony. All the premixes were fortified with additional nutritional content, and they provided 50% of the recommended dietary intake (RDI) to the children.

The production of ready-to-cook food started in 2005. Before that, ready-to-eat food was prepared and fed as porridge or *laddus* to children. The production of ready-to-cook food was stopped in mid-2013, following directives from the government that food locally sourced and cooked fresh should be provided at the centres. The directive, aimed at preventing entry of for-profit, premix manufacturers into the government-sponsored scheme, has however also affected the operations of the government enterprise, i.e. Telangana Foods.

Telangana Foods is an ISO-certified company following standard food technology practices; the costs are met by the Department of Women and Child Development. It has a Nutrition Council headed by the Chief Secretary to the Government of Telangana and includes a member from the National Institute for Nutrition to ensure proper oversight of the nutritional content in the products. This body meets once in six months, and there is an executive committee that meets every quarter and oversees regular operations. The company has a separate quality assurance department that checks food quality at all levels of production, from procurement of raw material to the final product stage. There is a Quality Control check before every product is issued for processing, and there is certification before the final product is cleared for distribution. Wheat is procured from the Food Corporation of India. The sourcing of other food materials is through a tender process. The figure below outlines the value chain for the preparation of premix by the company. The packaging is as recommended by the Indian Institute of Packaging; the institute suggests the parameters for labelling, packing material and other biological and chemical parameters. All residual waste is sold.

Premix Food Supply Chain in Telangana

Figure 1: Premix food supply in Telangana



Telangana Foods is currently catering only to Telangana state. As a result, there is less than 50% utilisation of the production capacity of 300 t/day of the unit. The requirement for the

fortified premix (*Balamrutam*) is 2500 t /month now, and the quantity of extruded snack produced is 150 t /month. The enterprise also supplies to other departments and government programmes on demand; for instance, it was supplying food to AIDS patients under a joint initiative of the state government and the Clinton Foundation; it has supplied food to school children under the social and tribal welfare department, but these engagements have come to a halt after the state bifurcation.

The public enterprise model ensures some of the essential requirements for adequate nutritional intake, including intake of micronutrients and high energy food by children with due attention to quality food safety aspects; and is cost-effective as pricing is done in consultation with the government departments and is as per the allocation available under the relevant programme. Although it was reported that the premixes were less palatable than freshly-cooked food on cooling, they were well accepted for consumption when served hot. The unit is governed by the Essential Services Maintenance Act (ESMA), and there is no labour union. With reduced production, staff strength has been substantially reduced. The company has, however, made investments in expanding its production capacity with state-of-the-art technology, in anticipation of enhanced demand in future.

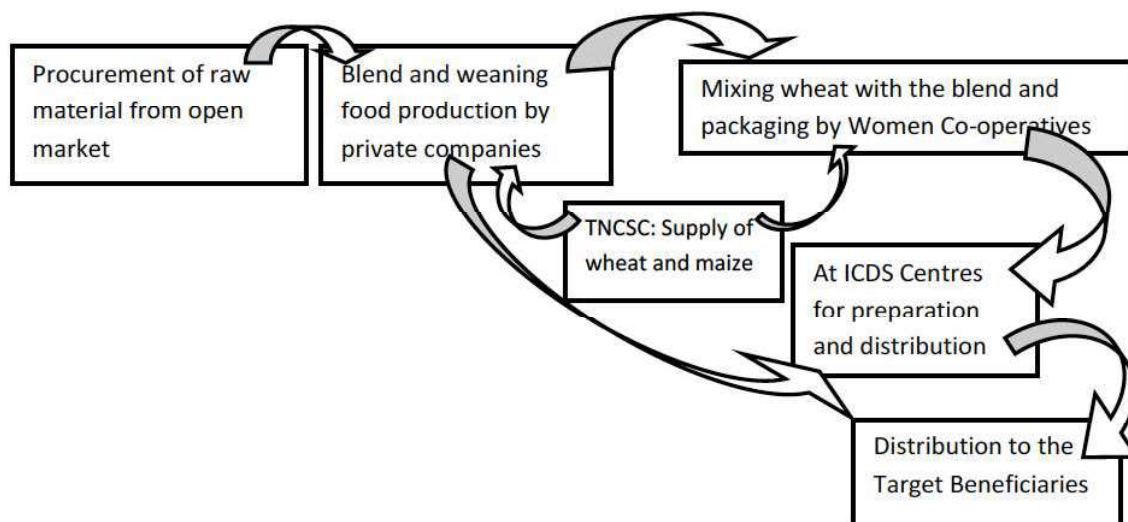
Source: *Parasar, R. and Bhavani, R.V. (2018) Supplementary Nutrition Programme under ICDS: Case Study of Telangana and Tamil Nadu, LANSa Working Paper Vol 2018 No 30, Brighton: IDS*

5. SNP through Private-Cooperative Partnership, Tamil Nadu

The Co-operation, Food and Consumer Protection Department of the state government is responsible for the supply of the major items — rice, pulses and cooking oil — to the AWCs through the Tamil Nadu Civil Supplies Corporation (TNCSC). The AWW calculates the estimated requirement for a centre, and the information is collated at the ICDS director's office, which then coordinates with the TNCSC for the supplies.

Vegetables are bought locally from the market. At times, vegetables are also sourced from wholesale markets in the vicinity. The *Akshaya Patram* scheme that encourages children to bring vegetables to the AWC is in vogue here also. But in most of the AWCs, the scheme is not in practice, as the households feel that the AWW (or the government) is responsible for the provision of vegetables.

The fortified premix is made from a blend of jaggery, chickpea, malted finger millet and micronutrient fortificant mixed with wheat/maize flour in the ratio of 48:52. Wheat is procured from the TNCSC; other raw materials are purchased from the open market. There are two variants of the public-private partnership (PPP) model for the production of the premix in the state: one is the production by a partnership of women cooperatives and a private sector manufacturer and the other by the private sector manufacturer as the sole operator. In the first model, the private enterprise manufactures the blend and the women cooperatives are responsible for the production of the premix along with the blend, as well as packaging and transportation of the final product; in the latter, the entire production, packaging and delivery is the private player's responsibility. About 75% of the total premix requirements are sourced under the private enterprise - women's cooperative value chain. The figure below gives a diagrammatic representation of the two models.



The women cooperatives were initiated by the state government around the year 1988 to empower women socially and economically; the cooperatives are engaged in different enterprise activities, preparing the supplementary nutrition component under ICDS is one of them. The members of the cooperative generally belong to families below-the-poverty line, Scheduled Caste community, widows and destitute women.

Interaction with the members revealed that the women were able to earn a steady income and provide for the upbringing of their children. In the early days of the cooperatives, the production

capacity was limited, as sourcing of the raw materials in the huge quantity required was not always possible due to capital constraints and the limited scale of operation. Processes like milling of flour were outsourced. These bottlenecks affected their revenue. The members are paid wages based on quantity produced, and as the volume was limited, the wages were also low. Moreover, at times there were problems with product quality leading to product rejection and no payment. This was addressed innovatively by the state government about a decade ago by bringing in a private player to manufacture the fortified blend that goes into the premix. There are 25 women cooperatives in the state engaged in the manufacture of weaning food, and they supply to the AWCs across 25 districts and in some cases in other neighbouring districts too.

The blend is manufactured and supplied to the women cooperatives by the private enterprise. The cooperatives source wheat from the Department of Food and Civil Supplies; the wheat grain is milled into flour by them, mixed with the blend in the required ratio and packed and supplied to AWCs. With this arrangement, the cooperatives have been able to increase their production capacity, overcome the risk of procuring raw materials from the open market and tackle problems of volume. Quality standards have also improved as the private enterprise can invest more and have better economies of scale. Currently, the cooperative members get Rs. 2.4 per kg of premix produced, and on an average, a member can earn around Rs. 17000 per month.

The Private Sector: The State Government selects the blend manufacturers through a competitive bidding process; currently, there are two private sector players: Rasi Foods and Christy Fried Grams (CFG). Both the players have been part of the SNP value chain in Tamil Nadu for the last 10 years. Wheat is supplied to them by the Department of Food and Civil Supplies; their dedicated market teams source the other raw materials from across the country based on considerations of quality and price. E.g., finger millet is procured from Karnataka and maize is at times procured from as far as the state of Bihar in east India. So the scale of operation has given the scope to scout for the best quality and competitive prices for the bulk of the purchases.

Rasi Foods manufactures and directly supplies the weaning food (the final product: blend with wheat/maize flour) to centres in 10 districts. CFG directly supplies the weaning food to 4 districts and the blend to all the 25 women cooperatives for the manufacture of the premix. CFG has a production capacity of 1000 mt/month and produces around 550 mt of the blend every month. In addition, the company undertakes production of a popular commercial extruded snack (around 700 mt/month) and also produces its brand of geriatric food (250 mt/month) for the elderly. CFG has its accredited laboratories for microbial and chemical testing of the products. The quality checks are done at different levels of production, right from the procurement of the raw materials.

The production process is largely mechanised from cleaning, de-stoning, husking, and roasting of all the foodgrains to the packaging of the blend and the weaning food. The blend produced contains germinated finger millet that leads to amylase activity in the food leading to better absorption in the body.

Every month the required quantity of weaning food is indented by the ICDS director's office to the two private enterprises and the cooperatives. The anticipated quantities of raw material are procured with a buffer stock of at least 45 days. The final product is given to the AWCs

within a fixed period of about 20-25 days in a month. The cooperatives and the private companies bear the cost of transportation of the weaning food to the AWCs.

The induction of a private sector partner has led to a larger scale of production; the quality standards of the final product have improved; and the wages of the members of the women cooperatives has increased, contributing to their sustainability. Earlier the mix was only provided to undernourished children whereas now it is provided to all children. Moreover, in the districts where the cooperatives do not operate, the private players supply the weaning food directly to the ICDS centres.

Source: *Parasar, R. and Bhavani, R.V. (2018) Supplementary Nutrition Programme under ICDS: Case Study of Telangana and Tamil Nadu, LANSa Working Paper Vol 2018 No 30, Brighton: IDS*

6. Arogya Lakshmi – One Meal Programme, Telangana

The government of Telangana runs a 'One Full Meal' programme for pregnant and lactating women called *Arogya Lakshmi*, to reduce maternal and infant mortality. *Arogya* means healthy; *Lakshmi* is the goddess of fortune and prosperity and is a term used to refer to women. The programme had been launched in early 2013 by the undivided state of Andhra Pradesh under the name *Indiramma Amrutha Hastham*. The initiative ensures compliance with the intake of required iron supplements by pregnant women and can be seen as addressing the needs of the mother and infant during the first 1000 days.

A woman is covered under the *Arogya Lakshmi* scheme once pregnancy is confirmed, and coverage continues after delivery till the infant completes 6 months. The prescribed meal meets 40-45% of the daily calorie requirement for pregnant and lactating women. Freshly cooked food is served every day at lunch according to a pre-defined menu for the whole week. Table below gives details of the weekly menu. The Anganwadi helper cooks food at the ICDS centre.

Weekly menu under the *Arogya Lakshmi* scheme

Day	Item 1	Item 2	Item 3	Item 4	Item 5
Day 1	Rice	<i>Sambar</i> with vegetables		Egg curry	Milk (200 ml)
Day 2	Rice	Dal	Green leafy vegetable curry	Egg	Milk (200 ml)
Day 3	Rice	Dal with leafy vegetables	Egg curry	Egg	Milk (200 ml)
Day 4	Rice	<i>Sambar</i> with vegetables	100 ml Curd	Egg curry	Milk (200 ml)
Day 5	Rice	Dal	Green leafy vegetable curry	Egg	Milk (200 ml)
Day 6	Rice	Dal with leafy vegetables	100 ml curd	Egg	Milk (200 ml)

Source: Department of Women and Child Welfare, Government of Telangana

The ICDS centres are closed on Sundays and to compensate for Sunday's provision of egg and milk, women are given 100 ml of curd on two weekdays and egg curry on one of the weekdays. The preparation of egg, *sambar* and curry is different each day to avoid monotony.

Along with the 'one meal', women are periodically monitored for weight, and are given iron/folic acid (IFA) tablets; they are also provided counselling by the AWW. 'Spot feeding' is a unique characteristic of the *Arogya Lakshmi* programme, and it ensures the food is consumed by the beneficiaries at the centre. Earlier, in the absence of this programme, take-home rations (THR) were provided to women; but this did not ensure consumption by them though it raised the availability of nutritious food within the household. Further, milk, a naturally nutrient-dense food often not affordable for women in economically-deprived families, is also provided under the programme. The table below summarises the cost and nutrient value of the food provided to the women under the scheme. The cost of the meal is Rs. 21/woman/day and it ensures 1192 kcal of energy and 37 gm of protein.

Cost and nutrient value of food per woman provided under the *Arogya Lakshmi* scheme

Sl. No.	Item	Quantity per day	Tentative cost per day (Rs.)	Nutritive Value	
				Energy (kcal)	Protein (g)
1	Rice	150 g	0.6	517.56	10.2
2	Dal (red gram)	30 g	2.55	104.4	7.25
3	Oil	16 g	1.1	144	0
4	Vegetables (leafy vegetables, potato, onion, beans, etc.)	50 g	1.5	52.5	1.8
5	Condiments		0.6	0	0
6	Milk (30 days) (@ ` 5.6 per day)	200 ml	9.85	273	10.03
7	Egg (30 eggs) (@ ` 3.5 per day)	1 No. (50 g)	4.2	100.92	7.76
8	Transport		0.1	0	0
9	Cooking		0.3	0	0
TOTAL			21*	1192.38	37.04

Source: Department of Women and Child Welfare, Government of Telangana

Impact: Provision of nutrient-dense foods at the AWCs also improves the administration of other health services for pregnant and lactating women. Pregnant women and lactating mothers at the three centres visited were appreciative of the hot meal they were provided. The AWWs also felt that the women found the *Arogya Lakshmi* scheme useful and came to the centre regularly for the noon meal. The kitchen was clean at each of the centres visited. Cooking was done on gas stoves. The helper –cum-cook keeps the place clean, fetches water and does the cooking; she is responsible for feeding the women and children.

Source: *Parasar, R. and Bhavani, R.V. (2018) Supplementary Nutrition Programme under ICDS: Case Study of Telangana and Tamil Nadu, LANSa Working Paper Vol 2018 No 30, Brighton: IDS*

7. Strengthening the Anganwadi Worker, Tamil Nadu

Tamil Nadu has a state-run decentralised system, with a cascading training model. The trainers are officials working in the field as well. Supervisory and training cadre are not split. The state training centre does capacity building for district officers, the Child Development Project Officer (CDPO) and Grade One supervisor. They, in turn, train the AWW and the AWH. Training for Grade Two supervisors is conducted by Non-Governmental Organisations (NGOs). Experiences and challenges from the field are shared, thus making these sessions enriching. These trainings are participatory in nature, i.e., sessions are conducted using games, role play and other participatory methods. Various methods deployed for training are:

- **Exposure visits:** AWWs, block and district level officers of ICDS Tamil Nadu go for exposure visits to other parts of the state and occasionally to other states. This helps in promoting peer learning among functionaries.
- **Guest lectures:** Officials from the health department, government functionaries, motivational speakers, trainers in personality development and distinguished people from various fields are invited for guest lectures as part of training. Issues like stress management and soft skill training are addressed through these sessions which may be outside the scope of regular trainers.
- **Role play:** Through role play, the AWW is trained for community mobilisation and fund mobilisation from panchayats and multinational companies. She is trained using the technique of live demonstration to deploy various strategies on field while conducting these activities.

The Anganwadi worker is also trained on mobilising community, fund raising, generating awareness, engaging with the community and inculcating a feeling of ownership among them. Support in day-to-day activities of the AWC is also provided by the community.

- **Mother's support group:** An AWW identifies proactive mothers in the village and forms a mother's support group. These women help the AWW in community mobilisation and instilling a feeling of ownership among community members for the AWC. They also look after the children in an AWC in the absence of the AWW.
- **Funding:** Funds are mobilised by the AWW through constant interaction with Panchayati Raj Institutions (PRIs), nearby companies and parents. The AWW informs them of the needs of the AWC and prompts them to help, using corporate social responsibility funds in case of companies or unused funds of village committees. Funds are used to make a state-of-the-art AWC. All the AWWs vie for their centre to be ISO-certified, and this fund generation helps them in improving infrastructure, which is the main criterion for this certification.

8. Nand Ghar – Private Sector's Role in Strengthening Anganwadis

Nand Ghars are a transformative leap dedicated to benefiting rural children and women in India. A measure undertaken by Vedanta together with MWCD, the project aims to ensure rural India is not left behind in India's march towards progress. The case for state-of-the-art Anganwadis in the form of Nand Ghars all over India has not merely arrived - it is now imperative.

Vision

Equipping Nand Ghars with televisions for e-learning, solar panels for reliable power, safe drinking water and clean toilets. Nand Ghars have shown a marked improvement in attendance, learning abilities and school readiness by deploying e-learning modules and playful learning for education, in collaboration with world-class partners. To make the model integrated, Nand Ghars are ensuring that women undergo entrepreneurship training, including skill enhancement to start their micro-enterprise with extensive skill training and credit linkages, thereby increasing their contribution towards the Indian economy.

Infrastructure

The state-of-art technology and infrastructure make Nand Ghar a model resource centre for the community.

- Constructed using the latest Schnell technology, which is earthquake resistant and fireproof.
- Solar Panels: 24 x 7 electricity for essential facilities
- Toilets: For healthy sanitation and inculcating behavioural changes
- Smart TV: E-Learning through 40 weeks of scientific curriculum for children
- Water Purifiers: Access to safe drinking water

Operations

The infrastructure is being utilized in the morning for children's education and nutrition and in the afternoon for skill development of women. The Nand Ghar centre daily provides Pre-school education to children (3-6 years) through e-learning, BaLA designs and smart kits; Nutritious hot cooked meals to children, pregnant and lactating women; Healthcare through Mobile Health Van and conducting health camps; and Women empowerment through skill training, credit linkage and entrepreneurship development.

Impact

Today more than 1250 Nand Ghars are running across Rajasthan, Uttar Pradesh, Madhya Pradesh, Karnataka, Chhattisgarh, Jharkhand and Odisha. The Impact is paving the way for the model Anganwadi movement across the country.

- Aiming to provide around 50,000 children with pre-school learning through advanced teaching-learning methodologies, including television.
- Aiming to provide hot cooked wholesome nutritional meals to about 50,000 children.
- Around 20,000 OPDs are being conducted per month for the community by Nand Ghar Mobile Health Vans
- More than 37,500 women being trained to achieve financial and social empowerment through employment

Reach

The Nand Ghar Project aims to touch lives of around 4 Million community members while directly impacting around 2,00,000 children and around 1,80,000 women on an annual basis.

Impact Indicators	Estimated Number
Total Nand Ghars	4,000
Children - 0-3 years	80,000
Children - 3-6 years	120,000
Maternal Health	60,000
Community Health	4,000,000
Women Empowerment	120,000
Sanitation (total toilets)	8,000
Safe drinking water(total water purifiers)	4,000
Environment (Renewable energy (kW) through solar power)	3,000

Source: <https://www.vedantaresources.com/Pages/NandGhar.aspx>

9. Leveraging Private Sector and NGOs to strengthen Anganwadis – Khushi Anganwadi Initiative, Rajasthan

'KHUSHI' is a partnership between Government of Rajasthan and Hindustan Zinc, aimed at improving the functioning and outcome of Anganwadis in Rajasthan. The program began in the year 2016 and covered 3117 Anganwadi Centres (AWCs) across 5 Districts of Rajasthan [Udaipur – 1345 AWCs, Rajsamand – 504 AWCs, Chittorgarh – 574 AWCs, Bhilwara – 504 AWCs & Ajmer – 190 AWCs]. The program directly impacted lives of more than 1,00,000 children in the foundational developmental age of 0-6 years. Hindustan Zinc's Implementing Partners for KHUSHI were – Gramin Avam Samajik Vikas Sanstha (Ajmer District), CARE India (Bhilwara & Chittorgarh Districts), Jatan Sansthan (Rajsamand District) and Seva Mandir (Udaipur District).

The 5 major components of 'KHUSHI' intervention were – Supplementary nutrition, Preschool education, Health & hygiene, Community engagement and Infrastructure improvement. Khushi Program has relied heavily on rapid learning, innovation, collaboration and agility of response as the design principles behind the implementation model.

Key Interventions:

	FOCUS AREA	BEST PRACTICE
1	Health	<ul style="list-style-type: none"> Intensive and regular screening of SAM children Organising CMAM camps (community management of acute malnourishment)
2	Nutrition	<p>Setting up kitchen gardens across AWCs</p> <ul style="list-style-type: none"> Organised more than 14,000 recipe trials with mothers using THR as the main ingredient, to teach mothers how THR could be converted into a delicious meal while taking care of protein and fat deficiency in their diets. These recipes gained popularity and saw steady rise in the consumption of THR across households and improvement in the health status of women and children Training of AW helpers and workers in preparation of nutritious meals
3	Learning	<ul style="list-style-type: none"> Over 5000 AW staff trained every year 'kabad se jugaad' initiatives to help AWWs prepare their own learning material. Use of Constructivism as a technique. Introduction of preschool assessment mechanisms at AWCs Recognition of AWWs in the monthly newsletters
4	Community involvement	<ul style="list-style-type: none"> Project was very successful in generating community participation due to regular meetings, nukkad nataks, etc. Simple and attractive 4-page magazine distributed to every AWC every month – with regular columns on education, health, nutrition and featuring one Anganwadi-of-the-month at the District level.

Impact of 'Khushi Programme' over 5 years:

	PROGRAM COMPONENT	IMPACT
1	Children's attendance	Attendance at AWCs increased from 43% in 2016 to 65% in 2020
2	Health	Out of 2000 severely malnourished children identified in 2019, over 78% had moved out of SAM within last one year.
3	Nutrition	More than 1800 kitchen gardens developed and sustained through which local seasonal vegetables were grown and used to add nutritive value of hot meals at AWCs & food at home
4	Children's learning levels	Improved learning outcomes in 57% of assessed children in physical, social, language, creative and cognitive skills.
5	Community involvement	Over Rs 2.5 crores (in cash & kind) of funds raised at AWCs through community contributions; nearly 97,000 community meetings held in 5 years.
6	Infrastructure improvement	314 AWCs converted into Nand Ghars, state-of-the-art infrastructure. The Nand Ghars provide a child safe and friendly learning environment with amenities like safe drinking water, uninterrupted supply of solar power, digital learning facilities, etc.
7	Policy impact	Inclusion of SAM as a medical condition for which free ambulance service could be availed for treatment purpose. Regular engagement with district & state ICDS for updates, deliberation & dissemination of best practices which can be scaled up at other Anganwadis.

Source: <https://csrrajasthangov.in/project/khushi+anganwadi+program.html>

10. Smart AWCs in Madhya Pradesh: Electrifying centres with solar energy

63 AWCs in the Alirajpur and Burhanpur districts of Madhya Pradesh have been transformed into Smart AWCs through Solar Installation by UN Women in collaboration with Urja Vikas Nigam Limited, Madhya Pradesh. The state government was not in a position to offer electricity to all the centres across the state.

A cadre of trained AWWs have been developed for installation and maintenance of the decentralized renewable energy systems.

Pre-installation Situation: The number of children visiting the centres used to significantly decline during the summer months. They found it difficult to sit for long hours and used to persuade to go back even before lunch was served.

Post-installation:

Children: Children are the happiest as they now have a pleasant learning environment where they can engage in meaningful learning, play and have nutritious food.

AWW: Post solar installation the workers shared that their productivity has improved as they are now able to work comfortably. Majority of their work now entails use of tablets/cell phones which they can charge and use anytime.

Digital Learning: The centres have started using digital learning aids to educate children which helps them comprehend things better.

Women: AWCs are not just places for children, they have also become safe spaces where women can access education, skill building and similar opportunities that can empower them.

“Sometimes we get late working at the center or have work during the evening hours. Earlier we used to avoid such situations whereas now we do not feel afraid and are able to work or come to the centres at any time of the day.” – Anganwadi Worker, Burhanpur, Madhya Pradesh

“My son used to earlier feel hot and sweaty at the centre during summers and hence used to refuse to go to the centre. Since the time the fan has been installed, he has started enjoying going to the centre.” – Resident, Burhanpur, Madhya Pradesh

11. UNICEF - Drones for Delivering Results for Children

Background

Innovation through new ideas, products and practices increasingly is seen as a force for social change. At the same time, there is growing consensus that empowering the millions of women who live in poverty is essential both for their intrinsic human rights and broad benefits for global development and economic growth.¹ Phills, Deiglmeier and Miller (2008) define social innovation as “a novel solution to a social problem that is more effective, efficient and sustainable, and for which the value accrues primarily to society as a whole rather than private individuals”.² A cycle of change can be triggered by women’s use of a seemingly simple technology; a shift in social attitudes about what is possible for women; or increased access for women to employment opportunities, savings and credit.

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

Intervention

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

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

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

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

¹ Malhotra A, Schulte J, Patel P, Petesch P, Innovation for Women’s Empowerment and Gender Equality, ICRW, 2009

² Phills JA, Deiglmeier K, Miller DT, Rediscovering Social Innovation, 2008

Results

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

Learnings

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

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

12. Effectiveness of research and innovation management at policy and institutional levels in Malaysia

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

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

Intervention

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

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

collaboration between industry, academia, society and government, and the creation of entrepreneurs. “Shoot for the stars” involves developing world-class centres of excellence (COE)

Results

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

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

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

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

Learning for India

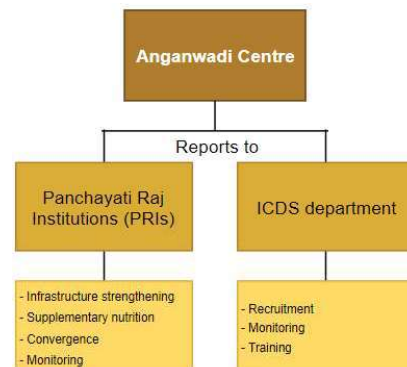
- A stronger focus on innovation in service delivery is required.
- Competitive grant schemes can increase transparency and accountability.
- Research needs to be aligned with national priorities.
- Active collaboration between research institutes, government bodies and incentivising research for the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

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

B. Convergence and Jan Andolan

1. Convergent Anganwadi Management, Kerala

In Kerala, Anganwadis have a dual administration process. The ICDS department as well as Panchayati Raj Institutions (PRIs) oversee its functioning. PRIs oversee infrastructure, supplementary nutrition, monitoring of the work of the Anganwadi Worker (AWW)/Anganwadi Helper (AWH), and the convergence between different line departments in the Anganwadis. A nutrition mix called the Amrutham for children of age group 6 months to 3 years is prepared by Kudumbashree. The ICDS supervisor is provided funds by PRIs to procure raw material for take-home rations. PRIs monitor facilities provided in the AWC and ensure convergence between different departments like health, water and sanitation through various committees and meetings. The ICDS department is responsible for overall monitoring, recruitment, and trainings of the AWW and the AWH.



Decentralising powers to PRI

In Kerala, powers for running the AWC have been decentralised to panchayats to ensure effective functioning. PRIs are involved in various aspects of working and monitoring of the AWC, including:

- **Infrastructure strengthening:** PRIs are primarily responsible for infrastructure strengthening of the AWC. Every year, a budget is allocated to the AWCs by PRIs. To decide development priorities in its area, a gram sabha is organised before budget allocation. Participation from community members, various departments, PRIs and other important stakeholders is ensured in these meetings through community mobilisation. In these meetings, discussion takes place on the needs of the AWC. Apart from the gram sabha, the grading process is undertaken by the ICDS supervisor annually. AWCs are sorted into four ranking categories by the ICDS supervisor based on various indicators, like infrastructure, efficiency of workers, number of beneficiaries, quality of pre-school education, safe water and sanitation facilities and community participation, immunisation status of children, Early Childhood Care and Education (ECCE) work and nutrition status of children. Once the grading is done, the supervisor informs the PRI committee about the gaps in infrastructure, and PRIs allot the budget for its better upkeep. The AWCs, which have excellent infrastructure, can also become model AWCs—a source of pride for the concerned PRI. To ensure sufficient funds, the ward members, along with the AWW, engage in fundraising activities with the community and private and public sector organisations in their area.
- **Supplementary nutrition:** PRIs are primarily responsible for supplementary nutrition to beneficiaries. In addition to funds provided by the ICDS department, each PRI makes its own contribution. The ICDS supervisor procures raw materials for take-home rations. PRIs also decide menus for the AWC in their area, to cater to the need and palate of the population.
- **Supervision and monitoring:** Monitoring is done through frequent visits of the concerned ward member to different AWCs. Anganwadi-level monitoring committee meetings are conducted once in three months, under the leadership of the PRI chairperson. In this

meeting, well-wishers of the AWC, AWW, parents and health staff discuss issues and needs of the AWC and monitor its working. A PRI member is also in the panel for recruitment of AWWs.

Community Participation

Community participation is important for effective functioning of the AWC. It is done to generate awareness, engage with the community and inculcate a feeling of ownership among them. Various ways to ensure their participation are:

- **Social audits:** Kerala is the first state to have conducted social audits for AWC. A social audit committee is formed comprising of PRI members, Kudumbashree members, parents, adolescent girls and an ASHA worker. This committee's members are trained to conduct social audits across a hundred indicators like physical infrastructure, data recording, growth monitoring and ECCE, among others. The report drafted by this committee is presented and discussed in the gram sabha. A consolidated report from each panchayat is submitted to the ICDS department. A gap analysis is done, and an implementation plan devised to make amends in different areas on priority basis. Social audits ensure community participation and increase the uptake of services due to awareness generation.
- **ECCE training involving community:** Community members are trained to become master trainers to ensure their participation in the functioning of the AWC. Usually, a retired schoolteacher or any interested community member is trained in the component of pre-school education for the Anganwadi children. These master trainers, in turn, train the AWW and AWH in their location, and provide refresher training, thus acting as local resource groups. This process ensures frequent trainings for the workers in a resource-effective manner.

Innovations in AWCs

In Kerala, the AWC pilots many innovations depending on their need, capacity and financial ability. Some of these are:

- **Third generation (3G) AWC:** 3G AWC enables interaction and learning between three generations—i.e. elderly, adolescents/young mothers and children. AWCs that are infrastructurally fully equipped are selected to become 3G AWCs. The elders in the locality spend time in the AWC. They also hold cooking and sewing classes for adolescent girls. A basic health check-up is also conducted for elders in the AWC.
- **Interventions in tribal areas:** Children in tribal areas suffer from malnourishment. To prevent this, many interventions are piloted in tribal areas. A community kitchen has been initiated in the tribal location of Palakkad in Attapady to ensure hot cooked meals are provided for beneficiaries like children, adolescent girls and the differently-abled. A special tracking of the vulnerable children in the tribal area of Attapady was also done to prevent infant mortality. Regular height and weight monitoring of children from 0 to 5 years was conducted, and severely malnourished children were identified. These children were provided special care and supervision, and convergence was ensured with the health and social justice department for the same.
- **Nutrition mix fortification:** To combat anaemia among children, the nutrition mix produced by the Kudumbashree women's groups for children in the 6 months to 3 years age group is being fortified with micronutrients. The programme was first piloted by the World Food Programme and is now being scaled across the state. Kudumbashree staff

producing the nutrition mix have been trained in the process and are monitored by the ICDS supervisor. Along with supply of fortified nutrition mix, mothers are mobilised by the AWW through various interactive sessions. Using flip books and colour-coded flyers, they are informed about the importance of the nutrition mix, age-appropriate food and hygienic practices for the health of the children to induce behaviour change among them.

- **Teacher bank:** To prevent vacancy of the AWW and the AWH positions, a concept of teacher bank has been initiated by the ICDS department. Individuals with requisite qualification, who are interested to work in the AWC, are encouraged to apply for the position. These candidates are recruited and deployed based on need and availability in an AWC. This pool is also useful to fill temporary vacancies in case of maternity leave of the AWW or the AWH.

Career trajectory for the AWW and the AWH

Kerala has instituted a system of in-job promotions, rewards and recognition to enhance the motivation level of the AWW and the AWH. These incentives ensure that they have a job progression to look forward to in their service.

- **Promotions:** Permanent AWWs who are graduates and have 10 years of experience can become ICDS supervisors, on qualifying a public service commission exam (supervisor exam). Around 40 per cent supervisors are former AWWs. Similarly, an AWH who has passed class X, and has 10 years of experience, can become an AWW.
- **Rewards and recognition:** Every year, awards are given to high-performing AWCs, AWWs and AWHs in each district. Indicators on which the performance of an AWW and an AWH are evaluated are job responsibility, social interaction, percentage of immunisation growth and data registers, among others. A form is filled by the AWW and the AWH, corresponding to these indicators. The supervisor evaluates these forms and submits it to the Child Development Project Officer (CDPO), who visits all AWCs to confirm performance evaluation. The CDPO's report is submitted at the block and district level. The best AWW in the district is provided a cash prize of Rs 10,000 while the best AWH wins a cash prize of Rs 7,000.

Impact

- The state has 82.1% coverage of fully immunised children against the national average of 62% (NFHS 4)
- Stunting among under-five children is 19.7% in Kerala against the national average of 38.4% (NFHS 4)

2. Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children, Gujarat

Banaskantha district, Gujarat is one among the backward districts in terms of its performance on health and nutrition indicators and vital rates. Malnutrition level is high; about 70 per cent of young children below six years of age, particularly girls are undernourished. The community health workers cannot reach the community residing in the interior and on the farms is not receiving the health facilities. CHETNA undertook an action-research project to improve access to nutrition and health services through community awareness and prevent malnutrition among pregnant women, nursing mothers and children (0-3 years) through a partnership between Government, Non-Government Organisations. Interventions included:

- **Community awareness:** To strengthen the ICDS and health service delivery, linkages were facilitated with the Dairy Cooperatives to encourage to donate milk for children. Matru mandals (MM) (mothers' group) and Sakhi Mandals (SM) (women friends' group) were enabled to provide support in organising awareness activities at the Anganwadi, during Mamta Divas (Window approach for dissemination of nutrition and health services for Pregnant and Nursing mothers and children below 6 years). CDPOs, Supervisors were trained and mentored to provide support in joint planning and organising activities as well as monitoring.
- Linkages at the district, block and village level: To forge linkages among ICDS and Health and to generate evidence for the corrective measure, MIS and formats/charts were developed jointly by ICDS, Health and CHETNA. Further, a list of undernourished children, non-enrolled children/pregnant women at AWC's, challenges and observation of the area were shared with CDPOs, Supervisors, BHO and MO functionaries. Joint training, planning and review of activities were also facilitated. Quarterly meetings and interaction with District collector and District Development Officer were useful in organising joint activities.

Results

- Enrolment of Children and pregnant women: Through village visits, 85 children and nine pregnant women were identified who were not enrolled in any Anganwadi centre. It was observed that eligible children and pregnant and nursing women were deprived of the ICDS services because there is not enough AWCs to cater to the entire population.
- Undernourished children: 132 undernourished children of Grade 3 and Grade 4 from 42 villages were identified, and the intervention led to improvements in the current situation of these 132 children.
- Coordination: ICDS and Health coordination meetings are now regularly organised

Learnings

- There is a need to form linkages with community-based organizations-VHSNC, MM, SM for effective monitoring of the Anganwadi services.
- There is a need for convergence between ICDS and Health Departments for effective coordination of activities at the village level
- Case studies of undernourished children and good practices, field visit reports, challenges and learning's should be regularly developed and disseminated.

Source: Shukla M, Capoor I, Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children -CHETNA's Experience

3. Making PRI Champions for Jan Andolan, Rajasthan

Action Against Hunger-India (AAH) worked with the government on the POSHAN (Proactive and Optimum care of children, through Social-Household Approach for Nutrition) program in 8 Districts of Rajasthan to build an enabling environment for improved nutrition results in Rajasthan. For three years AAH, through the Government led 'Proactive and Optimum care of children through social-household approach for nutrition' (POSHAN) program, worked to strengthen the Community-based Management of Acute Malnutrition (CMAM) program implemented by the National Health Mission in Rajasthan. AAH's intervention advocated the importance of CMAM among key stakeholders in various districts of Rajasthan. As a knowledge partner for the government of Rajasthan, AAH strengthened the POSHAN program by advocating to raise awareness amongst PRI members about their role in achieving the targets of POSHAN Rajasthan and POSHAN Abhiyaan. In collaboration with the NHM and Integrated Child Development Services (ICDS), the new initiative was tailored specifically for PRI members and was rolled out in the eight districts through orientation and sensitisation workshops.

OBJECTIVES

Based on the experiences and learning in the initial program in Rajasthan, it was clear that the PRIs are a crucial stakeholder with decision-making powers at their disposal that should be leveraged to bring positive changes to the communities they serve. The intervention is currently being implemented in Rajasthan, Madhya Pradesh and Maharashtra. The objectives are:

- To sensitize the local governance towards the issue of malnutrition.
- To discuss and generate awareness on the role of the local governance in POSHAN Abhiyaan Jan Andolan.
- To increase active participation of PRI members in generating a Jan Andolan towards Nutrition.

KEY ACTIVITIES

Action Against Hunger organised meetings in collaboration with the NHM and ICDS at the district and block level in eight districts. So far 97 meetings have been conducted with 645 participants involving the Sarpanches, panchayat members, National Health Mission (NHM) and ICDS officials, Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), Aanganwadi Workers (AWWs) and civil society organizations. Under the initiative, the workshops sensitised PRI members on antenatal check-ups, optimal breastfeeding, complementary feeding, immunisation and vitamin A supplementation, growth monitoring, supplementary nutrition programs, anemia prevention in children, diet, deworming, food fortification, diarrhoea management, girls' education, age of marriage for girls, safe drinking water, hygiene, and sanitation.

CHALLENGES

Until 2018, there was no dedicated budget for nutrition or malnutrition-related expenditure in the central government's budget. Due to this, nutrition was never a high priority agenda for PRI members and they took very little interest in meetings and trainings centred solely around nutrition. It also made explaining the cross-cutting impact of nutrition on the overall development of the village a challenging task.

Often, due to the patriarchal beliefs of the region women Sarpanchs were not able to take any decisions related to the development of villages. Only sensitising them would not lead to desired actions at the village level. They also have to be empowered on aspects of gender equality and realising their agency as elected leaders. It was also found that many PRI members were unaware of Village Health Sanitation and Nutrition Committee (VHSNC), Village Health Sanitation and Nutrition Day (VHSND) and other nutrition related programs and their functioning.

LEARNINGS & INSIGHTS

The meetings so far have been interactive with the active participation of the PRI members, health department officials, ICDS officials, and the local people and have generated deep insights into the gaps in the functioning of the system. During the meetings, the cause of malnutrition, its treatment and prevention were discussed in detail. The interactive discussions also help them to comprehend the role of Panchayats and the VHSNC in tackling the issue of malnutrition in villages and how the participation of Panchayats with their community could help in overcoming the issue. Nutrition is now a priority discussion in the monthly Gram Panchayat meetings in most of the areas of this intervention:

- It is essential to encourage male and female Sarpanches to become nutrition champions and involve the agenda of nutrition in their meetings include the Gram Panchayat.
- Regular publication of success stories of work done by Gram Panchayats, in regional language papers, motivates other PRI members to be more active around issues of nutrition.
- Motivating PRI members to launch a Kuposhan Mukh Panchayat will help in effective implementation of POSHAN Abhiyaan and achieve its targets.
- Initiating inter-village exposure visits influences the lesser active or passive panchayats to adopt positive behaviour changes and practices within their communities.
- If PRI members are motivated, trained and empowered to address the issues of nutrition related service delivery and ensure last mile coverage.
- Encouraging community participation in planning and implementation of nutrition specific and sensitive activities at the local level, facilitates active uptake of nutrition services.

4. BCC interventions for Nutrition in other countries – Alive and Thrive

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

Intervention

In Bangladesh and Vietnam, large-scale SBCC interventions were implemented in various districts or provinces throughout the country from 2010 to 2014. In Ethiopia, SBCC interventions were implemented in the northwest zones of Amhara region from 2015 to 2017. A core component of all the programs was IPC (individual or group counselling or provision of key program messages). Additional interventions included MM and CM in all countries and agriculture activities in Ethiopia³.

- In Bangladesh's intervention areas, BRAC⁴ health workers and community volunteers conducted multiple, age-targeted, IYCF-focused counselling visits to households with PW and mothers of children ≤2 years of age (12–27 contacts, depending on frontline worker type). IYCF promoters were also recruited and trained to support them. CM included sensitization of community leaders about IYCF, and community theatre shows focused on IYCF. The MM component consisted of the national broadcast of 7 television spots with messages on various aspects of IYCF—2 spots focused on breastfeeding, 4 spots on complementary feeding, and 1 spot on hygiene.
- In Ethiopia, Alive & Thrive with Save the Children worked with health workers, volunteers, and agricultural extension workers to deliver intensified IPC about IYCF and promote AG activities to benefit children. Age-appropriate IYCF messaging was provided to women from their last trimester of pregnancy to 2 years of child age. Agricultural extension workers promoted agricultural activities, such as designating a chicken whose eggs are prioritized for young children in the household and designating vegetables from homestead gardens for children. Priests and religious leaders delivered CM activities such as sermons about adequate child feeding. The MM component consisted of a regional broadcast of a radio drama, which included 12 episodes with stories that aligned with IYCF messages, associated jingles, and testimonials of model mothers.
- In Vietnam, Alive & Thrive with Save the Children worked with the government to establish a total of 781 social franchises within government health facilities at the province, district, and commune levels in 15 of the 63 provinces to deliver high-quality IYCF counselling. The IPC schedule included 9–15 counselling contacts. There was little to no CM, involving only the distribution of invitation cards to social franchises by village health workers to encourage mothers to attend counselling services. MM

³ Kim SS, Nguyen PH, Tran LM, Alayon S, Menon P, Frongillo EA, Different Combinations of Behaviour Change Interventions and Frequencies of Interpersonal Contacts Are Associated with Infant and Young Child Feeding Practices in Bangladesh, Ethiopia, and Vietnam

⁴ A large nongovernmental organization

consisted of a national broadcast campaign that used television, print, and digital media; 2 television spots focused on breastfeeding, 1 spot on complementary feeding, and 1 spot promoted the use of franchise services. Other MM activities in intervention areas included loudspeaker announcements in community, posters promoting breastfeeding in commune health centres, and billboards.

Results

- Over a 4-year period (2010–2014), program interventions led to significant impacts on IYCF practices in both Bangladesh and Vietnam; in Ethiopia, positive impacts on complementary feeding practices and stunting were observed after a 2-year period (2015–2017).
- Across the three countries, changes in behaviour and adoption of recommended practices did not occur uniformly. A major determinant of change was the reach of the intervention, which in turn was affected by choice of the delivery platform. Reach was highest in Bangladesh, where nutrition workers delivered home-based counselling. In Vietnam, where interventions were delivered at health facilities, reach was lower because of demand-side constraints; in Ethiopia, the use of multipurpose government health workers also led to lower reach.⁵

Lessons for India

- The design of BCC must be flexible and responsive to shifts in societies and contexts. This may need regular local-level assessment of constraints faced by women and children in securing appropriate nutrition. Performance of adequate IYCF also requires investments to generate community demand through social mobilization, relevant media and existing support systems.⁶
- Diffusion of IYCF information through social networks, reinforced by positive social norms for messages promoted over time, will contribute to positive changes in IYCF practices that may be achieved and sustained through large-scale social and behaviour change interventions.⁷ It will also be worthwhile to have different delivery platforms in different areas based on the geographical spread, literacy levels and prevalence of communication mediums such as smartphones, TVs etc.

⁵ Menon P, Ruel MT, Nguyen PH, Kim SS, Lapping K, Frongillo EA, Alayon S, Lessons from using cluster-randomized evaluations to build evidence on large-scale nutrition behaviour change interventions, 2020

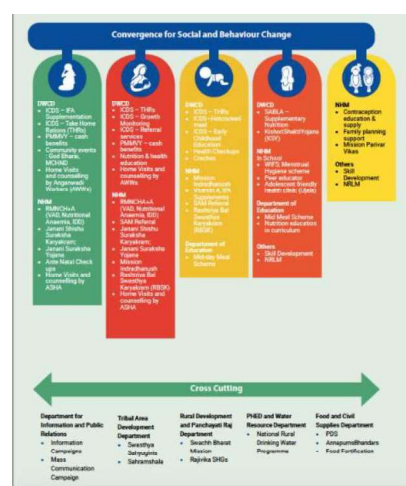
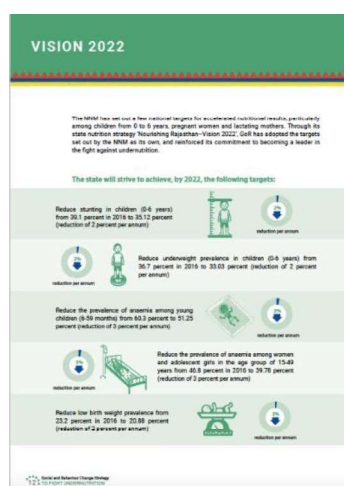
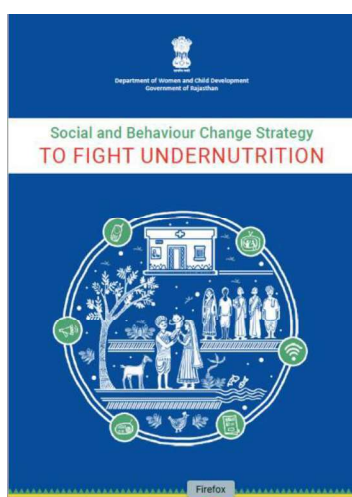
⁶ Osendarp S., Roche M., Behavioural Change Strategies for Improving Complementary Feeding and Breastfeeding, 2019

⁷ Nguyen PH, Frongillo EA, Kim SS, Zongrone A, Jilani A, Tran L, Sanghvi T, Menon P, Information Diffusion and Social Norms are Associated with Infant and Young Child Feeding Practices in Bangladesh

5. State Level Behaviour Change Strategy to fight Under Nutrition – Rajasthan

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

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



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

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

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

6. Countering Undernutrition through Community-based Approaches – Participatory Learning and Action, Linking Agriculture to Natural Resources (PLA-LANN).

The program included 2,000 villages, leading to improved nutritional status for more than 1,00,000 households under the Food and Agroecological Approaches to Reduce Malnutrition (FAARM) project in 2016 with funding from the Azim Premji Philanthropic Initiatives (APPI). The intervention was aimed at improving dietary diversity and nutritional outcomes of the tribal population in eight blocks of Rayagada and Kalahandi districts of Odisha. A survey conducted in the implementation districts prior to the intervention revealed a poor state of food security and nutrition status. In addition to the lack of food security and undernutrition in the program blocks, the following bottlenecks were identified in the region:

- Minimal uptake of services from social welfare schemes such as Integrated Child Development Services (ICDS) and Public Distribution System (PDS) by the people.
- Most of the people were dependent on farming, fishing, wage labour, small businesses, government employment and seasonal migration for their livelihoods. Very few people received benefits from the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA).
- Prevalence of gender inequality, whereby men were decision-makers, both at the household and community level. The men favoured cultivation of cash crops over food crops due to commercial value.
- A very small amount of the yield was being used for consumption by the villagers.

In order to address the problems identified in the survey, the intervention was designed using the PLA approach in 2011. The first phase of the program (2011-14) covered 50 villages and 2,000 families in Bissamcuttack block. During the second phase of the program (2014-17), the implementors added LANN to the existing program design. Insights from the initial stages of the program were used to scale up to include 4,000 families in 100 villages in 2015. In 2017, the project was further expanded to 2,000 villages covering more than 1,00,000 families in Rayagada and Kalahandi.

Objectives of the Intervention

The PLA-LANN intervention was designed to test a model to address undernutrition among the tribal community with a high prevalence of malnutrition in Odisha. It promoted nutrition-sensitive agriculture and natural resource management strategy with the overall goal to ensure that women and children have access to balanced and nutritious diet. The project targeted diet diversity for 1,00,000 families belonging to the tribal communities in the state.

Key Activities

The approach placed the community at the centre of the program. Design of the project linked nutrition with agriculture and natural resource management. It was implemented in four phases – (i) Orientation and Awareness; (ii) . The intervention included 17 sensitization sessions to facilitate community mobilisation and collective actions to address the immediate and underlying causes of undernutrition. The program aimed to transform agricultural practices, improve access to public services and re-establish the use of forests as a source of food through intensive community involvement.

- Community engagements and regular meetings to facilitate PLA-LANN meetings and create a space where community members could deliberate on undernutrition, its impact and ways to address it.
- Conservation and management of natural resources: facilitators held dialogues on forest regeneration to counter challenges of shrinking forest biodiversity as food producing habitat due to monoculture.
- Mixed cropping: The farmers in the region mixed short duration paddy, varieties of finger millets, little millets, foxtail millets, barnyard millet, proso-millet, sorghum, sesame, flax seeds, maize, velvet beans, tomatoes, ladyfingers, turmeric, sweet potato, yams, castor seeds, chillies and more, leading to healthier soil, a longer harvest period and greater food security.
- Nutri-gardens and nutri-fields: Young mothers and adolescent girls were trained and handheld to create nutri-gardens and nutri-fields. They were provided with seeds for crops that could be conserved and used for cultivation in subsequent years.
- Creating institutional mechanism for milling and storage of food: A community regulated mechanism at the village-level to store nutrient rich crops such as rice, millets, pulses and oil seeds was established. Under this mechanism, a nutrition security credit line was issued to the members against procurement of crops that could be encashed during food-crisis.
- Creating visibility for the health service delivery platforms
- **Convergence:** The intervention was strengthened through collaborations with the Agriculture and Horticulture Department and the Department of Women and Child Development (DWCD) in the program areas. The farmers helped to overcome barriers such as access to seeds and plants for young mothers and adolescent girls to grow nutritious produce.

Key Outcomes and Achievements

Scalability: The PLA-LANN model experimented by Living Farms was expanded to 107 blocks under a partnership between APPI and Odisha Livelihood Mission (OLM) to improve dietary diversity, nutrition knowledge and nutrition practice of women in the state. Under this intervention by OLM, 75,000 Self Help Groups (7.5 lakhs SHG members) are being trained on nutrition practices, establishing nutri-gardens, seed systems and backyard poultry in 30 districts.

Creating awareness: The women showed increased knowledge about causes of undernutrition and ways to improve nutritional intake for themselves and their children. They also displayed an improved understanding of exclusive breastfeeding period, complementary feeding and important food groups for lactating mothers and pregnant women.

Capacity building: The facilitators of the program recognized that empowering the community to take charge of their food security and nutritional requirements was key to the success of the program. They used community-based platforms to counsel the participating communities.

Improved nutrition outcomes: The nutrition outcomes improved significantly in the areas of program implementation. The endline impact evaluation report by Valid International showed significant improvement in the dietary diversity and consumption of nutrient-rich food among the participating communities.

Insights

- PLA-LANN is an effective approach to address undernutrition in tribal dominated areas that lack food and nutrition security. Deepening critical consciousness of the participating communities on malnutrition, sustained dialogue with them and collective actions enable the community to take charge of their own problems and find solutions thereof.
- Transforming agricultural practices to become more nutrition sensitive requires an in-depth understanding of the local culture, food systems, cropping patterns and practices. It helps the facilitators to adapt the program locally for desired nutrition outcomes.
- Involving adolescent girls in the program brought a new perspective to the entire intervention and provided the required impetus to creating nutri-gardens. Leveraging adolescent potential is a key learning that can be garnered from this intervention.
- Including FLWs such as AWWs and ASHAs for counselling and training of the participating communities served two purposes. It helped in building capacity of the FLWs to sustain the program and generated demand for public services among the participating communities.

Factors to Consider for Scaling-up PLA-LANN

- i. The effectiveness and efficacy of a larger scale program will depend upon the collaborative involvement of participating communities, NGOs, donors, Government departments and other resource organisations.
- ii. Strategies should be sensitive towards socio-cultural ethos of the participating communities and make the program genuinely participative in nature.
- iii. While components of the intervention should be simplified before the scale-up, it is important to ensure that the operational procedures integral to the effectiveness of the intervention are not compromised.
- iv. Scaling-up of the PLA-LANN intervention should be a consultative process with the involvement of organizations that were a part of the pilot project to provide an insight into the possible pitfalls.

C. Cash Transfers to improve Health and Nutrition

1. Lessons from Mexico's Progresa/Oportunidades

Progresa/Oportunidades Progresa/Oportunidades is a conditional cash transfer programme administered by the Federal Government of Mexico. Under this initiative, direct cash payments are provided to eligible poor and vulnerable households, who send their children to primary and secondary schools, and whose mothers and children receive regular preventive care at local health clinics. In addition, eligible households receive grants to improve food consumption and nutritional supplements for young children and pregnant and lactating mothers. Oportunidades reaches over 5.8 million families, or 20 percent of the total population of Mexico. In poorest regions, over 58 percent of the population is covered by Oportunidades.

Main Features of Progresa/Oportunidades

Education: Grants are provided to families who send their children to primary and secondary schools. Grant amounts increase as children reach higher grades.

Health: Progresa provides basic health care for all members of the family, with a particular emphasis on preventive health care. This service is provided by government public health institutions, which receive financial transfers from the federal government but are managed by state and local governments.

Nutrition: Eligible households receive a fixed monetary transfer for improved food consumption as well as nutritional supplements for children aged between four months and four years, as well as for pregnant and lactating women.

Impact

Key Successes among households covered by the initiative include:

- Consumption, mostly food intake, has increased by 22 percent.
- Proportion of malnourished children decreased by 17.2 percent.
- Enrolment in secondary school increased by 11 percent among girls, and 7.5 percent among boys.
- Regular health visits have increased by 30–60 percent among young children under 5.
- Disease incidence has decreased by 12 percent among children 0–2 years of age.
- Prenatal care visits increased by 8 percent among first trimester pregnant women, and more than 50 percent of women use contraceptive methods.

Scaling-up Success

The initiative has been acknowledged for its cost effectiveness, the adequate targeting of beneficiaries, and its ability to sustain its integrity as a rigorously institutionalized anti-poverty scheme. The key enablers for such scaled up success are strong political commitment that survived election cycles, fostering of strong national-local linkages between the federal policy makers and implementers on the ground, and introduction of sound monitoring and fiscal management systems, among others. The monitoring system of Progresa/Oportunidades and the strong promotion of a human development approach are recognized as the main innovations of this initiative. The legacy of Progresa/Oportunidades has yielded important lessons to the world, demonstrating that the overall development impact is higher when redistribution schemes are coupled with interventions aimed at improving human capital of the poor. The experience of Progresa/Oportunidades has informed similar programmes in Asia,

Africa and Latin America and the Caribbean, while it also continues to benefit from other ongoing large scale initiatives such as Brazil's Bolsa Familia and India's National Rural Employment Guarantee scheme (MGNREGS).

Key Drivers of Success in Scaling Up

Data, monitoring and evaluation: Since its inception, the designers and implementers of the Progres/Oportunidades have been aware of the importance of monitoring and evaluation systems, especially mechanisms through which the final impact could be identified and measured. The solid results respond to three key factors of the evaluation stage: (a) randomized control trials; (b) multiple observations of the same set of families before and after the interventions; and (c) rigorous analysis of the results in order to avoid false claims. This emphasis as well as the periodic monitoring and follow ups, set incentives for independent researchers and academic institutions in identifying both the causal linkages and the estimated quantitative and qualitative impacts.

Coordinated approach: Scaling up does not happen in isolation

At the inception of Progres/Oportunidades it was clear that the CCT programme needed to be coordinated with ongoing similar initiatives. The need to avoid redundancy demanded actions across federal agencies and municipal governments. Even though it is a federally run programme, the state and municipal governments in Mexico played a critical role in delivering and ensuring effective service delivery of education and health services. Substantial intergovernmental collaboration was required for the smooth running of the initiative. This points out to the important fact that CCTs can work adequately only when basic social services exist at an acceptable level of quality.

Conclusion

CCTs are effective in preventing short-term impact of economic and other crises. The existence of CCTs can help families to keep their food consumption levels and, therefore, halt any negative impact on the nutritional intake of children as well to keep children in schools and away from child labour. This observation comes from the fact that countries like Brazil with large CCT programmes were responding better to the crisis than other countries. Mexico managed to include a new stipend designed to compensate for the increase in food prices in the grants schemes of Oportunidades, but this was only possible because the programmes were well established and were working smoothly for some time. Although the long-term evaluations for Oportunidades still show sustained impact of the overall strategy, there are also studies pointing to the fact that the programme may have not been as successful in coping with risks for families in urban settings.

2. Lessons from the Bihar Child Support Programme

Conditional Cash Transfers (CCTs), whereby a direct benefit transfer is given to beneficiaries subject to the meeting of certain conditions, are an increasingly popular policy instrument globally for achieving maternal and child health and nutrition outcomes. Systematic evidence reviews have shown CCTs to be generally effective at increasing access to health care especially immunisation coverage, improving child and maternal nutrition, reducing morbidity risk and mitigating poverty (Owusu-Addo & Cross, 2014).

The Bihar Child Support Programme (BCSP) was a conditional cash transfer pilot undertaken by the Government of Bihar. It targeted pregnant women and mothers of young children, with the aim of reducing maternal and child undernutrition. The pilot, the Bihar Child Support Programme (BCSP), supported by the UK's Department for International Development (DFID), and Children's Investment Fund Foundation (CIFF) was implemented in 261 villages in Gaya District. Women receive monthly cash payments directly to their bank accounts, subject to meeting various conditions related to the uptake of services and adherence to nutrition sensitive behaviours. The pilot aimed to test the viability and the impact of the conditional cash transfer on nutrition outcomes.

Under the scheme, women enrolled upon completion of the first trimester of pregnancy and received 250 rupees (Rs) per month directly into their bank account upon meeting certain conditions. The beneficiary was eligible for the cash transfer for a period of 30 months (i.e. until the child was two years of age). The programme also designed a bonus of Rs 2,000. In one of the implementation blocks, this would be received if the child was not underweight at age two, and in the other, women were eligible if they had not become pregnant again at the end of two years after birth. Therefore, the potential total maximum value per child was Rs 9,500.

The pilot was implemented in two blocks in Gaya District, Bihar, covering 261 Anganwadi Centres (AWCs) for two years and over 9,000 beneficiaries. In one block, Wazirganj, four conditions were applied, known as 'limited' conditions. In another block, Atri, there were an additional four 'extended' conditions. Thus, in Atri, beneficiaries were expected to meet all eight conditions, whereas in Wazirganj beneficiaries were expected only to comply with four conditions. The terms 'extended' and 'limited' relate to the number of conditions, rather than to the nature of the conditions applied. The pilot also had two control blocks: Khizarsarai (a technology only block) and Mohra (a pure control block).

Key Findings and Impacts

Resource Effect

- Beneficiaries used cash in a strongly 'pro-nutrition' way. In most cases, money was kept separate from general household expenditure. In general, the cash transfer appeared to have had a large impact on food expenditure at the household level, with 91% of the cash being spent on food, and it allowed households to buy calories that are more expensive (as measured by Rs spent per 1,000 calories).
- Beneficiary households saw increased spending on meat, vegetables, and sugar-based products over the life of the programme. Qualitative data also indicated that beneficiaries generally spent the money on fruits, vegetables and milk for their child and for themselves.

- A significant impact of the BCSP in improving maternal diet diversity. Analysis of food consumption data highlighted that women in treatment blocks consumed food from a significantly greater number of food groups. BCSP also led to small improvements in child diets, specifically in regard to the introduction of semi-solid foods for children between six and eight months of age.
- Several beneficiaries also reported using the cash transfer for health care expenses of children.

Conditions Effect

- There was a strong increase in uptake of services at the Village Health Sanitation and Nutrition Day (VHSND). Large effect sizes were seen in the number of women attending the VHSND (increase of 36 percentage points), weight gain monitoring during pregnancy (increase of 17 percentage points), and child growth monitoring (increase of 22 percentage points).
- Receipt of iron and folic acid (IFA) tablets by women during pregnancy increased by 14 percentage points.
- However, no significant impacts were seen in the uptake of nutrition-sensitive behavioural practices that were incentivised, such as appropriate treatment of diarrhoea with oral rehydration salts (ORS). This points to the need for complementary counselling around nutrition behaviours, without which a conditional cash transfer appears to have limited impact on infant and young child feeding (IYCF) practices.
- There were very significant increases in the rates of exclusive breastfeeding (20 percentage points) in the limited conditions block (where exclusive breastfeeding was not a condition) compared to the control block.

Empowerment Effect

- The cash transfer was successful in improving the self-esteem of women enrolled in the programme. A number of women reported positive impact of the cash transfer in improving their self-confidence by allowing them to make better decisions around child nutrition and health care.
- The cash transfer also increased the physical mobility of women through the possession of a bank account and by necessitating visits to the AWC.

Empowerment Effect

- The programme led to a 7.7 percentage points decline in the proportion of underweight children. (27% decline from the baseline value).
- BCSP also led to a 7.7 percentage points decline in wasting amongst children in the treatment block. This can be interpreted as a 14% decline relative to the baseline level.
- The BCSP led to a 9.4 percentage points decline in underweight mothers. This translates to a 19% decline in the proportion of underweight mothers. This impact was found to be largest for the most vulnerable communities, with the largest differences being noticed amongst poorer, less educated women (and children) from scheduled caste households.
- Because of the BCSP, an additional 14 percentage points of women were no longer anaemic at endline, when compared to baseline.

- Incentivised by the BCSP, the increase in the frequency and quality of weight monitoring of children may have played a central role in the observed improvement in outcomes in treatment blocks.

Overall, the BCSP experience suggests that a small value cash transfer can have large effects on service uptake but limited impact on behavioural practices, unless it is supported by strong counselling services and supportive enforcement.

Lessons for scaling-up

- i. A continuous, flexible enrolment process is necessary to ensure maximum inclusivity of the programme and to reach migrant populations. A longer registration window could help improve enrolment statistics amongst more difficult-to-reach populations. This enrolment process must be complemented by strong awareness-generation activities that use multiple avenues to improve information channels about the programme.
- ii. Portability of services under the programme would help both labour migrants and migrants to the natal home.
- iii. Additionally, support must be provided to create accounts within banks and improve access to and understanding of the financial system.
- iv. Conditional cash transfer programmes should focus on simple, comprehensible conditions that are easy for beneficiaries to understand and for service providers to enforce. Behaviour change conditions, if any, must be complemented by strong counselling and communication services.
- v. The pilot saw minimal leakage in payment transfers and generation of payment lists. This can be attributed to the automated cash transfer through banks and to monitoring by the implementation team.

Source: Oxford Policy Management, *Final Evaluation of the Bihar Child Support Programme, Funded by Children's Investment Fund Foundation (CIFF)*

D. Women's Empowerment

1. Adolescent Girls Empowerment Programme (AGEP), Zambia

Zambia's Adolescent Girls Empowerment Program (AGEP) helped adolescent girls in avoiding early marriage, sexually transmitted infections and unintended pregnancy while building their health, social and economic assets. The programme reached more than 11,000 girls in rural and urban locations in the country from 2013 to 2016 as part of a randomised controlled trial. The intervention comprised of three components:

Safe spaces: Safe spaces were weekly girls' group meetings, in which 20 to 30 girls met with a mentor—a young woman from their community who was hired and trained—for short training sessions on a variety of topics as well as an opportunity to discuss together their experiences in the past week.

Health vouchers: Participants received a health voucher redeemable for a package of general wellness and sexual and reproductive health services at partner public and private healthcare providers.

Savings accounts: Developed the Girls Dream savings accounts for AGEP girls. The accounts had very low minimum opening balances, and any amount could be deposited or withdrawn with no fee.

The programme saw mixed results. However, it provided significant lessons to improve the effectiveness of similar programmes

- "Safe Spaces" alone are insufficient for sustained changes for vulnerable girls. Programs to empower girls must be girl-centred, but they also need to engage the broader community.
- Most vulnerable adolescent girls may not attend a safe space-only programme. Programme implementers must ensure that they have the systems and budgets in place to track who is and is not, participating. They will need to include adaptations to their programmes to address the needs of those sub-segments of the population (e.g., out of school, economically most disadvantaged.)
- Savings accounts can positively influence savings behaviour – both formal and informal – and have positive effects on girls' self-efficacy. Programmes working with adolescent girls as to the feasibility and important impact of integrating financial literacy training and access to savings opportunities into more traditional health-related programming.
- Efforts to empower girls and improve their health and wellbeing should address social norms at the girl, household, school, and community levels.
- Even when well-designed, pervasive poverty can limit the success of health and nutrition interventions. Underlying economic constraints at the household level may need to be addressed to see longer-term change for girls.
- Programmes that seek to improve health outcomes for a wide range of vulnerable adolescents need to address underlying economic and socio-cultural constraints, for example through social cash transfers, educational support or social norms change campaigns, both to increase participation and to improve the likelihood that the programme results in longer-term health changes.

Source: Austrian, Karen, Erica Soler-Hampejsek, Paul C. Hewett, Natalie Jackson Hachonda, and Jere R. Behrman. 2018. Adolescent Girls Empowerment Programme: End line Technical Report. Lusaka, Zambia: Population Council.

2. Rajiv Gandhi Career Portal for Adolescents, Rajasthan

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

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

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

Source: UNICEF, State Office, Rajasthan

3. Enhancing women's access to technology: Smart Snehidi Project, Tamil Nadu

Working with an established NGO to expand women's smartphone access Launched in 2017, the Smart Snehidi programme seeks to improve access to smartphones among low and middle income female micro-entrepreneurs. The programme is led by Vodafone and the non-profit organization Hand in Hand (HiH). HiH assists women to build microenterprises, access finance through self-help groups (SHGs), and to learn digital skills. As a partner in Smart Snehidi, HiH facilitates microfinance loans for smartphone purchase among members of its SHGs and trains women to use these devices in their businesses. Vodafone works with HiH to ease financial barriers through attractive talk time and data plans. As of April 2017, the programme has enabled 2,000 women to acquire smartphones in three districts across Tamil Nadu, India, with an ambition of enrolling 50,000 women across 19 districts of Tamil Nadu within the next three years. "Hand in Hand is a trusted bank (organization) so we bought a phone from them. I am happy when they give it for monthly installments. We ourselves [the SHG] decided to take a loan for 10 monthly installments.... Now we are paying it." – Smart Snehidi customer.

4. Women rising to the occasion: SHGs Response to COVID19

Women of around 20,000 SHGs across 27 Indian States are producing facemasks, running community kitchens, delivering essential food supplies, sensitising people about health and hygiene and combating misinformation⁸.

Some of their key achievements and initiatives include:

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

Use of innovative communication and behaviour change tools:

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

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

⁸ <https://www.worldbank.org/en/news/feature/2020/04/11/women-self-help-groups-combat-covid19-coronavirus-pandemic-india>

5. Effectiveness of women's collectives in Nigeria and Malawi⁹

In Nigeria, the Legislative Advocacy Coalition on Violence Against Women campaign contributed to the passage of the Violence Against Persons (Prohibition) Bill in 2013. The new law includes a more comprehensive definition of rape, stricter sentences, compensation for victims of rape and other sexual offences, protection from further abuse through restraining orders, and a fund to support victim rehabilitation.

In Malawi, Let Girls Lead's Adolescent Girls' Advocacy and Leadership Initiative significantly contributed to the drafting and enactment of local bylaws to eradicate child marriage. The initiative included advocacy with village chiefs and traditional leaders. Adolescent girls interviewed after the bylaws came into effect reported cases of girls leaving marriages and returning to school, and they noted that the new penalties and associated community disapproval were deterring child marriage.

⁹ https://www.worldbank.org/content/dam/Worldbank/document/Gender/Voice_and_agency_LOWRES.pdf

6. Unpaid Care Work – Learnings from the World

Investment in time-saving technology and infrastructure

Electrification and improved access to water ease the constraints on women's time. In Pakistan water sources closer to home were associated with decreased time devoted to housework and increased female employment (Ilahi and Grimard, 2000)¹⁰. When rural electrification was introduced in South Africa, the time women spent on housework decreased, leading to a 9 per cent increase in female labour participation (Dinkelman, 2011)¹¹.

Increasing public and care services

Better access to public services, childcare and care for the elderly allows for better work-life balance. Therefore, there is a need to enhance the coverage and improve the quality of childcare services for women in India to ensure greater uptake.

Longer school days or expand pre-school hours are alternatives for public day-care: The Kenyan government, expanded its preschool education to four-to-five-years-olds children, increasing female labour participation (Cassirer and Addati, 2007)¹².

Family-friendly working policies

Maternity leaves public subsidies of 14 weeks (ILO standard) improve women's likelihood of taking leave instead of leaving the labour force entirely. Morocco's increased maternity leave (from 12 to 14 weeks) was associated with an increased share of working mothers. Equal amounts of maternity and paternity leave increase women's employment by increasing employer incentives to hire a woman. In Sweden, for example, a minimum share of available parental leave is reserved to fathers on a 'use it or lose it' basis, encouraging an equal sharing of caring responsibilities. Family-friendly working conditions enable parents to balance their working hours and caring responsibilities. A flexible work schedule or teleworking allows women and men to choose working hours that better accommodate their caring responsibilities

Tackling discriminatory social institutions

Tackling entrenched social norms and gender stereotypes can 'de-feminise' caregiving and shape gender norms that prevent men from assuming equal caring responsibilities. In Zimbabwe, for example, the "Africare's Male Empowerment Project" seeks to change behavioural trends and challenge existing gender norms by increasing male involvement in home-based care services given to rural people living with AIDS.

Adopting a care lens across all areas of public policy

Design suitable fiscal policies to avoid second earners in married couples, typically women, being taxed more heavily than single individuals, discouraging female labour force participation. For instance, in Japan, female labour force participation of women would

¹⁰ Ilahi, N. and F. Grimard (2000), "Public Infrastructure and Private Costs: Water Supply and Time Allocation of Women in Rural Pakistan", *Economic Development and Cultural Change* 49 (1), pp. 45–75.

¹¹ Dinkelman, T. (2011), "The Effect of Rural Electrification on Employment: New Evidence from South Africa", *American Economic Review* 101 (7), pp. 3078–3108.

¹² Cassirer, N. and L. Addati (2007), *Expanding Women's Employment Opportunities: Informal Economy Workers and the Need for Childcare*, International Labour Organisation, Geneva.

increase by almost 13 per cent if there were high tax incentives to share market work (which ultimately reflects unpaid care work) between spouses.

7. Valuing unpaid care work in Mexico

Unpaid care work is both an important aspect of economic activity and an indispensable factor contributing to the well-being of individuals, their families and societies.¹³ However, due to the perceived difficulty in measuring the value of care work, it is commonly left out of policy agendas. This leads to incorrect inferences about levels and changes in individuals' well-being and the value of time.

Mexico has developed the *Household Satellite Account (HSA)* to provide information on the economic value and importance of own-use production work of services of women and men. The HSA provides information on issues related to gender equality, consumption and household expenditure, total workload, care of children and the elderly, care of chronic and temporary sick, and home-schooling.¹⁴

HSA defines unpaid work of households, as time spent on housework and care, provided by household members to produce services for consumption within the household, without obtaining payment or remuneration, hence outside of GDP measurement.¹⁵ The Satellite account includes services for own final use made with unpaid work (Household's activities defined as productive, if it can be delegated to somebody else or provides a product or service that can be exchanged in the market), i.e. Cleaning and upkeep of dwelling and surroundings; Cooking, making drinks, setting and serving tables; Care of durable goods of household members; Physical care of children: washing, dressing, feeding, teaching, training and instruction of own children; Physical care of the sick, disabled, elderly household members: washing, dressing, feeding, helping; Travel related to care of children, the sick, elderly and disabled in the household; and Community services and volunteer work.

Methodology

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

Further, two valuation methods are used:

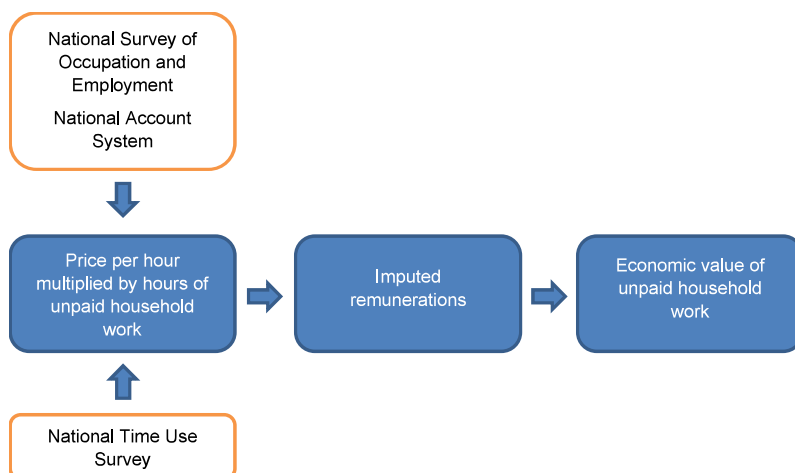
- **Replacement cost for individual function:** the cost of hiring specific workers for activities carried out with unpaid household work (opportunity cost).
- **Hybrid:** this approach uses pay to domestic worker to value the activities normally performed by a housewife and, for other activities, uses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

¹³ Stiglitz, J., A. Sen and J.-P. Fitoussi (2007), *Report on the Commission on the Measurement of Economic Performance and Social Progress*, Paris: Commission on the Measurement of Economic Performance and Social Progress, Paris.

¹⁴ UNECE (2018) *Guide on Valuing Unpaid Household Service Work*

¹⁵ INEGI (2014), *Unpaid care and domestic work: valuation, and policy making use*, Fifth Global Forum on Gender Statistics Aguascalientes, Mexico

Methodological framework



Impact

The results from the Household Satellite Account have been used for shaping key indicators for the development of the country, such as "estimate of women's contribution to GDP by the economic value of unpaid household work" inscribed in the National Program for Equal Opportunity and Non-Discrimination against Women 2013-2018.¹⁶ For the compilation of high-quality satellite accounts, meeting two important conditions should have the highest priority¹⁷:

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

¹⁶ UNECE (2018) *Guide on Valuing Unpaid Household Service Work*

¹⁷ Van de Van P., Zwijnenburg J. (2016) *A Satellite Account for Unpaid Activities: A First Step Towards Integration in the System of National Accounts*, IARIW Dresden

8. Kanya Ratna Utsav in Ahmednagar, Maharashtra

Background

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

Intervention

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

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

Impact

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

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

9. Gender Budgeting in the Philippines

Gender equality is not just a fundamental human right: achieving gender equality also brings *tremendous socioeconomic benefits*. Several studies have shown that reducing gender inequality has many positive effects and leads to higher growth rates, healthier children, improved labour productivity and a more responsive government. Thus, gender mainstreaming and gender-responsive policies, are observed to not only contribute to gender equality but also simultaneously improve the population's welfare and lead to *more sustainable and inclusive growth and employment*.

One of the tools to facilitate gender mainstreaming is *gender budgeting* - a strategy to achieve equality between women and men by focusing on how public resources are collected and spent. The Council of Europe defines gender budgeting as a '*gender-based assessment of budgets incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures to promote gender equality*'.¹⁸

Background to the intervention

Over the last two decades, the Philippines has engaged in gender budgeting, at the national and local levels, for over two decades wherein *five% of the total budget* is mandated to be allocated for gender and development purposes. The five% quota, which serves as a *benchmark, enforcement mechanism and tool for negotiation*. Key elements of gender budgeting in the Philippines are its *institutionalisation* (evident through legislation and the establishment of a gender architecture in the form of "gender and development" focal points), *capacity-building* of government and non-government entities, and *monitoring and accountability*.

Details of the intervention

Gender budgeting in the Philippines was introduced with the 1989-1992 Philippine Development Plan for Women which specified the *allocation of resources to initiatives targeting women*. Currently, the primary government entities with "gender and development" responsibilities – the Philippine Commission on Women, the National Economic and Development Authority and the Department of Budget and Management – issue annual Joint Circulars instructing government agencies in the *preparation of "gender and development" plans and budgets* for the coming year, as well as reports of the year to complete.

An additional pivotal element in the institutionalisation of gender budgeting in the Philippines is the *Magna Carta of Women* (Republic Act No. 9710), issued in 2010. In its application of the provisions of both the Beijing Platform for Action and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) to the national context, the Magna Carta of Women *confirms gender budgeting (with the associated minimum five% budget allocation) as a fundamental gender mainstreaming tool* through which gender equality is to be achieved in the Philippines.

Technical support and capacity-building assistance are provided to agencies to assist them in producing their "gender and development" plans and budgets. The Philippine Commission for Women is a key resource in this respect, providing training, workshops, advice and written guidelines. Annual "gender and development" plans, budgets and "accomplishment reports"

¹⁸ Quinn, S. (2008). *Gender Budgeting: Practical Implementation*. Council of Europe.

are submitted to the Philippine Commission on Women for review and endorsement. The Department of Budget and Management also reviews gender budgets.

Impact

While there were individual differences across the Local Government Units, application of gender budgeting has resulted in (a) *increases in gender budget allocations*, possibly associated with the increased visibility of women (b) *greater awareness of and ability to mainstream gender*, (c) *the creation of gender databases*, and (d) *greater participation of women and other civil society actors* in the work of the Local Government Units.

Source: *United Nations Economic and Social Commission for Asia and the Pacific. (2013). Empowering Women Economically: Illustrative Case Studies.*

E. Women's Safety and Protection

1. Best Practices under BBBP

Daughters Club (Hoshangabad, Madhya Pradesh): This initiative supports the formation of an association of parents, who (a) have daughters and (b) do not plan to have more children. The Administration acknowledges members of the Club with a 'Gourav Patra' and 'Tulsi Pot' on public platforms /events in recognition of their promotion of the girl child

Una Utkarsh (Una, Himachal Pradesh): The District Administration of Una has undertaken an innovative experiment whereby DC Cards are issued to parents who have only daughters, intending to provide 'priority' in availing government schemes/benefits.

FootGal (Churachandpur, Manipur): To generate awareness, the District Administration organised a 10-day event called FootGal in which 240 high school girls participated in 24 teams at the District level. Foot Gal is a term coined the District Administrations to encourage girls to play football. District Anthem '*The Golden Girl That She Is*' was launched and played throughout the tournament to boost the confidence and morale of the girl child. BBBP logo and messages on 'Save the Girl Child' campaign were prominently displayed on billboards, banners and posters across the town and inside the venue culminating in taking BBBP message forward.

Honouring panchayats that achieve a comparatively higher Sex Ratio at Birth (Kapurthala, Punjab): The District administration selected 80 villages across 5 blocks of Kapurthala District having a low Sex Ratio at Birth (SRB), and focused activities were undertaken with regular monitoring. Out of 80 villages, Sarpanches from 60 villages were recognised and honoured with trophies and certificates at the District level by Members of the Legislative Assembly and government officials for their outstanding efforts and work at the grass-root level. Although concerted efforts have been made under the scheme, a few bottlenecks limit the effectiveness of the scheme components. Firstly, there has been no systematic study focused on understanding the social conditioning/determining factors that give rise to son preference in a given community. Communication initiatives sometimes do not target the right group of beneficiaries; for instance, there is an opportunity window to discuss the equal value of children with new couples, which is rarely done. According to National level officials, the performance of the programme is driven by the level of the initiative taken by district-level officials. Some districts have been proactive and organises a number of events like nukkad natak etc.

2. Special initiatives for youth in conflict with the law, Delhi

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

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

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

“I am 21-year-old and work as a peon in a BPO. Two years ago, I had dropped out of Class XI from a government school in Timarpur. A police officer saw me roaming about with a group of youngsters, who had criminal records. He invited me to join a training programme to enhance my skills in English speaking. This enabled me to get a job as a peon with a salary of Rs. ₹12,000 per month.” - Suraj Kant, Programme beneficiary, Timarpur Area

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

3. Assam's Gramin Mahila Kendras as an alternative community space for conflict resolution

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

Impact: GMKs have become popular meeting places for women and girls to talk about gender based discriminatory practices in their communities and build collective responses for prevention and elimination of GBV. Women Helpline (181), Mahila Samitis (Women's Committees) and local police stations have been referring cases of VAW to them. They are now registered as service providers under PWDVA, 2005 and work together with the District Social Welfare Department and other stakeholders.

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

4. Safe Cities Programme, Jagori

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

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

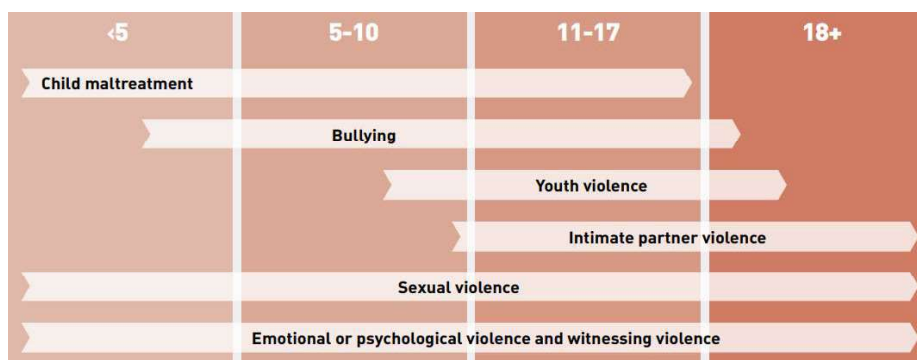
Impact:

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

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

5. WHO's Inspire: Seven Strategies for Ending Violence Against Children

The inspire package, an evidence-based resource containing seven strategies for preventing and responding to violence against children and adolescents, outlines the types of violence by age group affected. This is presented below.



The inspire package has several strategies outlined below.

Strategy	Approach
Implementation and enforcement of laws	<ul style="list-style-type: none"> Laws banning violent punishment of children by parents, teachers or other caregivers, laws criminalising sexual abuse and exploitation of children and preventing alcohol misuse and limiting youth access to firearms and other weapons
Norms and values	<ul style="list-style-type: none"> Changing adherence to restrictive and harmful gender and social norms; Community mobilisation programmes and Bystander interventions
Safe environments	<ul style="list-style-type: none"> Reducing violence by addressing “hotspots”, interrupting the spread of violence and improving the built environment
Parent and caregiver support	<ul style="list-style-type: none"> Delivered through home visits and comprehensive programmes and in groups in community settings
Income and economic strengthening	<ul style="list-style-type: none"> Cash transfers, group saving, and loans combined with gender equity training and microfinance combined with gender norm training
Response and support services	<ul style="list-style-type: none"> Counselling and therapeutic approaches, Screening combined with interventions Treatment programmes for juvenile offenders in the criminal justice system and Foster care interventions involving social welfare services
Education and life skills	<ul style="list-style-type: none"> Increased enrolment in pre-school, primary and secondary schools; establish a safe and enabling school environment Improve children’s knowledge about sexual abuse and how to protect themselves against it through life and social skills training Adolescent intimate partner violence prevention programmes

Source: https://www.who.int/violence_injury_prevention/violence/inspire/INSPIRE_ExecutiveSummary_EN.pdf

6. UN WOMEN – Essential Services Package for Women and Girls Subject to Violence

The Essential Services Package aims to provide all women and girls who have experienced gender-based violence with greater access to a set of essential quality and coordinated multi-sectoral services. The package reflects the vital components of coordinated multi-sectoral responses for women and girls subject to violence. It includes guidelines for health services, justice and policing services, coordination and governance mechanisms as well as social sector services. The overall framework for the essential services package has been presented below.

Principles	A rights based approach	Advancing gender equality and women's empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability
Common characteristics	Availability		Accessibility
	Adaptability		Appropriateness
	Prioritize safety		Informed consent and confidentiality
	Data collection and information management		Effective communication
	Linking with other sectors and agencies through referral and coordination		

Essential services and actions	Health	Justice and Policing	Social services
	1. Identification of survivors of intimate partner violence 2. First line support 3. Care of injuries and urgent medical treatment 4. Sexual assault examination and care 5. Mental health assessment and care 6. Documentation (medico-legal)	1. Prevention 2. Initial contact 3. Assessment/investigation 4. Pre-trial processes 5. Trial processes 6. Perpetrator accountability and reparations 7. Post-trial processes 8. Safety and protection 9. Assistance and support 10. Communication and information 11. Justice sector coordination	1. Crisis information 2. Crisis counselling 3. Help lines 4. Safe accommodations 5. Material and financial aid 6. Creation, recovery, replacement of identity documents 7. Legal and rights information, advice and representation, including in plural legal systems 8. Psycho-social support and counselling 9. Women-centred support 10. Children's services for any child affected by violence 10. Children's services for any child affected by violence 11. Community information, education and community outreach 12. Assistance towards economic independence, recovery and autonomy

Coordination and governance of coordination	
National level: Essential actions	Local level: Essential actions
<ol style="list-style-type: none"> 1. Law and policy making 2. Appropriation and allocation of resources 3. Standard setting for establishment of local level coordinated responses 4. Inclusive approaches to coordinated responses 5. Facilitate capacity development of policy makers and other decision-makers on coordinated responses to VAWG 6. Monitoring and evaluation of coordination at national and local levels 	<ol style="list-style-type: none"> 1. Creation of formal structures for local coordination and governance of coordination 2. Implementation of coordination and governance of coordination

Foundational elements	Comprehensive legislation and legal framework	Governance oversight and accountability	Resource and financing
	Training and workforce development	Gender sensitive policies and practices	Monitoring and evaluation

Given the rising incidence of crime and rapid urbanisation, a need to scale up the interventions, especially to cover emerging urban hubs, is essential.

Source: <https://www.unwomen.org/-media/headquarters/attachments/sections/library/publications/2015/essential-services-package-module-4-en.pdf?la=en&vs=3630>

7. WHO: A focus on Women's Mental Health

A comprehensive plan to improve women's mental health requires action at several levels, including the development of policies and legislation, the provision of interventions through population-based settings, ensuring that community services and supports are adequate and accessible, supporting and promoting grassroots activities, and utilising media-based strategies to influence awareness of issues in the general community. The figure below gives a schematic representation of potential demonstration projects.

Schematic representation of potential demonstration projects

Policies and legislation	Education, training and structural interventions			Other community services and supports		
	Primary care	Worksites	Criminal justice system	Community services and support	Grassroots activities	Use of the media
Project 1 To increase the awareness, will and commitment of governments in relation to women's mental health.	Project 1 Development, implementation and evaluation of training programmes for primary care providers. Project 2 Development, implementation and evaluation of women's mental health programmes introduced into training curricula.	Project 1 Development, implementation and evaluation of programmes in the workplace to improve women's mental health.	Project 1 Training within the criminal justice system on violence towards women. Project 2 Introducing a course component on violence towards women into tertiary education curricula.	Project 1 Review, evaluation and strengthening of community services to protect and promote women's mental health. Project 2 Review, evaluation and strengthening of community supports to protect and promote women's mental health. Project 3 Promoting community services and supports in hard-to-reach communities.	Project 1 Facilitating the development of unified networks and collaboration between NGOs and women's groups in priority areas for women's mental health. Project 2 Developing and promoting a resource to stimulate grassroots activities	Project 1 Providing a basis for lobbying to reduce the negative portrayal of women and to promote positive images of women. Project 2 Increasing community awareness of women's mental health and reducing the stigma associated with mental problems. Project 3 Advocating for improved mental health for women. Project 4 Promoting women's mental health through 'edutainment'.

Source:

https://apps.who.int/iris/bitstream/handle/10665/67225/WHO_MSA_NAM_97.4.pdf?sequence=1



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Commentary, Narration and Analysis

Survey Partner

