Sustainable Development Goals and Panchayats

Edited by Rajesh Kumar Sinha









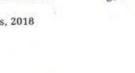




ISBN 978-81-316-0980-4

4

Contributors, 2018





Y31:7:7,1.2, P18

No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval system, without the prior permission of the copyright owners and the publishers.

Published by

Prem Rawat for Rawat Publications

Satyam Apts, Sector 3, Jawahar Nagar, Jaipur 302 004 (India)

Phone: 0141 265 1748 / 7006 Fax: 0141 265 1748

E-mail: info@rawatbooks.com Website: www.rawatbooks.com

New Delhi Office

4858/24, Ansari Road, Daryaganj, New Delhi 110 002

Phone: 011 2326 3290

Also at Bangalore, Guwahati and Kolkata

Typeset by Rawat Computers, Jaipur Printed at Chaman Enterprises, New Delhi

Contents

		vii
	Preface	xi
	Contributors	XI.
	Introduction: Localizing SDGs in Rural India	1
	Rajesh Kumar Sinha	32
1	SDG-1: Eliminate Poverty in All its Forms Everywhere	32
	Subrat Kumar Mishra	
2	SDG-2: End Hunger, Achieve Food Security and Improved Nutrition	46
	Binoy Acharya	70
3	SDG-3: Ensure Health and Well-Being of All M.N. Roy	72
4	SDG-4: Ensure Quality Education and Promote Lifelong Learning	97
	Rashmi Sharma	
5	SDG-5: Achieve Gender Equality and Empower All Women and Girls	114
	Anjali Makhija	

5

SDG-5

Achieve Gender Equality and Empower All Women and Girls

ANJALI MAKHIJA

Women empowerment is a measure of well-being of any society. The approach to address the concerns of women based on the welfare model has evolved to now become an empowerment model. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) adopted by UN in 1979 provides the basis for realizing equality between women and men through ensuring women's equal access to, and equal opportunities in, political and public life including the right to vote and to stand for election, as well as in education, health and employment.

In India, the women-focussed programmes started getting special emphasis in the Sixth Five Year Plan with focus on health, education and employment of women. In the subsequent plans, there was specific allocation of resources to women related sectors. The Twelfth Five Year Plan's (2012–17) strategy of inclusion envisages engendering of development and recognizes that most programmes relevant for children and women are implemented at the third level of government, i.e. the Panchayati Raj Institutions (PRI) and Urban Local Bodies; and the success in achieving these outcomes depend critically on women's participation in these levels of

government and their empowerment with respect to programme implementation.¹

This chapter throws light on nuances of gender equality, role of Panchayats in ensuring more equality and good practices to strengthen Panchayats so that the goals of equality are achieved with effectiveness.

Women Empowerment is interconnected with all the Sustainable Development Goals

Prior to the Sustainable Development Goals (SDGs) adopted by the 193 Member States at the UN General Assembly Summit in September 2015, the Millennium Development Goals (MDGs) framed in 2000 had laid down a ground to achieve gender equality, but they were limited to the areas of education, employment in the non-agricultural sector and the representation of women in the parliament. Much has been achieved in pursuing this goal, but there were also sufficient gaps in designing these goals. There were various interconnected avenues which were missing and absence of the role of women in other spheres was conspicuous.

Themes such as inequality and sustainability were absent altogether in MDGs. MDGs frame women empowerment as reducing educational disparities. By omitting rights and not recognizing the multiple and interdependent and indivisible human rights of women, the goal of empowerment is distorted and development silos are created.² Providing education to girls does not necessarily lead to translating into economic benefits and economic empowerment of women is imperative for promoting gender equality. The MDGs did outline employment as a focus area, but given the patriarchal norms which are rooted in the social milieu, the women continued to struggle to find their footing in economic and political fronts.

While much progress has been made towards women's and girls' equality in education, employment and political representation over the last two decades, there are still many gaps that remain particularly in areas which were not addressed in the MDGs. To achieve universal realization of gender equality and empowerment of women, it is critical to address the key areas of gender inequality, including gender-based discrimination in law, violence against women and girls, women's and men's

unequal opportunities in the labour market, unequal division of unpaid care and domestic work, women's limited control over assets and property, and women's unequal participation in private and public decision-making.³ These areas have been integrated into SDGs and a roadmap to administer the deliverables needs to be chalked out.

Compared to MDGs, SDGs on gender equality provide a more holistic and broader coverage to achieve the goal of gender equality and empower women and girls. It focuses on a wider gamut of thrust areas such as education and health of women and girls, and decent work and representation of women in political and economic decision-making process. The targets of SDG-5 call for an end to all forms of discrimination, violence, elimination of early childhood and forced marriage, and undertaking reforms to give women equal rights and economic resources as well as ownership and control over land and property, inheritance and natural resources. It also aims to adapt and strengthen sound policies and legislations for promotion of gender equality and empowerment of all women and girls at all levels.

Women continue to face discrimination in access to work, economic assets and participation in private and public decision-making. They are more likely to live in poverty. There continues to be issues on the safety and security of women, unequal wages and biased treatment from superiors or employer. In rural India, inadequate infrastructure such as lack of transportation, provision of crèches for the safety of children left behind and limited non-agricultural opportunities continue to be pressing issues.

In the political sphere, more concerted efforts are needed to garner participation of women at various levels including in local bodies. In 90 per cent of 174 countries with data over past 20 years, the average proportion of women in parliament has nearly doubled; yet only one in five members are women.⁵ In many platforms, however, the representation and participation of women is far from being meaningful. While the global average for women in Parliament stands at 22.4 per cent, India is at the 103rd place out of 140 countries with a mere 12 per cent representation.⁶ This gives a very poor bargaining power to women in the key decisions made in our country. This lack of

power percolates down to the last tier of democracy. Further, mere representation does not ensure adequate participation. The 73rd Constitutional Amendment Act, dealing with the Panchayati Raj, provides for 33 per cent reservation of seats in panchayats for women and 20 states have enhanced this reservation for women to 50 per cent. But in most of the places, women are merely figureheads with majority of decisions being taken by their male family members. This defeats the very purpose of women's reservation. A more vibrant framework is required for participation of women in village politics and decision-making.

However, there are good practices in many states in India where elected women representatives (EWRs) have been mobilized to develop leadership and participate effectively in grassroots democracy. Women collectives of EWRs have been created to foster collective action; training and capacity-enhancement programmes have been implemented for these women and platforms have been created to develop synergy with government and other stakeholders so that these women find a platform to voice their concerns and participate in the decision-making. The Hunger Project in Karnataka, Madhya Pradesh and Rajasthan, Resource and Support Centre for Development (RSCD) in Maharashtra and S.M. Sehgal Foundation in Haryana are some examples of organizations that have implemented initiatives of capacity enhancement of EWRs and have yielded remarkable results. In Maharashtra, this has gained a momentum of a movement called Mahila Rajsatta Andolan.

S.M. Sehgal Foundation facilitated five women collectives called Sangathans in Mewat district of Haryana, and provided them with intensive training. The Sangathan consists of members of panchayat, School Management Committee (SMC) and Village Health, Sanitation and Nutrition Committee (VHSNC). Women of these Sangathans have mobilized the community to build toilets, they have carried out immunization drives, initiated monthly meetings of VHSNCs, brought regular electricity to their villages, got registries of their plots from government departments, closed alcohol shops and implemented many more activities effectively. Replicating such initiatives will go a long way to achieve the SDG on gender equality outlined in 2015.

Besides the panchayat has a subcommittee on social justice, with which it can progressively fight ills of social injustice like gender inequality. However, in many States, this subcommittee is perpetually non-functional. There is need to first sensitize the panchayat about the existence of these committees, build their capacities and work with district administration.

The citizens and village institutions can also avail services of District Legal Services Authority (DLSA) to address the disconnect between the provision as per law and the ground reality. The DLSAs are set up in line with the provisions under Legal Services Authorities Act, 1987, to provide legal services to the weaker sections. Issues on gender can also be addressed by DLSA and more camps to sensitize the community on services of DLSA need to be set up.

Education and Women Empowerment

Female literacy is an indicator of gender responsiveness. Though considerable efforts have been made to bridge the literacy gap between men and women, there still exists vast disparity in this sphere.

One of the targets of SDGs of ensuring all girls and boys of having access to quality early childhood and pre-primary education is addressed through the government's Integrated Child Development Services (ICDS). It is one of the largest pre-school programmes of the Government of India.

In villages, the parents prefer to send their daughters to government schools and boys to a private school as they believe that the quality of education in private schools is better. Even though Right to Education Act has been implemented, learning level outcomes in government schools continue to bear question marks. This pressing issue needs serious attention.

Many schools in rural India do not have a separate toilet for girls. Even if they exist, they are non-functional at many places. This basic infrastructure is imperative to promote privacy and safety for girls in schools. SDG-4 talks about building and upgrading educational facilities that are gender sensitive. A separate toilet for girls is one such requirement. Under Swachh Bharat Mission (SBM) launched in 2014, there is provision for separate latrine for girls and boys. The government is

aggressively promoting this initiative and CSR funds are being leveraged for sanitation facilities in schools. This is yielding good results.

The Panchayats can play a key role along with SMC to promote SBM in schools and address aspects of quality of education. There is representation of panchayat in SMCs and both these institutions can work in tandem to address the needs of girl education.

In India, the NCERT released data of its Eighth All India Education Survey revealing that even though there was a 19.12 per cent increase in girls' enrollment; girls enrol in the primary school stage but drop out as they move to higher classes. Among the youth aged from 15 to 24 years, the literacy rate has improved globally from 83 per cent to 91 per cent between 1990 and 2015, and the gap between women and men has narrowed. Many girls are now in school compared with the situation 15 years ago. In South Asia, only 74 girls were enrolled in primary school for every 100 boys; today it is 103 girls for every 100 boys.

The enrollment rate of girls in India has improved since the Right to Education Act which came into effect in 2009. For children in the age group of 6–13 years, the number of children not enrolled in a school in 2009 was 8 million, a figure that has declined to 6.04 million in 2014. The percentage of girls' total enrollment in the upper primary has increased from 48 per cent in FY 2009–10 to 49 per cent in FY 2013–14. Also, the gender parity index (the number of females divided by the number of males enrolled in a given level) has increased from 0.93 in FY 2009–10 to 0.95 in FY 2013–14.9 However, while at the primary stage, the enrollment is 48.13 per cent, at higher secondary stage, it is 42.56 per cent. The trend is same across rural and urban areas. ¹⁰

This is largely because of fewer number of high schools. The parents only feel secure to send their daughters to a primary school, which is usually located in the village. While the middle or high school is at distance, travelling to and from it is not perceived to be safe. Further, as girls reach adolescence, they are required to participate in household chores, look after siblings or work in the fields and so they tend to drop out from school. They seem to have limited choices and options in life and very rarely are involved in decision-making about

themselves or their families. They often get married at this sensitive age and are not prepared to take on the responsibility of marriage or parenthood. The legal age of marriage in India is 18 years but in rural areas, many a times, this is not adhered to. The panchayats can play a proactive role through its subcommittee on education. They can conduct education drives for both enrollment and retention of girls at secondary and high schools. Further, as the panchayats and SMC develop synergy, they can play a dynamic role in girl child education, thereby promoting gender equality.

Another reason for high drop out of girls at higher level is the absence of female teachers. While in urban areas, this profession is dominated by women, in remote rural areas there is shortage or often complete absence of female teachers. This disparity needs to be addressed. The panchayat can advocate for more female teachers and approach the administration for

the same.

At a higher education level, the motivation among girls to pursue a degree in college in rural areas of India is remarkably less. The scope for employability of girls is limited or nil. This is due to a limited basket of options beyond agriculture, problem of mobility and safety to travel to place of work and a burden of household activities including agriculture or looking after livestock. There is an important role of PRI to prepare plans and requests for more colleges based on the needs and submit to the district administration with a strong follow-up. More separate colleges for girls need to be planned to encourage higher education for girls and explore more career options for them.

While the MDGs did not address learning-level outcomes, the SDG-4 entails inclusive and quality education for all and promotes lifelong learning. It also talks about effective learning outcomes and eliminating gender disparities in education. The panchayat and SMCs have a key role to achieve this objective.

Women's Health Integral to Attain Gender Equality

The importance of reproductive health is well recognized not only to improve women's chances of surviving pregnancy and childbirth, but also to contribute to related issues of gender equality. ¹¹ The health of women is a gross measure of empowering women. Maternal Mortality Rate (MMR) has decreased 45 per cent worldwide since 1990 in South Asia and by 64 per cent between 1990 and 2013. Various initiatives have been undertaken by the government to reduce MMR in India. Institutional deliveries have witnessed a sharp rise through schemes such as Janani Suraksha Yojana. The MMR has declined from 437 per 100,000 live births in 1990–91 to 167 in 2013. However, in many rural areas, abysmal health facilities still exist. Problems of mobility and lack of courage prevent women and girls to often seek health services, especially reproductive care. The problem is further aggravated by poor nutrition, repeated pregnancies and girls conceiving at a young age due to low age at marriage. There are myths related to immunization, breastfeeding, menstrual hygiene and intake of Iron Folic Acid (IFA) tablets during pregnancy. Proper guidance and counselling to women are required to ensure correct health practices.

Socialized as lesser beings, girls are fed less than their male siblings and less importance is given to their overall nutrition during their growing years. ¹³ This results in anaemia among women and girls, low-birth babies and maternal morbidity and mortality. Poor nutrition also results in skewed child sex ratio

as girl children are not fed adequately.

Reproductive health needs to be addressed in a more comprehensive aspect and include sexual violence, adolescent health and nutrition. Women and girls are often not empowered to take decisions regarding their family size. Much more needs to be done to fulfil this unfinished MDG agenda.

The SDGs call for ensuring universal access to sexual and reproductive rights and integration of reproductive health into national strategies and programmes. Recognizing that women do not receive the recommended amount of health care they need, SDG-3 talks about ensuring healthy lives and promoting well-being for all ages as essential to sustainable development. It is hoped that strategies to cover broader aspects will help attain better reproductive health of women.

As members of VHSNCs under National Rural Health Mission (NRHM), the women panchayat members can play a key role to improve reproductive and child-health needs in the villages. As most of the members of this committee are women, it gives a safe and open environment to women to express the health needs, prepare a health plan collectively and implement

it with the government healthcare providers such as Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activist (ASHA) workers. Further, when Mahila Gram Sabhas are organized exclusively for women, health needs find a high priority in these meetings. It is a good practice for women Panch or Sarpanch to convene such meetings and advocate for well-being of women in their villages.

The Government of India's programme Beti Bachao Beti Padhao launched in 2015 addresses the interconnected goals of gender, health and education. The scheme is launched to prevent gender-biased sex-selective abortion, ensure survival, protection and education of girl child. The panchayat can play a crucial role to promote this programme especially through ICDS and NRHM. This is especially true in states where these functions have been devolved to panchayats. At the village level VHSNC, a subcommittee of panchayat is assigned the task of guiding and supporting village-level implementation and monitoring of planned activities under this programme. The Panchayat Samiti has the jurisdiction to be responsible for overall coordination and supervision of this scheme at the block level. Members of PRI can work as crusaders and play a dynamic role in enrolling various sections of the community so that the trend of adverse and declining sex ratio can be reversed.

The panchayat has a major role to play in the campaign for girl child to ensure the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex-Selection) Act 1994 (PNDT Act) to prevent the decline in child sex ratio. It includes enforcement of the Act as a social awareness campaign. In some states such as Punjab, incentives in the form of cash prize of ₹ 3 lakh for panchayats that achieve a child sex-ratio (0-6 years) of 1,000 in a financial year, and a prize of ₹ 2.5 lakh for panchayats which achieve child sex-ratio of 951 to 1,000 in a financial year, were introduced. In some states, the panchayat has spread awareness on the Act through hoardings and posters. In Uttar Pradesh, 20 panchayats have joined hands with health workers like ASHAs and Anganwadi workers to save girls. As part of the 'Let Girls Be Born' campaign, they are undertaking sting operations, awareness rallies and even reaching out to religious institutions.14 These practices can be replicated in other parts of the country so that the panchayat can play a more dynamic role in preventing child sex selection.

Gram Panchayats have an integral role to play for issuing birth and death certificates. In some states, the GP issues these certificates and in others, they have a role as members of VHSNC which issues the certificates. Often, parents do not understand the need for these certificates especially for their girl children. The GPs need to act in a more responsible and proactive manner to sensitize the community on the importance of these certificates and issuing the same on time.

Integrating WASH and Gender

Water has a direct impact on the well-being and health of women. Scarcity of water adds to the drudgery of water collection and creates a stressful environment where a major portion of women's time is spent on managing water. This further spiral downs to negatively affect the education of girls. Health, hygiene and sanitation are directly impacted by unavailability or scarcity of water and here also women are the worst sufferers. Women's need of privacy adds to their need of water especially during menstruation. Furthermore, in water scarce regions, men migrate elsewhere in search of employment, while women are left to fend for themselves, their family and cattle. Absence of mechanisms for waste-water disposal, water stagnation because of leakage in water supply or rains results in poor sanitation and spread of many diseases especially among children. Women have responsibility, understanding, knowledge and interest in clean facilities and health of the families. Further, participatory sanitation development has major empowering effects on poor women, girls, boys and men. Thus equitable access to water and sanitation are integral to mainstreaming of women. 15 This is a critical factor envisaged to achieve the MDG of sustainable access to safe drinking water and basic sanitation; and to promote gender equality and empowering women.

By 2015, 91 per cent of global population used improved water source compared to 76 per cent in 1990. The proportion of people practicing open defecation has fallen almost half since 1990. However, the condition of sanitation in India continued to be pathetic till 2013. According to data released by the National Sample Survey office in December 2013, 59.4 per cent of the rural population resorted to open defecation. 2011 Census figures put the number of rural houses without toilets at 113 million. Considerable efforts to promote sanitation have since been made by the Ministry of Water and Sanitation, Government of India. Swachh Bharat Mission was launched by our Prime Minister in 2015 to provide sanitation facilities to BPL households and identified APL households including SC/ST, physically challenged, small and marginal farmers and women-headed households. The goal which the Ministry has set for itself is to provide rural sanitation facilities and attain clean and open defaecation-free India by 2019.

Availability of toilets impacts health, especially of women and children. Issues of toilets can become an important agenda in both VHSNC meetings and Mahila Gram Sabha. Women suffer the most due to lack of toilets as it is associated with their dignity, menstrual health and safety. The administration in many states is working aggressively to promote household toilets. The women have joined this momentum in many states and many villages have become open defaecation free. This is a matter of celebration for women as they now have access to this important asset and no longer have to go out during odd hours.

Continuing with issues on drinking water, the achievement as estimated by independent studies like the NSSO 65th Round Survey of 2008–09 shows that about 90 per cent of rural households obtain their drinking water from improved sources in India. However, coverage of piped water supply is still poor at 35 per cent as per IMIS. The Ministry has launched National Rural Drinking Water Programme in 2011–12 to provide adequate and safe drinking water to rural population with a goal to provide piped water to at least 90 per cent households by 2022. With piped water still missing, women and girls bear the burden of fetching water; they spend long productive hours to manage water but have little role to play when it comes to decisions relating to managing water in villages. As major stakeholders, women should be actively involved in WASH programmes.

SDG-6 entails ensuring access to water and sanitation for all. The target is to achieve universal and equitable access to safe and affordable drinking water for all, adequate and equitable sanitation and hygiene and end open defaecation by paying special attention to the needs of women and girls. This will promote gender equity in the coming years.

To facilitate and promote effective participation of women, it is essential to build their capacities related to working in groups and to enhance their knowledge and confidence by developing their technical and soft skills. Efforts must be made to bring women together and give them legitimate space for planning and executing WASH projects. Women need to be brought at the forefront on all aspects of WASH literacy. They need to be educated, inspired and enrolled so that they can themselves assess the condition of WASH, in terms of both quality and quantity; and facilitated to come up with feasible solutions. The EWRs have a crucial role to play both as users of WASH as well as members of panchayats.

Women Empowerment and Agriculture

Women contribute major productive hours in agriculture in rural areas, yet they are not recognized as 'farmers'. They lack control of both agriculture inputs and outputs. The menfolk are the decision makers on what inputs go into the land and the marketing of the produce. Women and girls are treated as mere labourers in the entire production chain. There is a need to work with women farmers and provide them knowledge and skills so that they become major stakeholders in agriculture related decisions.

Mahila Kisan Shashaktikaran Pariyojna launched in 2010-11 is a special programme for livelihood enhancement under National Rural Livelihood Mission (NRLM). It is a concerted effort to recognize the role of women in agriculture and an investment is being made to enhance their capacities and increase their income to take lead in agriculture and allied activities.¹⁹

The concept of promoting agriculture through 'krishi sakhis' is extremely effective in many parts of the country. The women sakhis learn new farming methods, best cultivation practices and the use of good inputs through training and exposure visits. Once trained, they become advisors to the farmers. Through this process of learning, they acquire leadership skills and become recognized as important contributors to agriculture, thereby promoting more equality.

The panchayat can play an imperative role in identifying and motivating women to become krishi sakhis and enrolling them in the DAY-NRLM. The members can become crusaders to develop linkages with the extension services of agriculture including Krishi Vigyan Kendras and access these services.

Use of ICT in Women Empowerment

Enabling technology such as ICT is effective to promote empowerment of women. In rural areas, women are less techno savvy than men mainly due to control and access of technology in the hands of men. Tata Trusts and Google India announced the launch of a special programme called 'Internet Saathi' in 2015 to empower women and their communities in rural India by enabling them to use the Internet and benefit from it in their daily lives. The joint initiative is aimed at bridging the technology gender divide, which currently puts women in rural India at further risk of getting marginalized in the society as the world around them benefits from getting online. This initiative has given 'power' to women who had so far never seen a tablet or computer.

Sehgal Foundation has also undertaken a unique initiative of providing life skills training by providing a platform of internet literacy to girls in 2016. The girls are using computers and internet and together with knowledge of life skills, they now create goals for themselves and aspire to fulfil them. Results from the end line survey depict that the confidence and decision-making of girls have considerably improved.

The Government of India is promoting digitization of panchayats. The e-Panchayat Mission Mode Project has been set up with the objective of completely transforming the functioning of panchayats to make them more transparent, accountable and effective as organs of decentralized self-governing institutions. However, to make this effective, the panchayat members need to be literate. In many states, education qualifications are a pre-requisite to become members and these literate members, both men and women can become e-literate.

However, there continues to be proxy male panchayat members and this trend needs to be reversed. Patriarchal norms continue to perpetuate on the long road of struggle for elected women representatives and use of technology still remains a distant dream in many parts of our country. There is a need for government and NGOs to play a more proactive role to promote e-panchayats and enrol the elected women representatives, especially women in this endeavour. This will break the shackles of use of technology among a few and liberate and broaden the perspectives of women, thereby providing them yet another tool of empowerment.

Other Government Programmes and Initiatives to Promote Gender Equality

The ICDS is one of the largest programmes of the Ministry of Women and Child Development, to provide food, preschool education and primary health to children below six years of age through anganwadi centres. It promotes health of women by providing supplementary nutrition to expectant and lactating mothers, and monitors the health of children through check-ups which includes screening of low birth-weight babies especially girls, and provides corrective nutrition and guidance. In many states, though monitoring ICDS is a constitutional mandate of panchavats, the funds and functionaries are not devolved. They often lack the training and skills to effectively monitor these services. There is a need for government to educate panchayats on ICDS, provide them authority to review the condition of centres through devolution of funds and functionaries, sensitize them on gender equality, and support them for corrective measures.

DAY-National Rural Livelihoods Mission (NRLM) launched by the Ministry of Rural Development (MoRD) in 2011 aims at creating efficient and effective institutional platforms of the rural poor, thereby helping them to increase their income through sustainable livelihood enhancements and improved access to financial services. By forming Self Help Groups (SHGs) for women, DAY-NRLM creates collective spaces for poor and by providing channels for aggregating their income, provides livelihoods opportunities. DAY-NRLM facilitates community institutions to converge with PRIs. Panchayat members have an important role to play in designing poverty reduction plan under DAY-NRLM and working to achieve implementation of this plan. Completing this activity, the

empowered SHG members and federation can actively participate in Gram Sabhas, participate in functional committees of GPs and planning process of panchayats and work with GPs for accessing the common resources. Thus panchayats and people's organizations formed under DAY-NRLM play a mutually beneficial role where there is exchange of mutual advice, support and sharing of resources.

Decentralized Planning and Gender Equality

The 74th Constitutional Amendment Act (74th CAA) mandates District Planning Committee (DPC) to consolidate the plans prepared by panchayats. It is imperative that the planning process is carried out by the panchayat from bottom to top by promoting decentralized micro-planning. This will ensure separate planning with women and identification of their priorities. In many states, holding a Mahila Gram Sabha before the Gram Sabha ensures that women issues find a place in the development agenda of the village. The Gram Sabha then approves the entire plan presented as a result of decentralized planning exercise. This practice should be followed across all panchayats and consolidated plans then submitted to the DPC.

However in actual, many DPCs are virtually non-functional. The entire planning process is top down. The government officials, dominated by men also feel comfortable in dealing with male relatives of elected women representatives. The plans come to the district level and percolate down to the Gram Panchayats at the discretion of the officials. This negates the very spirit of decentralized planning and the women voices do not find a space in planning or implementation of plans. Attaining gender equality becomes a distant dream. This equation needs to alter with a greater will from the government. The NGOs and administration need to play a crucial role by building capacities of elected women representatives so that they are able to fight for their rights and fulfil their duties effectively.

Conclusion: Capacity Building and Funds is key to Gender Empowerment

Gram Panchayat and the PRIs as well as the rural government schemes are major keys to promote gender equality at the village level. A gender empowerment focus should be included in the Standard Operating Procedures (SOP) for GP.

The elected women representatives should be able to influence the development agenda of the GP and incorporate women-centric issues in the action plans. This would require a three-pronged approach, in the least, which is as follows: (a) Electing women to the GP, (b) empowering them with adequate capacity building work to function effectively in the GP, and (c) including provisions in the SOP for the GP for giving priority to gender-focussed programmes.

It is important to build the confidence of women to participate in their Gram Sabha and perform their duties particularly as vigilantes. Pre-election voter's campaigns by NGOs can focus on encouraging participation of women as voters in selecting candidates who have gender equality as their manifesto, and mobilizing women to fight Panchayat elections.

The revised National Capability Building Framework (NCBF), 2014 and the initiatives under Rajiv Gandhi Panchayat Sashaktikaran Abhiyaan (RGPSA) and subsequently under Rashtriya Gram Swaraj Abhiyaan (RGSA) lays special emphasis on the training of women members of panchayats. Training of panchayat members, gender and leadership workshops, facilitating linkages with district administration and developing collectives of elected women representatives will promote the participation of women in GP, and can lead to greater gender equality. In addition to the capacity building of the men in the panchayats the training of the elected women representatives is vital, as it would increase their self-worth and they would begin to participate meaningfully in the functioning of panchayats and performing their duties diligently.

The SOP for the GPs is usually contained in the State Finance Commission documents. Separate instructions can be issued like in the following example by the Nadia Zilla Parishad, Krishnagar, Nadia, West Bengal. The following instructions are regarding the utilization of Untied Funds, which are often not used and which can be given a strong gender perspective:

 At least 30 per cent of allocation for the PRIs may be for social sector such as education, health, nutrition and sanitation; women and child development, etc. Priority

SDG-5 | 131

should be given on augmentation of livelihood opportunities for the eradication of poverty, human development related to universalization of elementary education, prevention of common diseases and promotion of public health including nutritional status of mother and children.

- Another 15 per cent may be for providing inputs for animal husbandry, fishery, horticulture, agriculture, for the poor who have formed SHGs.
- Priority can be given to schemes in the backward villages, in excess of the per capita investment in rest of the districts.
- Untied Funds can be spent on the creation of new assets or for augmenting capacities of the PRIs, including the infrastructure related to GP office and in building quarters for its employees.

The NITI Aayog has mapped SDGs and targets with schemes and activities of different central ministries; the Ministry of Panchayati Raj (MoPR) has prepared a draft vision document and the state governments have started drafting their vision documents and action plans in the light of SDGs. The example from West Bengal for specific instructions for utilizing the Untied Funds for the priority topics is well known. The SOP for these funding mechanisms would be the most effective way to ensure that India can accomplish SDG-5 by 2030, as envisaged.

The SOP could specifically highlight the nine SDGs that have been adopted by the Ministry of Rural Development, and emphasize the attainment of SDG-5, in the implementation programmes for the eight actionable items in the list of SDGs below. SDG-5 on Gender Equality is not a specific or separate actionable item, but should be declared as the biggest priority in the implementation programmes for achieving the goals in the other eight SDGs relevant to the PRIs.

Notes

 Planning Commission, Gol. 2012. Twelfth Five Year Plan (2012-17). Social Sectors Vol.: 3. Retrieved on 3 April 2017

- from http://planningcommission.gov.in/plans/planrel/12th plan/pdf/12fyp_vol3.pdf.>.
- Sen, G. and Mukherjee, A. 2014. No Empowerment without Rights, No Rights without Politics: Gender-equality, MDGs and the post-2015 Development Agenda. Journal of Human Development and Capabilities Vol.: 15 (2-3: Special Issue on Millennium Development Goals). Retrieved on 15 March 2016 from http://www.tandfonline.com/doi/full/10.1080/19452829.2014.884057?src=recsys..
- United Nations. 2015. The Millennium Development Goals Report, 2015. Retrieved on 15 March 2017 from http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG per cent202015 per cent20rev per cent20(July per cent201).pdf>.
- United Nations. 2015. The Millennium Development Goals Report, 2015.
- United Nations. 2015. The Millennium Development Goals Report, 2015.
- Rao, B. 2016. Women in Parliament: Where does India Figure among the Rest of the World? Factly. Retrieved on 16 March 2017 from https://factly.in/women-in-parliament-where-does-india-figure-among-the-rest-world/
- United Nations. 2015. Millennium Development Goals Beyond 2015, Goal 2: Achieve Universal Primary Education. Retrieved on 15 March 2017 from http://www.un.org/millenniumgoals/education.shtml>.
- UN Millennium Project website (2002–2006). UNICEF MDG Monitoring: Goals, Targets and Indicators. Accessed 15 March 2016. http://www.unmillenniumproject.org/goals/gti.htm.
- KPMG/CII. 2016. Assessing Impact of Right to Education Act. Retrieved on 16 March 2017 from https://assets.kpmg.com/content/dam/kpmg/pdf/2016/03/Assessing-the-impact-of-Right-to-Education-Act.pdf>.
- DNA correspondent. 2013. Girls enrollment jumps but dropout rate still high. DNA News and Analysis. Retrieved on 16 March 2017 from http://www.dnaindia.com/india/report-girls-enrolment-jumps-up-but-dropout-rate-still-high-1791233.

- Anand, M and Chandhok, G. 2017. Women's Reproductive Rights and Social Work Practice. Amity Global Social Work Review Vol.: 1(1).
- NITI Aayog. 2015. Maternal Mortality Ratio (MMR) (per 1,00,000 live births). Retrieved on 16 March 2017 from http://niti.gov.in/content/maternal-mortality-ratio-mmr-100000-live-births.>.
- Anand, M and Chandhok, G. 2017. Women's Reproductive Rights and Social Work Practice. Amity Global Social Work Review Vol.: 1(1).
- Women's Feature Service. 2013. 20 Years of Empowerment: Women and Panchayati Raj in India. Retrieved on 11 April 2017 from http://www.wfsnews.org/thp-20 per cent20years per cent20of per cent20empowerment-2013.html>.
- Muylwijk, J. 2006. A Gender Approach to Sanitation for Empowerment of Women, Men and Children. Gender and Water Alliance. Retrieved on 16 March 2017 from http://genderandwater.org/en/gwa-products/capac-ity-building/>.
- United Nations. 2016. UN Sustainable Development Goals. Goal 5: Achieve Gender Equality and Empower All Women and Girls. Retrieved on 15 March 2017 from http://www.un.org/sustainabledevelopment/gender-equality/.
- Sharma, M. 2014. MDG Report 2014: India Among Worst Performers in Poverty Reduction, Maternal Death and Sanitation. Down To Earth. Retrieved on 17 March 2017 from http://www.downtoearth.org.in/news/mdg-report-2014-india-among-worst-performers-in-poverty-reduction-maternal-death-and-sanitation-45167.
- Ministry of Drinking Water and Sanitation, Gol. 2011. Report of the Working Group on Rural Domestic Water and Sanitation-2011. Retrieved on 17 March 2017 from http://planningcommission.gov.in/aboutus/committee/wrkgrp12/wr/wg_indus_rural.pdf.
- Saurabh, S. 2017. Development Approaches to Social Work: Intervention by the State. Amity Global Social Work Review Vol.: 1(1).

Bibliography

- Anand, M and Chandhok, G. 2017. Women's Reproductive Rights and Social Work Practice. Amity Global Social Work Review Vol.: 1(1).
- DNA correspondent. 2013. Girls Enrollment Jumps but Dropout Rate Still High. DNA News and Analysis. Retrieved on 16 March 2017 from https://www.dnaindia.com/india/report-girls-enrol-ment-jumps-up-but-dropout-rate-still-high-1791233.
- KPMG/CII. 2016. Assessing Impact of Right to Education Act. Retrieved on 16 March 2017 from https://assets.kpmg.com/content/dam/kpmg/pdf/2016/03/Assessing-the-impact-of-Right-to-Education-Act.pdf.
- Ministry of Drinking Water and Sanitation, Gol. 2011. Report of the Working Group on Rural Domestic Water and Sanitation—2011. Retrieved on 17 March 2017 from http://planning.commission.gov.in/aboutus/committee/wrkgrp12/wr/wg_indus-rural.pdf.
- Ministry of Drinking Water and Sanitation, Government of India.

 Annual Report 2015-16. Retrieved on 16 March 2017 from http://www.mdws.gov.in/sites/default/files/AnnualReport2015-16.pdf>.
- Muylwijk, J. 2006. A Gender Approach to Sanitation for Empowerment of Women, Men and Children. Gender and Water Alliance. Retrieved on 16 March 2017 from http://genderandwater.org/en/gwa-products/capacity-building/.
- NITI Aayog. 2015. Sample Registration System. Health Division Working Paper Series 1 (1). Retrieved on 17 March 2017 from <niti.gov.in>.
- NITI Aayog. 2015. Maternal Mortality Ratio (MMR) (per 1,00,000 live births). Retrieved on 16 March 2017 from http://niti.gov.in/content/maternal-mortality-ratio-mmr-100000-live-births.>.
- Planning Commission, Gol. 2012. Twelfth Five Year Plan (2012–2017). Social Sectors Vol.: 3. Retrieved on 3 April 2017 from http://planningcommission.gov.in/plans/planrel/12thplan/pdf/12fyp-vol3.pdf.
- Rao, B. 2016. Women in Parliament: Where does India figure among the rest of the World? Factly. Retrieved on 16 March 2017 from https://factly.in/women-in-parliament-where-does-india-figure-among-the-rest-world/.
- Saurabh, S. 2017. Development Approaches to Social Work: Intervention by the State. Amity Global Social Work Review Vol.: 1(1).
- Sen, G. and Mukherjee, A. 2014. No Empowerment without Rights, No Rights without Politics: Gender-equality, MDGs and the

- post-2015 Development Agenda. *Journal of Human Development and Capabilities* Vol.: 15(2–3: Special Issue on Millennium Development Goals). Retrieved on 15 March 2016 fromhttp://www.tandfonline.com/doi/full/10.1080/19452829.2014.884057?src=recsys.>.
- Sharma, M. 2014. MDG Report 2014: India Among Worst Performers in Poverty Reduction, Maternal Death and Sanitation. *Down To Earth*. Retrieved on 17 March 2017 from http://www.downtoearth.org.in/news/mdg-report-2014-india-among-worst-performers-in-poverty-reduction-maternal-death-and-sanitation-45167.
- UN Millennium Project Website. 2002. *UNICEF MDG Monitoring: Goals, Targets and Indicators*. Retrieved on 15 March 2016 from http://www.unmillenniumproject.org/goals/gti.htm.
- United Nations. 2015. Millennium Development Goals Beyond 2015, Goal 2: Achieve Universal Primary Education. Retrieved on 15 March 2017 from http://www.un.org/millenniumgoals/education.shtml.
- United Nations. 2015. The Millennium Development Goals Report, 2015. Retrieved on 15 March 2017 from http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG per cent202015 per cent20rev per cent20(July per cent201).pdf>.
- United Nations. 2016. UN Sustainable Development Goals. Goal 3: Ensure healthy lives and promote well-being for all at all ages. Retrieved on 15 March 2017 fromhttp://www.un.org/sustainabledevelopment/health/>.
- United Nations. 2016. UN Sustainable Development Goals. Goal 4: Ensure Inclusive and Quality Education for All and Promote Lifelong Learning. Retrieved on 20 March 2017 from http://www.un.org/sustainabledevelopment/education/.
- United Nations. 2016. UN Sustainable Development Goals. Goal 5:
 Achieve gender equality and empower all women and girls.
 Retrieved on 15 March 2016 from http://www.un.org/sustainabledevelopment/gender-equality/.
- Women's Feature Service. 2013. 20 Years of Empowerment: Women and Panchayati Raj in India. Retrieved on 11 April 2017 from http://www.wfsnews.org/thp-20 per cent20years per cent20of per cent20empowerment-2013.html>.