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Family Planning: A road to rural development



3 | Family Planning: A road to rural development

CONTENTS

7

Sustaining the Momentum
Fifth Water, Sanitation and
Hygiene (WASH) Conclave

8

Regional training programme
on Strengthening of Rural
Livelihoods through PRIs

9

Evidence-based Policy-making

10

Puspita – An endeavour to break
the odds

12

Unnat Bharat Abhiyan Activities
Planning regional workshop
for Village Clusters adopted by
Participating Institutes

12

TOT programme on Financial
Inclusion through SHG-BLP for
faculties of SIRDs/ETCs

13

ToT course on Participatory Tools
and Techniques for Planning
and Development of Rural
Livelihoods

14

Off-campus training programme
on ICT and e-Governance
Applications for rural
development

15

Consultation workshop on
Social and Behaviour Change
Communication for POSHAN
Abhiyaan



Family Planning: A road to rural development

July 11, the World Population Day, is an international level awareness campaign being celebrated all over the world to call people on stage to know the reason of this exploding population year by year as well as solve the big mistake of the entire human fraternity. The theme of World Population Day 2018 is "Family Planning is a Human Right." This great awareness event is to bring a population revolution globally as well as to wake people from their slumber to pay their full attention and help in combating this population issue. The World Population Day is a great event being celebrated throughout the world annually on 11th of July, to increase the awareness of the people towards the issues of population around the world. It was first started in the year 1989 by the Governing Council of the United Nations Development Programme (UNDP). It was exalted by the interest of the public when the global population touched the five billion mark on 11th of July in the year 1987.

The aim of the Governing Council of the United Nations Development Programme is to pay great attention towards the reproductive health problems of the community people as it

is the leading cause of ill-health as well as the death of the pregnant women worldwide. It has been distinguished that around 800 women are dying daily during childbirth. The campaigns during the World Population Day every year increase the knowledge and skills of the people worldwide towards their reproductive health and family planning.

Around 1.8 billion youngsters are entering into their reproductive years and it is very essential to call their attention towards the primary part of the reproductive health. According to the statistics, it is noted that the world population has reached 7,137,661,030 on the 1st of January, 2014. The annual celebration of World Population Day is planned with lots of activities and events to make people aware about the reality.

Through this great awareness celebration, people are encouraged to take part in the event to know about population issues like importance of family planning towards the increasing population, gender equality, maternal and baby health, poverty, human rights, right to health, sexuality education, use of contraceptives and safety

measures like condoms, reproductive health, adolescent pregnancy, girl child education, child marriage, sexually transmitted infections and so on.

Family planning programmes in India

The theme of World Population Day 2018 is "Family Planning is a Human Right." The right to decide the number and spacing of one's children is a guideline for State policy, deriving its force from the depth of conviction it can arouse. Where family planning is viewed as necessary to the exercise of the more basic and enforceable rights, it has a legally enforceable character. Family planning is necessary for the equal protection of law as well as the enjoyment of some classic civil and political rights. Equally important, the right to family planning is inherent in the right of human dignity (Cook RJ, 1983).

Close to the dawn of Independence, the Indian National Congress established the National Planning Committee in 1938 under the chairmanship of Jawaharlal Nehru, to outline the shape of India's tryst with destiny and to contour it. One of the sub-committees, chaired by Col. Sokhey, was devoted to the question of health policy. The Sub-

Committee on Health also considered the question of population, and maternal and child health. Smt. Lakshmibai Rajwade forcefully argued her case for the inclusion of “birth control, provision of goods, instructions, demonstrations and consultations” in maternal and child health services.

The Health Survey and Development Committee, commonly known as the Bhore Committee, was established in 1943, to provide a blueprint for the development of health services in the country. The committee recommended assistance by the State to the Birth Control Movement, both on the grounds of the health of mothers and on economic grounds, in the interests of the individual and the community.

The Ford Foundation played an active and innovative role in developments of family planning in India. In 1952, Ford’s representative in India informed Prime Minister Jawaharlal Nehru that his organisation considered “India’s rapid population growth a major problem and was willing to consider appropriate aid in this field.” Twenty-one rural and 126 urban family planning clinics were established. The National Family Planning Programme received funds from international private agencies for the first time; the Ford Foundation granted \$9 million.

The National Family Planning Programme has seen many faces like PNDT Act and compulsory sterilisation. The Programme is now all about family welfare instead of family planning.

With its historic initiation in 1952, the National Family Planning Programme has undergone transformation in terms of policy and actual implementation. There occurred a gradual shift from clinical approach to the reproductive child health approach and further, the National Population Policy (NPP) in 2000, brought a holistic and a target-free approach which helped in the reduction of fertility. The objectives, strategies and activities of

the Family Planning division are designed and operate towards achieving the family welfare goals and objectives stated in various policy documents (NPP: National Population Policy 2000, NHP: National Health Policy 2002 and NRHM: National Rural Health Mission) and to honour the commitments of the Government of India (including ICPD: International Conference on Population and Development, MDG: Millennium Development Goals, Sustainable Development Goals-SDG, FP-2020 summit and others).

Current family planning efforts

Family planning has undergone a paradigm shift and emerged as one of the interventions to reduce maternal and infant mortalities and morbidities. It is well-established that the States with high contraceptive prevalence rate have lower maternal and infant mortalities. Greater investments in family planning can thus help mitigate the impact of high

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Rural infrastructure in terms of hygiene and sanitation, construction of motorable roads, health centres, and education on child rearing to the mothers will pave the way for making a healthy India.
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population growth by helping women achieve the desired family size and avoid unintended and mistimed pregnancies. Further, contraceptive use can prevent recourse to induced abortion and eliminate most of these deaths. Studies show that if the current unmet need for family planning could be fulfilled over the next five years, we can avert 35,000 maternal deaths, 1.2 million infant deaths, save more than ₹ 4450 crore and save ₹ 6500 crore, if safe abortion services are coupled with increased family planning services. This strategic direction is the guiding principle in the implementation of family planning programme in future.

Contraceptive services under the National Family Welfare Programme

The methods available currently in India may be broadly divided into two categories - spacing methods and permanent methods. There is another method (emergency contraceptive pill) to be used in cases of emergency.

A) Spacing methods

These are the reversible methods of contraception to be used by couples who wish to have children in future. These include:

a. Oral Contraceptive Pills (OCPs)

- These are hormonal pills which have to be taken by a woman, preferably at a fixed time, daily. The strip also contains additional placebo/iron pills to be consumed during the hormonal pill free days. The method may be used by majority of women after screening by a trained provider.
- At present, there is a scheme for delivery of OCPs at the doorstep of beneficiaries by the ASHA with a minimal charge. The brand “MALA-N” is available free of cost at all public healthcare facilities.

b. Condoms

- These are the barrier methods of contraception which offer the dual protection of preventing unwanted pregnancies as well as transmission of Reproductive Transmitted Infection / Sexually Transmitted Infection (RTI/STI), including HIV. The brand ‘Nirodh’ is available free of cost at government health facilities and supplied at the doorstep by the ASHA for minimal cost.

c. Intra-Uterine Contraceptive Devices (IUCD)

- Copper containing IUCDs are a highly effective method for long-term birth spacing.
- Should not be used by women with uterine anomalies or women with active PID or those who are at

increased risk of STI/RTI (women with multiple partners).

The acceptor needs to return for follow-up visit after first, third and sixth months of IUCD insertion as the expulsion rate is highest in this duration.

- Two types:
 1. Cu IUCD 380A (10 years)
 2. Cu IUCD 375 (5 years)
- New approach of method delivery- postpartum IUCD insertion by specially trained providers to tap the opportunities offered by institutional deliveries.

B) Permanent methods

These methods may be adopted by any member of the couple and are generally considered irreversible.

a. Female Sterilisation

There are two techniques

1. **Minilap:** Minilaparotomy involves making a small incision in the abdomen. The fallopian tubes are brought to the incision to be cut or blocked. Can be performed by a trained MBBS doctor.
2. **Laparoscopic:** Laparoscopy involves inserting a long, thin tube with a lens into the abdomen through a small incision. This laparoscope enables the doctor to see and block or cut the fallopian tubes in the abdomen. Can be done only by trained and certified MBBS doctor or specialist.

b. Male sterilisation

1. Through a puncture or small incision in the scrotum, the provider locates each of the two tubes that carries sperm to the penis (vas deferens) and cuts or blocks it by cutting and tying it closed or by applying heat or electricity (cautery). The procedure is performed by MBBS doctors trained in these. However, the couple needs to use an alternative method of

contraception for first three months after sterilisation till no sperms are detected in semen.

- Two techniques being used in India:

1. Conventional
2. Non- Scalpel Vasectomy – no incision, only puncture and hence no stitches

c. Emergency Contraceptive Pill (ECP)

- To be consumed in cases of emergency arising out of unplanned/unprotected intercourse.
- The pill should be consumed within 72 hours of the sexual act and should never be considered a replacement for a regular contraceptive.

Service Delivery Points

All the spacing methods, viz. IUCDs, oral contraceptive pills (OCPs) and condoms are available at the public health facilities beginning from the sub-centre level. Additionally, OCPs, condoms and emergency contraceptive pills (since are not skill-based services) are available at the village level also through trained ASHAs and permanent methods are generally available at primary health centre level or above. They are provided by MBBS doctors who have been trained to provide these services. Laparoscopic sterilisation is being offered at CHCs and above level by a gynaecologist/surgeon only. These services are provided to around 20 crore eligible couples. Details of services provided at different levels are as follows:

Challenges and Opportunities

1. **Limited method mix:** India is a signatory to the Family Planning 2020 (FP2020) commitment, and is responsible for increasing contraceptive access to an additional 48 million girls and women by the year 2020. This is 40 per cent of the global target, and will require a



significant increase in CPR. Although past surveys have shown a gradual but steady increase in CPR, the rate of increase needs to be accelerated significantly, if India hopes to achieve the FP2020 goals. Apart from strengthening the existing programme, India needs to add more products to the contraceptive basket available within the public health sector, as global evidence shows a significant jump in CPR with the addition of any new product.

2. **Focus on adolescents:** India has the largest number of adolescent population in the whole world. While it can prove to be a great demographic dividend, investing in adolescents would necessarily mean taking steps to reduce adolescent pregnancy rates so that these girls and women can actively contribute to the nation's economic growth. Beyond the provision of contraceptives to adolescent boys and girls, the country also needs to focus on inter-sectoral linkages to delay age of marriage. Investing in girls' education is a known strategy to delay marriage. Also, adolescents will need comprehensive sexual education to enable them to make informed choices regarding contraception.

3. Linkages with the private sector:

Survey data show that while public health facilities account for the provision of a significant proportion

Family Planning Method	Service Provider	Service Location
Spacing Methods		
IUD 380 A/IUCD 375	Trained & certified ANMs, LHV, SNs and doctors	Sub-centre & higher levels
Oral Contraceptive Pills (OCPs)	Trained ASHAs, ANMs, LHV, SNs and doctors	Village level
Sub-centre & higher levels		
Condoms	Trained ASHAs, ANMs, LHV, SNs and doctors	Village level
Sub-centre & higher levels		
Permanent Methods		
Minilap	Trained & certified MBBS doctors & specialist doctors	PHC & higher levels
Laparoscopic Sterilisation	Trained & certified MBBS doctors & specialist doctors	Usually CHC & higher levels
NSV: No Scalpel Vasectomy	Trained & certified MBBS doctors & specialist doctors	PHC & higher levels
Emergency Contraception		
Emergency Contraceptive Pills (ECPs)	Trained ASHAs, ANMs, LHV, SNs and doctors	Village level, sub-centre & higher levels
Note: Contraceptives like OCPs, condoms are also provided through Social Marketing Organisations		

of sterilisation services, women and couples access reversible methods through the private sector. Thus, linkages with the private sector, whether through initiatives such as social marketing and social franchising or through accreditation, will go a long way in increasing access to services.

4. **Focus on quality:** The Government of India's programme is focusing on quality of services, especially in relation to quality of services for clinical and surgical methods of contraception, by training service providers, and ensuring infection prevention practices, etc. Greater focus is needed on important areas of quality, especially ensuring informed choice through

good quality counselling so that the programme adheres to the commitments made under the ICPD programme of action.

The road ahead

To reduce the fertility, infant mortality, child and maternal health in rural India, maternal mortality and to improve the immunisation, it is must to focus on the effective implementation of the family planning programmes. Rural infrastructure in terms of hygiene and sanitation, construction of motorable roads, health centres, and education on child rearing to the mothers will pave the way for making a healthy India. Institutional deliveries on priority should be motivated at village level with the help of community workers like ASHA.

Though there are social barriers and taboos coming across implementation of the family planning programmes where a woman in household cannot take decision on her own regarding family planning. The path of the rural development goes through woman empowerment which alone should not be held responsible, but level of education, exposure to mass media and access to money are also barriers for empowerment. The social and economic development should go hand in hand so as to achieve the goal of sustainable rural development.

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Cover Page Design by : V. G. Bhat

Sustaining the Momentum Fifth Water, Sanitation and Hygiene (WASH) Conclave



The NIRD&PR, in association with the UNICEF Field Office, Hyderabad, conducted the 'Fifth Water, Sanitation and Hygiene (WASH) Conclave' at NIRD&PR during July 26 to 28, 2018. The three-day

event saw the participation of 200 WASH professionals from Telangana, Andhra Pradesh and Karnataka.

The main theme of the conclave was 'Sustaining the Momentum' – i.e.,

finding ways to sustain the ODF (Open Defecation Free) status that most villages in these three States have achieved. ODF Sustainability ('ODF-S' for short) is a great challenge. What strategies and approaches shall help sustain the use of toilets by all the communities without any slippage or fall back, was the big question discussed in the conclave. Besides this, the conclave deliberated on overall WASH policy in sustaining the momentum in the areas of Water, Sanitation and Hygiene (WASH).

Ms. Meital Rusdia, Chief, UNICEF Hyderabad Office, inaugurated the programme. Dr. W R Reddy, IAS, Director General, NIRD&PR delivered the keynote address. Shri L K Atheeq, Principal Secretary, RDPR delivered a

special address. The conclave had many champion-SBM-facilitators. Senior staff from UNICEF Country Office, State Senior Officers (Principal Secretaries and Commissioners), Heads of the Departments from Education, Health, Women and Child Welfare, Rural Water Supply and Sanitation, Swachh Bharath Mission-Gand other relevant departments participated, and enlightened the gathering on the latest developments and planned programmes at national and State levels on WASH sector.

The district collectors from aspirational districts and other UNICEF supported districts joined as members in panel discussions and shared good practices and challenges. In addition, development partners (such as Save the Children and WaterAid); and corporates (such as Tata Trust, International Papers, and Toyota) from WASH sector also joined the panel discussion and shared their sector experiences. Champions of WASH representing different levels from different States participated and shared success stories. Grassroots-level workers from all the three States participated and shared their views and success stories. The conclave had panel discussions on the following themes:

- Understanding 'Sustaining the Momentum'
- Champions in 'Sustaining the Momentum'
- Innovations in 'Sustaining the Momentum'
- Sustaining the Momentum for Health, Nutrition, and Educational Outcomes
- Behaviour Change for 'Sustaining the Momentum'
- Sustaining the Momentum through Water Safety
- Partnerships for Sustaining the Momentum'

Key points from the Conclave

1. The way WASH (SDG-6) components touch significantly upon many of the SDG goals such as No Poverty (SDG-1); Zero Hunger (SDG-2); Good Health & Well-being (SDG-3); Gender Equality (SDG-5); Responsible Production and Consumption (SDG-12); Peace,

Justice and Strong Institutions (SDG-16); and Partnerships (SDG-17), made the participants of the conclave recognise the magnitude of the problem that those working in WASH sector address. Thus, the conclave took a wider perspective of rural development – from the standpoint of sanitation.

2. The conclave approves the fact that 100 per cent toilet construction is a necessary, but not a sufficient condition for achieving 100 per cent sanitation. Achieving ODF-Sustainability requires district-wise strategies put in place systematically, and a concerted effort towards making everyone use toilet every time.
3. ODF sustainability is not merely about ensuring everyone in every household uses toilet all the time, but, has to go with other elements like school toilets and hygiene, anganwadi toilets, and other public institutions in villages. School children can serve as good will ambassadors of cleanliness-related practices to their homes, and thus to the entire community. Experiments on working with school kids - shared by participants in the conclave - showed that enlisting the participation of schools and school children in WASH sector have always led to phenomenal changes in the entire community.
4. The subsidy (post-construction incentive) provided by the Government of India for the construction of toilets must stop at some point in time - after making sure every household as on a given date has toilet. Any new family wanting to construct a new HHL must be left to the ingenuity of the gram panchayats to find funds from their own funds or from FFC grants and other sources. However, ODF-S related activities must be financially and technically supported by the Government of India and the States at least for a period of 2-3 years even after October, 2019.

5. The government must keep open the option of financially supporting the construction of community toilets and sanitary complexes (in public places such as bus stands, marketplaces, etc.), provided such proposals come with clear arrangements for operation and maintenance or in social entrepreneurship model.
6. The conclave made repeated mention of the importance of 'partnerships' in sustaining the momentum. Partnerships between the government and other development partners, who are already working with the Government of India on SBM-G such as UNICEF, WaterAid, Tata Trust, CSRs, NGOs and other civil society organisations is required.
7. If the quality of the toilet constructed is good; and if it is technically flawless and functional, the chance of such toilets thrown to misuse is very minimal. Therefore, at the start of ODF-S campaigns, districts must conduct a survey of non-functional toilets and render them as technically usable, ensuring water availability.
8. Water scarcity can push people to keep their toilets locked. Therefore, as mentioned in the SBM-G guidelines, GPs that have achieved 100 per cent toilet coverage must be given priority in providing water supply. Where non-availability of water is likely to render toilets unusable, the WASH partners should take it to the notice of the Water Board/PHED concerned.
9. Wherever RO Plant reject water can be reused for flushing/cleaning of institutional toilets, it must be promoted as a strategy to meet the water requirements at school and anganwadi toilets.
10. The issue of sanitation with regard to migrant labourers, and tribals

who live in inaccessible and remote areas was also flagged. NGOs' styles of functioning best suits reaching out to such groups. Therefore, partnership with NGOs should get high consideration, when it comes to ODF-S with migrant labourers, tribals and other similar population groups. ODF-S stage demands high level of community participation, where NGOs have always proved successful.

11. The conclave did not approve the idea of coercive methods of making people use toilets - such as cutting waterline, confiscating ration card, denying panchayat services, etc. SBCC must take only educational mode; re-orientation-mode; social marketing mode, and should never take shortcuts that may not last. ODF and cleanliness must be viewed as a practice, and not as a project with a starting date and end-date.

12. Convergence must be promoted rather than duplicating efforts. The governments, NGOs, CSRs and other civil society groups involved in rural development works have their distinctive strengths. A district-level ODF strategy should tie such unique strengths together, and harness the same for each partner to play a supplementary/complementary role. This goes with the need for multiplying hands in order to realise the larger vision of 'Clean India'.



Regional training programme on Strengthening of Rural Livelihoods through PRIs

A regional training programme on 'Strengthening of Rural Livelihoods through PRIs' was conducted during July 17-21, 2018, at IMPA&RD, Srinagar, Jammu & Kashmir. Twenty nine officers from Agriculture, Fisheries and Rural Development departments attended the training programme, most of whom were BDOs. Eight important sessions, selected depending upon the local situation, were conducted. A field visit was also arranged to study the livelihoods at the cluster level.

The first session on 'Concept of Livelihoods and Planning for Inclusive Livelihoods' was handled by course director Dr. S. N. Rao. The focus of the session was on concept of livelihoods and selection of livelihoods depending upon local situation and availability of market.

The second session on 'Climate Change: Risk and Vulnerability on Livelihoods' was handled by Shri Majid Farooq. Interacting with the participants, the resource person explained that the temperature in Jammu & Kashmir is rising and the cycle of rains were disturbed due to climate change. As a result, the agricultural production was affected and the apple production witnessed a dip, despite the increase in the area of cultivation. Ultimately, the livelihoods of the poor were affected. Given the situation, the resource person urged the trainee officers to take urgent action on construction of spring sheds and better water management.

The third session was handled by Shri R. D. Farooq, former Special Secretary, Rural Development, Government of Jammu & Kashmir, who explained the

concept of NRLM and organisation of women into SHGs. "The mobilisation of women into SHGs helped them to create their own identity and strengthened the women financially. It also contributed for their better living and ultimately developing women leadership in the valley," he noted. Fourth session was handled by Shri Aziz Ahmed on 'GPDP and Convergence of Centrally Sponsored Schemes at Halka the gram panchayat'.

He explained that the gram panchayat is the first constitutional forum and the GPDP is the soul of planning process and lifeline to develop the village. Dr. Shafia Wani handled the fifth session on 'Best Practices of Livelihood Promotion'. Dr. Shafia, while interacting with the participants, explained that

'market-oriented and profit-oriented livelihoods' should be promoted.

A field visit to a cluster of villages in Sonamarg block was organised. The SHG members interacted with the trainee officers. The SHG members explained that earlier they were wage labourers and used to look for work. "If we could find a job, we could have meal on that day. Otherwise, we had to fast. Now, the situation has changed," they said.

The SHG formation has transformed the lives of the rural women in the valley. Savings, revolving fund and microcredit have turned the women into entrepreneurs and they in-turn, are

providing employment to other women. This provided them the courage and strength as women become financially independent. With the government's intervention, the women were imparted training in Andhra Pradesh on SHG's formation, savings, microcredit and entrepreneurial activities. This gave courage and strength to the women of Kashmir.

Ms. Asmath, a community mobiliser, says, "I was a very reserved student and was too shy to talk to even my own friends. I didn't have enough money to pay the exam fees. But with my father's encouragement, I went to Andhra

Pradesh and got trained in different aspects of SHGs. Following this, I became a trainer and community mobiliser. Now, I am mobilising women and training them to become financially independent. As a result, more women are becoming financially independent."

Shri Mushtaq Khan, Director-Training, in his valedictory address wanted the officers to provide livelihoods to the poorest and eligible persons and follow the livelihood activities to reach the poor above the poverty line. Finally, he advised the trainee officers to be sincere, honest and professional in discharging their official duties.

Evidence-based Policy-making

If the fishing expedition catches a boot, the fisherman should throw it back, and not claim that they were fishing for boot.



There are research studies that show the existence of an inverse relationship between 'the size of picture on a cigarette packet that states: smoking causes cancer', and the sales volume of cigarette; similarly, ban on selling cigarettes in loose negatively affects the sales volume of cigarettes. There are studies that have shown that there is a high correlation between serving hot meal (cooked meal) in the schools and school attendance in rural schools. There are studies that show that proper toilet facilities in schools improve attendance level of adolescent girls in schools. These are simple policy interventions that can move the graph the way policymakers desire it to move. Possibly, these interventions were policy suggestions that came out from some evaluation studies.

If we slightly extend our earlier questions: Noon-meal served in rural schools improves school attendance, does it enhance learning outcomes? In other words, serving noon-meal may positively affect attendance, but does (or) can it affect learning outcomes? This is a policy conundrum – if we relate 'attendance' directly to 'learning outcomes.' Direct transfer of wages in the bank account of the MGNREGS job workers keeps the middlemen away – 'technically.' Therefore, we revised the policy to make payments through e-FMS directly in the bank account of the job card holder who worked. This is a correction carried out in the policy having been informed by evidence of leakage. What if we find the ATM cards and the PIN numbers of all the job card holders are with one power-centre in the village that controls all such

operations? Does it ensure cash flow directly to the beneficiary? This is a policy conundrum, again. The need for social innovations to break the poverty cycle as well as to break the silence of the poor seems an endless journey.

We devised a mechanism called 'Social Audit' for MGNREGA (and for most other programmes also for that matter), where malpractices can be flagged. What kind of a policy intervention can make a breakthrough in circumstances, where beneficiaries/victims choose to remain silent for local reasons, and the implementing agencies collude. These are important policy issues to tackle because policies determine 'who gets what' and, more importantly 'why' and 'what difference it makes'. It's about what the government does/does not do, and why. Anything that muddles/confounds this requires to be identified through policy analysis and programme evaluations leading to revision of a policy. Hence, it is significant to be evidence-based and scientific in our approach, when we do evaluation studies/policy analysis.

This demands understanding what constitutes evidence and how to evaluate it. Emotional advocates can be willfully irrational. But, being an emotional advocate not backed by evidence, often, does not make it to a policy discussion. This is not to argue that the policy-making process always follows a scientific and

rational approach. It is not that policies always get introduced only because of 'technical soundness.' There are many approaches to policy-making (and policy process), which for want of space is kept outside the scope of this short essay. One who follows evidence-based policy-making need to be wary of the source of data, and how it is used. Numbers and statistical tools can be at once helpful and deceptive.

For instance, it's in the UN University website: "far more people in India have access to a cell phone than to a toilet" (2010). This has become a quotable quote for anybody who talks/writes about sanitation in India. This is emotional deception because 'people and households' are not one and the same. Every person may have a cell phone, but every person need not have a toilet. In other words, cell phones are to do with 'individuals' whereas toilets are to do with 'households and communities'. A small change in wording can change the meaning, and the way a reader interprets it. The statement reads as if the number of toilets must be equal to the number of cell phones, which cannot be the case. Moreover, having access to toilet and using one are not one and the same. Thus, it's true they say: if you torture the data enough, it will confess – you can make it talk what you wish it should.

Research is an objective search for truth. The truth must be supported by data and evidence. Someone said: "bias cannot be argued as falsehood, and that bias, after all, is a perspective." But the foundation for bias, most often, is opinion – and not fact. Everyone is entitled to their own opinion. But they are not entitled to their own facts. Talking about facts, data and statistical tools, it is appropriate to point out that statistical tools can lead to absurd observations, if one started believing it mindlessly. For instance, an example given for school children on how to calculate averages (statistical mean): In a basket, there are 10 red balls, 12 blue balls, and 15 green balls. Now, you calculate and find out the 'average colour of the balls' in the basket. This will be absurd. Understanding the statistical tools and how they are applied is important in policy analysis.

Policies can be facilitative or regulatory. But, there must be articulated public pressure to make it on the agenda, with those who make policy decisions. We need to bear in mind different world views, and ideological spectrum, when we propose a policy, and also the mood of the authorising environment. Evaluation is not merely a technical exercise, it is equally political, and so we need to be

nuanced in presenting the findings. A policy analyst should know how to weaponise information/evidences, and build your responses in, for possible rival explanations that may arise.

There are three principles one can bear in mind, when it comes to analysing/presenting a policy prescription. They are: it must be (i) technically sound; (ii) administratively feasible; and (iii) politically sustainable. In administrative feasibility, we can also include 'financial prudence'. It should be financially non-threatening to the State or to the users of a given service.

It is appropriate to mention here; what is a policy prescription, and what is not. For instance, a policy prescription tastes bland, and sounds flat when you say: the quality of education in government-run schools in rural areas must be improved/the Panchayati Raj Institutions must be strengthened. A policy suggestion cannot be wishy-washy. A policy suggestion – more than anything else – should: (a) first of all, provide a clear road map, and, (b) offer the underlying logic and practical reasons that make you believe that your prescription shall address the issue in question.

Dr. R Ramesh

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Illustration by : V. G. Bhat

Puspita – An endeavour to break the odds



Backdrop

Though the scenario is changing, India is still known to be home to the world's largest number of poor people. Of the nearly one billion inhabitants in India, an estimated 350-400 million are below the poverty line, 75 per cent

of them being in rural areas. Experts suggest direct linkages between poverty and adolescent girls' health and also the vicious cycle of early motherhood which in turn deprives her of the basic rights to health, education, development and

independence. Nearly two in every three women in India are illiterate. Looking at it from another perspective, only 82 girls for every 100 boys get enrolled in school, while 35 million girls in India do not attend schools at all.

The issue of girl infanticide or murder of children, only because they are female, is of growing concern in contemporary society worldwide. The increased availability of modern sex determination techniques has become common in India, in spite of banning such practices. If we look into the statistics, a staggering 1000 honour killings occurred in India alone while the figure stood at 5000 for the entire world (Honour Based Violence Awareness Network). Again, if we consider the sex ratio, India has an abysmally low figure of 943 female per 1000 male and in West Bengal the picture

is a little less sorry with 950 women per 1000 men and 956 girls per 1000 boys among 0 to 6 years age group (Census 2011).

If society is meant to be the most vital support system of a human being, it is a shame then, that in a developing country like India, norms of the society itself have victimised and endangered the very existence of the girl child. The crucial inside social reasons are (a) menace of dowry; (b) fear of loss of face in local community; (c) desire to keep the wealth within the family through sons; (d) fear of dependence of the girl on the family for life; (e) attempt to control family size; (f) wish to appease gods in times of crisis.

It seems that unless the common people themselves wake up to the need, break the odds of such malpractices targeting the girl child, the remedy to the malady and the disease cannot be found. Such a mindset revolution needs mobilisation of action right from personal to governmental levels.

Together with the concern to protect, preserve and nurture the girl children and ensure gender equality and social equilibrium, recurrent climatic shocks which are natural and man-made in the form of drought, rising temperature, and groundwater depletion have also thrown new challenges for India. It needs immediate attention for re-forestation as trees and almost trees alone can address these climatic issues. If we get back to the statistics, the total forest cover in India is only 21.34 per cent and in West Bengal, the tree cover comes down to 13.38 per cent only.

An endeavour

Acknowledging the reality, to promote gender responsiveness and simultaneously to address the climatic issues through afforestation, Purbasthali – I block administration of Purba Burdwan district has taken an innovative initiative, named as 'Puspita'. The core idea behind this initiative is to break the odds of social stigma and static mindset of the society against girl child birth by collective acknowledgement and welcoming of the girl child by the community at large, the government administration and even more intensely, the Panchayati Raj Institutions.

How the Pushpita scheme operates

As grassroot mobilisers of best health and hygiene practices in rural areas, ASHA workers have been involved to track the birth of girl child and report to concerned gram panchayat and same is reported to the Child Development Project Officer and Block Medical Officer of Health and finally to the Block Development Officer on fortnightly basis. Based on that list of newborn girl children, a team of block administration, key representatives of panchayat bodies under the leadership of Block Development Officer conduct an acknowledgement visit and felicitate the parents of that girl child with floral bouquet, sweets and a customised greeting card and the felicitation ceremony is succeeded by propagation of important social messages by the government officials, PRI functionaries like Savapati and the Pradhan, and health workers like the ANMs and the ASHAs in presence of the village people. The certificate is issued by the concerned gram panchayat pradhan which contains a promise of support and care to the newborn for her development along with important and exhaustive advice and information on a broad spectrum of issues like immunisation (immunisation schedule is given as a ready reckoner) and community health and hygiene, dowry system, child marriage, right to education and other schematic details as the parents may access from panchayat time to time. As a token of commemoration of the moment of girl child birth, each household is facilitated by the gram panchayat under MGNREGS with plantation of 11 important plants (Mehagani, Sal, Segun, Sirish and some fruit-bearing trees) with protective barriers and manures in the courtyard which will be the companion of and witness to the girl child and will provide financial support in times of need. Apart from these, one household latrine (in case IHHL not accessed) is being constructed under Mission Nirmal Bangla (SBM-G) and the foundation stone is laid by the pradhan on that very day itself. Towards better livelihood opportunity, convergence support is also extended for livestock management through MGNREGS and Animal Resource Development Department.

Impact

However, more than the material benefits, the very gesture has been creating ripples amongst the people. The very objective of the scheme is to make the birth of each girl child a celebrated event. The presence of the BDO, Savapati, Pradhan and other government officials and PRI representatives at the doorstep of the parents of the girl child certainly helps to remove the social stigma attached to the birth of a girl child and the mother of the girl child, who in many cases gets subjected to emotional torture for giving birth to a girl child, gets back a sense of assurance and dignity with this ceremonious felicitation. The perception of the neighbourhood also gets changed through long counselling and effective interaction on the spot. In fact, this programme creates a flexible and elastic scope and space for an intense and vitally important dialogue between the government, Panchayati Raj Institutions and the community leading from ignorance to the light of knowledge.

- The scheme has a possibility to address more grave issues like female foeticide and infanticide.
- The people may understand that the girl child and the plants have equal importance for sustenance of the society and the environment.
- Involvement of stakeholders, especially of PRI bodies in the process has great scope not only to get attached with a single issue but also to reach, interact and understand associated social and economic issues for effective development of each village through the interaction session that takes place after the felicitation ceremony.
- This may lead to a policy discourse of society and administration on girl children.
- The knowledge and practice of health & hygiene may improve through community resolution which takes place during the felicitation programme.

This process may be of help for social transformation in motives and mindsets and thereby curbs crime against girls and women.

Shri Saroj Kumar Dash
OSD, Centre for Panchayati Raj

Unnat Bharat Abhiyan Activities Planning regional workshop for Village Clusters adopted by Participating Institutes at NIRD&PR



Unnat Bharat Abhiyan is a flagship programme initiated by the Ministry of Human Resource Development to bring holistic development in rural India and is inspired by the vision of transformational change in rural development processes by leveraging knowledge institutions to help build the architecture of an Inclusive India. NIRD&PR as Subject Expert Group and Regional Coordinating institute (for Andhra Pradesh and Telangana) conducted a one-day workshop on Unnat Bharat Abhiyan Activities Planning Regional Workshop for Village Clusters adopted by Participating Institutes on July 26, 2018. A total of 44 participants representing different institutes of the two States attended the programme.

Dr. Gyanmudra, Professor and Head, CHRD and coordinator of the workshop, welcomed all the guests and participants, and spoke out the objectives of the workshop. Mr. Ronald Ross, IAS, District Collector, as a special resource person, shared his views on Unnat Bharat Abhiyan Programme. He offered his valuable suggestion on how to approach district administration and importance of engaging maximum number of students in UBA activities. He also emphasised the need for engaging community people in all kinds of activities which the institutes plan for carrying out in the adopted villages. According to him, the ownership pertaining to community people may

bring sustainability to the output.

Dr. Rajendra Prasad, Emeritus Professor, Centre for Rural Development & Technology, IIT, New Delhi, who is an advisor to Unnat Bharat Abhiyan was also present. On his introductory presentation, he informed all participants about the objectives of the scheme. He also pointed out various success stories as well as grey areas of UBA1.0 which was implemented in 2015-17.

Later in the day, Dr. Gyanmudra handled an in-depth session on Participatory Rural Appraisal-Tools and Techniques. With various examples from field study, she tried to establish the importance of PRA techniques in the successful implementation of any activity in rural areas. The participants were later divided into teams and asked to prepare strategies for implementing UBA-related activities in their respective adopted villages.

All groups presented their strategies and planning and this was followed by a thorough discussion. The representatives from Ecovation (IT partner for Unnat Bharat Abhiyan), who attended the workshop, discussed various issues related to websites and data uploading.

TOT programme on Financial Inclusion through SHG-BLP for faculties of SIRDs/ETCs



SHGs are instrumental in facilitating financial inclusion in developing countries. They act as intermediaries between banks and rural households and will marginalise the gap in demand and

supply of rural financial services. A five-day Training of Trainers (ToT) programme was organised by the Centre for Financial Inclusion & Entrepreneurship (CFIE) during July 09-13, 2018 for faculty members of

SIRDs and ETCs working across India. The programme was inaugurated by Dr. M. Srikanth, Associate Professor and Head of CFIE. Welcoming the participants, he gave a brief overview of the programme, spelt out its objectives and conducted a self-introductory session. The programme was coordinated by Dr. M. Srikanth and Dr. K. Ramakrishna, Consultant, CFIE.

A total of 12 participants from Maharashtra, Madhya Pradesh, Telangana and Tamil Nadu States attended the programme.

CFIE's and NIRD&PR's in-house faculty members and select guest faculty as subject matter specialists-cum-practitioners in the areas of financial

inclusion, microfinance, livelihood promotion, etc., contributed to the programme.

The ToT covered various aspects of financial inclusion, inclusive microfinance, role of microfinance in poverty alleviation, conceptual background of SHG-BLP and its implementation, best practices of the model, what NGOs can do for strengthening SHGs/SHG federations, GIS applications for rural development, Digital Banking and role of PFMS for rural development, FPOs and their role in enhancing Financial Inclusion, NRLM: Promoting Sustainable Rural livelihoods for financial inclusion, Rural Entrepreneurship, Skill Development, and Financial Literacy-Scope for improving functioning of SHGs.

A range of following training methodologies were used during the ToT, duly keeping in view the broad and specific objectives of the programme, duration and expectations of the participants.

- Lectures and Interactive sessions (PPTs)
- Story-telling/reading followed by discussions
- Video clips and discussions
- Individual and group activities/ exercises
- Field visits/exposure to RTP and Sneha MACTCS, Ibrahimpatnam

- Presentations on select topics by the participants which were video-shot and used for discussions.

The participants' feedback, which is very important to evaluate the programme and initiate suitable steps thereby to improve the training process, was captured using the online training portal.

To impart practical knowledge and reinforce the learning made in the classroom, field visits were organised on the fourth day of the programme to the following places:

- (a) Rural Technology Park (RTP):** With the help of PPTs, video clips, and unit visits, RTP activities were explained. The participants who had exposure to variety of models of rural technologies showcased in respect of Rural Housing, Renewable Energy and Natural Resource Management and Skill development and Promotion of Entrepreneurship, appreciated RTP's guiding principles which included use of local resources, cost-effectiveness, eco-friendly and blending tradition with modern technologies.
- (b) Sneha Mutually Aided Cooperative Thrift and Credit Society Ltd. (MACTCS),** located at Ibrahimpatnam village of Ranga Reddy district and known as Mahila

Bank, was formed by more than 650 SHGs constituting 8547 members. This organisation was started in the year 2000 and since then, it has seen a phenomenal growth in all aspects. The visitors' interactions focused on understanding the objectives of the organisation, membership eligibility criteria, privileges available to the members, opportunities and challenges while managing micro enterprises, etc.

1. What went right

The programme was a success, as per the verbal feedback received from the participants. All participants felt that the serene training ambience, clean and hygienic surroundings and the infrastructure facilities (classrooms, guest rooms, food, hospitality and others), were organised in a systematic manner, that led to the success of the training programme. The participants felt that the Yoga / Art of Living sessions facilitated during the course of the programme were very useful as they helped them realise the importance of having not only the physical exercise but also internal peace, which are essential for a successful personal and professional life.

2. What could have been done better

- Addition of more case studies
- Reducing waiting period at the mess by proper planning.

ToT course on Participatory Tools and Techniques for Planning and Development of Rural Livelihoods



The Centre for Livelihoods (CFL) organised an off-campus ToT course on 'Participatory Tools and Techniques for Planning and Development of Rural Livelihoods' at Thakur Pyarelal State Institute of Panchayat and Rural Development (TPSIPRD), Nimora, Raipur,

Chhattisgarh during July 23-27, 2018. Altogether, 27 participants, including senior and middle level officials from Zilla Panchayats (ZPs), Janpath Panchayats (JPs), Extension Training Centre (ETCs), TP-State Institute of Panchayat and Rural Development (TPSIPRD), State

Rural Livelihoods Mission (Bihar/SRLM) and District Rural Development Agency (DRDA) attended the programme.

The course design was briefly presented by Dr. Raj Kumar Pammi, Course Director and Assistant Professor, CFL. The course started with an ice-breaking session through seed-mixing and participatory exercises by the course director, who introduced the participants to each other.

The following topics were dealt by NIRD&PR faculty members and guest faculty:

- Why to promote rural livelihoods?
- Objectives and importance of rural livelihoods

- Participatory tools and techniques for rural livelihoods planning and development
- Stakeholder analysis using participatory tools and techniques
- Participatory tools and techniques for rural livelihoods mapping, seasonality, timeline and situation analysis
- Promotion of agri-entrepreneurship and agri-innovations for livelihoods development
- Skills for increasing promotion of productivity, value chain and income generation
- Field-cum-exposure visit to mushroom livelihoods development and processing unit at Naya Raipur
- Concept of gender and its importance in rural livelihoods planning and development

- Swachh Bharat Abhiyan and its sustainability for a better society and healthy life
- Team building, team work, positive attitude and participatory group exercises through various activities/games

Training methods

A variety of conventional and participatory training methods, comprising lecture-cum-discussion, role plays, Large Scale Interactive Event (LSIE), video film-based discussion, flash card exercises, energies, field-cum-exposure visits, group discussions, case presentations, group exercises and games, etc., were used in the training programme.

Field-cum-exposure visits

A one-day field visit was organised to Chhattisgarh State Mushroom Production

Unit and its livelihoods development activities. The participants had interacted with the entrepreneurs of the unit.

In the valedictory session, the participants said that they have upgraded knowledge, skills and attitudes in the area of rural livelihoods planning and development. Furthermore, the participants said that they would organise training programmes at district and block level back-home.

The course team for the training programme comprised Dr. Raj Kumar Pammi, Assistant Professor, Dr. U. Hemantha Kumar, Associate Professor, Centre for Livelihoods and Shri Anand Raguwanshi, senior faculty member and Ms. Deepa, young professional, TPSIPRD, Nimora, Naya Raipur, Chhattisgarh.



Off-campus training programme on ICT and e-Governance Applications for rural development

The Centre for Information and Communication Technology (CICT), on the request by DDUSIRD, Lucknow organised an off-campus training programme on 'ICT and e-Governance Applications for Rural Development' during July 24-27, 2018 at DDUSIRD, Lucknow.

In total, 35 officials representing Zilla Parishads (ZP), DRDAs, SIRD, RIRD, DIRD, Minor Irrigation and Water Use department from 30 districts across Uttar Pradesh participated in the programme.

The main focus of the programme was to sensitise the functionaries of

Rural Development, Panchayati Raj, ZPs, DRDAs, SIRDs and line departments to the potential of ICTs and its applications, especially in rural development, e-Governance, e-Office, Public Financial Management System (PFMS), Panchayati Raj Institutions (PRIs), agriculture, health, geo-Informatics for governance, Digital India and providing skills in development of information systems.

Additional Director Dr. O P Pandey, DDUSIRD was present in the inauguration session. During the interaction with participants, he emphasised that the ultimate goal should be to utilise ICTs and e-Governance applications in such a way

that they improve the service delivery to the rural poor, and beneficiaries of various rural development programmes by the Government of India as well as the Government of Uttar Pradesh. They should be citizen-centric in nature and help to explore new ways and means of solving issues, taking appropriate support of technology.

To provide better insights into the potential of ICTs and e-Governance, in addition to topics relating to information systems development, e-Governance, Digital India, etc., ICT applications in health such as telemedicine, Internet of Things (IoT) and Wireless Sensor

Networks (WSN), Panchayat Enterprise Suite (PES), cloud computing and cyber security were also discussed during the programme. A good amount of time was also allocated on e-Office and PFMS.

A visit to the State Remote Sensing Applications Centre was arranged to provide insights into utility of remote

sensing and GIS in monitoring of rural development programmes.

Shri B D Chaudhary, Deputy Director, DDUSIRD, who attended the valedictory session, interacted with the participants and expressed his gratefulness to the authorities of NIRD&PR for organising such programme.

All the participants actively took part and made the sessions lively. The programme was coordinated by Shri G V Satya Narayana, Senior Assistant Professor and Shri K Rajeshwar, Assistant Professor of Centre for Information and Communication Technology (CICT).



Consultation workshop on Social and Behaviour Change Communication for POSHAN Abhiyaan

The Communication Resource Unit (CRU) at NIRD&PR, in collaboration with the UNICEF, conducted a one-day consultative workshop on July 25, 2018 to develop Social and Behaviour Change Communication (SBCC) action plan for POSHAN (Prime Minister's Overarching Scheme for Holistic Nourishment) Abhiyaan. This workshop was designed on the strategy and guidelines of the POSHAN Abhiyaan.

Representatives from the government, public health nutrition experts and professionals attended the consultation, which provided new insights into POSHAN Abhiyaan and the social movement for it, unpacking of 10 themes under it. Presentations by experts and thoughts shared by participants added to the deliberations which led to a comprehensive understanding about POSHAN Abhiyaan and SBCC component under it.

Addressing the participants, Dr. Gyanmudra, Professor & Head, CHRD set the context and on significance of CRU and present consultative workshop.

Dr. Pausumi Basu, IAS, Chief Executive Officer of Society for Elimination of Rural Poverty (SERP), shared the significance of women group and Self-Help Groups (SHGs) as the right entry point to initiate and communicate at household level. Programmatic perspective from her as a bureaucrat was important with regards to on-ground communication planning and roll-out for POSHAN Abhiyaan.

Dr. Khyathi Tiwari, Nutrition Specialist, UNICEF, discussed the elements of POSHAN Abhiyaan and stressed on increasing need to address the following BIG seven behaviours of child malnutrition in India.

- Early Initiation and Exclusive Breastfeeding - No drinking water is needed during first six months
- Dietary Diversity - Prepare nutrient-rich foods from 6 months
- Meal Frequency - 3-4 meals and 1-2 snacks
- Hygiene - Wash hands and utensils
- Micronutrient (IFA, Calcium & Vitamin A) Supplementation with

Deworming for Women and Children

- Routine Weight Gain Monitoring for Women and Children
- Behaviour Change Practices focused on Feeding and Hygiene Practices

Later, Mrs. Seema, Communication for Development Specialist, UNICEF explained the importance of SBCC and need for social movement against malnutrition.

It was formulated as the following key stakeholders for building up and sustaining of social movement under POSHAN Abhiyaan:

- Government departments: Department of Women and Child Development, Education, Health, Rural development, Drinking water and sanitation
- Influencers, celebrities and think tanks
- Private sector
- Academic institution and civil society
- Volunteers

Later, the workshop discussed the following cluster of behaviours with the support of data and current programme interventions:

- Cluster I: Optimal breastfeeding, complementary food and feeding, diarrhoea management hygiene, sanitation and safe drinking water
- Cluster II: Antenatal check-up, calcium and institutional delivery, anaemia prevention in children, adolescent girls and women – diet, IFA, deworming, girls' education, diet and right age at marriage
- Cluster III: Full immunisation and vitamin A supplementation, growth monitoring and promotion, food fortification and micronutrients

During the discussion, barriers and enablers for each theme were identified and also the ways to address them through SBCC interventions were discussed.

This technical session by Ms. Rachana Sharma, Communication for Development Specialist, UNICEF detailed about the potential networks relevant for the three States for social mobilisation and community-based events. The session began with emphasis on role of men and women in terms of ensuring optimal nutritional status of the family. Importance of co-creating a movement involving people, systems, sectors and platforms was also discussed.

In the concluding session, Dr. W R Reddy, IAS, Director General, NIRD&PR and Ms. Meital Rusdia, Chief of Field Office, UNICEF, Hyderabad provided their ideas on the workshop theme.

The Director General emphasised the need for involving grassroot-level agencies, especially PRIs, and using the resources for a convergent action and asked CRU at NIRD&PR to take lead to come-up with appropriate methods,

tools, technologies and enable a basket of these tools for every State to use.

“POSHAN Abhiyaan is an opportunity to bring nutrition issues on top in development agenda and address nutritional gaps in a coordinated and holistic manner by various stakeholders. With NIRD&PR taking the lead in partnership with UNICEF, we can strive reduce stunting, under-nutrition, anaemia (among young children, women and adolescent girls) and reduce low birth weight. The target of the mission is to bring down stunting among children in the age group 0-6 years from 38.4 per cent to 25 per cent by 2022,” said Ms. Meital Rusdia.

Prof. Gyanmudra summed up the workshop deliberations. CRU-NIRD will develop a framework of SBCC action plan for POSHAN Abhiyaan and later State-specific plans for Telangana, Andhra Pradesh and Karnataka.

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