Empowerment of Girls and Women: A Landscape Analysis of Pune

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3D Program
FOR GIRLS & WOMEN

The 3D Program for Girls and Women advances gender equality and girls' and women's empowerment by facilitating convergent action across stakeholders and sectors to increase economic opportunities for girls and women and address their health, education and safety needs. The 3D Program works with partners in Pune city and Pune rural District, Maharashtra State, India to identify issues that resonate for girls and women; link partners who bring resources and ideas to the table; and facilitate a process to bring them together in a way that is sustainable and empowering to low-income girls and women. Our work in India is guided by a national program advisory committee. The three-year program is foundational, designed to put in place the building blocks for a longer-term program beyond the initial program sites and serve as an exemplar for a scaled-up convergent response for gender equality. The 3D Program is hosted at the United Nations Foundation in Washington DC, USA and is funded by the Bill & Melinda Gates Foundation.

The International Center for Research on Women's Asia Office (ICRW Asia) is the 3D Program's lead partner in India. ICRW Asia collaborates closely with local, regional and international partners to undertake field research and program work and communicates findings and experience to policymakers through advocacy grounded in sound evidence and data. The ICRW Asia team, comprised staff from ICRW offices in Delhi and Mumbai, contributes vital strategic, technical, coordination, logistical support to the 3D Program. ICRW's mission is to empower women, advance gender equality and fight poverty in the developing world. To accomplish this, ICRW works with partners to conduct empirical research, build capacity and advocate for evidence-based, practical ways to change policies and programs.

This report describes the findings of a landscape analysis conducted by ICRW Asia in the 3D Program's first year of operations in India. It was written by the ICRW Asia team, including Technical Specialists Shweta Bankar and Sapna Kedia, Senior Consultant Madhu Deshmukh and Regional Director Ravi Verma, and 3D Program Director Sia Nowrojee.

Acknowledgements

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List of Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal care
ANK	Ashta No Kai
ANM	Auxiliary Nurse Midwife
ARISE	All Round Development in School Education
ARSH	Adolescent reproductive and sexual health
ART	Antiretroviral therapy
ASHA	Accredited Social Health Activists
ASSOCHAM	Associated Chambers of Commerce and Industry of India
BBBP	Beti Bachao Beti Padhao
BDO	Block development officer
BJS	Bharatiya Jain Sanghatana
BMI	Body mass index
BPL	Below Poverty Line
CBM	Community based monitoring
CD	Community development
CDPR	Centre for Development Planning & Research
CEHAT	Centre for Enquiry into Health and Allied Themes
CEO	Chief Executive Officer
CFAR	Centre for Advocacy and Research
CPR	Contraception prevalence rate
CSR	Corporate social responsibility
CSO	Civil society organization
CTB	Community toilet blocks
DISE	District Information System for Education
DLHS	District Level Household Survey
DPC	District Planning Committee
DPO	District Planning Office
DRDA	District Rural Development Agency
EWS	Economically Weaker Section
FRCH	Foundation for Research in Community Health
FRU	First Referral Units

GAD	General Administrative Department
GMSS	Grameen Mahila Swayamsiddha Sangh
GP	Gram Panchayat
GPD	Gram Panchayat Department
GR	Government Resolution
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HR	Human resource
IAS	Indian Administrative Service
ICDS	Integrated Child Development Scheme
ICRW	International Center for Research on Women
IHMP	Institute of Health Management Pachod
INR	Indian Rupee
IPV	Intimate partner violence
IT	Information technology
IUCD	Intrauterine Contraceptive Device
JAA	Jan Arogya Abhiyan
JBGVS	Janakidevi Bajaj Gram Vikas Sansthan
JSSY	Janani Shishu Suraksha Yojana
KEMHRC	KEM Hospital Research Centre
LAB	Livelihood Advance Business Schools
MASUM	Mahila Sarvangeen Utkarsh Mandal
MCA	Ministry of Corporate Affairs
MHDR	Maharashtra Human Development Report
MIDC	Maharashtra Industrial Development Corporation
MMAHP	Maharashtra Mahila Arogya Hakka Parishad
MSACS	Maharashtra State AIDS Control Society
MS-CIT	Maharashtra State Computer and Information Technology
NCRB	National Crime Records Bureau
NFHS	National Family Health Survey
NGO	Non-governmental organization
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NT	Nomadic Tribes
NT-DNT	Nomadic Tribes- Denotified Nomadic Tribes
NUHM	National Urban Health Mission
PCC	Pune city Connect
PCMC	Pimpri Chinchwad Municipal Corporation
PC-PNDT	Pre-Conception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act

PHC	Primary Health Centre
PMC	Pune Municipal Corporation
PWD	Public Works Department
PWDVA	Protection of Women from Domestic Violence Act
RBSK	Rashtriya Bal Swastha Karyakram
REMS	Research Evaluations Monitoring and Supervision
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or SABLA
RKSK	Rashtriya Kishor Swasthya Karyakram
RMNCH+A	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RMSA	Rashtriya Madhyamik Shiksha Abhiyan
RSH	Reproductive and sexual health
RTE	Right to Education
SAM	Severe Acute Malnutrition
SC	Scheduled Caste
SEBI	Security and Exchange Board of India
SHG	Self-help group
SKF	Svenska Kullager Fabriken
SLK	Shantanurao Lakshmanrao Kirloskar Foundation
SRB	Sex ratio at birth
SRH	Sexual and reproductive health
SSA	Sarva Shiksha Abhiyan
SST	Shrinivasan Service Trust
ST	Scheduled Tribe
STD	Sexually transmitted disease
TB	Tuberculosis
TISS	Tata Institute of Social Sciences
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USD	United States Dollar
VAW	Violence against women
VHSNC	Village Health Sanitation and Nutrition Committee
VJNT	Vimukta Jati (denotified tribes) and Nomadic Tribes
WCD	Women and Child Development
YASHADA	Yashwantrao Chavan Academy of Development Admwinistration
YYVP	Yardi Vasti Vikas Prakalp
ZP	Zilla Parishad

Objectives and Methodology

This landscape analysis was undertaken to inform the strategy, activities and partnerships of the 3D Program for Girls and Women in Pune District.

Building on the momentum of the strong global support for gender equality in the Sustainable Development Goals (SDGs), the goal of the 3D Program is to advance gender equality and girls' and women's empowerment by facilitating convergent action across stakeholders and sectors. For the 3D Program, convergent action involves linking the scale and sustainability of government programs with the resources and innovations of civil society and the private sector and breaking down the barriers between thematic sectors such as health, education, rural and urban development, public safety and others. This approach is based on the assumption that girls and women are best served when these traditional boundaries are crossed and the barriers of siloes are broken so that stakeholders – including girls and women themselves - can come together to maximize their ideas and resources to get things done.

To inform and shape convergent action in Pune District, this landscape analysis focuses on the role of the government, civil society and the private sector in strengthening programs that address gender inequality and focus on girls and women's empowerment and examines challenges and opportunities to advancing the 3D Program's four pathways to girls' and women's empowerment – health, education, economic empowerment and safety.

The report includes information on:

- The historical, social, economic and demographic context of Pune District;

- The administrative layout of Pune rural District, with a focus on key government departments currently addressing girls and women's empowerment through specific initiatives or schemes;

- A situational analysis of the status of girls and women in Pune rural and urban areas;

- A mapping of key health, education and safety initiatives for girls and women being implemented by the government, civil society and the private sector in Pune rural District;

- Challenges to and insights on addressing girls and women's empowerment in a coordinated manner across sectors in Pune District [1]; and

- Next steps for the 3D Program for Girls and Women.

It also includes detailed appendices, including factsheets on select government initiatives [2] to guide planning and programming by the 3D Program and other stakeholders, including information on scheme objectives, outreach, funding and collaborations.

This report does not include a review of economic empowerment initiatives and schemes for girls and women, or an in-depth discussion of initiatives addressing public safety, because the 3D Program commissioned separate evidence reviews of women's economic empowerment programs and public safety, with a focus on initiatives in Pune and Maharashtra. [3]

This landscape analysis is based on secondary research and information gathered in meetings and workshops [4] with key informants and stakeholders.

Social, economic and demographic analysis of Pune city and Pune rural District and the profiling of the status of girls and women was based on data from Census of India, 2011, National Family and Health Survey IV–2015-16 (NFHS-4) and District Level

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1. Based on the findings of the landscape analysis as well as consultations held with stakeholders from the government, civil society and the private sector, during the first year of operations of the 3D Program in India (2017-2018).

2. These were short-listed using criteria developed by the ICRW and 3D Program team. For more details, see Appendix 4.

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3. A report entitled, Economic Programs in India: What Works for the Empowerment of Girls and Women by Rekha Mehra and Kalkidan Shebi, reviews the economic empowerment initiatives and schemes for girls and women and can be found at www.the3dprogram.org. The review on public safety of girls and women is underway.

Health Survey (DLHS) reports; studies by academic institutions, such as the Gokhale Institute of Politics and Economics and YASHADA, civil society organizations (CSOs), private sector organizations and UN agencies, as well as newspaper articles.

Information on government initiatives and schemes related to girls and women was gathered from government documents, including resolutions, acts, scheme guidelines, plans and strategies available on the websites of the Pune Zilla Parishad, Health Department and the Women and Child Development Department (WCD) in Pune District. This included 61 schemes of the Pune Zilla Parishad, 20 national schemes each, implemented by the Education and Health departments in rural Pune, and 16 national schemes implemented by WCD (Appendix 1). We also reviewed published reports and evaluation studies by researchers and academic institutions assessing government initiatives and schemes. The purpose was to summarize the different ways in which the government seeks to address the needs of girls and women, particularly the most vulnerable,[5] and to highlight gaps.

Civil society initiatives in rural Pune were analyzed by examining 20 programs identified through consultations with development experts and NGO representatives in Pune (Appendix 2). In addition, 20 private sector initiatives were analyzed based on consultations with representatives from corporate social responsibility divisions (Appendix 3). Other initiatives were identified through partners and desk and web research.[6] The goal was not to be exhaustive, but rather to highlight the range of civil society and corporate social responsibility activity and pro-

vide illustrative examples of different approaches to addressing 3D priorities in rural Pune with adolescent girls and women of reproductive age and to highlight gaps.

Data gaps in secondary sources were filled in through consultations with representatives of the government, particularly, officials of the Pune Zilla Parishad, Women and Child Development Department, Health Department, the Education Department, the District Rural Development Agency and the District Planning Office, and with representatives from CSOs and the private sector.

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4. In its first year, the 3D Program held three workshops in Pune, engaging partners and stakeholders in government, civil society and academia, and the private sector - Sangam: Convergence as a Strategy to Empower Girls and Women, September 2017; an expert consultation on What Works for the Economic Empowerment of Women and Girls, January 2018; and a workshop on Data Convergence to Empower Girls and Women, January 2018. For more information, see the workshop reports at www.the3dprogram.org.

5. It should be noted that our goal was to focus on government schemes designed to reach the largest number of girls and women, with the understanding that these should serve the most vulnerable. As a result, we did not focus on schemes targeting particularly disadvantaged groups, such as girls and women with disabilities, or programs for groups facing particular vulnerabilities, such as sex workers.

6. Some websites are not updated regularly. However, the information captures the range of past and present activity.

Overview of
Pune District

Pune District is in the western region of Maharashtra state in India. The district is approximately 15,000 square kilometers and covers a major part of the Deccan Plateau.[7] The district was originally known as *Punak* which became 'Poona' and more recently Pune.[8] The district has historically occupied a central place in the culture, economy and political history of Deccan and is often referred to as 'the Queen of the Deccan'.

7. According to one saying, the word 'Pune' has originated from the Sanskrit term 'Punya' meaning 'sacred,' because its location at the confluence (or sangam) of two rivers, the Bhima and the Nira.

8. Maharashtra State Gazetteer, republished in 1954, Government of Maharashtra.

Pune: A Center of Social Reform, Culture and Education

In the 18th century, Pune under the rule of the Peshwas[9] served as the political center of the Maratha Empire in India.[10] After the fall of Peshwa rule in 1818, the new British rulers made the city one of their major military bases. In the 19th and early 20th centuries, Pune was considered by the British as the center of political unrest against their rule. That reputation was well-earned. Pune city was an important center for social and religious reform movements in the late 19th century and the early 20th century. Notable CSOs and bodies were founded during the 19th century, including Poona Sarvajanik Sabha, a mediating body between the government and the people of India focused on peasants' legal rights; the Prarthana Samaj, which focused on religious and social reform; and the Arya Mahila Samaj, which was started by Pandita Ramabai to promote women's education and oppose child marriage.

Prominent leaders of the national and social reform movements from Pune from pre-independence India include (in alphabetical order) Dr. B.R. Ambedkar, jurist, economist, politician and social reformer who inspired the Dalit movement and was the principal architect of the Constitution of India; Fatima Bi, a teacher in Savitri Bai Phule's school ; Dhondo Keshav Karve, a social reformer and advocate of women's rights who fought for widows' education; Savitri Bai Phule, one of the earliest Indian feminists, who started the first school for girls in Pune run by Indians in 1848; Mahatma Jyotirao Phule, a social activist, anti-caste social reformer, philosopher and writer; Justice Ranade, a scholar, social reformer

and author; Tarabai Shinde, a feminist activist who protested against the patriarchy and caste system in the 19th century.

Pune continued to be a site for social movements, collective action and a strong center for trade unions in post-independent India. Some prominent initiatives include the Hamaal Panchayat, an organization for the political mobilization of load carriers or coolies in Pune; Pune Shahar Molkarin Sangathana, an association for domestic workers from Pune; and the Stree Mukti Andolan Sampark Samiti, a women's liberation organization.

Pune's current social advocacy environment is informed by this legacy. It is no surprise, then, that Pune is known for its strong civil society commitment to social justice and women's rights. Today, there are many civil society organizations and movements in Pune, and in the neighboring blocks of Purandar, Khed, Mulashi and Velhe. These include women's movements and organizations, and labor movements, especially in the industrial city of Pimpri-Chinchwad and in the periphery of the city.[11] Environmental movements and Dalit[12] movements are also active in Pune city and in the eastern parts of the district.

Pune is also considered an educational hub of Maharashtra due to the large number of higher educational institutions and colleges located in the district.[13]

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9. A Peshwa was the equivalent of a modern Prime Minister in the Maratha Empire.

10. The Marathas were a Marathi warrior group from the western Deccan Plateau (present day Maharashtra) who established the Maratha Empire or the Maratha Confederacy. The Maratha Empire dominated much of the Indian subcontinent in the 18th Century.

11. These are further elaborated in section V. Programs for Girls and Women in Rural Pune in 3D Priority Areas

12. Dalits, formerly known as "untouchables" or Shudras, are a group of people assigned to the bottom of the caste system in India. According to Dalit Solidarity (www.dalitsolidarity.org), there are 165 million Dalits in India, about 1/6th of the population. Dalits have historically experienced discrimination due to their designation. The Civil Rights Act of 1955 and the Scheduled Castes and Tribes Act of 1989, and the National Commission of Scheduled Castes and Scheduled Tribes seek to address discrimination against Dalits.

13. Despite this, critical gaps exist between demand and supply of education, especially at the primary and the secondary levels in Pune. See: Symbiosis School for Economics & Teach for India. A Report on the Education Landscape in Pune: For Teach for India. url: https://sse.ac.in/assets/pdf/EdLandscapePune-TFI_SSEReport.pd

Geography of Pune District

According to the 2011 census, Pune District has 14 Talukas[14] (see Figure 1), 35 towns[15] and 1,877 villages. Pune city and Pimpri-Chinchwad are the major urban centers in Pune district. Other urban areas are either statutory or census towns.[16] Pune city is administered by the Pune Municipal Corporation (PMC) and Pimpri-Chinchwad is administered by the Pimpri-Chinchwad Municipal Corporation (PCMC).[17] Both are headed by Municipal Commissioners, who are officers of the Indian Administrative Service (IAS) appointed by the Government of Maharashtra (GoM). Key departments under PMC and PCMC include General Administration, Social Welfare, Information Technology, Health, Solid Waste Management, Nature and Environment, Revenue, Engineering, and Emergency Services.

Rural areas of Pune are known as Pune Rural District and are governed by the Pune Zilla Parishad (ZP). The ZP is headed by a Chief Executive Officer (CEO), who oversees the functioning of 17 departments.[18]

Average rainfall in the district is 600 to 700 mm, most of which occurs during the monsoon from July to October. The areas adjacent to the Western Ghats get more rain than areas further east. Talukas such as Shirur, Daund, Purandar and Indapur experience droughts more often than Maval, which is located on the western edge of the district.

Figure 1: Map of Pune District showing Talukas and Pune city

14. In the case of Pune District, Talukas are co-terminus with Community Development (CD) Blocks and Tehsils. Hence, we use the terms interchangeably. In other parts of the country, Tehsils and CD Blocks may differ. The 14 Talukas in Pune District are Junnar, Ambegaon, Shirur, Khed, Mawal, Mulshi, Haveli, Daund, Pune, Purandhar, Velhe, Bhor, Baramati, Indapur

15. Urban areas include Junnar, Manchar, Shirur, Koregaon Bhima, Sanaswadi, Aland, Rajgurunagar (Khed), Chakan, Kharabwadi, Nanekarwadi, Medankarwadi, Talegaon Dabhade, Lonavala, Wadagaon, Khadkale, Kusgaon Bk. Hinjavadi, Pirangut, Pimpri-Chinchwad (Municipal Corporation), Dehu Road, Dehu, Wagholi, Yewalewadi, Pune city, Pune (Municipal Corporation), Kirkee, Daund, Sasvad, Jejuri, Shivatkar (Nira), Bhor, Baramati, Jalochi, Indapur

16. Statutory towns have a civic administrative authority like Municipal Committees or Councils, whereas census towns are towns categorized as small, with a population above 5000. 75 percent of the population in census towns are engaged in non-agricultural activities.

17. Pune city is divided into 48 municipal wards (zones) and Pimpri-Chinchwad into 32 wards. Wards are headed by corporators, who are elected by the people in every five years. Corporators are responsible for addressing the civic needs and infrastructure requirement of their ward. PMC has 152 elected corporators and five nominated councilors and Pimpri Chinchwad has 128 elected corporators and five nominated councilors. The corporators are led by a Mayor, who is a titular head and acts as an ambassador and representative of the city. The corporators are supported by the administrative systemin their wards.

18. These are further elaborated upon in the section III. Administrative Systems of Rural Pune District

Demographic Overview
of Pune[19]

Among the 35 districts of Maharashtra, Pune District ranks second in size of area and size of population and fourth in population density. Its headquarters are located at Pune city.

Significant economic growth in Pune District has made Pune a predominantly urban district; 61 percent of its approximately 10 million people lives in urban areas.[20] Over the past decade, the District's urban population has grown at the rate of 37 percent, compared to a growth of only 21 percent in rural areas. The urbanization process is closely linked to migration and mobility. The type of labor force that migrated to Pune industries ranged from engineers to laborers, filling a gap in human resources in the city and the district. In addition to these industries and industrial belts, a proportion of the migratory population is seasonal labor for the sugar industries. Despite these economic opportunities, a 2007-2008 study of migration in Maharashtra reported that for women, marriage was the main reason for migration.[21]

Migration mainly takes place within Pune district or to adjoining districts and has increased diversity in ethnicity and led to overcrowding in urban areas, which can impact girls' and women's safety. There is also increasing peri-urban expansion, due to the sale of ancestral farmland to industries. For women,

this has meant the loss of a valuable asset, with no compensation or replacement, as often payments from the sale of land are made to the male head of the household. This leaves (male) farmers with a large amount of disposable income, allowing them to move closer to urban areas, resulting in increased demand for housing, transport, basic amenities, employment opportunities, educational facilities and social services which would benefit their familie-However, there is a lack on investment in programs to meet these demands.[22]

Despite this, Pune District ranks high in terms of human development status in Maharashtra,[23] second only to Mumbai. Pune has a Human Development Index (HDI) of 0.814 (2011).[24] Pune's per capita income for 2011-12 was INR. 63,944 which is higher than the national average of INR. 60,972.[25]

The proportion of scheduled caste[26] and scheduled[27] tribe populations is relatively low in Pune district – 12.52 and 3.70 percent respectively. Scheduled tribe populations have a larger concentration in Junnar and Ambegaon tehsils, where they make up almost 20 to 25 percent of the population respectively. Areas with high concentrations of scheduled tribe populations rank low on development parameters of infrastructure, industries and urbanization. Scheduled caste populations are more evenly

19. Government of India. (2011). Census of India 2011. Office of the Registrar General and Census Commissioner of India, Ministry of Home Affairs, New Delhi.

20. The District has an area of 15,643 square kilometers and according to Census 2011 the total population of the District is 94,29,408, with 36,78,226 in rural and 57,51,182 in urban Pune. In the decade between 2001 and 2011, the population grew by 21,96,853 persons.

21. Government of Maharashtra, A Report on 'Migration Particulars' based on Data Collected in State Sample of 64th Round of National Sample Survey (July, 2007 – June, 2008), Vol.I, Directorate of Economics and Statistics, Planning Department, Government of Maharashtra, Mumbai https://mahades.maharashtra.gov.in/files/report/nss_64_10.2_m.pdf

22. Dutsch, C., Kumar, S., Wagner, P. D., Kroll, M., Kantakumar, L. N., Bharucha, E., Schneider, K., Kraas, F. (2017). Growing 'Smart'? Urbanization Processes in the Pune Urban Agglomeration. Sustainability, 9(12), 2335. doi: 10.3390/su9122335

23. YASHADA. (2014). Maharashtra Human Development Report 2012: Towards Inclusive Human Development. New Delhi: SAGE Publications India.

24. The Human Development Index (HDI) is a summary measure of development, capturing three dimensions of education, health and income. The First Maharashtra Human Development Report (MHDR) was prepared in 2002 and the second in 2012. The MHDR is supported by UNDP. It captures the state's progress in human development, including economic growth, education, health, housing, and water and sanitation.

distributed across Pune District, with the urban town of Daund having the largest concentration at 27 percent.[28] Reflecting their disadvantaged status and history of discrimination, nomadic and denotified (NT-DNT communities) were previously excluded from the census. However, prior to the last census, efforts were made to engage NT-DNT communities and ensure an accurate count. Despite this, it is difficult to find consistent and current data on NT-DNT groups.[29] Hinduism is the majority religion in Pune District, practiced by 85.8 percent of the population, followed by Islam (7.4 percent), Buddhism (3.61 percent), Christianity (1.42 percent), Jainism (1.36 percent) and Sikhism (0.29 percent). The most prominent ethnic communities include Marathas, Mahars, Malis, Brahmins, Marwaris, Marwari Jains, Punjabis and Sindhis.

Marathi is the principal language and is the mother tongue of 79.4 percent of the population. In rural areas, Marathi speakers account for 93.8 percent of the population, whereas in urban areas they account for 69.0 percent. Hindi is spoken by the second largest number of people in the District, accounting for 7.2 percent of the total population. The proportion of Hindi speakers is higher in urban areas (10.5 percent) than rural areas (2.6 percent).

25. Symbiosis School for Economics & Teach for India. A Report on the Education Landscape in Pune: For Teach for India. url: https://sse.ac.in/assets/pdf/EdLandscapePune-TFI_SSEReport.pdf

26. Several caste and tribal groups have been marginalized for centuries in India and have experienced the worst forms of discrimination. Soon after independence, the framers of the constitution provided mechanisms to address discrimination against socially and economically marginalized castes, race, and tribes to ensure social justice and remove inequality. For example, Article 17 of the constitution abolishes 'untouchability'. Article 46 requires the state 'to promote with special care the educational and economic interests of the weaker sections of the people, and, of the Scheduled Castes and the Scheduled Tribes, and to protect them from social injustice and all forms of exploitation. Articles 341 and 342 provide that the President may, with respect to any State or Union territory, specify the castes, races or tribes or parts of or groups within castes, races or tribes which shall for the purposes of the Constitution be deemed to be Scheduled Castes or Scheduled Tribe in relation to that State or Union territory.

27. In the state of Maharashtra state, the Constitution recognizes 59 caste groups and their sub-groups as Scheduled Castes and 45 tribal groups as Scheduled Tribes

28. Government of India. (2011). Census of India 2011. Office of the Registrar General and Census Commissioner of India, Ministry of Home Affairs, New Delhi.

29. According to the Government of India's Draft List of Denotified Tribes, Nomadic Tribes and Semi-Nomadic Tribes of India, there are 15 De-Notified Tribes (DNT) and 26 Nomadic Tribes (NT) in Maharashtra. However, the data for Maharashtra pre-dates the 2011 Census. See: http://www.socialjustice.nic.in/writereaddata/UploadFile/Draft%20List%20of%20Denotified%20Tribes%20for%20Mail.pdf. Advocacy groups and media note the need for more accurate data on these communities.

Economic Growth and Industrialization

In rural Pune, the main economic activity is agriculture. 21.90 percent of total workers in Pune are engaged as farmers and 10.24 percent of total workers are engaged as agricultural laborers in the district. Together they constitute 32.14 percent of the total workers of the District. It is important to note that women's work in informal occupations and within the home is rarely counted. However, the overall development of the District is reflected in rural areas, with 99.6 percent of it villages electrified.

Pune is one of the most industrially advanced districts in Maharashtra. Pune also has a well-developed transportation infrastructure and key manufacturing industries. Hadapsar, Gultekdi, Parvati, Baramati, Bhor and Lonavala are co-operative industrial estates[30] within the district. There has been a surge in the industrial growth of Pune in the last two decades. Several new types of industries have entered the Pune industrial belt, the prominent ones being the automobile and information technology (IT) industries. This industrial growth has attracted huge multinational investment, thereby strengthening the economic growth of the region. The combination of increased investments, sprouting of new industries and the Companies Act 2013,[31] has resulted in an increase in the number of corporates engaging in development activities.

Key small-scale industries in the district include the manufacturing of agricultural tools, pumps, engines, cloths, medicines, rubber and plastic items, electrical appliances, vessels and wooden toys. In Pune city, at Kirkee and Dehu Road, there is an arms and ammunition factory set up by the Central Government; Mundva and Junnar are known for paper manufacturing; and Talegaon Dabhade for glass and thermos flasks. Other industries include oil mills and rope making and poultry.[32]

Pimpri-Chinchwad is one of the richest municipal corporations in India due to its trade and commerce activities. Pimpri-Chinchwad city manufactures rickshaw, trucks and scooters. Pimpri suburb within Pimpri-Chinchwad city is known for manufacturing of penicillium. The Maharashtra Industrial Development Corporation (MIDC) has developed large areas in the industrial belt in Chinchwad and Bhosari suburbs for small- and large-scale industries.

Some of the earlier corporates to establish industries in Pune, post-independence in 1947, include Kirloskar industries Garware, Bajaj and Tata, which have now expanded their services and operations globally. The Serum Institute of India Private Limited,[33] a major and key player globally on vaccines is also based in Pune. Multi-national pharma and biotech companies in Pune include MITCON, Lupin and Emcure.

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30. These are established by the Directorate of Industries under the Co-operative Industrial Estates Scheme to relocate industries in urban areas and generate more employment opportunities in rural areas. The minimum land required for formation of co-operative industrial estate is 2 acres. Land is given by the government on a long-term lease. There are 142 registered co-operative industrial estates, out of which 102 are working in Maharashtra.

31. The Companies Act 2013 is an Act of the Parliament of India on Indian company law which regulates incorporation of a company, responsibilities of a company, directors, dissolution of a company.

32. Government of India. (2011). District Census Handbook Pune. Directorate of Census Operations, Maharashtra

33. Serum Institute of India Pvt. Ltd. is the world's largest vaccine manufacturer by number of doses produced and sold globally (more than 1.3 billion doses) which includes polio. Vaccines manufactured by the Serum Institute are being used in around 170 countries across the globe in their national immunization programs.

Since the late 1990s, following the establishment of IT parks at Hingewadi, Pune city has also emerged as a major IT hub in India, alongside Bangalore, Hyderabad and Gurgaon, attracting professional migrants from across the country and globally. There are software industries as well as large scale Business Process Outsourcing industries in Pune and Pimpri-Chinchwad cities. Large IT companies include Infosys, Tata Consultancy Services, Cognizant Technologies, Persistent Systems and Tech Mahindra.

Pune's economic growth is not limited to urban areas. The MIDC industrial area in the village of Ranjangaon about 50 kilometers from Pune, is a well-developed industrial area, including several manufacturing companies such as LG, Whirlpool, Carraro, Fiat, Bombay Dyeing, Maccaferri and Beakaert.

The gendered impact of this district-wide industrialization and economic growth requires further attention and analysis, to assess how and whether girls and women have benefited from this kind of development.

Administrative and Political Systems of Rural Pune District

Typically, in Maharashtra, each district is overseen by a District Collector, who is the state representative for the district and is responsible for both urban and rural administration.

In the case of Pune district, however, the District Collector is primarily responsible for the coordination and implementation of schemes from the district funds, and the implementation of schemes from the state or center in rural Pune. The District Collector is also responsible for the maintenance of law and order in both urban and rural Pune, as Pune city is an "A" grade municipal corporation.

Rural Pune district is governed by a three-tier political system known as the Panchayati Raj or local governance system established under the Maharashtra Zilla Parishad and Panchayat Samiti Act, 1961. Under this three-tier system, there is a Zilla Parishad (ZP) or District Council, at the District level; Panchayat Samitis or Block Council, at the Tehsil/Taluka or Block level; and Gram Panchayats or Village Councils at the village level (see bottom half of Figure 2). This three-tier political system is supported by an administrative bureaucracy, that is similar to the administrative structure at the State and Central levels, to implement the political decisions made by elected political officials.

The ZP or District Council consists of members who are elected for a term of five years. There are seats reserved for SC, ST, backward classes and women. An Indian Administrative Service (IAS) officer or State Civil Service officer, known as the Chief Executive Officer (CEO), is appointed to head the administrative machinery that supports that ZP. The CEO is supported by a Deputy CEO. The ZP is a self-governed body that functions independently. The CEO reports to the District Collector only on issues such as funds allocated under the District Planning Committee's Office or on revenue matters.

The Panchayat Samiti at the Tehsil/Taluka or Block level acts as a coordinating body between the ZP and the Gram Panchayats. These Samitis consist of the block development officer, who is a part of the administrative system, members of under-represented groups (SC/ST and women), associate members (such as a representative of cooperative societies and one from the agricultural marketing services sector) and the elected members of that panchayat block. Like the ZP, the members of the Panchayat Samiti are elected for a term of five years. They elect a chairman and deputy chairman to head the samiti.[34]

A Gram Panchayat is a village level administrative body, with a Sarpanch as its elected head. The Gram Panchayat governs either one large village or a cluster of smaller villages that are divided into wards. Each ward is represented by a Ward Member, or Panch, who is elected by villagers. The term of the elected representatives is five years. The Secretary of the panchayat is a non-elected administrative representative, appointed by the state government to oversee panchayat activities.

These three tiers of local political governance (ZP, Panchayat Samitis and Gram Panchayats) work through the administrative system and its various departments to provide essential services to the local population and implement development schemes sponsored by the central or state government, as well as schemes initiated at the district-level.

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34. The ZP comes under the Department of Rural Development, the District Collectorate comes under the Department of Revenue, and the District Collector is under the General Administration at the State level.

Figure 2: Political and Administrative Structure in India

Government of India
Maharashtra State Government

State Government
Maharashtra State Government

Divisions
Pune Division

Districts
Pune Rural District
Zilla Parishad or District Council

Blocks / Tehsils /Talukas
Panchayat Samiti or the Block Council

Villages
Gram Panchayat or the Village Council
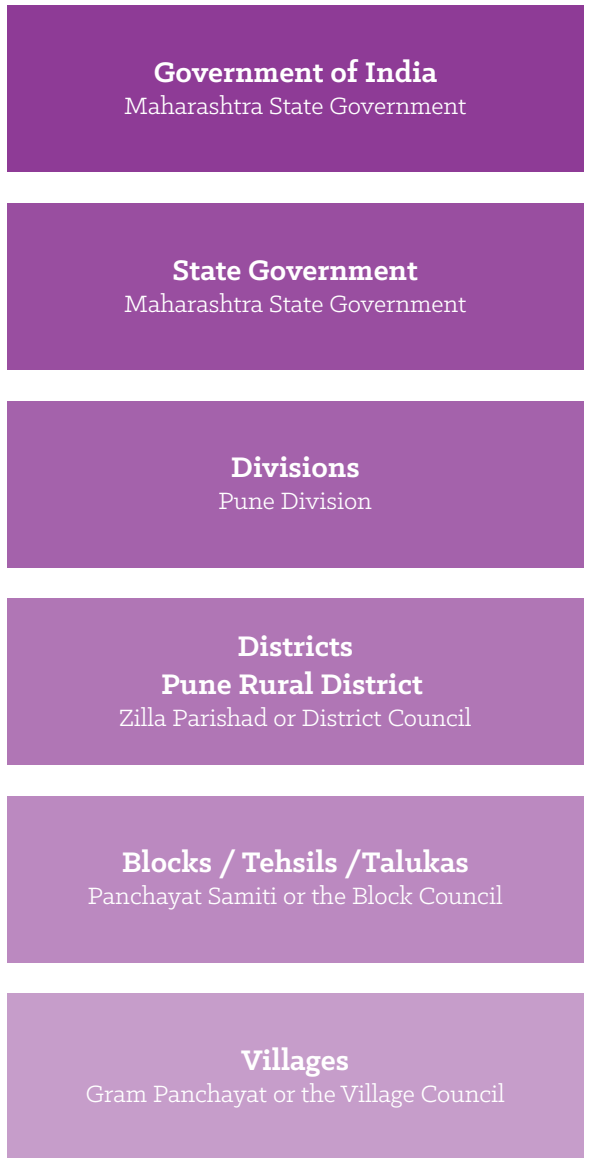
Administrative and Political Control

The ZP of Pune District oversees 13 Panchayat Samitis, which in turn oversee a total of 1,407 Gram Panchayats. The ZP has 75 elected members and the Panchayat Samitis have a total of 150 elected members. Elected members make policy decisions in General Body[35] meetings that take place periodically. The decisions are then implemented by the ZP departments that are under the supervision of the CEO.

The District Planning Committee (DPC) is part of the Planning Department. However, the District Collector's Office is responsible for planning and fund allocation for local needs that are addressed through DPC schemes and funds. The DPC is one of the sources of funding for the ZP, and the majority of funds under the DPC are allotted to rural development. A Guardian Minister, appointed by the Chief Minister of Maharashtra, chairs the DPC and the District Collector is the Member Secretary. Four-fifths of the DPC is composed of elected members of local bodies within the district, both rural and urban, and one-fifth are nominated by the State Government, in consultation with the Chair of the DPC. The District Planning Officer, who reports to the District Collector, is responsible for the allocation of funds to different schemes. The District Statistical Office, a part of the district level machinery, assists the District Collector, with district-level data that informs the allocation and monitoring of funds. Similarly, there are other district level officials who report to their nodal state agencies, but the District Collector is responsible for the co-ordination of their tasks. The revenue department headed by the District Collector is the authorized department at the district level for the General Administration of the entire district (both urban and rural).

Zilla Parishad Departments

The administrative structure of the Pune ZP has individual departments serving specific administrative and programmatic functions.

Administrative Functions

The General Administrative Department (GAD), Finance Department, Gram Panchayat Department (GPD), and the District Rural Development Agency (DRDA) perform general administrative functions.

The GAD is responsible for reviewing all proposals received from various departments for approval by the CEO. This is done through the Standing Committee and the Subject Committees of the ZP. The Standing Committee includes department heads and elected members. It reviews different programs, schemes and approves scheme implementation. It mainly focuses on non-financial collaborations. Subject Committees include the head of the relevant department, the elected member responsible for the department and the project in-charge. Approvals for schemes are granted either by the Standing Committee, the Subject Committees, or the ZP General Body, depending on the cost, because approvals at each level have a financial limit (see Appendix 3). The GAD also oversees appointments, promotions, transfers of class 03 and 04 officials at the ZP with approval from the Divisional Commissioner, and coordinates meetings between ZP departments.

The Finance Department oversees the ZP accounts and finances. The GPD oversees all Gram Panchayats in the district and makes decisions about the implementation of schemes at the village level.

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35. The membership of the General Body consists of elected representatives from the ZP and the District Collector's office.

Figure 3: Administrative Control for Rural Administration

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              ┌─────────────────────────────┐
              │   Divisional Commissioner    │
              └──────────────┬──────────────┘
              ┌──────────────┴───────────────┐
     ┌──────────────────┐         ┌──────────────────┐
     │  Chief Executive │         │ District Collector│
     └────────┬─────────┘         └──────────────────┘
     ┌──────────────────┐
     │Heads of Departments│
     └────────┬─────────┘
     ┌──────────────────┐
     │Block Level Officers│
     └────────┬─────────┘
     ┌──────────────────┐
     │ Adminstrative Staff│
     └──────────────────┘
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It acts as an intermediate agency between the Gram Panchayats and the CEO; reviewing all reports from Gram Panchayats before they are submitted to the CEO. The GPD also controls and monitors taxes from villages. The DRDA is responsible for the implementation of central- and state-sponsored welfare schemes implemented by the ZP for families living below the poverty line (BPL), including coordination with other agencies for scheme implementation.

Programmatic Functions

Programmatic Departments under the ZP include Social Welfare, Health, Agriculture, Women and Child Development (WCD), Education (including Primary Education and Secondary Education), Construction (South and North), Minor Irrigation, Water Supply and Sanitation, and Animal Husbandry. These departments act as nodal or implementing agencies for specific schemes, with officers at the block level and administrative staff at the village level.

Management and oversight of the different departments are the responsibility of the CEO and Deputy CEO. The GAD, Finance, Education, Health, Water Supply and Sanitation and Women and Child Welfare departments report to the CEO, ZP, while the Agriculture, Animal Husbandry, Construction, Social Welfare, Works and Minor Irrigation departments report to the Deputy CEO. The CEO is accountable for the performance of all departments.

The WCD Department is responsible for the implementation of national, state and district level schemes for girls and women in Rural Pune. However, there are other important schemes for girls and women that are implemented by the Health, Education, Social Welfare departments and the DRDA.

Planning, Funding and Implementation of Schemes in Rural Pune District

Central and State Schemes

Central and state schemes are implemented in rural Pune district by the ZP, after being requested by or assigned to the district. If a district makes a case for implementing a central scheme, the request is first raised by the concerned department head to the District Collector, who forwards the request to the counterpart department in State government, who in turn forwards the request to the central government. Allocation of funds to state and central schemes is done at the discretion of the government machinery at the concerned level, based on their priorities.

Most schemes being implemented in rural Pune have been assigned to the district by the central or state government. The decision to implement a central or state scheme in a district is taken based on that district's performance on certain indicators. For example, the central girls' education and empowerment scheme, **Beti Bachao Beti Padao,** was not implemented in Pune until its second phase because Pune district fared better on the scheme's indicators than the 100 districts selected in the first phase.

The implementation of a central or state scheme begins with the administrative issuance of a Government Resolution (GR) to the concerned department or nodal agency within the ZP administration. This is followed by a micro-planning exercise in each Gram Panchayat to determine the needs of the village that could be met under the scheme. This exercise is supervised by department-specific block-level officials. The GR permits the district to modify program components, especially those related to program

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36. CESS funds are the funds collected by the ZP through taxes levied at the village level through the Gram Panchayat. The use of these funds is at the discretion of the ZP

implementation, based on local needs. The concerned ZP department or nodal agency then develops a proposed budget and plan of expenditure based on the guidelines in the GR, which is approved by the General Body of the District administration and then submitted to the source agency/department at the state or the center for approval and disbursal of funds.

Funds supporting the central schemes are transferred directly to the ZP by the Central Ministry. During the implementation of schemes, if the allotted funds are not sufficient, a request for extra funds or modification of scheme components is made by the district, via the concerned department at the state level, to the source agency/department at the central level, which reviews the request and decides whether or not to release additional funds.

Funds for state-sponsored schemes flow to the ZP based on Program Implementation Plans (PIPs) that are approved by the DPC and become a part of the annual district plan. Funds are directly allocated to the ZP for schemes that do not come under the DPC. Some schemes are partially funded by a combination of funds from the center, the state and the district CESS funds,[36] with a higher proportion of the funding covered by the body initiating the scheme.

The impact of district level budgeting for girls and women (compared to boys and men) is unclear because currently no gender analysis of the district budget has been conducted. Gender budgeting and auditing are essential to better understand and strengthen the ways in which girls and women benefit from district allocations.

District-level Schemes

There are two kinds of schemes planned at the district level – development and infrastructure. Development schemes focus on needs of the population related to health, education, water, sanitation and employment. Infrastructure schemes focus on strengthening and developing infrastructure to support development. Both have the potential to improve the lives of girls and women by providing access to crucial resources. In addition to funds for development and infrastructure schemes, there is an innovation fund which can be used at the discretion of the ZP.

A) Development Schemes

Planning for district-level development schemes takes places within the District Planning Committee's (DPC) Office in the District Collectorate or District Collector's Office. Schemes under the DPC cater to the local needs of the district. A plan is submitted to DPC a year before it is implemented. The process for the allocation of funds for district schemes is as follows:

- Departments propose schemes they would like to implement at the district level, including the physical targets for each scheme.

- This is reviewed by the recommended subject committee, for example, the Woman and Child Welfare Committee for schemes proposed by the Women and Child Development Department and, if required, by the Standing Committee and the General Body of the ZP, depending upon the level of funds requested.

- Once approved by the recommended body, the plan is submitted to the DPC for approval to implement. The DPC exercises the authority to allocate funds at the district level for schemes catering to the general population and SC/ST.

- The DPC Office revises the proposal based on any recommendations of the DPC, altering the demands of elected representatives within the limits of the budget and guidelines in the GR.

- If approved, the funds for the proposed scheme are allocated in the next financial year.

B) Infrastructure Schemes

Infrastructure schemes are pre-defined by the state government and sent to the DPO. The District Collector reviews and presents them at the DPC which then grants funds to implement the schemes. The DPO, with the support from the other departments at the District Collectorate, oversees their implementation, which is done by ZP departments and some state agencies, such as the Public Works Department (PWD). These schemes address the infrastructure needs in the district to ensure better implementation of development schemes. The process for allocating funds for these schemes is as follows:

- A list of schemes to be implemented in the district, along with their budget allocations, is shared by the state government with the DPC.

- Those schemes eligible for Pune district are selected and shared with the concerned ZP departments

- ZP departments are asked to submit a plan and projection of required funds to their respective subject committee for approval.

- The plan is then submitted to the office of the DPC headed by the DPO for review of the funds requested and final grant approval.

- This approved draft is then presented to the DPC which gives the final approval or suggests modifications. Often there is a demand from the departments for more funds than are available. When the requested funds exceed what is available, the plan may be sent to the State Planning Department with a request for additional funds.

- Once the funds are finalized and disbursed to the office of the DPC they are allotted to the respective departments.

Once the funds are received for development and infrastructure schemes, each department issues orders to block-level officials for the implementation of the scheme. The block-level officials forward instructions for scheme implementation to their department administrative staff at the village level. Capacity-building activities under schemes are conducted as mandated and budgeted under the schemes. Each scheme has a monitoring template that has to be populated with data at every level of implementation. However, the extent to which these templates are used is unclear.

C) The Innovation Fund

The innovation fund comprises three percent of the DPC's total budget. It is used for schemes developed by departments of the ZP, the Municipal Corporation or the Home Department to address needs that are not addressed by central, state and other district level schemes. Departments applying for the Innovation Funds have to justify that the funds are needed for an innovation and the costs do not include any repair works. The funds also provide supplemental support to schemes requiring more resources, or to infrastructure investments that improve the quality of life for girls and women, such as installing street lights and building toilets for girls and women. For example, in fiscal year 2017-18, a part of the innovation fund was allotted to the WCD Department for the installation of sanitary napkins vending machines and incinerators in rural Pune district.

Status of Girls and Women in Pune District

There is room for significant improvement in the status of women and girls in Pune District. Despite growing urbanization, economic prosperity, industrialization and increasing levels of literacy, girls and women of Pune do not enjoy equal status to boys and men on a range of important indicators. This reflects a national trend – high economic growth but low progress on gender equality.[37]

37. Woetzel, J., Madgavkar, A., Gupta, R., Manyika, J., Ellingrud, K., Gupta, S. & Krishnan, M. (2015). The Power of Parity: Advancing Women's Equality in India. McKinsey & Company.

Low and Declining Sex Ratio

Since the 1981 census, the skewed and declining sex ratio has been central to any discussion on girls and women's status in India. Research studies, media reporting and anecdotal evidence have brought to the light the rampant misuse of amniocentesis testing technology to determine the sex of the fetus and then eliminate it if is determined to be female. Maharashtra was the first state to pass the Regulation of Pre-Natal Diagnostic Techniques Act 1988 banning the misuse of these technologies for sex determination in 1988. In 1994, India passed the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, (PNDT). This act banned the use of sex selection techniques before or after conception. The Act was amended in 2003 to the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, (PC-PNDT) to specify the techniques of sex selection and cover new technologies such as the ultrasound in its ambit.[38] The situation on the ground, however, did not change much. Censuses in 2001 and 2011 revealed continued deterioration of the situation in northern states like Haryana, Punjab, Rajasthan and parts of Uttar Pradesh.

Census 2011 found a declining sex ratio at birth in India. Despite its higher economic status compared to other states, the census showed that Maharashtra had the second lowest sex ratio in the country, at 918 females per 1000 males, only slightly better than the sex ratio in Rajasthan. Beed District, with a sex ratio of 801 had the lowest sex ratio among all districts in Maharashtra.

Table 1: Sex ratio[39] Across Age Groups in Pune District[40]

AGE GROUPS	SEX RATIO		
	TOTAL	RURAL	URBAN
0-4	887	873	897
5-9	877	873	879
10-14	889	896	884
15-19	868	874	863
20-24	912	927	904
25-29	915	906	920
30-34	885	922	866
35-39	920	977	890
40-44	906	941	886
45-49	950	966	941
50-54	923	943	910
55-59	962	996	941
60-64	1053	1146	989
65-69	1072	1155	995
70-74	1003	982	1025
75-79	997	943	1050
80+	1104	1056	1151
Age not stated	880	897	874

Pune ranked amongst the lowest five districts, with a sex ratio of 915 per 1,000 males, which is lower than the State level. The ratio is alarming in both urban (904 females per 1,000 males) and rural Pune (932 females per 1,000 males), with the urban disparity being higher. The age-specific distribution of the sex ratio is particularly worrisome (Table 1).

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38. The 2003 amendment was brought about due to efforts of women's groups, such as MASUM, who filed a PIL (public interest litigation) in the courts.

39. Sex ratio in India is defined as the number of women per 1,000 men.

40. Government of India. (2011). Census of India 2011. Office of the Registrar General and Census Commissioner of India, Ministry of Home Affairs, New Delhi.

In the 0-4 age group, where the impact of sex-selection technology is likely to be high compared to other factors such as sex-differentials in mortality, the levels are shockingly low – 877 girls to 1,000 boys in the rural area and 897 girls to 1,000 boys in the urban areas. Up to the age of 19 years, the sex ratio remains far below 900, indicating that girls in Pune are discriminated against throughout their childhood and adolescence. The sex ratio begins to improve after age 19, although levels continue to remain worryingly low and drop between the ages of 30-34.[41]

The sex ratio is not only low, but it shows a declining trend (Figure 4). A low and declining sex ratio is the result of many factors, including strong preference for sons over daughters and neglect of the girl child resulting in higher mortality at younger ages.[42] More importantly, declining fertility and state-level policies stressing the 'small family norm,'[43] seem to further reinforce prevailing norms around son-preference and practices against female children. With increasing preference for small family size, most parents prefer at least one son. There are few 'girl child only' families in many parts of India, including Maharashtra.[44]

It is important to note that in the higher age groups, sex ratio becomes favorable to women largely due to increasing life expectancy of women in older age-groups. This presents another dilemma: an increasing number of single women-headed households in the older ages with a weak support system and compromised safety.
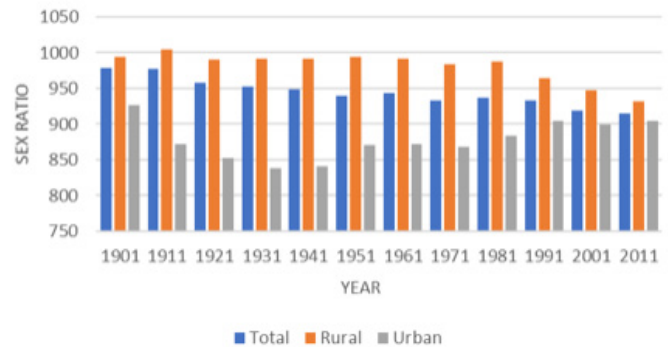
Figure 4: Declining Sex Ratio, 1901-2011, Pune District

The Practice of Child Marriage Continues, Adversely Impacting Women's Health and Autonomy

The continued practices of early and forced marriage and the role that girls play in child and family care define the broader normative framework for the lives of girls and women in Pune as elsewhere in India. One in four girls (25 percent of girls) in Pune district marry before the age of 18. The proportion of girls married as children is as high as one in three (33 percent) in rural areas and one in five (20 percent) in urban areas.[45]

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41. Further inquiry is required to understand the reasons for this drop.

42. Barakade, A.J. (2012). Declining Sex Ratio: An Analysis with Special Reference to Maharashtra State. Geoscience Research, ISSN: 0976-9846 & E-ISSN: 0976-9854, Volume 3, Issue 1

43. For more information about national and state-level population policies, see: add references on national and state policy; and The Hunger Project. (June 2013). Nine Facts about "Two-Child Norm". The Hunger Project, New Delhi

44. John, M.E. (2018). The Social Economy of Sex Selection: Exploring Family Development Linkages. A Draft Report. New Delhi: Centre for Women's Development Studies

45. National Family Health Survey-4 (NFHS-4), 2015-16

Early marriage is often followed by early pregnancy, with increased risks of maternal, infant and perinatal and neonatal mortality. One in ten girls aged 15-19 is already pregnant or a mother in rural Maharashtra.[46] A qualitative study on delaying the first pregnancy in Maharashtra, Rajasthan and Bangladesh [47] found that most of the married young women interviewed were married by 18 years of age, with the large majority marrying between 15 and 18.[48] Most first pregnancies in Maharashtra took place within a year of marriage. There was a higher proportion of early pregnancy in Maharashtra, compared to Rajasthan and Bangladesh, a worrisome fact since young mothers are more likely to have a low birth weight baby, which in turn is a risk factor for malnutrition in childhood.

Early marriage is also associated with reduced levels of autonomous decision-making and self-efficacy. Although, there is a generally high awareness and knowledge about birth control methods, it does not translate into use of contraceptives. Women, particularly the young and newlywed, feel that they cannot discuss these issues with their husbands, and their ability to delay a first pregnancy is contingent on consent and agreement of the husband.[49] A survey conducted across five Indian states, `including Maharashtra, highlighted that young women who had married at age 18 or older were more likely than those married before age 18 to be involved in planning their marriage, reject wife beating, use contraceptives, delay their first pregnancy, and have their first birth in a health facility.[50] They were also less likely than women who had married

early to have experienced physical or sexual violence in their marriage or to have had a miscarriage or stillbirth.

Girls' And Women's Sexual and Reproductive Health and Nutrition Continue To Lag Behind Male Counterparts

On indicators for sexual and reproductive health, girls and women of Pune fare reasonably well in terms of ante-natal care (ANC) and institutional deliveries but not in the use of contraceptive methods for spacing births. 83 percent of women in rural Pune and 86 percent of women in urban areas have had at least four ANC check-ups, while 94 percent and 93 percent of women had institutional deliveries in urban and rural Pune, respectively.[51]

While the Government of India stresses the need for voluntary family planning, schemes addressing sexual, reproductive and maternal health do so against the backdrop of state-level population policies which encourage parents to limit their families to two children and create disadvantages for couples with more than two children. Disadvantages include disqualification from panchayat council positions and denial of certain public services and government welfare programs, including maternal and

46. NFHS-4, 2015-16

45. National Family Health Survey-4 (NFHS-4), 2015-16

46. NFHS-4, 2015-16

47 Sethuraman, K., Sujjarappa, L., Kapadia-Kundu, N., Naved, R., Barua, A., Khoche, P., & Parveen, S. (2007). Delaying the First Pregnancy: A Survey in Maharashtra, Rajasthan and Bangladesh. Economic & Political Weekly, 42(44)

48. Pune's urban slums and Aurangabad District were a part of the study sites in Maharashtra.

49. Sethuraman, K., Sujjarappa, L., Kapadia-Kundu, N., Naved, R., Barua, A., Khoche, P., & Parveen, S. (2007). Delaying the First Pregnancy: A Survey in Maharashtra, Rajasthan and Bangladesh. Economic & Political Weekly, 42(44)

50. Santhya, K.G., Ram, U., Acharya, R., Jejeebhoy, S.J., Ram, F., & Singh, A. (2010). Associations Between Early Marriage and Young Women's Marital and Reproductive Health Outcomes: Evidence from India. International Perspectives on Sexual and Reproductive Health, 36(3):132-9. doi: 10.1363/ipsrh.36.132.10.

51. National Family Health Survey-4 (NFHS-4), 2015-16

child health programs.[52] Maharashtra adopted the two-child norm in 2003, with retrospective effect from September 2002. Studies indicate that the norm does reduce the likelihood of third or higher parity births. However, they also show that due to the norm, women opt for abortions (including sex selective abortions) or sterilization to prevent pregnancies, and that men and women have to abandon either their panchayat council posts or their children to retain their posts.[53] Other detrimental impacts include women being admitted to hospitals for delivery under the wrong name, neglect and death of female infants, women seeking late term abortions, bigamy, desertion, denial of paternity of the third child and allegations of infidelity, and women exposed to violence from their opponents.

It is also notable that institutions receive a financial incentive for each sterilization performed, and individual women living both below and above the poverty line receive payment for opting for sterilization (see Appendix 4, Factsheet on the National Rural Health Mission for more details).

Not surprisingly then, female sterilization continues to be the most adopted family planning method. As many as 61 percent of women are sterilized in rural Pune, and 52 percent in urban Pune. In Maharashtra, the mean age for female sterilization is 27 years old,[54] and this statistic is applicable to Pune as well. The next most adopted method is condoms, with 11 percent of women in urban Pune and 5 percent of women in rural Pune relying on their partners to use condoms. While the onus of contraceptive use remains on women, they have very little autonomy and decision-making power in this regard. The lack of autonomy adversely impacts their contraceptive use, resulting in early pregnancies, frequent child birth and high parity,[55] despite high awareness of contraceptive methods.

Additionally, half the women in the 15-49 age group in both urban and rural Pune are anemic.[56] An adolescent reproductive health program in Pune found that the overall prevalence of anemia among adolescent girls from urban and rural schools was 59.5 percent. Anemia affects the overall nutritional status of adolescent females, puts them at risk of adverse pregnancy outcomes, including maternal deaths, and reduces productivity. Notably, the primary cause for the problem among girls is not the lack of nutritious food, but a consequence of their low status within the household, as that they often eat last, receiving less food with lower nutritive value.[57]

Almost a quarter of women in rural Pune (23.4 percent) and 15 percent in urban areas have a Body Mass Index (BMI) lower than normal (BMI < 18.5 kg/m2),[58] indicating poor nutritional status. The BMI of men is higher than women in both rural and urban Pune.[59] This sex difference also exists in adolescent and younger age cohorts. A survey of nutritional status in six villages in Pabal found that young women have significantly lower BMI than their male peers.[60]

52. For more information see: Visaria, L., Acharya, A. & Raj, F. (2006). Two-Child Norm: Vicitimising the Vulnerable? Economic & Political Weekly, 41(1), 41-48; Chayanika. (2001). Maharashtra State Population Policy. Issues in Medical Ethics, IX(1), 22-23; and The Hunger Project. (June 2013). Nine Facts about "Two-Child Norm". The Hunger Project, New Delhi

53. Anukriti, S. & Chakravarty, A. (2014). Fertility Limits on Local Politicians in India; Buch, N. (2005). Law of Two-Child Norm in Panchayats Implications, Consequences and Experiences. Economic & Political Weekly, 40(24), 2421-2429

54. Government of India, Ministry of Health and Family Welfare. (2015-16). National Family Health Survey-4 (NFHS-4). International Institute for Population Sciences, Mumbai.

55. Patrikar, S. R., Basannar, D. R., & Seema Sharma, M. Women empowerment and use of contraception. Medical Journal, Armed Forces India. July 2014, 70(3): 253–256. doi: 10.1016/j.mjafi.2013.12.014

56. National Family Health Survey-4 (NFHS-4), 2015-16

57. Pande, R., Kurz, K., Walia, S., MacQuarrie, K. & Jain, S. (2006). Improving the Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-based Interventions. Washington, D.C.: IHMP & International Center for Research on Women.

58. Barker M, Chorghade G, Crozier S, Leary S & Fall C. Socio-Economic Factors, Lifestyle and Gender Differences in Body Mass Index in Rural India, Journal of Nutrition, Dec 2016; 136(12): 3062–3068. doi: 10.1093/jn/136.12.3062

59. Barker et al, 2016

60. Barker et al, 2016

High Rate of School Dropouts Among Girls

Pune has high literacy rates[61] at 86 percent in both rural and urban areas, with male literacy higher than female literacy. More girls are going to schools and gender disparities in schooling are narrowing.

Table 2: Literacy Rates in Pune[62]

REGION	MALE (%)	FEMALE (%)
Urban	92	86
Rural	88.26	73.23
Pune District total	91	81

However, the District Information System for Education (DISE, 2011-2012, UNICEF) and the Department of Education report that school drop outs continue to be high among girls both in urban slums and rural areas of Pune, particularly at the secondary and senior secondary levels. This reflects national and state trends. While 69 percent of females aged 6 and above have ever attended school nationally, 77 percent in Maharashtra, 82 percent in Pune District, this drops to 36 percent for women who have 10+ years of schooling nationally, 42 percent in Maharashtra and 53 percent in Pune District and as low as 39 percent in rural Pune.[63] An evaluation of a reproductive and sexual health and family planning project for adolescent girls in Pune district found that 28 percent of girls aged 15-19 dropped out of school in the project area.[64]

The reasons for school drop outs in India include distance to schools and lack of transportation, lack of toilets in schools, and patriarchal norms and household responsibilities including baby-sitting younger siblings.[65] The fear of sexual harassment either on the way to school or at school prevents parents sending their girls to schools, especially for secondary education.[66] Menstrual hygiene management and inadequate school sanitation facilities also have an adverse effect on adolescent girls academic performance and school attendance, especially in rural settings,[67] including lack of disposal facilities, common toilet entrances for boys and girls, no locking system on doors and lack of privacy.

Infrastructure and capacity constraints such as the lack of female teachers, low teacher-student ratios, high absenteeism among teachers, also result in girls leaving school.

According to India's Annual Status of Education Report 2016, even though primary enrollment is high at 96.9 percent, particularly due to the Right to Education (RTE),[68] learning outcomes remain deficient[69]. Only 42.5 percent of students in grade 3 can read a grade 1 text.[70] The lack of quality education and limited chances of getting employed act as deterrents to send girls to school, as parents do not see adequate returns to the education of their girls.

61. The definition of literacy in the Indian Census is defined as the total percentage of the population of an area at a particular time aged seven or older who can read and write with understanding.

62. Government of India. (2011). Census of India 2011. Office of the Registrar General and Census Commissioner of India, Ministry of Home Affairs, New Delhi.

63. National Family Health Survey-4 (NFHS-4), 2015-16

64. Institute of Health Management Pachod (IHMP). (2017). Baseline Study. Integrated RSH & Family Planning Project for Adolescent Girls and Young Married Women in Karanjvihire PHC, Pune district. Pachod, Maharashtra: Institute of Health Management Pachod (IHMP)

65. All India Institute of Local Self Government. Framework for Developing Women Friendly City – Pune, Pune Municipal Corporation, 2013-2014; Part I &II. (2014). Gender Budget. Pune Municipal Corporation. url: https://pmc.gov.in/en/gender-budget

66. Modi A. (2017). Giving Girls Wings to Fly: Tools to Empower Adolescent Girls in Rural Communities in India. Washington DC: Center for Universal Education at Brookings.

67. Bodat S., Ghate M.M., Majumdar J.R. School Absenteeism during Menstruation Among Rural Adolescent Girls in Pune. Natl J Community Med 2013; 4(2): 212-216.

68. The Right of Children to Free and Compulsory Education Act or Right to Education Act (RTE), is an Act of the Parliament of India which makes education a fundamental right of every child between the ages of 6 and 14 and specifies minimum norms in elementary schools. The RTE Act also provides for 25 percent reservations for children belonging to economically weaker sections (EWS) in private schools.

Economic Empowerment: Livelihoods and Asset Ownership Among Women[71]

Only 27.5 percent of women compared to 57.1 percent of men are engaged in formal work in Pune district.[72] This mirrors national trends of women's low participation in the formal workforce, despite India's economic growth. Women form only 24 percent of the labor force engaged in any form of work in the market economy in India, compared with the global average of 40 percent.[73]

In urban Pune, 19 percent women, compared to 56 percent men, are engaged in the formal work force either as a main or marginal worker.[74] In rural areas, the percentage of women engaged in the work force either as main or marginal workers is 40.5 percent, almost double that women in urban areas.

Table 3: Male and Female Literacy Rates in Pune[62]

WORKFORCE PARTICIPATION	TOTAL (%)		RURAL (%)		URBAN (%)	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Overall work force participation	57.1	27.5	58.3	40.5	56.3	19.1
Main work force participation	54.0	24.2	55.0	35.5	53.4	16.9
Marginal work force participation-marginal	3.1	3.3	3.3	5.0	2.9	2.1
Cultivators	9.8	7.8	24.4	19.4	0.6	0.2
Agricultural laborers	3.7	4.1	8.9	10.1	0.4	0.2
Household industry[75] workers	1.1	0.8	1.1	0.8	1.1	0.8
Other[76]	39.5	11.5	20.6	5.3	51.3	15.6

69. Due to the RTE, young children are entering into the public and private school system in India and schools have better infrastructure. However, there is a lack of focus on quality education. The percentage of children with reading and writing skills as per their standard of study is significantly low, and the learning standards of the economically disadvantaged groups in private schools are much lower than the rest. Thus, children come out of the school system ill-prepared.

70. Modi A., 2017

71. The 3D Program has commissioned a separate evidence review of what works for women's economic empowerment, including a focus on initiatives in Pune and Maharashtra. More details on the economic empowerment of girls and women in Pune are available in the report which can be found at www.the3dprogram.org.

72. Government of India. (2011). Census of India 2011. Office of the Registrar General and Census Commissioner of India, Ministry of Home Affairs, New Delhi.

73. Woetzel, J., Madgavkar, A., Gupta, R., Manyika, J., Ellingrud, K., Gupta, S. & Krishnan, M. (2015). The Power of Parity: Advancing Women's Equality in India. McKinsey & Company.

74. The Census of India defines a main worker as a person who has worked for major part of the reference period (i.e. six months or more during the last one year preceding the date of enumeration) in any economically productive activity. A marginal worker is a person who worked for less than six months of the reference period, i.e., in the last one year preceding the date of enumeration in any economic activity.

75. Household industry is defined as an industry conducted by one or more members of the household at home or within the village in rural areas and only within the precincts of the household in urban areas. The larger proportion of workers in household industry should consist of members of the household. The industry should not be run on the scale of a registered factory which would qualify or must be registered under the Indian Factories Act and should be engaged in manufacturing, processing, servicing and repairs of goods. The activity relates to production, processing, servicing, repairing or making and selling of goods. It does not include professions such as a doctor, musician, dancer, waterman, astrologer, dhobi or barber or simply trade or business, even if such professions, trade or services are run at home by members of the household.

76. All those workers other than cultivators or agricultural laborers or household industry workers are classified as "Other Workers".

Workforce participation of women in urban Pune is less than in rural areas in all categories of workers, including 'other worker' category.[77] A possible reason for this could be that in urban areas women in informal work are not counted.

In urban areas, women slum dwellers are engaged in informal work as domestic workers, construction workers, daily wage labor, waste pickers, street vendors and cooks. The work is highly gendered, with over 70 percent of waste pickers in Pune city being women[78] and around 96 percent of domestic workers being women.[79] These jobs are temporary in nature, geographically dispersed, isolated, part-time, do not provide regular income, and have limited welfare benefits.[80] Younger women from slum areas are now joining private sector jobs in private hospitals, marketing, social work and in private schools. Among these women, professionals such as doctors, accountants and lawyers are few but rising. In urban slums of Pune, women are also self-employed and run small businesses, such as tailoring shops, beauty parlors, ironing shops and tea stalls.[81]

Women from higher socio-economic status groups have secured professional positions as doctors and professors, among others. However, these women form a very small percentage of the total female labor–force in urban Pune, and they face gender-based discrimination and harassment at their workplace.[82]

In terms of asset ownership, very few women own property and land registered in their names in Pune District. Only 10 percent of women in urban Pune and 16 percent of women in rural Pune have houses registered in their names. In urban areas, most jointly own their houses with their husbands. Land ownership is limited to small numbers of women, even in rural areas. However, a substantial number of women in both rural and urban areas have savings bank accounts and use them, although they do not necessarily control their accounts. Possession and use of a mobile phone[83] is high in both rural (54 percent) and urban (75 percent) areas.

Table 4: Asset Ownership by Women in Rural and Urban Pune, NFHS-4 2015-16

ASSET OWNERSHIP BY WOMEN	URBAN (%)	RURAL (%)
Owns house alone only	9.54	15.66
Owns house jointly	49.12	26.93
Owns land alone	1.3	7.85
Owns land jointly	36.8	20.45
Owns mobile phone for us	75.32	53.58
Women has savings account and uses it	55.2	49.57

77. Government of India. (2011). Census of India 2011. Office of the Registrar General and Census Commissioner of India, Ministry of Home Affairs, New Delhi.

78. Chikarmane, P. (2014). Informal Economy Monitoring Study: Waste Pickers in Pune, India. Manchester, UK: WIEGO. url: http://www.wiego.org/wiego/informal-economy-monitoring-study-iems-publications#wp

79. All India Institute of Local Self Government. Framework for Developing Women Friendly City – Pune, Pune Municipal Corporation, 2013-2014; Part I &II. (2014). Gender Budget. Pune Municipal Corporation. url: https://pmc.gov.in/en/gender-budget; and Kabeer, N., Milward, K. & Sudarshan, R. (2013). Organizing Women Workers in the Informal Economy. Gender & Development, 21(2), 249-263. doi: 10.1080/13552074.2013.802145

80. SWaCH a waste picker collective in Pune City, has a Memorandum of Understanding (MoU) with the PMC, under which SWaCH waste pickers are entitled to certain welfare benefits. For more information, see: https://swachcoop.com/

81. All India Institute of Local Self Government. Framework for Developing Women Friendly City – Pune, Pune Municipal Corporation, 2013-2014; Part I &II. (2014). Gender Budget. Pune Municipal Corporation. url: https://pmc.gov.in/en/gender-budget

82. All India Institute of Local Self Government, 2013-2014

83. Information on whether these mobile phones are smart phones is not available.

Gender-Based Violence in Private and Public Spaces

Girls and women face gender-based violence at all points of the life cycle.[84] This violence is compounded by discrimination in education, health, nutrition, employment and income. India has the greatest excess female child mortality in South Asia, the highest number of child brides in the world, and as many as one-third of women experiencing intimate partner violence.[85] There is limited availability of data on the prevalence of other forms of violence like child abuse, dowry related violence and workplace harassment. However, there are increased efforts to educate people on what constitutes violence and harassment of women. There is also an effort to crowd source data on violence in public spaces, such as the Safecity platform.[86]

Data on violence against women in Pune is limited to small research studies, and data released by the National Crime Record Bureau (NCRB) and the Pune Police. A study conducted in urban slums found the prevalence of physical, psychological and sexual violence among women was as high as 61.5 percent, 73.3 percent and 65.2 percent, respectively. The primary causes identified included familial stressors such as low-income, low-education and having many children.[87] A study on attitudes on intimate partner violence in Pune, found that men and older adults were more likely to agree that slapping a wife was a justified response to at least one of the presented scenarios,[88] and to support the right of

Indian husbands to have excessive power in a marriage.[89] Among women, 22 percent felt that a man is justified in beating his wife if she neglects her children and 33 percent felt that a man is justified in beating his wife if she disrespects in-laws.[90]

The safety of women in public spaces in Pune city, such as on public transportation, has come into sharp focus over the past five years, with increased media coverage and public outrage at violence faced by women of all social classes and age groups.[91] With this growing movement, women's and workers' advocates are claiming the right to urban spaces.[92] Pune Municipal Corporation has also developed a framework for developing a 'women friendly city'.[93]

84. Solotaroff, J.L. & Pande, R.P. (2014). Violence against Women and Girls: Lessons from South Asia. South Asia Development Forum. Washington, DC: World Bank. doi:10.1596/978-1-4648-0171-6.

85. Solotaroff, & Pande, 2014

86. For more information, see: http://safecity.in/

87. Ruikar, M.M. & Pratinidhi, A.K. (2013). Wife Abuse in Urban Slum of Pune. Medical Journal of Western India, 41(1), 23-26.

88. The presented scenarios include if a wife's refuses to do what her husband tells her to do, if she insults her husband when at home, if she insults his parents, if she insults her husband in public, if she neglects her children, if she wears inappropriate clothing, if she comes home drunk, if she hits him first during an argument, and when a man learns that his wife is having an affair with another man.

89. Chandra, S. (2016). Intimate Partner Violence (IPV) in Pune, India: A Comparison of Male and Female Attitudes, and Use of the WAST to Measure IPV among Indian Men. Department of Global Health. McMaster University, Ontario. url: http://hdl.handle.net/11375/19089

90. National Family Health Survey-4 (NFHS-4), 2015-16

91. Madan, V. N. (2017). Gender Inclusive Urban Planning in Pune City. International Journal of Engineering Research, P-ISSN:2347-5013 & E-ISSN:2319-6890, 7(2), 168-170.

92. Public safety of girls and women in Pune City will be addressed in a more detailed review and report to be published by the 3D Program in 2019. For more information on claiming public spaces, see: Chikarmane, P. (2016). Public Space, Public Waste, and the Right to the City. New Solutions: A Journal of Environmental and Occupational Health Policy, 26(2), 289-300 and Phadke, S., S. Khan and S. Ranade, Why Loiter? Women and Risk on Mumbai Streets. New Delhi, Penguin Books, 2011.

93. All India Institute of Local Self Government. Framework for Developing Women Friendly City – Pune, Pune Municipal Corporation, 2013-2014; Part I &II. (2014). Gender Budget. Pune Municipal Corporation. url: https://pmc.gov.in/en/gender-budget

Even though many IT companies provide private cab and bus services for their employees, transport facilities are still inadequate, largely due to poor public transport and city infrastructure. A survey conducted by the Centre for Development Planning & Research in Pune on sexual harassment in buses in Pune city found that 83 percent of women who travelled in public buses have experienced some form of sexual harassment. The Associated Chambers of Commerce of India's (ASSOCHAM) random survey of women in Pune found that 100 percent of respondents felt very strongly that the problem of insecurity faced by women is bigger than any other problem faced by women. Almost 50 percent of women surveyed said that buses were the most unsafe form of transport, with the most common forms of harassment being verbal (making lewd comments), visual (staring and leering) and physical (touching, groping or leaning over).[94]

Research indicates that in urban areas, violence in public spaces against women is more likely to be committed by non-partners, around public toilets, schools and bars and in secluded areas. For example, women and girls in Pune and Mumbai face risks of violence if they walk alone to use community toilets located away from their houses, especially at night.[95]

Registered rape cases in Pune city increased by 26 percent in 2016. In 2015, 280 rape cases were registered with Pune city police. In 2016, the number of rape cases registered with the police went up to 354.[96] The city's crime rate is 89.2 per one lakh population, higher than the average of 77.2 for 19 metropolitan cities assessed by the NCRB. In 2015, registration of cases involving crimes against women saw a rise in the rural district, too. Data released by Pune Rural Police in 2015, indicates a 44 percent increase in the number of molestation cases and 20 percent rise in rape cases.

NCRB data recorded under the Scheduled Caste and Scheduled Tribe (Prevention of Atrocities) Act indicates that in Maharashtra, the majority of atrocities committed against SCs are committed against women. These crimes include murder, attempted murder, grievous hurt, assault on a woman with the intention to outraging her modesty, rape and sexual harassment, arson, robbery, dacoity, assault, stalking and voyeurism.[97]

94. All India Institute of Local Self Government, 2013-2014

95. United Nations Human Settlements Programme (UN Habitat). (2013). State of Women in Cities 2012-2013: Gender and the Prosperity of Cities. Nairobi: UN Habitat. url: https://unhabitat.org/books/gender-and-prosperity-of-cities-state-of-women-in-cities-20122013/

96. As per the Pune City Police. This increase may also be due to increased reporting of cases.

97. Disaggregated data on violence against women by caste and community in Pune is difficult to fine. A more detailed review and report focused on the public safety of girls and women is underway in which attempts will be made to present a disaggregated picture of violence against women belonging to different communities in Pune.

Programs for Girls and Women in Rural Pune in 3D Priority Areas

Key Stakeholders and Implementers

The 3D Program for Girls and Women has identified three key stakeholders implementing programs for girls and women: government, civil society and the private sector. This section describes the range of schemes and programs implemented by these three stakeholders in rural Pune to address the empowerment of girls and women in three priority areas of the 3D Program: health, education, and safety. An analysis of programs and schemes for the fourth priority area, economic empowerment, is not included in this review, but is covered in detail in a companion piece entitled, Economic Programs in India: What Works for the Empowerment of Girls and Women.[98]

Government schemes implemented in Pune Rural District include central, state and district level schemes. These schemes leverage large-scale systems and resources and have the potential to impact the lives of girls and women across the district in a sustainable way. A review of government documents and websites revealed the range of schemes with the explicit mandate or potential to impact the lives of girls and women in Pune District.[99] The schemes described in this section and in the fact sheets in Appendix 4, are those that focus specifically on impacting key indicators of gender equality in health, education and safety.

Civil society organizations range from small, informal voluntary organizations to large, structured, non-profit implementing organizations that receive government, private and corporate funding. Some serve as implementing agencies for government or corporate programs, while others have their own mandate and programs. The landscape analysis included a review of twenty CSOs implementing activities for girls and women in Pune Rural District.[100] This section describes those activities addressing the health, education and safety of girls and women. It does not aim to be exhaustive, but rather provides examples of different approaches and the range of expertise of CSOs working in Pune Rural District.

Private sector engagement in social development programs has increased and changed, since the introduction of the India`s Companies Act, 2013, which requires 2 percent of a company's net profit be spent on corporate social responsibility (CSR), and specifies priority areas for CSR investments, including education, women's empowerment, skill development and sanitation. Prior to the Act, many corporates carried out philanthropic work voluntarily through donations and ethical human resource policies and by fulfilling global environmental standards. These were self-monitored through social audits. Following the Act, a shift in focus occurred

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98. Mehra, R. & Shebi, K. (2018). Economic Programs in India: What Works for the Empowerment of Girls and Women. Washington, D.C.: 3D Program for Girls and Women. The report describes the findings of an evidence review of what works for the economic empowerment of girls and women in India, conducted by Rekha Mehra, 3D Program Senior Consultant, and Kalkidan Shebi, Research Assistant. It can be

99. A list of schemes for girls and women currently implemented in rural Pune district are included in Appendix 1.

100.. See Appendix 2 for details on the 20 CSO initiatives reviewed

101. Corporate human resource departments identify priority issues, design CSR programs and appoint staff to implement them, with other staff volunteering, and make decisions on awarding funds to intermediaries.

from global corporate best practice to national development priorities and local needs. Companies meet their CSR obligations through separate foundations they have established; their human resource departments; dedicated CSR departments;[101] or intermediaries, such as NGOs. There are many CSR initiatives in Pune, leveraging resources from both established industrial philanthropists and newer industries. However, most focus on urban and peri-urban areas, addressing needs that have emerged in response to increased migration and growing slum settlements.[102] However, some invest in rural areas. The initiatives highlighted in this section do not present an exhaustive picture of CSR activities in rural Pune, but are illustrative of CSR investments and innovations in health, education and safety.

Health

Government Schemes and Platforms

Improving the health of disadvantaged populations, with a focus on maternal and child health, as well as sexual and reproductive health, has been a priority of the Government of India for decades. Most major government schemes address family planning and maternal and child health. Few focus on women's

other health needs, such as hypertension and diabetes, although some awareness activities supported by the government focus on breast and cervical cancers. Schemes to address the health needs of girls and women in Pune Rural District are implemented by the Public Health, Women and Child Development (WCD), and Education departments of the Zilla Parishad.

In 2005, the GOI announced the establishment of the National Rural Health Mission (NRHM) to address the health needs in 18 states with the lowest public health indicators. The goal of the NRHM was to establish a functional, community-owned, decentralized health delivery system with intersectoral convergence at all levels to address a wide range of determinants of health, including water and sanitation, education, nutrition, and gender equality. A key platform of the NRHM is the Village Health, Sanitation and Nutrition Committee (VHSNC) which supports convergent and decentralized health planning at the village level. A major initiative under the NRHM is the deployment of Accredited Social Health Activists (ASHAs), community health volunteers who link communities, particularly women and children, to the formal health system to improve access to services and information on health.

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102. Examples of CSR pioneers in Pune city are Thermax, Forbes Marshall, Serum Institute of India, Yardi Systems and Tech Mahindra Foundation. Thermax supports the Akanksha Foundation to manage 8 schools within PMC and PCMC limits, catering to 2775 children (2015-2016). Forbes Marshal runs gammatvadis (fun preschools) for children in slums and works with the PCMC to enhance the skills of teachers in government balwadis (preschools). They also run Livelihood Advance Business Schools (LAB) for youth from underprivileged backgrounds and Training for Adolescents on Reproductive Health and Gender (TARANG). The Serum Institute's Adar Poonawala Clean City Initiative provides garbage pickup and street cleaning services. Yardi Vasti Vikas Prakalp, the CSR wing of Yardi Systems, works in ten wards in Pune city on menstrual hygiene, providing subsidized reusable sanitary pads, and addressing water and sanitation issues by mobilizing users and caretakers of community toilet blocks, city government officers, elected representatives, and community leaders. Yardi also implements a gender equality program called Ankur Samateche for class 6-8 students in city schools, with the NGO SAMYAK. Tech Mahindra's SMART program offers training in foundation skills such as basic IT, spoken English and workplace readiness in service industries like banking, health, hospitality, IT and retail.

The ASHAs are the first port of call for the health needs of women and children who live in geographically underserved areas. Despite playing a critical role as front-line health workers, ASHAs are at the lowest rung of health functionaries, are often overburdened with heavy workloads, and have low remuneration based on the number of clients served. In 2013, the national government subsumed the NRHM as a sub-mission under the National Health Mission (NHM) and added the National Urban Health Mission (NUHM) as the second sub-mission. The Health Ministry and its related departments at the district level are responsible for implementing the NHM and both its sub-missions.

Integrated Child Development Services (ICDS) is another national scheme designed to improve the health and nutrition of underprivileged mothers and children. Established in 1975, ICDS is implemented by the Women and Child Development (WCD) Ministry at the national level and WCD departments at the district level through **Anganwadi** or rural mother and child health centers. ICDS provides food, pre-school education and primary health care, including immunization, to children under the age of 6 and health and nutrition information and services to their mothers.

Through these platforms, the government in Pune addresses maternal and child health, and sexual and reproductive health.

Maternal and Child Health:
In Pune, the Health Department of the ZP oversees the functioning of ASHAs and implements all schemes addressing maternal and child health. This includes the **Janani Shishu Suraksha Yojana** (JSSY) under the NRHM, focusing on mother and child

safety and facilitating institutional deliveries for pregnant women, and **Shardha Gram Arogya Sanjeevani Karyakram**, a district-initiated scheme, focused on post-partum maternal and child health. Under the scheme, ASHAs provide hygiene kits and packets of food to new mothers, when they visit the clinics and health centers for follow-up visits. Under the NRHM, special wards or Neonatal Rehabilitation Centres (NRCs) have been set up in sub-district and district hospitals to address the developmental needs of neonates. The **Rashtriya Bal Swastha Karyakram** (RBSK) addresses birth defects and deficiencies and development delays among children, and the Weekly Iron Folic Supplementation scheme provides iron folic acid tablets to school girls in classes 8 to 12 to reduce anemia. VHSN Committees are active in Pune district and are involved in planning and monitoring of funds assigned to the **anganwadis**.

The WCD Department of the ZP runs the ICDS program in **Anganwadi** centers in rural Pune, providing health and nutrition services and awareness programs for children and women, as well as pre-school education. Basic health care services provided by paid staff called Anganwadi workers at the centers include child immunization, contraceptive counseling and supplies, and nutrition education and supplements.

The Education Department also contributes to improved health outcomes by conducting health awareness programs for students, with a focus on girls and their parents. Schools provide a nutritious mid-day meal for all students. They also serve as the location for health check-ups and services provided by the Health Department to students, including regular deworming treatment, ophthalmic check-

ups, dental check-ups and immunization services. Sometimes these services are open to the community as well.

Sexual and Reproductive Health:
The Health Department in rural Pune raises awareness on HIV/AIDS and sexually transmitted diseases (STDs) and provides HIV and STD testing and referrals to antiretroviral therapy (ART) centers and other health services. ASHAs advise women and their families on family planning and promote the use of contraceptive methods among both women and men. A key focus of their work is on post-partum contraceptive use to encourage spacing between births. ASHAs also provide contraceptives, including condoms and pills, mostly to women, and encourage women and sometimes men to opt for sterilization at public health centers. Despite the stated goals of encouraging spacing and promoting a range of family planning methods, the high rates of sterilization in both rural and urban Pune, along with the low mean age of sterilization of 27,[103] suggest the need for more effective promotion of spacing methods.

Family planning programs also address the contraceptive needs of adolescents. ASHAs organize awareness sessions for adolescent girls and provide information on menstruation and contraceptives in ICDS-supported centers or in schools.

In Pune, national programs like the Rashtriya Kishore Swastha Karyakram (RKSK) (National Adolescent Health Program) or the Adolescent Reproductive and Sexual Health Program (ARSH),[104] which still functions in some districts, use peer education to promote sexual and reproductive health with adolescents. RKSK's objectives include improving

nutrition; improving sexual and reproductive health; enhancing mental health; preventing injuries and violence (including gender-based violence) and preventing substance abuse among adolescents. The adolescent component of the more recent Reproductive, Maternal, Newborn Child and Adolescent Health (RMCH+A) program initiated by the government is mandated to address pregnancies among adolescent girls. However, currently, there is no evidence available on implementation or impact of RMCH+A at the district level.

The WCD Department addresses menstrual health management and holds group discussions on sexual and reproductive health among girls and women through Anganwadi centers. In 2017-18, WCD designed a sanitary napkin distribution program for girls in schools in rural Pune. The initiative was funded under the innovative funds scheme of the Pune ZP but was never implemented. The government of Maharashtra recently launched the ASMITA Yojana (scheme) to distribute subsidized sanitary napkins to rural women in the state to increase awareness and usage of sanitary pads. The scheme has yet to be rolled out in Pune, but the plan is to have self-help groups (SHGs) under the UMED[105] program to be tasked with the sale and supply of the sanitary pads to women and girls. The Public Health Department successfully installed sanitary pad vending machines and incinerators in one of the Public Health Centres (PHCs) in Pune district, with support from a CSR initiative. This has addressed menstrual hygiene needs of girls and women in adjoining villages. However, the department could not scale up or replicate this initiative due to lack of funds.

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103. Government of India, Ministry of Health and Family Welfare. (2015-16). National Family Health Survey-4 (NFHS-4). International Institute for Population Sciences, Mumbai.

104. ARSH was a program that was implemented to address the sexual and reproductive health issues of adolescent girls and boys before the RKSK was introduced. With the advent of RKSK, ARSH merged with it

105. UMED is the name given to National Rural Livelihood Mission in Maharashtra.

Civil Society Initiatives

Civil society work on health includes service provision, health education and awareness raising, as well as health advocacy in rural Pune.

Service Provision

Many NGOs provide health services to vulnerable groups in urban, rural and tribal communities who face barriers to accessing services. For example, the Deepak Foundation provides health services in 27 communities around the Chakan area through hospital and mobile health units. Sevadham Trust provides treatment on leprosy and TB to rural and tribal communities. In Talegaon, they run a hospital which provides health services for a nominal fee. They also collaborate with Maharashtra State AIDS Control Society (MSACS) to provide ART to truckers and generate awareness about HIV/AIDS in Pune city. Prayas and the Centre for Advocacy and Research (CFAR) also provide ART and raise awareness on HIV prevention and treatment. The Foundation for Research in Community Health (FRCH) has worked near Parinche since 1987. In 2007, they launched a comprehensive Diabetes Control Program to provide curative care and long-term management of diabetes, offer appropriate and affordable medication, and provide referrals to address complications. The program was designed based on findings of community focus group discussions. Trained community health workers (CHWs) provide counselling with basic treatment and referrals.

Another NGO that has trained CHWs is MASUM. They trained CHWS called **Sadaphulis** in self-examination with speculum and in cervical cancer testing and provide the service for INR. 5 per test. Other NGOs in Maharashtra organize health camps and invite MASUM CHWs to perform this testing. Similarly, **Chaitanya** has trained a cadre of rural women

as para health workers[106] called **Jankars** (the one with knowledge) who serve as resource persons on preventive health care in their own and neighboring villages, and support ASHAs. **Jankars** serve as a network of trusted private healthcare providers encouraging and sensitizing private practitioners to provide affordable health care. In remote areas, they conduct regular check-ups through mobile clinics and health camps. Chaitanya also builds and strengthens VHSN committees under the National Health Mission.

K.E.M Hospital Research Centre's Vadu Rural Health Program is a 35-bed multi-disciplinary rural hospital providing secondary level medical care to about 150,000 people in 22 villages in the Vadu area of rural Pune district and beyond. The Program also has a rich legacy of clinical trials, intervention studies, disease burden studies, and social science research in public health, in areas ranging from maternal and child health, women's health and communicable and non-communicable diseases.

Health Education

NGOs also play a key role in raising the awareness of communities about healthy behaviors, available services and health entitlements and legal protections provided by the government. For example, the Institute of Health Management Pachod (IHMP) has done pioneering work in rural communities to improve their understanding of the sexual and reproductive health and rights of women and adolescent girls. IHMP works in 21 rural villages around Chakan Maharashtra Industrial Development Corporation and in urban slums in Pune. Trained community-based teachers facilitate biweekly awareness raising sessions with unmarried adolescent girls in rural communities, addressing puberty, sexual and

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106. Women trained with basic knowledge of first hand care in case of injury or to create awareness in the communities.

reproductive health, nutrition, personal hygiene, and first aid. IHMP also runs a sexual and reproductive health program for married adolescent girls aged 16-19 years. It includes needs assessment, information and counselling, and preparing a micro plan to provide health services to each married adolescent girl. Additionally, IHMP develops training and other resources for NGOs who work on sexual and reproductive health and rights.

Similarly, Chetana Mahila Vikas has a large network of SHGs in urban and rural Pune. They train SHG members to work as doorstep workers to provide health education on HIV/AIDS and other health and rights issues. They also create awareness on women's health, anemia, and child and maternal health through street plays, storytelling, singing and visual aids.

The Marzi helpline, launched by SAMYAK and the Asia Safe Abortion Partnership (ASAP), educates young married and unmarried women about the Pre-Conception and Pre-Natal Diagnostic Techniques Act, (PCPNDT), their rights and access to abortion, and provides referrals to 450 specially trained doctors at both government and private hospitals.

Public Health Advocacy

Some NGOs in Pune district hold the government accountable and advocate for change. For example, the NGO SATHI (which evolved from the NGO CEHAT), works as a nodal agency of the State Government of Maharashtra to implement the Community Based Monitoring (CBM) component of the NRHM. SATHI (as the state nodal agency), along with organizations like MASUM, Chaitanya and FRCH, initiate and sustain the CBM process in villages to hold the

government accountable for ensuring universal access to public health services. In this process, various NGOs and residents of the village form village and block level monitoring committees known as Dekkrekh Samittees (Care Taking Committees) to monitor medical supplies at primary health centers and the quality of services at government health care centers.

Jansunvai,[107] a platform initiated by government and facilitated by CSOs, is an important community platform for CBM work. It provides a process through which community members can share their experience of health services with government authorities. NGOs use the platform to make government officials answerable to community representatives who ask the questions.

Jan Arogya Abhiyan (JAA), a collective of NGOs from Pune and Maharashtra, has a wide network focused on public health advocacy at the state level. Currently, JAA is advocating with the government to implement the Clinical Establishment Act 2010.[107] Similarly, the Maharashtra Mahila Arogya Hakka Parishad (MMAHP), an autonomous, self-funded collective of women demanding health rights for women, initiated by MASUM 10 years ago, organizes a conference in different regions of Maharashtra state every alternate year where 250-300 grassroots women come together to share evidence-based intervention strategies and to agree on priorities for health rights advocacy.

Organizations like the Stree Mukti Andolan Samiti, Tathapi and the All India Democratic Women's Association (AIDWA) are other examples of advocacy organizations, pushing to change the declining sex ratio and other issues.

107. Jansunvai is an important community platform initiated by the government under NRLM to address grievances for CBM work. It provides access to community members where they are given the opportunity to share their experiences with government authorities, community members and NGOs, therefore ensuring accountability.

Corporate Social Responsibility Initiatives

Private sector companies, through their CSR initiatives, have invested in improving health outcomes in both rural and urban Pune.

Medical Facilities

In some instances, CSR resources have been used to establish or strengthen hospitals and clinics. For example, Forbes Marshall's Shehernaz Medicare Centre is a 30-bed hospital with an operation theatre, a clinical diagnostic laboratory, radiology, physiotherapy and dentistry departments, a full-time surgeon and physician and several visiting specialists including an orthopedic surgeon, an oncologist and a psychiatrist. The hospital is open to Forbes Marshall employees, their families and the peri-urban communities of Kasarwadi, Morwadi and Bopkhel. A token payment of INR. 2 is all it takes to seek admittance for treatment. The Mukul Madhav Foundation of Finolex Industries upgrades infrastructure and constructs health facilities, including a neonatal facility at Sassoon hospital in Pune.

Health Education, Referrals and Support

Many corporates fund health awareness camps and meetings on issues such as nutrition, anemia, hygiene, communicable and non-communicable diseases, and HIV/AIDS. Health camps are also organized for health check-ups (blood tests, cancer diagnosis, counselling, guidance and referrals) and distribution of free medication. Forbes Marshall conducts health camps, like those for cancer detection and eye check-ups, and referrals, and health education on basic nutrition, dental hygiene and other basic good health practices. Janakidevi Bajaj Gram Vikas Sansthan (JBGVS) and Cybage are working to raise awareness, offer diagnoses and refer cases to appropriate services. Others provide financial support to treat diagnosed cases, and support visits of specialized doctors like gynecologists, cardiologists and others to communities. Forbes Marshall,

Persistent, Sudarshan Chemicals and Cybage provide financial support and diagnosis through health check-ups in health camps in the communities they work in.

The Shantanurao Lakshmanrao Kirloskar Foundation (SLK) organizes health and eye check-up camps for students, provides referral services, and provides support for cataract surgery. In collaboration with ICDS centers, SLK also organizes mother-child welfare programs on immunization and health awareness sessions with women in villages. Shrinivasan Service Trust (SST), the CSR wing of TVS Motor Company, and Sundaram Clayton support Anganwadi centers to organize immunization camps in all villages.

Bajaj Auto's CSR initiative, JBGVS, conducts awareness raising in rural Pune on immunization, breastfeeding, sex selective abortion, family planning, HIV, nutrition, hygiene, and general healthcare. They also offer sessions for adolescents on the body and nutrition. JBGVS trains multi-purpose workers (MPWs) and provides them basic testing equipment to screen health issues like anemia and hypertension. Additionally, they organize Mahila Melavas and awareness programs on issues such as dowry and sex selection. The Mukul Madhav Foundation of Finolex Industries trains doctors and organizes health camps for women and children.

Some CSR initiatives focus on improving the health and well-being of adolescents. For example, Forbes Marshall's Training for Adolescents on Reproductive Health and Gender (TARANG) provides adolescents with opportunities to develop their communication skills, attentive listening, negotiating, decision-making, being assertive and identifying resources for help and advice. TARANG helps young people differentiate between accurate and the inaccurate information, discuss a range of moral and social issues and handle problems related to adolescence.

Education

Government Schemes

Education schemes for girls are implemented by the Education Department of the ZP, which is divided into Primary and Secondary Education departments. The schemes focus primarily on two areas. The first is building infrastructure. However, there is no system for monitoring or maintenance of infrastructure. The second is preventing drop-outs among girls through schemes to provide scholarships to reduce cost-related barriers to education or bicycles to reduce the costs of transportation and the barrier posed by distance. The ASMITA scheme was recently announced by the state government to address barriers to school attendance caused by the lack of menstrual hygiene management facilities. However, the program has not been launched in Pune rural district because implementation guidelines have not yet reached Pune ZP departments. Working with the scheme's nodal agency, the WCD Department, the Education Department is one of the departments engaged in implementing the centrally-funded **Beti Bachao, Beti Padao scheme**, which aims to raise awareness and highlight the value of the girl child and enable her education.[109]

Primary Education (Classes 1-7): The Primary Education department implements ZP and state programs which aim to achieve 100 percent enrollment of students, reduce school drop-outs, and assure quality education for girls and boys in primary schools. In addition to academic programs, the department implements 18 center, state and district level schemes, including infrastructure projects such as the construction of toilets and protection walls around schools; felicitation of students achieving success in district and state level exams through scholarships; felicitation of teachers; running village libraries; organizing sports competitions at district and state level; and English language classes.

Pune ZP does not have district-level schemes that focus specifically on the primary education of girls, but there are efforts to ensure that existing schemes benefit girls, especially girls from minority communities, by encouraging their participation and helping them prepare for scholarship exams and sports competitions. However, the ZP Primary Education department does implement the centrally-funded **Sarva Shiksha Abhiyan** (SSA),[110] which has a special focus on girl's education and children with special needs. It is a flagship program that aims at the universalization of elementary education in a time-bound manner.[111] Universalization of elementary education is mandated by the RTE Act which makes free and compulsory education for children between the ages of 6-14 years a fundamental right.

Under the SSA, the ZP Education department is required to open new schools in underserved areas and strengthen existing school infrastructure through the provision of additional classrooms, toilets, drinking water, maintenance grants, and school improvement grants. The SSA also builds the capacity of teachers by providing an annual budget for training. SSA also addresses the shortage of required teachers in schools at the primary level through the Research Evaluation Monitoring and Supervision (REMS) Budget. The center and state share the funds associated for SSA, with the center giving 40 percent of the funds to the state.

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108. The Clinical Establishment Act 2010 - Act of the Parliament of India was passed to regulate all clinical establishments in India. The Act requires all clinical establishments to register and provides treatment guidelines for common health conditions.

109. For more information on Beti Bachao, Beti Padao, see Appendix 4.

110. More information available at http://www.ssampsp.org/ssa.html

111. SSA was initially scheduled to end in 2010 but was extended to achieve its objectives.

Under the SSA, the ZP Education department runs schemes exclusively for girls. **Savitribai Phule Lek Vachava Lek Shikava Abhiyan** is one such state scheme which focuses on strengthening enrolment and retention of girls in primary education. They also run the **Swachha Bharat Swachha Vidylay Abhiyan** which focuses on training women teachers to facilitate sessions on menstrual health and hygiene management with girls. The scheme **Meena Raju Manch** initiates discussions with girls and boys in school on gender equality and is being implemented in collaboration with UNICEF. This program also aims to reduce school drop-out rates at primary level.

Secondary Education (Classes 8-10): The ZP Secondary Education Department implements schemes that focus on educational curriculum, residential and non-residential schools. These schemes provide residential schools in rural areas and higher secondary classes linked to high schools in the villages. They also support examination fee waivers, scholarships and book banks for students from SC/ST/NT/Vimukta Jati (denotified tribes) and Nomadic Tribes (VJNT) attending ZP, Municipal Corporation and other schools that have approval or aid from the government.

The ZP secondary education department has its own counterpart of the SSA, the **Rashtriya Madhyamik Shiksha Abhiyan** (RMSA), which is currently being implemented in just five blocks of Pune rural district. The RMSA aims to enhance access to and quality of secondary education by building infrastructure facilities; aiming at the 100 percent attendance of students; promoting girls' education by creating School Management and Development Committees (SMDCs) and Parent Teacher Associations (PTAs)[113]; providing scholarships for students from difficult economic backgrounds and teacher training.

These schemes and others have some special provisions for girls, with a focus on increasing attendance and retention. The state government scheme, Grant of Motivational Money to Girls, provides a grant of INR. 3,000 (approx. USD 46) to meritorious girls in classes 8 and 9, who are under 16 years of age belonging to SC/ST. The scheme Scholarship to Tribal Students has a special focus on girls.[113] The Economically Backward Class scheme provides a fee waiver to students, primarily girls, in classes 10 to 12, who are from families with an annual income of one lakh INR. (approx. USD 1,535) or lower. Considering restrictions on girls' mobility, the government has opened higher secondary classes in or near villages and linked them to secondary schools to decrease travel distance and curtail the dropout rate. Additionally, the Establishing Hostels for Girls scheme cuts down on the need for transportation.

The WCD department also runs schemes to retain girls in secondary schools. These provide bicycles to girls, scholarships for higher education to girls belonging to SC/ST who secure above 85 percent in class 12 and re-imbursement of the Maharashtra State Computer and Information Technology course fee to girls who are from families with an annual income of under INR. 50 (approx. USD 767)

Civil Society Initiatives[114]

NGOs working on education in Pune are either running schools or supporting existing schools by providing support to schools or children in communities. Some provide facilities for children from rural and tribal communities who do not have easy access to schools or run supportive programs in collaboration with schools or communities, to complement the education children are receiving through the formal education system, to make the education more comprehensive.

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113. Girls in class 5 to 7 avail INR. 500 per year while boys avail INR.400 per year. Students of class 8-10 avail INR. 500 per year (boys) while girls avail INR. 600 per year.

114. For innovative approaches to increasing access to, and the quality of, education for girls in Pune City, see the websites of Teach for India (http://www.teachforindia.org/); Akanksha (https://www.akanksha.org/); and Avasara Academy (http://www.avasara.in/home)

Providing schools for underserved children

CSOs, like Sadhana Village, Sevadham Trust and Shashwat, address the educational needs of vulnerable and tribal children by running schools in areas which are not easy to access and have populations affected by adversities. Sadhana Village works with rural communities who have been suffering from perennial vulnerabilities in terms children's education. They have established a residential care center and provide employment opportunities for adults with intellectual disabilities. In a village in Paud taluka that is challenging to access, the NGO also runs an English medium school. Similarly, Sevadham has established a residential school for tribal children in Maval block, and a nursing college for girls in Talegaon, known for its high graduation and employment rates. Shashwat runs the only school for tribal children in Aghane village and provides hostel facilities to girl students in Dimbhe village to enable them to continue their education.

Improving access to schools for girls

School access is a recognized challenge for girls because of distance, safety concerns and restrictive norms around girls' mobility. Ashta No Kai's (ANK) bicycle bank has enabled more than a thousand girls in ten villages in Shirur taluka to safely attend school (see section on Safety for more information). With the increased enrollment of young girls in high schools due to their bicycle bank, ANK began providing scholarships to girls in need. Each year, over one hundred girls receive scholarships from ANK to continue their education in high school or college. ANK has seen increased interest by girls in less traditional courses, including dentistry, biotechnology, computer science, electronic engineering, IT, pharmacy, education, agriculture, and nursing. Many scholarship recipients have graduated and are successfully employed.

Improving the quality of education

Leadership for Equity[115] is working with the Maharashtra State Government on the Maharashtra Academic Authority (MAA) Restructuring project, with the goal of transforming the Maharashtra State Council of Educational Research and Training (MSCERT) into an exemplary, apex government body with leadership and expertise in teacher support, research and continuous professional development for all education functionaries. The intent is to create a conducive education ecosystem for teachers and students to flourish and succeed in Maharashtra. The project focuses on specific interventions, including Personnel Selection, Quality Assurance and Capacity Building, Performance Management, Partnerships, Scaling Best Practices, and IT Support.

Some CSOs provide tools and resources to improve the quality of existing schools. A successful example of the latter is ARISE (All Round Development in School Education), implemented by Nari Samta Manch. Through a partnership with Tech Mahindra Foundation, they work in four ZP schools in Mulshi block to address academic, organizational, social and infrastructure issues that negatively affect the quality of education. The program works to strengthen school committees and community outreach with the objective of developing the school as a functional part of the community. Similarly, Nari Samta Manch reaches out to the community to raise awareness about the importance of education by running educational Khelghars (play homes) for children belonging to the Kartkari tribe.

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115. For more information about Leadership for Equity see: https://www.leadershipforequity.org/. For more information on their work to improve the quality of in urban schools in Pune through the PMC Model School Project (also known as the School Improvement Project) and the Sahyogi Dal Project see: https://docs.wixstatic.com/ugd/27a64f_5c-f15a3b5d64464d857d810475c1cc04.pdf and https://docs.wixstatic.com/ugd/27a64f_183c79a677124a82925ae3e47ebdedec.pdf

Teacher training

Bharatiya Jain Sanghatana (BJS) works with schools across rural and urban Pune district. BJS trains teachers to run a two-day Smart Girl life skills and health program for girls in grades 8 and 9, through the Educational Quality Improvement Program which addresses the need of different stakeholders like students, teachers, principals, governing bodies and authorities of schools.

Grammangal works with schools and school systems to train teachers in constructive teaching-learning methodologies and enhance their capacity to achieve improved learning outcomes and decrease dropout rates, particularly among girls. They provide technical guidance to develop more inclusive and student-friendly classrooms, foster structured group learning activities, and develop teaching and learning aids from locally available material.

Leadership for Equity's MITRA (Maharashtra In-service Teacher Resource Application) Teacher App provides government school teachers in Maharashtra access to contextually relevant teaching and learning resources and fosters a culture of independent learning and collaboration through technological interventions.

Augmenting school curricula

Many NGOs, augment curricula in schools in rural Pune, using multiple approaches, including curricular and extra-curricular activities, conducting support classes, and developing skills for successful transition to the workplace. Some organizations work with schools and school systems to train teachers to achieve improved learning outcomes. MASUM provides an innovative adolescent program for girls and boys in collaboration with government and private schools in rural Pune district, focusing on curricular and extracurricular activities on gender equality, religious tolerance and child rights.

MASUM has formed youth councils to address causes of school dropouts, corporal punishment in schools, sexual harassment, and caste-based discrimination. Youth now conduct exclusive **Bal Gram Sabhas** (youth forums) in many villages, wherein the elected representatives and local government officials listen and respond to children's issues.

Another NGO program, Magic Bus, does ground-breaking work with children and youth living in poverty in Purander and Maval, to ensure they complete secondary or vocational education, and develop the necessary skills to transition successfully into the world of work. The goal of the Magic Bus's education program is to enable the first-generation adolescent learners from underprivileged households to complete their formal education with a high level of life skills.

Corporate Social Responsibility Initiatives

CSR initiatives on education in rural Pune district are implemented through the public or private formal education system and through informal education initiatives. Investments focus on infrastructure, including the construction, beautification and renovation of government schools, and building toilets in schools. Some CSR initiatives support renovations at private schools and **anganwadi** centers. They also provide sponsorships and scholarships for students; establish e-learning modules and digital learning centers; organize teacher training; and support extracurricular activities.

Infrastructure Investments

In rural Pune district, Thermax supports local NGOs to run a residential school and hostel for tribal children from communities displaced by the construction of the Dimbhe Dam that submerged 11 villages and destroyed cropland in another 13. The Mukul Madhav Foundation, the CSR partner of Finolex Cables Limited, is actively involved in establishing schools and upgrading the infrastructure and quality of schools in and around villages near the Finolex plant in Pune. Cybage, Tech Mahindra and John Deere provide infrastructure support to improve school facilities in some blocks of Pune district. CSR initiatives also provide sports equipment and other forms of support for students who want to excel in sports. JCS Services has established **Khelghar** (playhouses) for children below 6 years in Talegaon Dabhade block.

Innovative Curricula and Teacher Training

Forbes Marshall works in partnership with Magic Bus in five villages in Chakan providing an Activity Based Curriculum (ABC) to adolescent girls and boys in schools. Thermax collaborates with Zensar to set up skill development centers for young people to acquire and gain jobs. These centers deliver curriculum designed by Unnati Foundation.[116] Zensar and Thermax fund the initiative and monitor the development. Cybage, John Deere, SLK, the SST and Tech Mahindra Foundation provide digital learning sets to schools, and some appoint teachers to help students use them. These efforts are related to the Digital India initiative of the Government of India. Tech Mahindra Foundation runs a program called **Shikshaantar** through NGOs and their own CSR staff, which aims to improve the skills of teachers and teach them new pedagogies.

Scholarships

Finolex Cables Limited provides scholarships, and Persistent Systems and John Deere sponsor students in classes 8 and 10.

Safety of Girls and Women[117]

Government Schemes

Schemes addressing violence against girls and women in Pune are primarily funded by the state or central government. Safety is an issue that has been integrated into various schemes across sectors.

Central schemes[118] that include a focus on violence against girls and women include **Beti Bachao Beti Padhao** (BBBP), implemented by the WCD Department, which has a mandate to prevent gender-biased sex selection and ensure the survival and protection of the girl child. **Rashtriya Madhyamik Shiksha Abhiyan** (RMSA) provides self-defense training for adolescent girls in 69 schools across rural Pune district; and **Rashtriya Kishor Swasthya Karyakram** (RKSK) aims to prevent injuries and violence, including gender-based violence, among adolescents. Both are implemented by the Health Department. These are relatively new schemes in Maharashtra, and there is little evidence so far on their impact.

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116. Unnati Foundation is an NGO that delivers such programs in cities like Delhi and Bangalore

117. The 3D Program is currently conducting a more detailed review and analysis on the public safety of girls and women.

118. See Appendix 4 for more information on Beti Bachao Beti Padhao and Rashtriya Madhyamik Shiksha Abhiyan. See Section on Health for more information on Rashtriya Kishor Swasthya Karyakram.

It is notable that economic empowerment schemes,[119] such as the National Rural Livelihoods Mission (NRLM) also address violence against women. At the state level, the NRLM is implemented under the Maharashtra State Rural Livelihoods Mission (MSRLM). The **Mahila Arthik Vikas Mahamandal** (MAVIM), the state women's development corporation, serves as the apex organization contracted to implement MSRLM, and is involved in self-help group (SHG) promotion, women's capacity building and livelihoods development through its leadership of the Tejaswini Maharashtra Rural Women's Empowerment Program (2007-15). The Program reported having a pool of master and village-level **Kayda Sathis** (barefoot legal advisors recognized by the district judicial system) who work in MAVIM-promoted community-managed resource centers (federations of 150-200 SHGs) to address issues related to domestic violence, including divorce compensation, property rights, counselling in family conflict, protection against domestic violence, prevention of child marriage and intervention in trafficking. Additionally, several SHGs supported by the government have become platforms for addressing violence against women.[120]

Manodhairya is a state-funded scheme introduced in 2013 to provide timely economic, legal, medical, psychological and vocational support to women survivors of acid attacks and sexual assault, and child survivors of sexual assault. The scheme is implemented by the WCD Department. It is interesting to note that the State Legal Services Authority has opened a designated **Manodhairya** Assistance Account, into which the government deposits CSR contributions.

Government initiatives to combat violence against girls and women in Pune rural district are implemented by a special sub-department of WCD, the **Mahila Bal Kalyan Kaksh** (Women and Child Well-being Unit). It focuses on responses rather than prevention, including the provision of shelter, counseling, and financial and legal aid to survivors of violence.

At the district level, under the Protection of Women from Domestic Violence Act (PWDVA), the WCD Department runs counselling centers providing psychological support and help for women who suffer from domestic violence. Pune District has a Protection Officer at the district headquarters and 13 Protection Officers at the block levels, as mandated under the Act. Their function is to help women file a case in court, and to provide counselling, referrals to health services and follow-up support on court decisions.

Government-run shelter homes provide temporary shelter to women in need. Presently there is only one shelter home run by the government in Pune district, in Kondhava. The WCD-run **Maher** (mother's home) scheme allows women to stay in a shelter home for 30 days. Some Maher homes, and others like the **Chetana Mahila Mandal**, are run by NGOs or private organizations and are partially funded by the government.

The Special Cell for Women and Children is overseen by the WCD Department, and provides legal aid, medical aid and counselling to survivors of violence, in collaboration with police stations in the district. This initiative was started by the Tata Institute of Social Sciences (TISS) in 1984 in Mumbai and

119. Mehra, R. & Shebi, K. (2018). Economic Programs in India: What Works for the Empowerment of Girls and Women. Washington, D.C.: 3D Program for Girls and Women.

120. For more information, see: Tejaswini: Maharashtra Rural Women's Empowerment Programme, Supervision Report, IFAD, June 2016, https://operations.ifad.org/documents/654016/65d4e54c-28aa-4bc1-8ea7-8f6981fb1075 and What Works for the Economic Empowerment of Women and Girls An expert consultation hosted by 3D Program for Girls and Women, Thursday, 18 January, 2018 YASHADA, Pune https://the3dprogram.org/content/uploads/2018/02/3D-Program-WEE-consultation-report-Jan-2018.pdf

was extended to the entire state of Maharashtra in 2005 in collaboration with the state government.

In 2016, following the horrific gang rape and torture of a young woman on a bus in Delhi, the Pune rural police launched the Nirbhaya Team, a police squad at each of the 36 police stations under the Pune rural police, tasked with ensuring the safety of women in public places in the district. Each six-person team includes women constables, and is tasked with patrolling public hot spots, including cinema halls, malls, schools, colleges and bus stands; apprehending suspects involved in crimes against woman (starting with a warning); filling and managing complaints; and conducting counselling sessions for sexual assault victims. Currently, there is little evidence available on the implementation and impact of the Nirbhaya Teams.[121]

At the village level, community members are recruited through a qualifying exam, to serve as community police or Police Patils. This program position was established under the Maharashtra Police Act 1967, and there are now reservations for women to serve as Police Patils. The Police Patil is selected through a district level selection examination and reports to the station police officer at the block level and is responsible for law and order in their village. Their responsibilities include reporting criminal activity to the Police Station, providing information to the station officer when the criminal escapes from the village or is not known, and report cases of sudden deaths in the village. The Police Patil has considerable authority, including the authority to apprehend a person within village limits who they believe has committed a serious offense, call and examine witnesses, record statements, and search for concealed

articles. Further information and analysis is needed on how Police Patils address and document violence against women and girls in villages, and on the impact of having women serve as Police Patils.

Civil Society Initiatives

Challenging gender norms to raise awareness and prevent violence

Civil society initiatives to prevent violence against girls and women in Pune district include challenging gender norms and increasing the legal literacy of girls and women through education and training. For example, Alochana works with six community-based organizations to identify areas of concern related to safety for women and girls. Chetana raises awareness on protections, entitlements and laws for women, including on property rights and domestic violence, and facilitates training to increase women's representation in local political bodies.

Sadhana Village's empowerment program for rural women aims to increase social and political awareness among women. Women meet monthly to plan activities and mediate in domestic violence cases. Activities include building an awareness of women's personal legal rights; developing leadership skills; supporting each other on domestic violence issues; and strengthening their mental and emotional well-being.[122]

121.In Pune City, the police introduced two apps to help with public safety: Police Kaka for school and college students and Police Buddy for working women. They also use the Safecity app. These initiatives rely on smart phone applications, which exclude women who do not have smart phones. Safecity is beginning to explore alternatives, such as "talking boxes" and missed calls..

122. For more information, see: sadhana-village.org

Some NGOs focus their prevention and education efforts on adolescents. For example, **Ashta No Kai's Kishori Mandals** instill values of gender equality by providing adolescent girls with life skills, focusing on topics such as sexuality, health, legal rights, and adolescent issues, the importance of girls' education, and the negative effects of dowry and early marriage. They also promote negotiation and decision-making skills by encouraging adolescent girls to find their voice and exchange views on gender issues and socially taboo subjects, and introduced self-defense classes. Ashta No Kai also works on women's empowerment through SHGs, livelihood and entrepreneurship sessions, as well as programs on literacy, gender awareness, legal literacy and promoting women's involvement in village development.

Recognizing that frontline health workers can serve as a resource for monitoring violence and educating communities, K.E.M. Hospital Research Centre implemented an intervention to raise the awareness of CHWs and health system field workers, such as **anganwadi** health workers and medical social workers, about sex selective abortion in both rural and urban communities of Pune.

MASUM conducts awareness sessions on gender-based violence in villages with youth, adolescent girls, boys, men and women. These awareness sessions are not only limited to violence against women, but also explore how violence affects the lives of everyone in the community andhas roots in deep-seated patriarchal norms.

Some NGOs work specifically with boys and men to challenge gender norms and roles and raise awareness about the impact of toxic forms of masculinity for both women and men. SAMYAK gathers data and advocates for change through research and training on gender and masculinities within Pune district and at the national level, including training with police officials in Pune district. SAMYAK's program We, Men for Equality, works with men in Pune city and elsewhere to increase understanding of how gender norms influence behavior. They also build the capacity of other NGOs to address toxic forms of masculinity to reduce violent behavior.

The Institute of Health Management Pachod (IHMP) provides gender sensitization sessions for boys and young men to instill gender equitable attitudes and behavior. Patriarchal mindsets and stereotypical attitudes are addressed so that boys and young men are more aware of their roles and responsibilities through a gender lens. The program aims to reduce inequitable behavior such as harassment, molestation, risky sexual activity and domestic violence. Individual counseling is provided where boys and men can share personal concerns and related issues. Community-level awareness events and campaigns are also organized to engage other stakeholders and ensure overall community sensitization and change. Trained community-based teachers also facilitate biweekly awareness raising sessions with unmarried adolescent girls in rural communities, in which girls reflect on gender discrimination and strategies to deal with it. They learn about laws and policies related to adolescent girls and women, such as the PWDVA, how local functionaries and administrative bodies work, and they build skills in communication, decision making and negotiation.

Campaigns and advocacy

Many NGOs are engaged in advocating for policy and program reform. For example, Alochana, Nari Samata Manch and SAMYAK have organized multiple campaigns for the government to change policies and implement programs to reduce gender-based violence. Muskaan, an initiative against child sex abuse was initiated and run by Alochana for many years. Today it is an independent NGO and conducts awareness and training sessions for a wide range of audiences, including school children, college students, parents, teachers, social workers, NGO workers and police personnel. Nari Samata Manch conducts workshops, seminars and consultations in gender sensitive training and violence prevention. They also advocate for the engaging men in violence reduction programs and the implementation of the Sexual Harassment of Women in Workplace Act, 2013.

NGOs and autonomous women's groups in Pune are also active in awareness raising campaigns such as the annual global 16 Days of Activism against Gender-Based Violence Campaign; #HerVoice, a national campaign to stop the violence, support survivors of violence and empower women;[123] and local campaigns on issues such as corporal punishment and sexual harassment in schools.[124] They also participate in protests in reaction to incidents of violence against girls and women, such as those organized in reaction to the recent gang rape and murder of an eight-year old Muslim girl in Jammu.

Interventions for survivors of violence

NGOs provide services and interventions for survivors of violence, through the provision of helplines, medical care, counselling services and legal aid.

NGO-run helplines include the Sakhi helpline, which provides telephone counseling to women in distress. Nari Samata Manch also has a helpline. The Shaurya initiative, a group of volunteers in Pimpri-Chinchwad and Pune city, launched a helpline for women's safety, promote awareness on sexual harassment in communities, and initiate legal action against offenders.

MASUM, a recognized service provider under the PWDVA, in 1987 initiated a program on countering violence against women that includes counselling centers or Samvaad (dialogue) located in Saswad, the block headquarter town of Purandar, and Yewat in Daund taluka. The centers reach out to women survivors of violence, abuse and exploitation, and provide legal and emotional support through experienced social workers and a senior lawyer. Samvaad has strong linkages with MASUM's village level programs and it networks with the free legal aid center of the district court of Pune, crisis shelters and women's organizations in Pune.

Similarly, community workers of Sadhna Village provide counselling, treatment, temporary shelter and legal help to women suffering from violence. Shaurya provides counselling to victims of sexual harassment and self-defense training.

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123. For more information, see: sadhana-village.org

124. For more information, see: http://www.masum-india.org.in/campaign.html

Nari Samata Manch, NIRMAN and Chaitanya run counselling and legal aid centers to address the needs of women who are survivors of violence, through agreements with lawyers who charge nominal fees. If a woman needs shelter, they refer her to government shelter homes or to shelter homes run by **Maher**. NIRMAN works with Nomadic Tribes-Denotified (NT-DNT also known as **Vimukta Jati** and Nomadic Tribes) communities that are socially marginalized to protect members of the community, particularly women, and prevent atrocities committed against them.

All these organizations belong to an informal network in Pune working to advocate for the stringent implementation of PWDV Act through the appointment of protection officers at the block level and training of government officials, such as police officers, judges and doctors in the government clinics and hospitals, as well as the smooth functioning of counselling centers and well-equipped shelter homes.

Increasing safety in public spaces[125]
In response to safety concerns and restrictive norms around girls' mobility, Ashta No Kai (ANK) has provided a bicycle bank for girls in 10 villages in Shirur taluka over the past 20 years, encouraging them to ride to school together. This has enabled more than a thousand rural girls to travel to and complete secondary school.

Corporate Social Responsibility Initiatives

There are a limited number of initiatives supported by private sector companies that focus on the public safety of girls and women in rural Pune. The most notable example is the Bicycle Project, an initiative by Emcure, that collects and repairs old bicycles to ensure that children aged between 6 to 16 years have a safe way to get to school. Another example is a program run by Forbes Marshall that empowers girls and women to learn more about their health and legal rights, as well as to benefit more from educational and livelihood opportunities, through its 140 self-help groups in the peri-urban communities of Kasarwadi, Bokpkhel and Morwadi. As a result, child marriages have almost been eliminated in their catchment area.

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125. For more information about apps used to map hotspots and improve safety in public spaces in urban areas, such as Safecity, My Safetipin, see: http://safecity.in/about/ and http://safetipin.com/. These initiatives rely on smart phone applications, which exclude women who do not have smart phones. Safecity is beginning to explore alternatives, such as "talking boxes" and missed calls.

Challenges and Key Insights for Convergent Action

The research and conversations with a wide range of stakeholders that informed the landscape analysis revealed that linking the expertise of sectors and the resources of stakeholders for a convergent approach to programming is an idea whose time has come.

Stakeholders from government, civil society and the private sector validated the need for convergence to improve the status of girls and women in Pune District. The analysis also revealed some examples of convergent action for girls and women in Maharashtra and elsewhere in India (see Box 1).

However, many challenges remain. Local government officials involved in planning and implementation navigate a complex system with processes, roles and responsibilities that are designed to work by department. CSOs may be limited by their respective organizational structures, available resources and donor commitments, in making linkages across sectors, and CSR efforts are motivated to build individual company brands, which can hamper potential for collaboration. Additionally, across the three stakeholders, there may exist a sense of distrust and lack of confidence in each other's abilities. Historically, CSOs have been critical of government and the private sector's efforts to help the poor. Similarly, the private sector has been critical of the ability of NGOs and the government to be efficient and strategic. Finally, sometimes stakeholders are simply not informed about each other's work.

The following are insights gained through the analysis on ways to advance convergent action for girls and women in Pune District:

Create a shared vision for girls and women's empowerment: Existing government programs are not driven by a comprehensive, long-term vision for girls and women's empowerment and are designed as stand-alone programs. Although national and state-level schemes articulate a broader vision for girls and women's development, a review of annual district plans and budgets reveal that this vision does not translate into action, there is a lack of co-ordination across district departments which undermines overall results and the most vulnerable girls and women are often excluded. A common vision is needed to improve girls and women's status in rural Pune,[126] developed collectively by government departments, with inputs from civil society and the private sector. Activities to achieve outcomes must be distributed among actors according to their relative advantages, with discrete roles and responsibilities clearly articulated. Progress towards the achievement of the goals must be collectively monitored.

Translate the vision into effective implementation: Most government policies and schemes aim to provide valuable services and goods in the interest of community development. Many are based on sound concepts and approaches. However, the challenge lies in implementation. Program implementers must be held accountable for what is promised - whether it is iron supplements or nutritious meals provided by nutrition programs, infrastructure improvements and supplies provided under educational schemes, a full choice of family planning methods offered by health schemes, or sanitary napkins supplied through an innovation fund. They must also be held accountable for reaching the most vulnerable members of communities. A convergent platform pro-

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126. In urban Pune, the PMC has developed a framework for developing a women friendly city.

vides an opportunity for each stakeholder to clearly lay out what they plan to deliver to whom under a common vision for girls and women, with a focus on the most vulnerable, and then be held accountable for it by fellow stakeholders.

Build capacity in gender analysis: Few schemes for girls and women produce transformative results, and some reinforce traditional gender stereotypes and roles. For example, the **Shubhamangala** financial assistance scheme provides a larger incentive to support young women getting married than the **Pramod Mahajan Kaushalya Vikas Udhyojakta Abhiyan**, which supports small businesses. Government health schemes tend to focus on women's reproductive roles and ignore their other health needs. Many CSR and NGO skilling programs for young women focus on gender-typical skills like catering, tailoring, and running beauty parlors. A district-level vision for girls and women's empowerment requires a gender analysis and a commitment to challenge gender norms that are damaging, based on a common understanding of gender issues and indicators, between and within sectors. Empowerment strategies and schemes for girls and women must be contextualized within this understanding. It is critical to strengthen skills in gender analysis to enable stakeholders to come together across sectors and create a shared vision with jointly defined targets to improve the status of girls and women. This can be done by leveraging existing local expertise in gender analysis and training.

Ensure that girls and women, particularly the most vulnerable, are heard: Convergence cannot happen unless it is demanded, and stakeholders are held accountable. To adequately address girls and women's needs, hearing directly from them about what they need to improve their status, and how best to achieve this is important. Currently, the focus is on reaching a target number of beneficiaries rather than meeting the needs of girls and women through quality services. Women's platforms – such as informal workers' collectives, self-help groups and village women's leadership committees – should be engaged to ensure that those planning and implementing convergent programs are informed and held accountable. The demands of women can also be heard through local governance processes like the **Mahila Gram Sabha** and community-led accountability mechanisms like **Jansunvai**. However, it is unclear how much cognizance of these platforms is taken by the government in its planning and implementation. Additionally, economically marginalized women, such as sex workers and informal workers, and socially marginalized women such as those from Dalit and tribal communities and religious minorities may not have access to these and other platforms. Often, those who are most vulnerable are unable to access the programs and entitlements designed for them. Efforts must be made to ensure their voices are heard. Through these processes, girls and women's needs and priorities can be articulated, they can gain access to information on government schemes and resources, and programs can identify and reach vulnerable or neglected beneficiaries. Conversely, these platforms could be involved in creating and overseeing accountability mechanisms to track the progress of various government schemes from a user perspective.

Change siloed planning and implementation to convergence: Planning, implementation and monitoring of government schemes have a narrow, vertical focus. Each scheme comes with its own set of guidelines from the center, state or district collectors' offices and follows a pre-determined path, with limited scope for modifications. This leads to overlap, inefficient use of resources and undermining program results. For example, the RKSK and SABLA schemes have intersecting goals related to the empowerment of adolescents but are planned and implemented by two ministries (the RKSK by the Ministry of Health and Family Welfare and SABLA by the Ministry of WCD) and there is no coordination, resulting in duplication of effort and an inefficient use of resources. Even within the same scheme, there may be little dialogue across sectors, as was inadvertently expressed by an official talking about the **Beti Bachao Beti Padhao** (BBBP) scheme; he stated that the education department's responsibility is limited to **Beti Padhao** (educate a girl), while Beti Bachao (save a girl) is the responsibility of the health department. At the implementation level, existing individual-based incentive structures do not foster collaboration. For example, the Health and WCD departments' frontline workers – ASHAs and **anganwadi** workers (AWWs) respectively – provide essential health services to women and children, but Anganwadi workers receive a fixed salary and ASHAs receive payment based on their performance. This creates competition and a disincentive for collaboration, resulting in overlap, duplication of effort, and wasted resources.

District-wide convergence of government programs requires a dedicated platform, with representatives from all sectors across relevant government departments and inputs from the civil society and the private sector to generate a broader view and ensure engagement by all stakeholders.

Strengthen data collection, use and management to facilitate planning and programming:
Program and policies for women and girls must be based on sound validated data. There are gaps in availability,[127] accessibility and use of data, for planning, implevmentation and monitoring of schemes and initiatives for girls and women. There is limited information on what data is used by government departments for planning, identifying beneficiaries, implementation, course-correction and monitoring. Data that exists is not standardized or compatible, despite overlaps, thus limiting opportunities for drawing synergies. Stakeholders raised concerns on the validation and verification of available data. Finally, data is not always used for planning. Existing sources of data, along with gaps and overlaps, must be identified. Standardization of data formats, use of common software to ensure compatibility, fine-tuning of indicators to avoid overlaps and validation of data by communities are necessary.[128] Institutionalized mechanisms are needed to ease the process of data sharing between actors. Mechanisms to leverage data for joint planning, with clear achievable, data-driven targets are critical to enable better coordination at various levels and provide information to ensure adequate monitoring and

127. Including the lack of disaggregated data on women to enable a rich analysis of the intersection of caste, class and community on the status and lives of women and girls.

128. Data Convergence to Empower Girls and Women. An expert consultation co-hosted by: 3D Program for Girls and Women, ICRW and Gokhale Institute of Politics and Economics, Friday, January 19, 2018, YASHADA, Pune. Consultation notes available at: https://the3dprogram.org/content/uploads/2018/02/3D-Program-Data-Con-workshop-report-1.19.18.pdf

129. Functional Review of Maharashtra State Departments-A Step Towards Good Governance (2006). Pune: YASHADA

implementation of a common vision for girls and women. Finally, data must be fed back to communities through mechanisms such as social accountability exercises and public websites.

Ensure adequate resources: Resource allocations from the district budget for women and girls' empowerment focus on infrastructure development. Financial planning and allocation is based on scheme-specific targets to be achieved during the financial year. Though district offices are given the authority to prepare a budget for a given scheme, they lack the authority to reallocate funds based on local level needs assessments. Hence, many vulnerable girls and women miss out on both established entitlements and innovative approaches that could be developed to address their needs.[129]

Government must lead the process of convergence for girls and women: To reach girls and women at scale and make the process sustainable, convergence must be steered by the government, working with civil society and the private sector. This is due to the scale and reach of government programs and resources, and its long-term stated commitment to gender equality and the welfare of its citizens. Government leadership, buy-in from political leaders and top bureaucrats, financial resources and the skills and connectedness of government officers and grassroot workers to the community must all be leveraged. Government leadership can be further strengthened if civil society organizations, particularly grassroots women's organizations and platforms, monitor the implementation of schemes and provide feedback for improvements.

Box 1: Examples of Convergent Action in Maharashtra and other parts of India[130]

Mission Convergence, Government of the National Capital Territory of Delhi (GNCTD):[131] This government-led convergence model established a single window system for more than 45 schemes run by nine government departments. The goal was to improve access by vulnerable populations to entitlements under 45 schemes of the Health and Family Welfare, Education, Food and Civil Supplies, SC/ST/OBC and Minority Welfare, Urban Development, Labour Welfare, Revenue Department, Women and Child Development, and Information Technology departments. The project created a new registered entity, **Samajik Suvidha Sangam**, that acted as an interface between the government departments and NGOs and was managed by a project management unit formed at the Cabinet level. The platform used household data as a base and a network of 130 NGOs that ran Gender Resource Centers to facilitate service delivery.

Village Health, Sanitation and Nutrition Committees, National Rural Health Mission, National Health Mission, Government of India:[132] These village-level platforms converge health, nutrition and sanitation services to address specific local needs, and serve as a mechanism to improve access to health services and for integrated community-based planning and monitoring. This institutionalized convergence is mandated by a national scheme, the National Health Mission.

Addressing Adolescence: Towards a Convergent Approach and Agenda, Yashwantrao Chavan Academy of Development Administration (YASHADA), Pune:[133] This framework provides a rights-based approach to bring together key government departments to address the multiple and inter-connected development, protection and empowerment needs of adolescents, along with recommendations on how to operationalize convergence across sectors and stakeholders. The framework was developed through a consultative process involving various government departments, representatives of civil society and domain experts. It includes strategies for facilitating convergence in data and information management; plans and budgets; and programs and interventions, including integrated plans for capacity building and training and common standards and accreditation for service providers.

Mahila Sarvangeen Utkarsh Mandal (MASUM), Pune:[134] MASUM is an NGO that works in rural Maharashtra to empower women, youth and communities. Through its programs, MASUM addresses the range of issues affecting girls and women's lives including gender-based violence and discrimination, economic empowerment, physical and mental health, political participation and the rights of children, adolescents and youth. Working within a feminist perspective and

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130. This is not an exhaustive list of examples of convergent action. It is simply to highlight the range of approaches, platforms and stakeholders being engaged across sectors and stakeholders to converge resources and services for girls and women in India, with a focus on examples in Maharashtra and Pune. For more examples and analysis of convergent approaches, see report on Sangam: Convergence as a Strategy to Empower Girls and Women: A Workshop co-hosted by 3D Program for Girls and Women and YASHADA, Wednesday, 27 September, 2017 YASHADA, Pune, India: https://the3dprogram.org/content/uploads/2017/12/3D-Program-Sangam-Workshop-report-2.pdf

131. Mission Convergence was discontinued in 2015

132. For more information, see: http://www.nhm.gov.in/communitisation/village-health-sanitation-nutrition-committee.html

133. YASHADA and UNICEF. (2014). Addressing Adolescence Towards a Convergent Approach and Agenda. Resource Centre on Adolescence. UNICEF.

134. For more information, see: http://www.masum-india.org.in/

human rights approach, MASUM's governance structure reflects its commitment to empowerment and belief is that people can resolve their own problems collectively with some amount of external support. MASUM emphasizes people's participation in decision-making at every level and the staff is mostly local, especially women from marginalized sections of rural society, building sustainable leadership.

Pune city Connect, Pune city:[135] Pune city Connect is a unique collaborative platform for social transformation that brings together four stakeholders: corporates, NGOs, citizens and government, to work together toward the development of the city. It currently has 34 corporate donors, over 200 corporate placement partners and 30 implementing partners that are mainly citizens, NGOs and government bodies. It coordinates investments and resources across these stakeholders to provide support for key development areas such as digital literacy, quality education, sustainable livelihoods and providing support to the Pune Municipal Corporation for civic projects.

Dilaasa One Stop Centre, Mumbai:[136] Dilaasa, a crisis center to assist survivors of domestic violence, is a collaboration between the Brihanmumbai Municipal Corporation (BMC) and the NGO CEHAT (the Centre for Enquiry into Health and Allied Themes). It engages the resources of other partners, including the Lawyers' Collective for Legal Aid, women's shelters, local mahila mandals, and women's organizations who facilitate support groups for women. Dilaasa is housed within the public K.B. Bhabha Hospital. In addition to providing services to women, Dilaasa provides training to strengthen the capacity of the public health system to meet the needs of women experiencing violence. The Dilaasa model has been replicated and is guiding the establishment of one-stop crisis centers under the One Stop Crisis Centre Scheme of the Government of India. Led by an NGO, the Dilaasa model of convergence is a unique partnership between an NGO and the government, with a sustainability plan for government to replicate and scale it up.

135. For more information, see: http://www.punecityconnect.org/

136. For more information, see: http://www.cehat.org/trainingandeducation/1494240783

Next Steps for the 3D Program for Girls and Women

The information on stakeholders and systems addressing gender equality in Pune District captured for the landscape analysis are key in shaping the next steps, as described below, in the strategy, activities and partnerships of the 3D Program for Girls and Women.

Create platforms for convergence: There is clearly both the need and the opportunity to create new mechanisms within existing platforms to bring together stakeholders across sectors to coordinate efforts to improve the status of girls and women in Pune District. The 3D Program will work with partners in both urban and rural Pune to create the best possible structures, leveraging existing platforms within local government to ensure that they maximize inputs from stakeholders; are integrated into existing public systems for sustainability and scale; are not cumbersome or repetitive; and are empowering for the girls and women they will serve.

Leverage existing resources by linking stakeholders: The landscape analysis outlined the range of systems, innovations and resources already addressing the needs of girls and women in Pune, including well-established government systems, strong civil society and women's organizations, and a pool of CSR funds and innovations to draw on within the context of a strong economy and government policies expressing a firm commitment to gender equality. The 3D Program will leverage these resources by convening and linking stakeholders. In some cases, simply linking stakeholders will be enough to strengthen interventions or lead to further innovations. In other cases, the 3D Program will offer concrete recommendations to facilitate better coordination, the more efficient and effective use of resources, and better results for girls and women.

Leverage existing hierarchies within government: The 3D Program will leverage existing hierarchies within government instead of challenging them, to advance the best, most sustainable results for girls

and women at scale. For that reason, it will create platforms of convergence that engage the range of different government departments (not just WCD), are led by the head of local government that all the departments already report to and receive technical inputs from WCD, as needed. This will ensure that existing reporting lines and structures are both respected and leveraged.

Create a shared vision for girls and women to work towards: The landscape analysis revealed the lack of a common vision for gender equality, with targets, timelines and milestones to measure progress. Such a vision could explicitly build on the commitments of district, state and national leadership to improve the status of girls and women, and contribute to the achievement of Sustainable Development Goal 5; to achieve gender equality and empower all women and girls, while also advancing several of the other goals. The 3D Program will facilitate visioning processes to generate shared visions by diverse stakeholders in rural and urban Pune that address critical, cross-sectoral priorities for girls and women, have the potential to strengthen specific outcomes for each stakeholder, and create accountability measures across stakeholders.

Use evidence to identify priorities: Through an analysis of existing data, this landscape analysis shed light on critical issues across 3D's four priority areas that require the engagement of different departments and stakeholders, across sectors, including diminishing sex ratios and employment rates of women; low secondary school completion rates; high rates of child marriage and violence against girls and women despite increased attention

to these issues; and startlingly high rates of anemia and high reliance on female sterilization as a method of family planning. The 3D Program will work with stakeholders to further prioritize and address critical issues through convergent action.

Converge data for planning, implementation and monitoring: The 3D Program, in consultation with key research and policy institutions, will explore the creation of a shared data platform, based on existing platforms and a common format, from which different actors can pick out data and report back on indicators relevant to their work. Access to data should be based on requirements at different levels of the implementation chain; not everybody needs access to all data. Management of data for the platform must be tied to the daily work of officials, so that this data enables them to plan, execute and track their respective activities.

Ensure that girls and women are active partners in convergent action: This landscape analysis highlights the rich history and continued strength of women's and community organizing in Pune. Whether it is through Mahila Gram Sabhas and community-led accountability mechanisms like Jansunvai; collective action platforms such as SHGs and the trade unions of informal workers;[137] or NGOs focused on gender equality, there is a strong foundation to build on to facilitate convergent action in Pune. The 3D Program will work in partnership with girls and women's platforms and advocates to ensure that convergent platforms are inclusive, empowering and are accountable to those they aim to serve, particularly the most vulnerable.

Strengthen capacity, standards and systems: The 3D Program will work with partners to identify and address gaps in capacity, standards and systems. This landscape analysis has already revealed some initial areas of focus include building capacity in gender analysis; strengthening the quality of programs for girls and women; and ensuring that convergent processes are monitored and evaluated. The landscape analysis has also helped identify potential partners in Pune to support capacity building and systems strengthening.

Based on the information gathered and insights gained during this landscape analysis, moving forward, the 3D Program for Girls and Women will serve as a connector, convener and bridge, bringing people, sectors, evidence and resources together to facilitate convergent action for girls and women in Pune District.

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137. Discussed in more detail in Mehra, R. & Shebi, K. (2018). Economic Programs in India: What Works for the Empowerment of Girls and Women. Washington, D.C.: 3D Program for Girls and Women.

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Appendix 1

Government Schemes for Girls and Women

Schemes from the District Planning Office, 2017-2018

	NAME OF THE SCHEME	CATEGORY	RESPONSIBILITY OF IMPLEMENTATION	BUDGET
1	Grant to ZP for special repairs of primary schools	Education	Primary Education Officer, ZP, Pune	635
2	Supply of free school uniforms and stationery to the students of class 1 to 4 from 103 development blocks	Education	Primary Education Officer, ZP, Pune	0.01
3	Award for outstanding performance of teachers at primary schools	Education	Primary Education Officer, ZP, Pune	0.5
4	Special facilities to students belonging to SC/ST in primary schools	Education	Primary Education Officer, ZP, Pune	0.01
5	Allowance to attend school to girl child (Durbal Ghatak)	Education	Primary Education Officer, ZP, Pune	7
6	Establishment of sports clubs	Sports	District Sports Officer	0
7	Development of gymnasium	Sports	District Sports Officer	400
8	Youth development scheme for youth in rural areas	Sports	District Sports Officer	40
9	Providing machinery and modernization in industrial training institutions	Higher and Technical Education	District Vocational Education and Training Officer, Pune	200
10	Workshops of government industrial institutions, land acquisition and construction for administrative building	Higher and Technical Education	District Vocational Education and Training Officer, Pune	400
11	To provide hostel facilities to the students of the Industrial Training Institute and other facilities in the hostel	Higher and Technical Education	District Vocational Education and Training Officer, Pune	8
12	Development of facilities in Pre S.S.C. Vocational Education	Higher and Technical Education	District Vocational Education and Training Officer, Pune	8
13	+2 stage vocational education	Higher and Technical Education	District Vocational Education and Training Officer, Pune	8
14	Construction of government technical education institutes	Higher and Technical Education	District Vocational Education and Training Officer, Pune	32
15	Minimal Skill Development Program	Higher and Technical Education	District Vocational Education and Training Officer, Pune	100
16	Establishment, construction and development of libraries at the district level	Higher and Technical Education	District Library Officer, Pune	6.4
17	Assistance to Gram Panchayat and other public libraries	Higher and Technical Education	District Library Officer, Pune	24
18	Construction of Anganwadis	Nutrition		1500
19	Facilitation of Ayurvedic and Unnani clinics	Health	District Health Officer, ZP, Pune	24

	NAME OF THE SCHEME	CATEGORY	RESPONSIBILITY OF IMPLEMENTATION	BUDGET
20	Construction of Ayurvedic and Unnani clinics	Health	District Health Officer, ZP, Pune	60
21	Repair of Ayurvedic and Unnani clinics	Health	District Health Officer, ZP, Pune	20
22	Construction and expansion of primary health centers	Health	District Health Officer, ZP, Pune	1426
23	Construction and expansion of health sub-centers	Health	District Health Officer, ZP, Pune	826
24	Repair and maintenance of health primary health center and sub-centers	Health	District Health Officer, ZP, Pune	175
25	Construction and expansion of rural hospitals	Health	District Health Officer, ZP, Pune	114
26	Purchase of medicines, material and machinery for primary health centers	Health	District Health Officer, ZP, Pune	225
27	Purchase of medicines, material and machinery for health sub-centers	Health	District Health Officer, ZP, Pune	80
28	Purchase of medicines, material and machinery for rural hospitals	Health		240
29	Purchase of medicines, material and machinery for sub-district hospitals	Health		75
30	Health check-up programs in schools	Health		10
31	Special grants to big Gram Panchayats for urban facilities (along with electrification)	Rural Development		560
32	Special grants to Panchayats for public service	Rural Development		1280
33	Administration grant to District Rural Development Machinery	Rural Development		75
34	Grants to ZP for the purchase of launch for public transport through rivers	Transport		40
35	Development and strengthening of roads of other districts	Transport		2821
36	Development and strengthening of rural roads	Transport		3000
37	Rehabilitation of Devdasis and their children	Women and Child Development	District Women and Child Development Officer	0.01
38	Shubhamangala Scheme for group weddings	Women and Child Development	District Women and Child Development Officer	50
39	Strengthening of district planning committees	Planning Department	District Planning Officer	47.58
40	New schemes	Planning Department	District Planning Officer	1679
41	Evaluation, control and data entry of schemes	Planning Department	District Planning Officer	191.9

	NAME OF THE SCHEME	CATEGORY	RESPONSIBILITY OF IMPLEMENTATION	BUDGET
42	Scheme for scholarship to students post class 10 belonging to the other backward class (this scheme is different from the other educational scholarships provided)	Social Justice and Special Assistance		400
43	Education and examination fees to students belonging to other backward classes	Social Justice and Special Assistance		16
44	TANDA development schemes	Social Justice and Special Assistance		4
45	Vocational Training program	Skill Development and Livelihood		60
46	Revised Seed Capital Scheme (SMS)	District Industries Center	CEO, District Industries Centre	2
47	Seed capital for small scale business	District Industries Center	CEO, District Industry Centre	
48	Scheme for Developments of Rural Artisans	Industry & Minerals - Village & Small-Scale Industries	District Khadi Industry Officer, Pune	0
49	Honey Bee Keeping	Industry & Minerals - Village & Small-Scale Industries	District Khadi Industry Officer, Pune	0
50	Village industries Colony	Industry & Minerals - Village & Small-Scale Industries	District Khadi Industry Officer, Pune	0
51	Development of Sericulture Industry	Industry & Minerals - Village & Small-Scale Industries	District Sericulture Officer, Pune	20
52	Construction of toilets	Water Sanitation and Hygiene		1250
53	Fitting electric motors at the wells and electrification of the handpumps	Water Sanitation and Hygiene		0.01
54	Rural tap water provision scheme (Scheme for drinking water)	Water Sanitation and Hygiene		2559
55	Strengthening water supply through tube wells	Water Sanitation and Hygiene		0.01
56	Maharashtra Suvarna Jayanti Nagorothhan Maha Abhiyan	Urban Development		1982
57	Strengthening of fire brigade and other emergency services	Urban Development		80
58	Improvement of other bastis (slum) in urban areas	Urban Development		300
59	Budget to implement the urban development schemes to Municipal Councils	Urban Development		150
60	Loan for the implementation of the urban development schemes to the Municipal Councils	Urban Development		0
61	Budget to implement the urban development schemes to Municipal Corporations	Urban Development		0.01

Department of Education Schemes

	NAME OF SCHEME	INFORMATION	DEPARTMENT	LEVEL	INDICATORS	TARGET POPULATION	POINT PERSON	BUDGET (INR IN THOUSDANS)
1	Navodaya Schools	Residential schools in rural parts of India for outstanding students	Primary and Secondary Education	Center	Quality education	Rural students	Collector	NA
2	Connecting higher secondary to secondary schools	Opening of additional classrooms at the higher secondary and graduation levels.	Secondary Education	Center	Decrease dropout in higher secondary schools	Students from all schools	Director of Education	NA
3	National scholarship for intelligent students in rural areas	Schemes to motivate students from rural areas to continue their education after secondary school.	Secondary Education	Center	Decrease dropout rate in higher secondary schools	Students from class 8 below 15 years of age	Dy. Director, Education	1621
4	Scholarship to students belonging to minority category	This scholarship aims to motivate students from low income families belonging to minority communities to continue their education before class 10	Secondary Education	Center	Enrollment and Continuation of Education	Students belonging to minority categories until class 12	Director, Adult Minority and Literacy, Pune	840000
5	Open scholarships for students belonging to backward class	Students who belong in backward classes and pass their exams with a minimum mark of 50% in the first attempt are awarded this scholarship.	Secondary Education	Center	Decrease dropout rates in secondary schools	Students whose family income is less than 1.5 lakhs per annum	Director of Education, Secondary and Higher Secondary	
6	National scholarship scheme	This scheme was designed with the objective of identifying intelligent and outstanding students from economically backward sections of the society in class 8 and providing them with financial assistance	Secondary Education	Center	Decrease dropout in higher secondary schools	Students of class 8-12 belonging to EWS	Director of Education, State & District Education Officer (Secondary and higher secondary	11682
7	Grant to girl students in secondary school	This scheme is for girls studying in non-aided schools and girl students of Kasturba Gandhi Girls Schools.	Secondary Education	Center	Continuation of education and delay age at marriage (girls)	Girl child belonging to SC/ST below age 16 years	Director of Education, State & District Education Officer (Secondary)	3000 per beneficiary
8	Establishing hostels for girl students	Increasing enrollment of girls in secondary education and decreasing their dropout.	Secondary Education	Center	Decrease dropout in secondary schools (girls)	Girls in secondary schools	Director, Maharashtra Primary Education Council, & Directorate of Education (secondary &Higher Secondary), Pune	625000

	NAME OF SCHEME	INFORMATION	DEPARTMENT	LEVEL	INDICATORS	TARGET POPULATION	POINT PERSON	BUDGET (INR IN THOUSDANS)
9	Rashtriya Madhyamik Shiksha Abhiyan (RMSA)	This scheme seeks to take quality secondary education to the masses by building new schools, improving the quality of existing schools, providing teacher training and reducing dropout rates particularly among girls and students from SC/ST, other backward classes and economically weaker sections, of girls and students belonging to economically backward sections of the society.	Secondary Education	Central (implementing agency: state)	Continuation of education beyond primary level	All students	Director, Maharashtra Primary Education Council, & Directorate of Education (secondary), Pune	406500
10	Aid to Private schools	Schools are given government financial aid (full or partial), after being evaluated on certain criteria.	Primary and Secondary Education	State	Enrollment in education/ quality education	Private & Public schools	Director of Education	156,811,078
11	Grants to schools run by NGOs	Special institutes and other social institutes are granted 33% of their total expense or the deficit amount, to carry out their activities at the village level.	Primary and Secondary Education	State	Enrollment in education	Special institutes	District Education Officer	45,000
12	Book Banks for secondary schools	Students belonging to SC/ST/NT/VJNT attending the ZP, corporation and other schools are given books prescribed for the academic year.	Primary and Secondary Education	State	Continuation of education	Students from all schools	District Education Officer (Secondary)	66106 (2016-17)
13	Open scholarships to students of primary and secondary schools	Open scholarships for outstanding performance by students of primary and secondary schools to motivate them to continue their education.	Primary and Secondary Education	State	Decrease dropout in secondary schools	Students from all schools	District Education Officer (Secondary & Primary)	62765
14	Open Scholarships for intelligent and outstanding students in rural areas	Open scholarships to intelligent students from rural areas of primary and secondary schools to motivate them to continue their education.	Primary and Secondary Education	State	Decrease dropout in secondary schools	Students in rural areas	Dy. Director of Education	825

	NAME OF SCHEME	INFORMATION	DEPARTMENT	LEVEL	INDICATORS	TARGET POPULATION	POINT PERSON	BUDGET (INR IN THOUSDANS)
15	Open Scholarships for students in higher secondary schools (Class 11-12)	Open scholarship to students who score a minimum of 60% in class 10 and continue to score minimum 45% in the final academic exam of class 11.	Secondary Education	State	Decrease dropout in higher secondary schools	Students in class 11-12	Dy. Director of Education	4743
16	Fee waiver to students (EBC Scheme)	This scheme is designed to keep children belonging to Backward Class in mainstream higher secondary education. Under this scheme children have a fee waiver for their education from class 5-10 for boys and from class 5-12 for girls.	Secondary Education	State	Decrease dropout in secondary schools (boys) higher secondary schools (girls)	Students belonging to families with annual income less than 1 lakh	District Education Officer, Secondary	17119
17	Free education to all until class 10	Students attending government aided and partially aided schools can avail this scheme.	Primary and Secondary Education	State	Enrollment and continuation of education	Students whose parents have resided in Maharashtra for minimum 15 years	District Education Officer (Secondary)	5554817 (2016-17)
18	Free education to girls in class 11 and 12	Girls in the government aided high and higher secondary schools can avail this scheme.	Secondary Education	State	Decrease dropout in higher secondary schools (girls)	All girl students	District Education Officer (Secondary)	25107
19	Scholarship to tribal students	Scholarship scheme for children belonging to ST/NT and VJNT.	Primary and Secondary Education	State	Continuation of education with special focus on girls	Students belonging to ST/NT/VJNT	District Education Officer (Secondary)	2942
20	Waiver of examination fee	Objective of this scheme is to financially help students belonging to areas with water shortage as declared by the government.	Secondary Education	State	Continuation of education	Students from areas with water shortage.	Divisional Dy. Director, Education	5439

Department of Health Schemes

	NAME OF SCHEME	INFORMATION	LEVEL	INDICA-TORS	TARGET POPULA-TION	IMPLEMEN-TATION	POINT PERSON	BUDGET (INR IN THOUSDANS)
1	Janani Shishu Suraksha Karyakram	Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among poor pregnant women.	Center on the guidelines of NRHM	Maternal mortality	Pregnant women and lactating mothers	All Talukas	District Health Officer	500 of the JSY benefit is being paid 8-12 weeks before delivery without any age, parity and place restriction to BPL, SC & ST women and additional benefit (200 for rural area)
2	Maternal Death Review	ASHA is responsible of informing the Taluka Health Officer (THO) about the maternal deaths of women in the age range of 15-49 years in the community.	Center on the guidelines of NRHM	Maternal mortality	Pregnant women and lactating mothers	All Talukas	District Health Officer	For every death reported and confirmed the ASHA worker receives 200.
3	Child Health	Initiatives for the health and nutrition is newborns and infants	Center on the guidelines of NRHM	Infant mortality	Neonates and infants	All Talukas	District Health Officer	
4	Family Planning	Scheme to increase the CPR of 'any modern method' and decrease the total unmet needs for family planning.	Center on the guidelines of NRHM	Family planning	Men and women	All Talukas	District Health Officer	0.21 lakhs for family planning camps
5	Rashtriya Kishore Swastha Karyakram	Improve adolescent health and well-being with a focus on nutrition, sexual and reproductive health, mental health, violence and substance abuse.	Center on the guidelines of NRHM	Adolescent health, empowerment	Adolescent girls and boys (10-14 years and 14-19 years)	All Talukas	District Health Officer	
6	Rashtriya Bal Swastha Karyakram (RBSK)/ Adolescent Reproductive and Sexual Health (ARSH)	RBSK aims at early identification of defects and diseases and early intervention for children from birth to 18 years.	Center on the guidelines of NRHM	Infant and child health	Children up to age 6 in rural areas	All Talukas	District Health Officer	
7	Non-Communicable Diseases	Reduction of maternal morbidity and mortality, reduction of infant morbidity and mortality, reduction of under 5 years of morbidity and mortality, promotion of adolescent health	Center on the guidelines of NRHM	Health facilities	Mothers in post-partum phase, children up to age 6, adolescent girls	All Talukas	District Health Officer	

	NAME OF SCHEME	INFORMATION	LEVEL	INDICA-TORS	TARGET POPULA-TION	IMPLEMEN-TATION	POINT PERSON	BUDGET (INR IN THOUSDANS)
8	Routine Immunization	Under the Universal Immunization Program, the government of India provides vaccinations for children against preventable diseases i.e. diphtheria, pertussis, tetanus, polio, measles, severe form of childhood tuberculosis and Hepatitis B, Haemophilus influenza type b (Hib) and diarrhea adverse	Center on the guidelines of NRHM	Child health	Infants and children	All Talukas	District Health Officer	
9	Referral Transport	Providing free transport services to high risk pregnant women and sick infants (0-1 years) from their residence to PHC/hospital, hospital to hospital, and hospital to their residence.	Center on the guidelines of NRHM	Maternal mortality, infant mortality	Pregnant women, lactating mothers, infants up to 1 year, adolescent girls.	All Talukas	Monitoring: District Surgeon and District Health Officer. Implementation: District Program Manager, District Audit Manager, Monitoring and Evaluation Officer, Co-Ordinator Officer, EMS Co-Ordinator	
10	Rogi/Rugna Kalyan Samiti (RKS)/ Hospital Management Committee (HMC)	This committee, a registered society, acts as a group of trustees for the hospitals to manage the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from Government sector who are responsible for proper functioning and management of the hospital/Community Health Center/FRUs.	Center on the guidelines of NRHM	Health facilities	Rural population	All Talukas	District Surgeon	

	NAME OF SCHEME	INFORMATION	LEVEL	INDICA-TORS	TARGET POPULA-TION	IMPLEMEN-TATION	POINT PERSON	BUDGET (INR IN THOUSDANS)
11	Shardha Gram Arogya Sanjeevani Karyakram (SGASK)	This is a parallel scheme to NRHM. NRHM caters to the BPL population in the rural areas, while SGASK caters to the APL population in the rural areas. This program has 10 sub-schemes and are all funded by the district corpus. It focuses on maternal and child health and involves ASHAs	District	MCH	Pregnant mothers, infants, children, general population in the rural areas	All Talukas	District Health Officer	3.5 CR
12	ASHA Sanjeevani	ANC registration within 12 weeks of pregnancy on the NHM portal. Additional remuner-ation is provided to the ASHAs for this registration.	District	Maternal Health	Pregnant women	All Talukas	District Health Officer	80 L
13	Pavni (Guest)	Treating pregnant women as guests. The mother and the infant are given a kit. This scheme also provides for a cleaner for the delivery room and a driver to drop the new mother home.	District	Maternal Health & Child Health	Pregnant women and neonates	All Talukas	District Health Officer	400 per child kit; 150 per mother's kit; 100 per trip to the driver
14	Arogyadayi Surakshit Matrutva Yojana	Mothers and preg-nant women who are identified as high risk are referred to RH if the needed facility is not available at the PHC.	District	Maternal Health	Pregnant women	All Talukas	District Health Officer	Honorarium to visiting gyne-cologist 2000; Transportation of beneficiaries - 1000; Food packet - 100 per beneficiary
15	Bal Jiwitwa Hami Yojana	Identification of malnourished and sick children under the age of 6.	District	Child health	Children of 0-6 years of age in rural areas	All Talukas	District Health Officer	Honorarium to visiting pedia-trician – 2000
16	Non-Communicable Diseases	Main focus on diabe-tes and hypertension.	District	General health	General population	All Talukas	District Health Officer	Honorarium to visiting general physician – 2500

	NAME OF SCHEME	INFORMATION	LEVEL	INDICATORS	TARGET POPULATION	IMPLEMENTATION	POINT PERSON	BUDGET (INR IN THOUSDANS)
17	Mata Bal Saurakshan Yojana	Addressing complications before and after delivery.	District	Maternal and/or infant mortality	Pregnant women delivered mothers, neonates	All Talukas	District Health Officer	Provision of maximum 20,000 per beneficiary
18	Sarvakasha Netra Tapasni Yojana	Eye check-up visits by ophthalmologist once every 2 months.	District	Opthal	General population	All Talukas	District Health Officer	
19	Sarva Rog Nidhan Shibir	General Diagnostic camps are organized 2-3 times in a year. The idea here is to take the big hospital set-ups to the grass-roots for diagnosis and treatment. make a list of individuals who need special treatment and then refer them to the Private hospitals. MoU has been signed with these private hospitals	District	General health	General population	All Talukas	District Health Officer	
20	NCD (For women)	Camps especially for women with focus on diagnosis of cervical, breast and other forms of cancer.	District		Women	All Talukas	District Health Officer	

Women & Child Development Schemes

	NAME OF SCHEME	BASIC INFORMATION ABOUT THE SCEHEM	LEVEL	INDICATORS	TARGET POPULATION	IMPLEMENTATION	POINT PERSON	BUDGET (INR)
1	Jobs for women and girls in rural areas	Self-employment, guidance for business development, Melas, camps, felicitation of students who have excelled in competitive exams	Center	Livelihood/ education	Women above 18 years of age	All Talukas	Dy. CEO Women and Child Development	50,00,000
2	Counselling Centers	For women survivors of violence	Center	Heath/mental health	Women	All Talukas	Dy. CEO Women and Child Development	10,00,000
3	Training	Training for elected women representatives in the panchayat raj institutions (local governance)	Center but funds from District	Administrative	Members of Zilla Parishad	All Talukas	Dy. CEO Women and Child Development	2,00,000
4	Award for outstanding performance of the anganwadi and the balwadi sevikas	Anganwadi, balwadi sevikas and helpers will be awarded for their performance on every project/ program.	District	Education	Anganwadi and balwadi sevikas	All Talukas	Dy. CEO Women and Child Development	3,00,000
5	Computer Education	To girls who have passed class 5 and 12.	District	Education/ livelihood	Women and girls with minimum education until class 7	All Talukas	Dy. CEO Women and Child Development	30,00,000
6	Felicitation of girls	Felicitation of girls with special achievements at state level in sports, arts and education.	State	Education	Girls (no age range specified)	All Talukas	Dy. CEO Women and Child Development	5,00,000
7	Felicitation of girls belonging to BPL families	Felicitation of girls who pass class 12 from BPL families.	State	Education	Girls passing class 12	All Talukas	Dy. CEO Women and Child Development	45,00,00,000

	NAME OF SCHEME	BASIC INFORMATION ABOUT THE SCEHEM	LEVEL	INDICATORS	TARGET POPULATION	IMPLEMENTATION	POINT PERSON	BUDGET (INR)
8	Dietary food supplements	For malnourished children, pregnant women and lactating mothers.	State	Health	Children in anganwadis, adolescent girls, pregnant women and lactating mothers	All Talukas	Dy. CEO Women and Child Development	3,00,00,000
9	Provision of bicycles	Girls belonging to families below poverty line and from the general category studying in ZP schools will benefit from this scheme.	State	Education	Girls in class 5 -7	All Talukas	Dy. CEO Women and Child Development	3,25,00,000
10	Maintenance and construction of anganwadis	Maintenance and construction of new anganwadis will be carried out as per need	State	Education		All Talukas	Dy. CEO Women and Child Development	1,00,00,000
11	Provision of toys and recreational material	Demanded outdoor game equipment and large toys will be provided to the anganwadis at the discretion of the Child Development Project Officer.	State	Education	Children in anganwadis	All Talukas	Dy. CEO Women and Child Development	2,50,00,000
12	Facilities/services to the anganwadi centers	Services and equipment will be provided to the anganwadi centers as per their requirement.	State	Education		All Talukas	Dy. CEO Women and Child Development	
13	Installation of sanitary napkin welding machines/incinerators	Sanitary napkin welding machines/incinerators will be installed at the rural ZP schools and government higher secondary schools and organizations supporting hostels (vasati gruh) in rural areas for adolescent girls.	State	Health	Adolescent girls in school	All Talukas	Dy. CEO Women and Child Development	50,00,000

	NAME OF SCHEME	BASIC INFORMATION ABOUT THE SCEHEM	LEVEL	INDICATORS	TARGET POPULATION	IMPLEMENTATION	POINT PERSON	BUDGET (INR)
14	Nirbhaya Scheme	Scheme for safety of women and rehabilitation of victims of sexual assault and violence	State	Violence	Women and girl victims of violence	All Talukas	Dy. CEO Women and Child Development	15,00,000
15	Dietary food supplements for malnourished children, pregnant women and lactating mothers.	Dietary food supplements for children in the Anganwadis, adolescent girls, pregnant and lactating mothers belonging to Scheduled Castes for the eradication and prevention of malnutrition.	State	Health	Children in anganwadis, adolescent girls, pregnant women and lactating mothers	All Talukas	Dy. CEO Women and Child Development	2,70,00,000
16	Bicycles provision	To girls belonging to SCs acquiring merit in the scholarship exams of class 5-7	State	Education	Girls in class 5-7 belonging to SCs	All Talukas	Dy. CEO Women and Child Development	30,00,000

Appendix 2

CSO Initiatives for Girls and Women

Appendix 2: CSO Initiatives for Girls and Women

	NAME OF THE CIVIL SOCIETY ORGANIZATION	DOMAIN/S OF WORK	INITIATIVE/S	TARGET POPULATION	COLLABORATIONS
1.	Deepak Foundation	Health care	Hospital set-ups and mobile health clinics; trainings to FLWs; health check-up camps	Rural and tribal population	Work with the government on imparting training to FLWs.
2.	Alochana	Women's rights	Mobile resource center; capacity building trainings with women; educating women on laws against domestic violence.	Women in rural Pune	Other NGOs in rural Pune: Urmi, T.C.B., Disha, Sadhana Village, Rachana trust, Work for equality, Rainbow home, Nari Samata Manch
3.	Foundation of Research in Community Health (FRCH)	Community health with focus on women's health	Diagnostic testing and referral; provide counselling and basic treatment; health awareness campaigns; partnered with SATHI on Community-Based Monitoring (CBM) of health.	Rural population and counselling to women	Exiting public and private health care systems in the village
4.	Institute of Health Management Pachod (IHMP)	Empowerment of women and girls; Sexual and Reproductive Health (SRH);	Health education; intervention on SRH; increasing awareness through group talks, meetings and campaigns.	Women and girls in rural Pune (21 villages in Chakan MIDC area)	
5.	Sadhana Village	Education; community living environment; empowerment of women and youth	Run a school for children; work on prevention of violence against women through groups of women formed in the villages.	Women and school going children (10 villages around Paud)	
6.	Nari Samata Manch	Women's rights; education; violence against women	Education supportive programs like All Round Development in School Education (ARISE) and play school for children of Khatari tribe; legal aid and counselling centers of victims of violence	Women and children in rural Pune (Blocks of Mulshi and Bhor)	Public schools, corporates e.g., Tech Mahindra, lawyers
7.	Chaitanya	Health; violence; economic empowerment	Cadre of para health workers, strengthening of VHNCs; advocacy on public health; training of laws to deal with violence; community based micro finance institutions, formation of SHGs	Women in rural Pune (Rajgurunagar)	Government agencies and other NGOs
8.	Sevadham Trust	Health; education; economic empowerment	Run a hospital, ART treatment; schools in rural Pune and nursing college for girls; formation of SHGs	Focus on women and girls (Talegaon and Maval blocks)	

	NAME OF THE CIVIL SOCIETY ORGANIZATION	DOMAIN/S OF WORK	INITIATIVE/S	TARGET POPULATION	COLLABORATIONS
9.	Ashta-No-Kai	Education	Life skills, gender and health sessions for adolescent girls, cycle banks, scholarships	Adolescent girls (Shirur block)	Other NGOs
10.	Chetana Mahila Vikas	Economic empowerment; violence	SHGs and literacy to the members of SHGs; increasing awareness on laws against violence, property etc., legal aid to victims of violence	Women in rural Pune	Other NGOs, women's networks, CRS, Swiss Aid, FWWB, OXFAM, Carits India, MAVIM
11.	New Innovation for Reclamation of Mankind (NIRMAN)	Violence	Creating awareness and providing legal aid to the victims of violence in private and public space	Women belonging to NT-DNT communities. (Indapur block)	Other NGOs
12.	Mahila Sarvangeen Utkarsh Mandal (MASUM)	Health; education; violence; economic empowerment	Testing, health camps, trained health workers, increase awareness on health, initiate and sustain the CBM process; value education classes for children, youth groups; awareness sessions in villages, support groups in villages against violence, counselling and legal aid center; formation of SHGs and credit programs.	Women, children, youth and men (Purandar, Paner, Bhor)	Government agencies, other NGOs
13.	Maher	Violence; economic empowerment	Shelter homes for victim of violence; skills training	Women and children (across 85 communities across Pune district)	Other NGOs
14.	Santulan	Education; economic empowerment	Schools for children of laborers on stone quarries; SHGs, credit co-operative societies,	Women and children	Corporates
15.	Grammangal	Education	Quality education through creative classroom, teachers' trainings, inputs to the public and private school curriculums	Schooling and non-schooling children (Mulshi and Maval blocks)	Education department at the Pune Zilla Parishad, corporates e.g., Tech Mahindra, FIAT
16.	SATHI	Health	Health awareness through discussions and campaigns, nodal state agency to initiate and sustain the CBM process	All districts of Pune	State health department, other NGOs

	NAME OF THE CIVIL SOCIETY ORGANIZATION	DOMAIN/S OF WORK	INITIATIVE/S	TARGET POPULATION	COLLABORATIONS
17.	K.E.M Hospital Research Centre (KEMHRC)	Health; economic empowerment	Menstrual health, provides medical treatment at the centers, providing training to FLWs on RCH and NHM programs, awareness program for health workers; skills development centers	Women, girls, boys and youth (Shirur, Ambegaon, Khed and Junnar blocks)	Maharashtra State AIDS Control Society (MSACS), ART centers and other hospitals
18.	Bharatiya Jain Sanghatana (BJS)	Education	School-based sessions on adolescent health, life skills	Adolescent girls in school	Education department at the Pune Zilla Parishad
19.	Centre for Advocacy and Research (CFAR)	Health	ART treatment	General population and focus on HIV positive for referral	Maharashtra State AIDS Control Society (MSACS), ART centers and other hospitals
20	Seva Sahayog	Economic empowerment	SHGs and trainings to members of SHGs on issues of health, laws and rights; provide market to products produced in the SHGs through fairs; federations and micro credit groups for women	Women	Other NGOs

Appendix 3

CSR Initiatives for Girls and Women

Appendix 2: CSR Initiatives for Girls and Women

	NAME OF CSO	DOMAIN/S OF WORK	INITIATIVE/S	TARGET POPULATION	COLLABORATIONS
1.	Svenska Kullager Fabriken AB (SKF)	Education, women empowerment	Promoting education through sports, vocational training with youth in communities, women empowerment through providing sponsorship to girls who are doing post-graduation	Children and women in communities	Work in the partnership with Akanksha, Lila Poonawalla Foundation, Pune Football Club
2.	Forbes Marshall	Education, health, women empowerment	Support gammatwadis and bal bhavans for pre-school education, The Livelihood Advanced Business School (LABS), teacher training, Training for Adolescents on Reproductive Health and Gender (TARANG), organize health awareness sessions and health check-up camps, SHG, study classes for adolescents	Children, youth and women in urban and rural communities	Work through NGOs and PCMC schools
3.	Persistent Foundation	Education, health, skill development	School students' health check-up and follow-up program, scholarships and sponsorships to school children, screening of breast cancer in women, skill development project for women in urban communities	Children and women in urban communities	Work on health through Samavedana, a CSR wing of Sahyadri Hospital and Aastha a collective of women affected with breast cancer
4.	Thermax	Education, health, women empowerment, skill building	Work with municipal corporation's schools, Leadership Institute for Teachers (LIFT), support Shashwat for running the school and hostel for tribal children and girls	Children and youth in urban and rural communities.	Work through Akanksha Foundation, Shashwat and PCPMC schools.
5.	Sudarshan Chemicals	Education, health and women empowerment	Organize awareness sessions on the importance of health, hygiene, nutrition; organize health check-up camps for people in villages; run a skill building training programs for women and a paper bag making project in 6 villages	Rural communities	Work through Karve Institute of Social Service, Pune.
6.	Shantanurao Lakshmanrao Kirloskar Foundation (SLK)	Education, health	Donate e-learning sets for schools, conduct compute literacy classes, organize health check-up camps, tree plantation through children	Rural communities	Work through Karve Institute of Social Service, Pune.

	NAME OF CSO	DOMAIN/S OF WORK	INITIATIVE/S	TARGET POPULATION	COLLABORATIONS
7.	Cybage Software	Education, health, livelihood	Work in three blocks, Purandar, Bhor and Velhe, covering more than 12 villages; provide funds for infrastructural development and availing livelihood opportunities for people in villages; build ICDS centers and schools in these villages, health check-up camps, Sybage Khushboo provides scholarships and other support to students for higher education in PMC area	Urban and rural communities	Work through BIAF, Teach for India and Sarvangin Vikas Mandal, Pune.
8.	JCB	Education, economic empowerment	Provide infrastructural support to schools. Includes digital learning tools, organize life skill development classes for adolescent students, provide academic support to students of 8th and 10th standard through learning center, run Khelghar for children, SHG for women, skill training for women and run a paper bag making unit	Rural communities	Work through Alochana and Palakniti Parivar
9.	PRAJ Foundation	Education, health	Provide infrastructural support to schools, organize anemia awareness camps, sessions and continuous follow-up plan with women	Women and education institutes in rural area	Work through Rachana Samjik Prabodhan Sanstha and Janjvikas Sanstha
10.	TVS- Shrinivas Service Trust	Education, health, women empowerment and structural development	Providing infrastructural help to schools and anganwadi, construction of anganwadis including toilet facilities, organizes health check-up camps and awareness sessions on health and hygiene with community women and youth, work to reduce anemia, organize immunization camps in all villages, help farmers to avail livelihood options by working with them	Rural communities	Work in collaboration with Anganwadi centers and schools in villages

	NAME OF CSO	DOMAIN/S OF WORK	INITIATIVE/S	TARGET POPULATION	COLLABORATIONS
11.	Bajaj Auto	Education, health	Provide infrastructural support to schools like providing fans, cupboards, benches, water purifier along with construction/repairing of school buildings, install e-learning centers in schools in rural areas, conduct awareness and training on immunization, breast feeding, sex selective abortion Cen, family planning, HIV, nutritious food using local materials, cleanliness and general healthcare, information on growing up issues, changes in body and nutritional diet, training to multi-purpose workers (MPWs), organize health check-up camps, Mahila Melavas and awareness programs on the issues like dowry and sex selection, work with private and PCMC schools to run learning project in schools, run ART center at YCM hospital, livelihood options to people in villages, skill building of youth and environment issues	Urban and rural communities	Work through Magic Bus in Maval block for education. Collaboration with public and private schools in PCMC area.
12.	Tech Mahindra	Education, skill building	All-Round Improvement in School Education (ARISE) enables children to get a quality education and optimize their full potential; the Shikshantar School's program works towards creating happier classrooms by empowering teachers, SMART skill building program for youth	Urban and rural communities	Work in collaboration with NGOs
13.	John Deere	Education and providing infrastructural support	Renovation/ beautification of anganwadis, providing scholarships to students, provide mid-day meals to anganwadis	Urban communities	Work through Centre for Advanced Research and Development
14.	Cognizant Foundation	Education, health care, livelihood	Computer and science education program, scholarships to students, upgrading and augmenting the facilities of healthcare institutions, providing skill and placement opportunities to youth	Urban and rural communities	
15.	Bharat Forge	Education, community development	Run industrial training institute, primary education, support sports through establishing KASHYA, a non-profit spots organization, run community development centers,	Urban communities	Work through PRATHAM education foundation and LAKSHYA sports organization
16.	Infosys Foundation	Education, rural development, health care	Infrastructural support to school, training, health care facilities, health check-up camps	Rural and urban communities	

	NAME OF CSO	DOMAIN/S OF WORK	INITIATIVE/S	TARGET POPULATION	COLLABORATIONS
17.	Kirtane Pandit Info Tech (KPIT)	Education	Little scientist program and distribution of school kits	School going (Mulshi and Maval blocks)	Employee contributions and Local CSO Seva Sahyog
18.	Zensar	Community development, digital literacy	Community mobilization, School Transformation Program, Udaan English proficiency program and skill development centers; digital literacy buses and centers	Overall community	Pune Municipal Corporation (PMC) and other government agencies, Thermax
19.	Yardi	Menstrual health, sanitation	Awareness and distribution of reusable sanitary napkins; engagement of multiple stakeholders to monitor cleanliness and proper usage of community toilet blocks; waste management	10 wards of Pune city	Grassroots level NGOs
20.	Emcure	Education, safety	Encourage girls to continue education through awareness in communities; bicycles for girls to travel safe to schools	School going girls	NGOs working at the grass-roots

Appendix 4

Fact Sheets on Select Government Schemes

INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS)

This section presents a detailed description of four select government initiatives and schemes that could be engaged by the 3D Program: 1) Integrated Child Development Scheme (ICDS), 2) National Rural Health Mission (with a focus on Reproductive, Maternal, Newborn, Child and Adolescent Health RMNCH+A), 3) Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and 4) Beti Bachao, Beti Padhao (BBBP).[138]

These schemes were selected based on the following criteria:

* They are currently operational in rural Pune

* They have tremendous potential to impact women's and girls' lives

* They are flagship programs and are backed by central funding

* Their objectives reflect 3D's four priorities of health, education, safety and economic empowerment

* They present opportunities for convergence

* Establishing convergence within and/or across these schemes can strengthen their implementation, reduce duplication, enhance resource efficiency and increase their impact on girls and women

The description of each scheme includes a brief summary and information on objectives, outreach, beneficiaries, impact, funding, collaborations and innovations adopted.

Program Summary: The Integrated Child Development Services Program (ICDS) aims to ensure proper growth and development of children in rural, tribal and slum areas through the provision of pre-school services in an integrated manner. ICDS is a centrally-sponsored scheme. The ICDS Commissionerate[139] within the WCD department is responsible for implementing the ICDS Scheme to address the growth needs of children below six years of age. The scheme is implemented through 450 Anganwadi centers in rural Pune district. The scheme runs in the form of 21 clusters.[140]

Anganwadi centers organize innovative programs such as children fairs, parent meetings, awareness programs on various schemes, counselling for newly married couples, tree planting, breastfeeding week, and events to mark special occasions such as International Women's Day. These programs provide opportunities to increase community participation and contribute towards the scheme's sustainability. These programs are planned in a meeting of Anganwadi Supervisors, under the supervision of the district program coordinator.

Objectives:

* Provide nutritious food, immunization and health check-up for children below six years of age

* Provide health referral services to children

* Organize awareness raising programs on nutrition and health

* Provide informal pre-school education for children

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138. The RKSK and SSA are important schemes from the perspective of the 3D Program, however they are not separately elaborated in this section, because they were described in the earlier section on government schemes, particularly the SSA. RKSK is described within NRHM in this section.

139. Retrieved from: https://womenchild.maharashtra.gov.in/content/innerpage/icds-commissionerate.php

140. The 4605 anganwadis in 13 talukas of Pune district have been divided in 21 clusters.

Population Reached: The number of beneficiaries under ICDS are divided by age group. According to the WCD's service statistics of 2016-17 the number of beneficiaries of the benefits from this scheme are 315,000 children (0 to 6 years), 20,699 pregnant women, and 20,609 lactating mothers.

Funding: Funding for the implementation of ICDS is shared by central (60 percent) and state government (40 percent). According to the expenses of 2016-17, Pune ZP receives approximately INR. 26 crore per annum (USD 3,987,320) (INR. 6/head for children (0 to 6 years) and INR. 7/head for women) from the center and state government.

Collaborations: WCD has collaborated with private sector foundations for the implementation of ICDS. WCD Department has received INR. 15 to 16 crores (USD 2,300,489) funds from the private sector through corporate social responsibility (CSR) funds. These funds were used for construction or renovation of **Anganwadi** centers. **Rashtriya Swyamsevak Sanghas Jankalyan Samiti** also provides help to ICDS centers through the distribution of nutritious food in villages. ICDS centers also receive contributions from Gram Panchayats and village community members to help with tasks, such as preparing identity cards for children, installing water filters in Anganwadi centers, and painting walls.

NATIONAL RURAL HEALTH MISSION
(with a focus on Reproductive, Maternal, Neonatal, Child and Adolescent Health RMNCH+A)

Program Summary: The National Rural Health Mission (NRHM) is a sub-mission of the National Health Mission, which has the goal of providing accessible, affordable and quality health care to people living in rural areas, especially vulnerable populations. For the purposes of this landscape analysis report, the Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A) components of the NRHM will be highlighted.

The RMNCH+A was launched in 2013 to address the major causes of mortality among women and children, as well as the delay in accessing and utilizing health care services. This approach was developed to enhance the 'continuum of care' across various stages of life.

Objectives:
• Reduce the infant mortality rate
• Reduce the maternal mortality rate
• Reduce the total fertility rate

RMNCH+A Approach:

Adolescent Health

Adolescent health and nutrition is a priority and the RKSK scheme plays a role in achieving adolescent health and nutrition. The priority interventions for

RMNCH+A under RKSK are:
- Adolescent nutrition, iron and folic acid supplementation

- Adolescent reproductive and sexual health services through adolescent-friendly clinics

- Information and counselling on adolescent sexual health and other health issues

- Menstrual hygiene

- Preventive health check-ups and screening for diseases, deficiency and disability with focus on Anemia, de-worming)

Adolescent reproductive health services are also made available, including:
- Community based promotion and delivery of contraceptives

- Promotion of spacing methods (Interval IUCD)

- Comprehensive and safe abortion care

- Prevention, diagnosis and management of sexually transmitted and reproductive infections, including HIV

Maternal Health

Next on the continuum of care is the phase of pregnancy and child birth. Services include antenatal care, counselling and preparation for newborn care, breastfeeding, birth, and emergency preparedness. These services are delivered through community outreach; and skilled birth attendance is provided at primary health centers (PHC) and First Referral Units (FRU). Links between service delivery points at different levels of health facilities is critical to providing emergency obstetric and neonatal care. For this purpose, there is a referral system and a referral transport mechanism in the district.

Central schemes like **Janani Shishu Suraksha Karyakram** and Referral Transport, and district level schemes like ASHA **Sanjeevani, Pavni** (Guest), **Arogyadayi Surakshit Matrutva Yojana, Mata Bal Saurakshan Yojana** aid in achieving the objectives listed below:

- Preventive use of folic acid in pre-conception period

- Antenatal care and tracking of high risk pregnancies

- Skilled obstetric care and essential newborn care and resuscitation

- Emergency obstetric and newborn care

- Postpartum care for mother and baby

- Postpartum IUCD insertion and sterilization

- Implementation of Preconception and Prenatal Diagnostic Techniques Prohibition of Sex Selection) Act 2003.

Newborn and Child Care

The next phase of life covered under the continuum of care approach is newborn and child care. Interventions mainly focus on children under 5 years of age, with some interventions extending to children older than 5 years. Central schemes like Janani Shishu Suraksha Karyakram, Child health, Neonatal Rehabilitation Centres, Rashtriya Bal Swastha Karyakram (RBSK) and Routine Immunization, and district-level schemes like Bal Jiwitwa Hami Yojana, Mata Bal Saurakshan Yojana are some schemes that aid in achieving the following objectives:

- Home-based newborn care and prompt referral

- Facility-based care of the sick newborn

- Child nutrition and essential micronutrients supplementation

- Integrated management of common childhood illnesses (pneumonia, diarrhea and malaria)

- Immunization

- Child health screening and early intervention services

Population Reached: It is not feasible to prepare the profile of the population reached from the secondary data. However, it should be noted that the mandate of the NHM is to cater mainly to vulnerable groups. However, at the district level, the Pune ZP has used the scheme to also address the reproductive, maternal, newborn, child and adolescent health needs of populations above the poverty line, who do not have access to other services.

Funding:

- Maternal Health: Under the Janani Shishu Suraksha Karyakram INR 700/- is transferred to the bank account of women belonging to Below Poverty Line (BPL), SC & ST categories in rural areas, within 8 to 12 weeks after delivery without any age, parity and place restriction.

- Family Planning: Under the family planning scheme, INR. 7000 is paid per sterilization to the concerned health institution. The total amount sanctioned for the camps is INR. 2.35 crores for the year 2017-2018. Above Poverty Line female clients are paid INR. 650 and BPL female clients are paid INR. 1000 if they opt for sterilization.

The total fund allocated by the district for the implementation district level schemes that address RMNCH+A components is INR. 13.82 crores for the year 2017-2018.

RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN (RMSA)

Program Summary: This scheme was launched in March 2009 to enhance access to secondary education and improve its quality. The implementation of the scheme in Pune began in 2009-10. The scheme aims to improve the Gross Enrollment Ratio from 70 percent to 100 percent. It is being implemented in five blocks of Pune District in private secondary schools that are receiving grants from the ZP, since the ZP does not have its own secondary school infrastructure.

Objectives: RMSA aims to construct a secondary education school, within a reasonable distance of every habitation (village). Other objectives include improving the quality of education imparted at secondary level by establishing certain norms for continued education for girls; removing gender, socio-economic and disability related barriers; and providing universal access to secondary level education by 2017, the end of 12th Five Year Plan and achieving universal retention by 2020.[141]

Population Reached: 7176 adolescent girls have benefited under this scheme, by the year 2017

Funding: RMSA is a centrally-sponsored scheme. In the fiscal year 2016-2017, INR. 24 lakhs was received from the state by the ZP for organizing various activities under this scheme.

Scheme Components: The Secondary Education department is responsible for the implementation of this scheme. Three different programs are being implemented in Pune district under this scheme:

1.   **Kishori Utkarsh Manch Yojana**
2.   Self-defense training for girls
3.   Book exhibitions at the district level

The first two programs are specifically focused on adolescent girls in schools.

Kishori Utkarsh Manch aims to ensure 100 percent enrolment of girls and preventing dropouts. Increasing gender equality in secondary schools is a key objective of this initiative. **Kishori Utkarsh Manch** platforms are established in schools where RMSA is being implemented. An elderly representative (woman), a woman representative, school principal, ANM, parent representative, and ICDS worker are the members of this **Manch** or platform. The committee meets each quarter of the year to organize various activities in schools, and to address social problems and issues related to health and natural calamities.

The self-defense training for adolescent girls aims to building confidence in girls to contribute to the goal of ensuring 100 percent attendance of girls in schools. Schools are expected to organize a three-month self-defense training course of 10 hours of training every month. Sixty-nine schools are being covered in rural Pune. The Education department is responsible for the appointment of a self-defense trainer and providing an honorarium of INR. 3000/month.

Collaborations: The ZP is currently implementing this scheme independently.

BETI BACHAO BETI PADHAO (BBBP)

The **Beti Bachao, Beti Padhao** (BBBP) scheme was launched as a social campaign by the central government in the year 2015, to address the alarming decline in India's sex ratio. The goal of this scheme is to highlight the value of the girl child and enable her education. The scheme was launched in Pune in 2016-17, in the second phase of its implementation as Pune has a better sex ratio as compared to other red zone districts which are showing sex ratio less than 800 girls per 1000 boys and made to the list of

141. http://mhrd.gov.in/rmsa

first 100. Pune is one among 16 districts in Maharashtra where the BBBP scheme is being implemented. The scheme is implemented by the WCD department.

Objectives:
- Prevent gender biased sex selection
- Ensure survival and protection of girl child
- Ensure education and participation in activities of girl child

Population Reached: BPBB functions as a social awareness campaign, targeting different segments of the population:

- Primary target populations: Young and newly married couples, pregnant and lactating mothers and new parents

- Secondary target populations: Youth, adolescent (girls and boys), in-laws, medical doctors/practitioners, private hospitals, nursing homes and diagnostic centers.

- Tertiary target populations: Officials, Panchayat Raj Institutions (PRIs), frontline workers, women s elf-help groups/collectives, religious leaders, voluntary organizations, media, medical associations, industry associations and the public.

Funding: The scheme is a centrally-funded scheme. Pune rural district has been allotted a total fund of INR. 65,01,000 under the scheme for the year 2017-18.

Program Components:
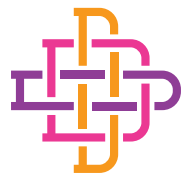Pune ZP implements BPBB through the following components:

- Intersectoral consultations and meetings for planning, evaluation and addressing the challenges in the campaign

- Promoting the campaign in the written media through essay writing competitions children in the community.

- Holding press conferences on program updates to generate awareness

- Sensitization of government officials elected representatives, religious leaders, School Management Committee members, Village Health Sanitation and Nutrition Committee (VHSNC) members, Village Health Committees, ICDS and Health Supervisors

- Training and sensitization of frontline workers (ASHAs, anganwadi workers and ANMs), youth groups, Self Help Groups, NGOs, etc. at the district and block levels.

- Celebration of Girl Child Day, incentivizing panchayat/urban wards/frontline workers for adopting best practices, felicitating girl child and her family in hospitals with birth certificate and sweets

- Generating awareness generation and outreach activities such as street plays, rallies, baby shows, stickers on public transport vehicles and public places, radio show, jingles, short interviews with successful woman on radio channels, mobile exhibition on buses, trains, mobile vans on the theme of save girl child, educate girl child.

Collaborations: This scheme aims at multi-sectoral action and focuses on cross-sectoral actions in consultation with the Ministry of Health and Family Welfare, and the Ministry of Human Resource Development. Linkages with line departments such as the Panchayati Raj, Education Department, Skill Development Mission, National Rural Health Mission are being explored. Involving NGOs, CBOs and other civil society groups, and women's organizations are also being explored.

Partnerships lie at the heart of the 3D Program.
We are grateful for the support we receive from our
partners to help us advance our work.

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