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KONRAD ADENAUER STIFTUNG

TRAINING MANUAL ON SDGs FOR NGOs

TRAINING MANUAL ON SDGs FOR NGOs

PREFACE

The India Office of Konrad-Adenauer-Stiftung (KAS) is working with several civil society partners to promote sustainable development in India through dialogue and capacity building. One of its important activities is the capacity building of a select group of organizations which is now known as Joint Staff Development Programme (JSDP), organized on a regular basis. These JSDP partners are in turn engaged in promoting sustainable development at grassroots' level all over India. Recognizing that the Government of India in general and the NITI Aayog in particular are encouraging local NGOs to take interest in Sustainable Development Goals (SDGs), and assist government departments and agencies as well as the people to help achieve the SDGs and their targets, they have intensified their efforts in this direction since they felt the need for developing a manual and modules for Training of Trainers (ToT) so that the JSDP Partner Network can build the capacities of grassroots organizations.

The JSDP partners shared their concerns with KAS-India which in turn partnered with Council for Social Development (CSD) to develop the modules and the manual. The broad objective of this exercise is to build and enhance the capacity of various regional NGOs working at the grassroots' level to facilitate them in achieving SDGs at the local level across India. The manual thus developed provides a broad overview of select SDGs as identified by the JSDP partners that relate to their areas of activities. CSD researchers conducted several rounds of discussions with JSDP partners and consulted several other organizations and experts. Through this process, CSD mapped the SDGs/targets against the policies, programmes or schemes of the governments. The manual also emphasizes on various roles NGOs can play towards achieving the SDGs which are illustrated through several case studies. The manual can act as a toolkit to address how the NGOs can work with different target groups in improving the situation on the ground. In addition to covering the generic and cross-cutting issues, the manual has five specific training modules covering five SDGs in detail. These five goals were chosen from the first 16 goals (except goal 17, which is on Partnership for attaining the goals). The goals 3, 4, 5, 6, and 13 have been identified and covered for the purpose.

While the manual has been developed on demand from JSDP partners, it will be freely available on KAS-India and CSD websites so that all such organizations can use it. We understand that it is important that the NGOs working at the grassroots' level are capacitated enough to have better understanding on the SDGs to enable them to work towards achieving the SDGs and their target that falls within their purview. Hence, our efforts will be gratified if civil society organizations use it, and it helps them in their efforts to contribute towards achieving SDGs in India.

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ABBREVIATIONS

ADS	Area Development Societies
AIDS	Acquired Immune Deficiency Syndrome
AKRSP	Aga Khan Rural Support Programme
AMRUT	Atal Mission for Rejuvenation and Urban Transformation
ASER	Annual Status of Education Report
BAU	Business as Usual
BCM	Billion Cubic Metre
BRC	Block Resource Centre
CARE	Cooperative for Assistance and Relief Everywhere
CBGA	Centre for Budget and Governance Accountability
CBO	Community-based Organizations
CCA-RAI	Climate Change Adaptation in Rural Areas of India
CDS	Community Development Societies
CEDAW	Convention on Elimination of All Forms of Discrimination Against Women
CEFM	Child, Early and Forced Marriage
CHC	Community Health Centre
CPCB	Central Pollution Control Board
CPHC	Comprehensive Primary Health Care
CRI	Climate Risk Index
CRSP	Central Rural Sanitation Programme
CRY	Child Rights and You
CSO	Civil Society Organizations
CSR	Corporate Social Responsibility
CSWB	Central Social Welfare Board
CVD	Cardio-vascular Disease
CWMI	Composite Water Management Index
DDU-GKY	Deen Dayal Upadhyaya Grameen Kaushalya Yojana
DPEP	District Primary Education Programme
DWCRA	Development of Women and Children in Rural Areas

ECCE	Early Childhood Care and Education
EFA	Education for All
EWS	Economically Weaker Sections
FHTC	Functional Household Tap Connection
FYP	Five Year Plan
GBC	Gender Budget Cell
GBV	Gender-based Violence
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GP	General Practitioner
GPI	Gender Parity Index
GWSSB	Gujarat Water Supply and Sewerage Board
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HRF	Human Rights Advocacy and Research Foundation
ICDS	Integrated Child Development Services
ICSC	International Civil Society Centre
ICT	Information and Communication Technology
ILO	International Labour Organization
INCOIS	Indian National Centre for Ocean Information Services
IPHS	Indian Public Health Standards
IT	Information Technology
ITI	Industrial Training Institute
JJM	Jal Jeevan Mission
LEADS	Life Education & Development Support
LFP	Labour Force Participation
LGBTQI	Lesbian, Gay, Bisexual, Transgendered, Queer, and Intersex
MARVI	Managing Aquifer Recharge and Sustaining Groundwater Use: Through Village-level Intervention
MDG	Millennium Development Goal
MDM	Mid-Day Meal
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MHRD	Ministry of Human Resource Development
MMR	Maternal Mortality Rate
MoEF&CC	Ministry of Environment, Forest and Climate Change

MoJS	Ministry of Jal Shakti
MOSPI	Ministry of Statistics and Programme Implementation
MOWR	Ministry of Water Resources
MSS	Mahila Sangram Samiti
NAPCC	National Action Plan on Climate Change
NAPS	National Apprenticeship Promotion Scheme
NATS	National Apprenticeship Training Scheme
NCC	National Cadet Corps
NCD	Non-communicable Disease
NCEF:	National Clean Energy Fund
NCFW	National Credit Fund for Women
NCIWRD	National Commission on Integrated Water Resources Development
NCRB	National Crime Records Bureau
NDC	Nationally Determined Contribution
NER	Net Enrolment Rate
NERIWALM	North Eastern Regional Institute of Water and Land Management
NEWS	Nature Environment Wildlife Society
NFHS	The National Family Health Survey
NGO	Non-Governmental Organization
NGP	Nirmal Gram Puraskar
NHG	The Neighbourhood Group
NHP	National Health Policy
NITI Aayog	National Institute for Transforming India
NITI	National Institution for Transforming India
NPE	National Policy on Education
NRCP	National River Conservation Programme
NSDC	National Skill Development Corporation
NSIGSE	National Scheme of Incentive to Girls for Secondary Education
NSQF	National Skill Qualification Framework
NSS	National Service Scheme
NSSO	National Sample Survey Office
OBC	Other Backward Caste
ODF	Open Defecation Free
OOPE	Out of Pocket Expenditure
OPD	Out-patient Department

OSC	One Stop Centres	
PBAS	Performance-based Appraisal System	
PDS	Public Distribution System	
PFHI	Publicly Financed Health Insurance	
PHC	Primary Health Centre	
PKPI	Palli Kalvi Paathugaapu Iyakkam (School Education Protection Movement)	
PMCCC	Prime Minister's Council on Climate Change	
PMKSY	Pradhan Mantri Krishi Sinchayee Yojana	
PMKVY	Pradhan Mantri Kaushal Vikas Yojana	
PNDT	Pre-Natal Detention and Termination Act	
PPP	Public–Private Partnership	
PRI	Panchayati Raj Institutions	
PTR	Pupil–Teacher Ratio	
PWS	Public Water Source	
RCH	Reproductive and Child Health	
RD&GR	River Development and Ganga Rejuvenation	
RMK	Rashtriya Mahila Kosh	
RTE	Right to Education	
RUSA	Rashtriya Uchhatar Shiksha Abhiyan	
SAPCC	State Action Plans on Climate Change	
SC	Schedule Castes	
SC	Sub centre	
SCALE	Sustainable Community-based Approaches for Livelihood Enhancement	
SDG	Sustainable Development Goals	
SEWA	Self-Employed Women's Association	
SHG	Self-Help Groups	
SSA	Sarva Shiksha Abhiyan	
SSC	Sector Skills Councils	
ST	Schedule Tribe	
STEP	Support to Training and Employment Programme for Women	
TB	Tuberculosis	
TLC	Total Literacy Campaign	
U-DISE	Unified District Information on School Education	
UNEP	United Nations Environment Programme	
UNESCO	United Nations Education, Scientific, and Cultural Development	

UNFCCC	United Nations Framework Convention on Climate Change
UNGA	United Nations General Assembly
UNIFEM	United Nations Development Fund for Women
UT	Union Territory
VET	Vocational Education Training
VWSC	Village Water and Sanitation Committee
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WNTA	Wada Na Todo Abhiyan
WUA	Water Users Association

1. INTRODUCTION

STRUCTURE OF THE UNIT

- Role of NGOs in SDG Achievement
- Objective
- Approach and Methodology

The adoption of the Sustainable Development Goals (SDGs) in 2015 has set in motion the development agenda for the period 2015–2030 across countries. The SDGs serve as a package to address the unfinished agenda of the Millennium Development Goals (MDGs). The SDGs, however, are much broader in scope compared to the MDGs. For India, the SDGs serve as a broad canvas with specific objectives that will help the country in pursuing its development agenda, consistent with its commitment at the global level. In this direction, India has proactively mapped the SDGs and their targets against the respective roles of Ministries (GoI 2019). The SDG India Index has been also computed on the basis of the National Indicator Framework, which contributes in measuring the progress of states and UTs in achieving the SDGs.

However, it is widely believed that India lags in reaching many of the SDGs and targets. The recently published SDG India Index (2021) indicates that India's performance in several of the goals and targets has been unsatisfactory, particularly towards goals of gender equity, poverty, and climate change. In some of the states, specifically the performance has been very disappointing, The COVID-19 pandemic that ravaged India is likely to make the situation worse and reaching the targets even more difficult. The pandemic not only created greater challenges in healthcare, but also is likely to make the education scenario gloomier with many children (girls, in particular) dropping out of schools. Broadly, four types of impacts can be envisaged:

- Lower government revenue that will adversely impact funding of different government schemes and programmes
- Government may divert funding to pandemic-related activities and infrastructure
- People losing income and associated impacts
- Psychological impacts on people, especially children and other vulnerable people and, of course, those who lost sources of income

To take the measures of the government forward and to ensure the success of the development agenda in India, it is critical that the government collaborate with various partners, viz., private players, civil society organizations, who have played a key role in pushing the SDGs in the international arena. In particular, it is important that key players such as NGOs be engaged at the ground level, as they have a strong penetration at the grassroots level and can contribute in achieving the SDGs. It is important that the NGOs working at the grassroots level are capacitated well to have a better understanding of the SDGs and are able to work towards achieving the SDGs and targets that fall within their purview. In this context, this manual and the modules for NGOs can help in building their capacity in achieving SDGs by working with key stakeholders.

1.1 ROLE OF NGOS IN SDG ACHIEVEMENT

NGOs have emerged from among the plural institutions and become important agents of civil society. They play important roles in development work and in the delivery of services. They work in grassroots movements and make efforts to partner with governments in making people aware of their rights and responsibilities, and thereby trying to empower them (Poornima 2016). NGOs undertake many activities. They engage as advocates, educators, monitors, whistle blowers, mediators, lobbyists, activists, mobilizers, and protectors of human rights (Sooryamoorthy and Gangrade 2001). Further, NGOs, motivated by a development-oriented voluntary spirit, have a participatory approach as they have close links with people and direct knowledge of local needs and opportunities, which helps in addressing developmental problems (Nanda 2000). They are engaged in environment, human rights, education, health, consumer rights, gender issues, etc., which are cross-cutting areas under the SDGs.

In the context of SDGs, NGOs can play numerous roles. They can increase awareness on SDGs and their targets, lobby, build capacities, engage in SDG advocacy, facilitate implementation (CEEweb 2017), and even monitor or track the alignment of SDGs/targets. For instance, SDG Watch Europe, a civil society coalition in Europe, covers about 78 platforms in Europe that work on social, environmental, and development issues. This coalition's aim is to monitor the level of implementation of SDG agenda in Europe. The Open Knowledge Foundation of Germany has started a portal called 'Frag den Staat' (Ask The Government) that enables the citizens to request information from a variety of public sector organizations (CEEweb 2017). Such measures ensure more accountability on SDG implementation, as they serve as a platform for both the NGOs and the citizens in tracking the achievements made on the SDG indicators. Similarly, 'Global Goals Municipality Campaign', an initiative of a Dutch NGO, aims to raise awareness on the SDGs among Dutch municipalities. An NGO called Alliance Sud, in Switzerland in collaboration with Environment Alliance and Centre for Peace Building, had organized a conference for the NGOs working in the area of environment, labour, development, education, health, etc., to set forth what they will do to achieve the SDGs (CEEweb 2017).

Figure 1.1 Role of NGO in SDGs

Source: Author's Conceptualization

In the Indian context too, it is important to explore the potential contribution of NGOs, because through their active collaboration with the government, private players, and citizens, progress can be made in achieving the SDGs. Such assertions are also found in NITI Aayog report that states collaboration with NGOs is critical for bringing transformative change across sectors pertaining to the SDGs (GoI 2019). This bears enormous significance as NITI Aayog is responsible for evaluating and monitoring the SDG agenda implementation in India.

The proposed project, thus, intends to explore the possible intervention of NGOs in India, in performing the role as an implementer and advocate for SDGs. We also assess if NGOs can create generate awareness, enhance capacity, and monitor the implementation success of SDGs. In this context, the manual and the modules for NGOs aims to enhance the capacity of NGOs in SDG achievement.

1.2 OBJECTIVE

The objective of the manual is to build the capacity of various regional NGOs that are working at the grassroots level and facilitate them in achieving SDGs at the local level across India.

In this context, the specific objectives are as follows:

- To develop the understanding of NGOs on various SDGs and their targets in an easy manner, and convert the targets into workable tasks for them
- To develop training manual for NGOs to demonstrate how they can work with various stakeholders/target groups such as common people, local authorities, educational institutions, bank and industries, and grassroots organizations
- To provide space for cross-learning and exchanging experiences and good practices in order to increase the level of awareness and advocacy, and discuss the scope of replicating those practices in other regions

Capacitate and Facilitate NGO's Role towards Achieving SDGs

The manual and the respective modules of the training programmes focus on mapping various requirements of NGOs in order to fulfil different roles to achieve the SDGs:

Awareness building: In order to meet the SDGs and their targets, the necessary but not sufficient condition is to raise awareness among various target groups, through the NGOs, by providing them with statutory information.

Advocacy: Apart from raising awareness, NGOs can play a key role by convincing different target groups about implementation of SDGs and their benefits.

Capacity Building and Training: NGOs can also be involved in capacitating various target groups to deal with local line officials, CSR initiatives, PRIs, etc., so that the SDGs are localized and interventions are undertaken in achieving the SDGs.

Monitoring/Tracking SDGs: With the financial support of the government and other organizations, NGOs can be involved in tracking the SDGs and the targets and indicators, and record the pace of progress. This exercise can assess various aspects such as: (i) if access has been provided to the specific targeted group and (ii) the ground reality by making a verification of the extent of implementation and highlighting the underlying gaps, if any.

Implementation: In order to meet various SDGs, governments have undertaken a number of measures. NGOs can play a major role in implementing them successfully at the ground level.

In almost all the above-mentioned roles of NGOs towards achieving SDG targets, understanding people's level of awareness and behavioural pattern matters. Therefore, the manual and the modules of the training programmes also focus on behavioural insights to nudge people away from their desired behaviour.

1.3 APPROACH AND METHODOLOGY

The teaching manual provides an overview of selected SDGs. In addition to discussing the generic and cross-cutting issues, it includes five specific training modules that cover five SDGs in details. These five SDGs have been chosen in consultation with the KAS Network of NGOs. These five goals were chosen from the first 16 goals (except goal 17, which is on Partnership for attaining the goals). Goals 3, 4, 5, 6, and 13 were identified in a meeting of the KAS Network of NGOs in March 2021 at KAS premises. For each module, the four steps of manual preparation will be followed in details. Content production will be undertaken, which will include both instruction design and illustration design. Advocacy strategies for the relevant SDGs and its targets will also be prepared.

Stakeholder consultations form an important process in order to map the SDGs/targets against policies, programmes, or schemes. Networking with Research Institutes/Think tanks/Universities is an important component of the process in this regard. In view of the current COVID-19 situation, consultations were mainly conducted online. The manual will emphasize on the various roles NGOs can play towards achieving SDGs. It will be substantiated with national and international case studies. The manual will provide a tool kit that addresses how the NGOs can work with different target groups and improve their situation.

Network of Training

In order to provide training to various NGOs who are working on different aspects of SDGs with various target groups, a network of

TABLE 1.1: TARGET GROUPS FOR NGO ACTIONS

1	**Local authorities and Line Officials**	NITI Aayog, block development officer (BDO), Panchayat secretary, etc.
2	**People**	Farmers, indigenous people, women, individuals/volunteers, workers and trade unions
3	**Institutions**	Academia, think tanks, schools teachers, children and youth, scientific and technological community
4	**Banks and Industries**	Business and industries, MSMEs, local industries, corporates under CSR, banking and insurance companies
5	**Grassroots Organizations**	Self-help groups, ASHA, Anganwadi, PHCs, MGNREGS, agricultural extension workers, sanitation workers

Source: Author's Compilation

FIGURE 1.2: Capacity Building of NGOs in SDG

National level
Training of trainers (of the leading NGOs)

Regional/state level
Training of local NGOs by trained trainers

Grass root level
Working with stakeholders / target groups

Meeting SDG- targets at local level
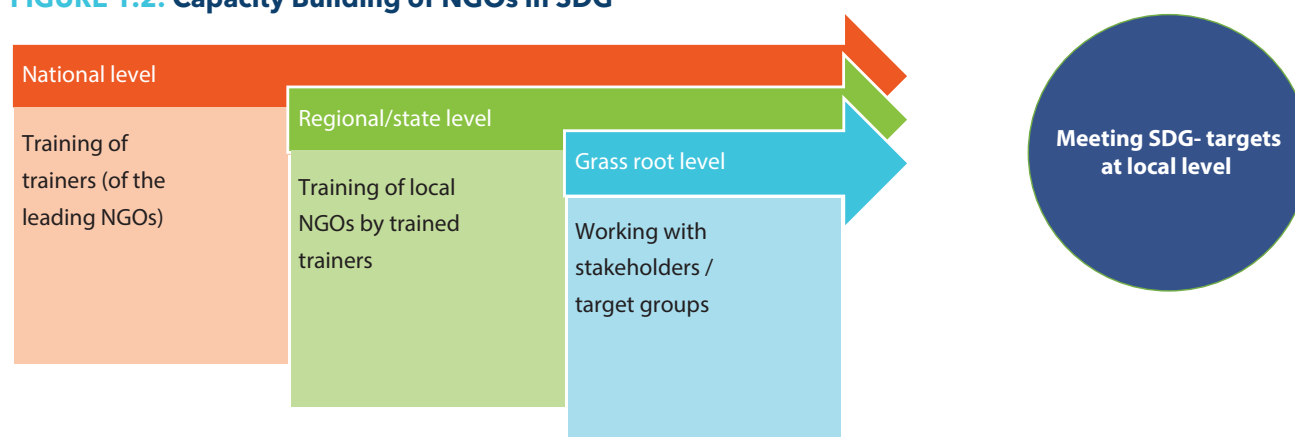
Source: Author's Conceptualization

training has to be formed. Some leading NGOs identified by KAS will work as the Nodes of the network at the regional level. Information about the national-level training programme will also be advertised for other NGOs to take part in the training-of-trainers programme. The trained NGOs will further disseminate the training to local NGOs in order to work with various stakeholders (see annexure for details).

Table 1.2: Targeted Groups of Selected Goals

S. No.	Goals	Targets	Target Groups
Goal 3	Good Health and Well Being	Reduce maternal mortality, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases, promote mental health and well-being, prevention and treatment of substance abuse like drugs and alcohol, family planning, reproductive healthcare, health insurance, awareness about effects of pollution on health through air, water and soil, awareness regarding traffic rules	ASHA, Anganwadi, PHCs, school teachers, women, volunteers, sanitation workers, agri-extension workers, Panchayat
Goal 4	Quality Education	Ensure free education to boys and girls till secondary school, access to pre-primary education, technical, vocational and university education for all, eliminate gender disparities in education, equal access to people with disabilities, indigenous people etc.	Panchayat, Municipal Corporations, BDOs, individuals/volunteers, indigenous people, women, corporates under CSR
Goal 5	Gender Equality	End violence and discrimination against women and girls in all public and private spheres, eliminate forced and child marriage, recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, equal opportunities to women for leadership in political, economic and public life, access to sexual and reproductive health and reproductive rights	Women, individuals, BDOs, Panchayat, ASHA, PHCs, children and youth, schools
Goal 6	Clean water and Sanitation	Universal and equitable access to safe and affordable drinking water for all, access to adequate and equitable sanitation, end open defecation, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, increasing recycling, increase water-use efficiency, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes	Panchayat, Municipal Corporations, BDOs, individuals/volunteers, students, MGNREGA officers, indigenous people
Goal 13	Climate Action	Integrate climate change measures into national policies, strategies and planning, improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning	Local authorities, business and industry, children and youth, scientific and technological community, academia

Source: Author's Compilation

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2. HEALTH AND WELLBEING

STRUCTURE OF THE UNIT

- Introduction
- Concepts and Definitions
- SDG 3 Indicators, Targets and Present Status
- State of Health Systems in India
- Determinants of Health
- Key Government Programmes on Health
- Synergizing Health and Other SDGs: Key Action Points
- Role of Civil Society
- Challenges and Interventions: Highlights from Case Studies

3 GOOD HEALTH AND WELL-BEING

Ensure healthy lives and promote well-being for all at all ages

2.1 INTRODUCTION

Poor health constitutes the most fundamental form of human deprivation. Despite over the years, India making improvement in increasing life expectancy and reducing child and maternal mortality, the progress has been slow. On the other hand, newer challenges of non-communicable diseases (NCDs) have emerged while incidences of infectious diseases such as HIV/AIDS, malaria, and TB have continued. The Indian healthcare sector has been suffering from acute resource crunch for long now. In such a backdrop, the emergence of the COVID-19 pandemic exposed the vulnerability of an ill-prepared, fragmented, and weak healthcare sector. The need to make healthcare affordable for everyone has become more important than ever.

An Overview of Critical Components of SDG 3 in the Indian context

We have identified eight components of the health sector, which are crucial in the Indian context. SDG 3 has also set certain targets that broadly come under these components (a few of which are interlinked). Hence, to formulate actionable plans for fulfilling each SDG 3 target, it is imperative to understand the systems dynamics of these eight components:

- Maternal and child health
- Burden of communicable diseases
- Burden of non-communicable diseases
- Access to sexual and reproductive healthcare (delivery, immunization, etc.)
- Access to healthcare services (physical access, financial burden, etc.)
- Government expenditure on health: recent trends
- Health workforce (doctors, nurses, and community workers)
- Health coverage (health insurance)

Maternal and child health crucially depend on socio-economic conditions, access to food, basic services (water, sanitation, etc.), and healthcare services. SDG 3 can be achieved only when attention is paid to these underlying conditions.

In India, communicable diseases remain a major concern despite the country making significant progress in medical science and technology. The crucial factors that can check the spread of communicable diseases are access to public health and preventive care, access to basic services (water, sanitation, etc.), good nutrition, and healthcare services.

Along with the existing load of communicable diseases, non-communicable diseases such as diabetes, heart diseases, hypertension, cancers, etc. are also on the rise and not just restricted to the urban affluent but prevalent among the poor and underprivileged as well. The primary reason for the increase in the non-communicable diseases among the general Indian population is lack of quality diet, consumption of cheaper fats, early-age under-nutrition and malnutrition, shift to more sedentary lifestyles among certain sections, and environmental factors.

Sexual and reproductive health has wider ramifications in terms of social, economic, and health wellbeing. Preventing unplanned and high-risk pregnancies checks maternal deaths. Enabling women to have reproductive choice enhances their emotional, social, and personal wellbeing; they act as an enabler of education,

freedom from discrimination, coercion and violence, better health, etc.

Access to healthcare services is one of the main pillars of good health; the other being access to basic services and food. An individual's ability to avail healthcare services depends on physical access, quality of care, and financial ability. To ensure affordable care for all, government expenditure on health, which is one of the thrusts of SDG 3, should be increased particularly in areas where the private sector sees very little financial incentive. However, despite a broad consensus within the government and a stated commitment, government expenditure on health in India has showed barely any improvement over the years and is currently among the lowest in the world. At the all-India level, public expenditure on health constitutes just 1.2 per cent of GDP while successive National Health Policies have recommended pushing it to at least 2.5 per cent. Increasing health workforce (doctors, nurses, and community workers) is another crucial factor for enabling access to quality care. Apart from direct provisioning of affordable care, financial protection from out-of-pocket expenditure is also sought through publicly financed health insurances (PFHI). The major impediments for effective implementation of PFHI are poor compliance, malpractices (such as discriminatory overcharging of patients with PFHI to warrant that maximum limit permissible under the coverage can be charged), and cherry-picking by hospitals (i.e. hospitals treat only those patients under PFHI who will be profitable for them). All these limitations result in only a miniscule percentage of treatments being available under the benefit of coverage.

2.2 CONCEPTS AND DEFINITIONS

Public Health: The World Health Organization (WHO) defines public health as 'the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society'. Public health focuses on the entire spectrum of factors that promote health and wellbeing; these include socio-economic factors such as access to food, water and

sanitation services, environmental condition, preventive care, and curative medical care.

Communicable Disease: An illness caused by an infectious agent (such as bacteria, virus, fungi) that is transmitted to a person from exposure to an infected human being (e.g. tuberculosis, influenza), or an infected animal (e.g. rabies that can be contracted through bite of infected animals such as dog), or a disease carrying organism (such as mosquito, causing dengue or malaria, which are also called vector-borne diseases), or the inanimate environment (such as cholera, typhoid transmitted through contaminated water).

Non-communicable Disease (NCD): An illness that is not caused by any infectious agent but is a result of a combination of genetic factors (such as thalassemia that one inherits from parents), physiological factors (over-weight or obesity that may cause diabetes or heart diseases), environmental factors (such as environmental contamination/pollution that may cause cancers, lung diseases, etc.) and behavioural factors (e.g. sedentary lifestyle contributing to hypertension, heart diseases). A non-communicable disease cannot spread from one person to the other.

Referral System: A process in which a health professional, at one tier of the health system, seeks the assistance of a better or differently resourced facility at the same or higher tier to assist in, or take over the treatment of a patient.

Comprehensive Primary Health Care (CPHC): It is a tiered referral system with primary care at its core where the first contact is the primary care provider and patients access higher level institutions only through referral from lower tier institutions.

Out of Pocket Expenditure (OOPE): The direct net payment (i.e. minus any reimbursements received) incurred by individuals to healthcare providers at the point of care.

Public–Private Partnership (PPP): It is a collaboration between a government agency and a private-sector company to finance, build, and operate projects or institutions. In India, PPP in health involving private profitmaking entities is often criticized when the infrastructure built by public funds is used by the private service provider and it also imposes high user charges. A PPP between the government and a non-profit institution, on the other hand, is based not on the idea of profit but to ensure affordability as well as availability of service where the government's reach, expertise, or resources are inadequate.

2.3 SDG 3 INDICATORS, TARGETS, AND PRESENT STATUS

Choice of indicators (for each of the eight identified components) and their rationale is summarized in Table 2.1. We have identified the key variables spread over eight components of SDG 3, which is looked across states and union territories (subject to data availability).

Table 2.1: Components of SDG 3 in the Indian Context

Components	Variables	Rationale
a. Maternal and child health	Maternal mortality ratio (MMR), under 5 mortality	Correspond to SDGs 3.1 and 3.2, which include targets for mortality
b. Burden of communicable diseases	Incidence of tuberculosis, HIV	Correspond to SDG 3.3 relating to infectious diseases
c. Burden of non-communicable diseases (NCD)	NCD (ischaemic heart disease) death rate	Correspond to SDG 3.4 relating to reducing NCD mortality

Components	Variables	Rationale
d. Access to sexual and reproductive healthcare (delivery, immunization, etc.)	Institutional delivery, immunized children (0–5 years), access to modern contraceptive methods currently provided to married women (15–49 years), adolescent birth rate	Correspond to SDGs 3.1 and 3.7 relating to service and family planning coverage
e. Access to healthcare services	Access to public hospital, public hospital beds per 100,000 population	Correspond to SDG 3.8 on health systems strengthening and financial protection
f. Government expenditure on health	Government expenditure on health as percentage of GDP	Correspond to SDG Target 3.c: 'Substantially increase health financing'
g. Health workforce (doctors, nurses, and community workers)	Doctors, nurses, and midwives per unit population	SDG Target 3.c: 'Development, training and retention of the health workforce in developing countries'
h. Health coverage (health insurance)	Percentage of population with PFHI coverage	Correspond to SDG 3.8 relating to UHC

State-wise status of key indicators vis-à-vis targets is given in Table 2.2.

Table 2.2: Key Health Indicators - Summary of States

States/UTs	Maternal Mortality Ratio per 1,00,000 Live Births	Under 5 Mortality Rate per 1000 Live Births	HIV Incidence per 1000 Uninfected Population	Tuberculosis per 1 lakh Population	NCD (Ischaemic Heart Disease) Death Rate	Proportion of Institutional Deliveries	Percentage of Fully Immunized Children in the Age Group 0-5 years	Percentage of Currently Married Women Aged 15-49 Years Who Use Any Modern Method of Family Planning	Percentage Reporting Availability/quality Issues or High Wait-time in Public Facility	Percentage of Population with PFHI Coverage	Government Hospital Beds per 1,00,000 Population	Total Physicians, Nurses and Midwives per 10000 Population
Andaman and Nicobar Islands		13	0.15	144		56.5	63.2	48	11.6	0.1		
Andhra Pradesh	74	41	0.13	176	163	66.9	73.6	69.4	47.9	70.0	43	92
Arunachal Pradesh		33	0.05	216	37	45.3	41.3	26.6	3.6	3.2		24
Assam	229	57	0.04	126	66	53	46.1	37	11.2	2.8	48	23
Bihar	165	58	0.08	87	103	42.5	48.1	23.2	29.9	0.1	9	19
Chandigarh		38	0.18	496		111.4	64.9	58.2	21.0	1.8		1
Chhattisgarh	141	64	0.06	148	93	55.6	65.2	54.5	21.5	62.6	32	16
Dadra and Nagar Haveli		42	0.14	192		62.3	62	37.9	21.5	56.0		
Daman and Diu		34	0.13	159		37.8	45.3	31.6	8.8	0.4		
Delhi		42	0.16	505	108	63.9	47.8	48.6	24.0	0.5	130	44
Goa		13	0.13	164	136	61.9	59.7	24.8	18.8	37.9		25

States/UTs	Maternal Mortality Ratio per 1,00,000 Live Births	Under 5 Mortality Rate per 1000 Live Births	HIV Incidence per 1000 Uninfected Population	Tuberculosis per 1 lakh Population	NCD (Ischaemic Heart Disease) Death Rate	Proportion of Institutional Deliveries	Percentage of Fully Immunized Children in the Age Group 0-5 years	Percentage of Currently Married Women Aged 15-49 Years Who Use Any Modern Method of Family Planning	Percentage Reporting Availability/quality Issues or High Wait-time in Public Facility	Percentage of Population with PFHI Coverage	Government Hospital Beds per 1,00,000 Population	Total Physicians, Nurses and Midwives per 10000 Population
Gujarat	87	44	0.07	228	160	66	59.6	43.1	38.9	8.4	32	43
Haryana	98	41	0.09	230	175	62	72.1	59.4	45.9	0.3	40	26
Himachal Pradesh		38	0.01	224	114	51.3	72	52	16.1	3.0	166	67
Jammu and Kashmir	76	38	0.02	90	143	66.2	64.5	46	6.6	0.5	54	16
Jharkhand	97	54	0.07	127	96	63.8	58.4	37.4	28.5	0.0	28	4
Karnataka	42	32	0.08	125	169	59.2	61.7	51.3	54.9	2.0	103	72
Kerala		7	0.03	71	170	74	72.8	50.3	32.1	32.8	106	112
Lakshadweep		30		29		60.6	70.2	15.7	18.3	6.0		
Madhya Pradesh	188	65	0.03	196	122	48.8	62.8	49.5	26.7	0.1	36	33
Maharashtra	55	29	0.05	171	164	66.5	58.6	62.5	48.0	0.3	42	43
Manipur		26	0.58	97	69	58.7	75.1	12.7	6.4	0.2		44
Meghalaya		40	0.06	139	39	47.5	52	21.9	1.6	36.5		28
Mizoram		46	1.32	210	27	70.7	73.4	35.2	5.0	62.5		54
Nagaland		37	0.59	208	51	40.6	12.8	21.2	12.9	0.4		1

States/UTs	Maternal Mortality Ratio per 1,00,000 Live Births	Under 5 Mortality Rate per 1000 Live Births	HIV Incidence per 1000 Uninfected Population	Tuberculosis per 1 lakh Population	NCD (Ischaemic Heart Disease) Death Rate	Proportion of Institutional Deliveries	Percentage of Fully Immunized Children in the Age Group 0-5 years	Percentage of Currently Married Women Aged 15-49 Years Who Use Any Modern Method of Family Planning	Percentage Reporting Availability/ quality Issues or High Wait-time in Public Facility	Percentage of Population with PFHI Coverage	Government Hospital Beds per 1,00,000 Population	Total Physicians, Nurses and Midwives per 10000 Population
Odisha	168	1	0.06	111	72	57.8	66.8	45.4	15.8	14.7	40	41
Puducherry		16	0.11	243		151.2	34.1	61.2	25.2	1.6		
Punjab	122	33	0.07	182	261	62.6	61.8	66.3	42.5	1.9	59	56
Rajasthan	186	51	0.04	207	95	55.3	57.3	53.5	30.5	33.1	58	50
Sikkim		32	0.03	221	65	49.3	65.1	45.9	11.8	0.0		24
Tamil Nadu	63	27	0.05	132	208	64.2	57.5	52.6	36.7	11.7	100	71
Telangana	76	32	0.26	142	135	71.8	70.1	56.9	50.8	55.0	54	11
Tripura		33	0.05	66	107	64.3	39.6	42.8	3.8	14.7		22
Uttar Pradesh	216	78	0.03	187	99	41.3	54.6	31.7	40.7	0.1	32	13
Uttarakhand	89	47	0.07	198	120	52.5	70.5	49.3	37.8	0.8	76	15
West Bengal	94	32	0.09	106	146	65.3	66.2	57	18.8	8.0	79	27
India	122	50	0.07	160	132	54.7	59.2	47.8	34.6	11.7	52	38
Target	70	25	0	0		100	100	100	0	40	100	45

2.4 STATE OF HEALTH SYSTEMS IN INDIA

The WHO-UNICEF Alma Ata Declaration of 1978 – to which India was a signatory – and the subsequent National Health Policies (NHP) emphasized on Comprehensive Primary Health Care (CPHC) as a tiered referral system with primary care at its core, which does not burden higher tier institutions by cases treatable at lower levels. The referral system, where the first contact is the primary care provider, ideally functions in the manner depicted in Chart 2.1.

Chart 2.1: Network of Comprehensive Primary Health Care

Primary Care (subcentre, PHC, GP etc.)

Secondary Care (block level CHC, district hospitals)

Tertiary Care (specialty, super - specialty hospitals, medical colleges)
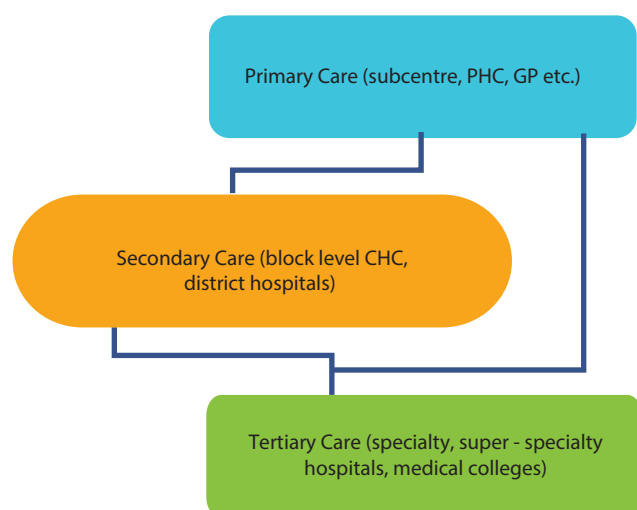
Estimates from NSS 75th round (2017–18) data show that nearly 98 per cent of treatments in India occur in the out-patient department (OPD), accounting for 65 per cent of out-of-pocket expenditure (OOPE). Majority of these can be treated at the primary level. In recent years, the quality of primary care institutions, particularly in rural areas, has deteriorated in the country and can potentially increase the burden of OOPE while rendering tertiary care institutions inefficient.

Healthcare Infrastructure

A good way to measure the quality of healthcare facility in the country is to compare it with the norms set by the Indian Public Health Standards (IPHS). These include availability of infrastructure, drugs and equipment, work-force, etc. At present, the share of sub-centres (SC), primary health centres (PHC), and community health centres (CHC) fulfilling these norms is lower compared to what it was in 2015.

Similar to primary care, the public hospitals in India are also in poor shape. Private sector hospitals are costly and the poor predominantly depend on public hospitals for treatment. In India, there are only 52 public hospital beds per 100,000 population. This average varies from state to state with Bihar having only 9 public

Figure 2.1: Condition of Rural Primary Care - All India, 2015-2019

Deteriorating rural primary care facility

	Subcentres (%) meeting IPHS norm	PHCs (%) meeting IPHS norm	CHCs (%) meeting IPHS norm
As of March 2015	21	21	26
As of March 2016	14	21	27
As of March 2017	11	13	16
As of March 2018			
As of March 2019			
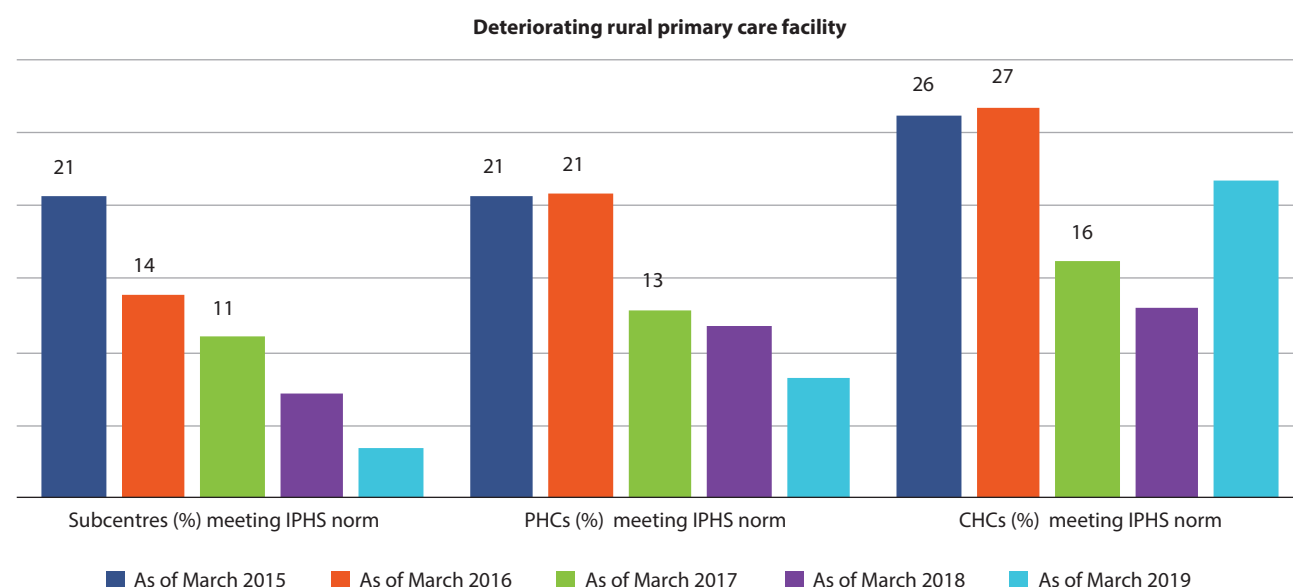
Figure 2.2: Availability of Beds in Public Hospitals - Summary of States, 2019

Public Hospital Bed per 100,000 population, major states

State	Beds per 100,000
Himachal Pradesh	166
Delhi	130
Kerala	106
Karnataka	103
Tamil Nadu	100
West Bengal	79
Uttranchal	76
Punjab	59
Rajasthan	58
Telangana	54
Jammu & Kashmir	54
All India	52
Assam	48
Andhra Pradesh	43
Maharashtra	42
Odisha	40
Haryana	40
Madhya Pradesh	36
Uttar Pradesh	32
Chhattisgarh	32
Gujarat	32
Jharkhand	28
Bihar	9

Source: Author's calculation from National Health Profile, 2019 and details available at https://uidai.gov.in/

hospital beds per 100,000 population while Delhi has 130 public hospital beds per 100,000. The disparity exists in urban versus rural areas as well, with better concentration of facilities in metropolitan cities.

Medical Care Cost: Public Versus Private Sector

As per estimates from NSS 75th round (2017–18) data, nearly 35 per cent of hospitalization cases do not opt for the public hospitals due to either unavailability of facility/services/personnel or high wait-time while only in 15 per cent of the cases preference is given to private facilities over public sector facilities. High costs of private care are major concerns in this scenario. An average cost of a single episode of hospitalization in

private institution is Rs 29,543, which is more than three times the usual monthly consumer expenditure of an average household. State-level variation also exists with Delhi being the costliest at Rs 56,581.

Impact of COVID-19 on Health and Wellbeing

The COVID-19 pandemic has created unprecedented crisis. It has adversely affected health through a) the direct impact of infection, b) crippling the health system and curtailing access to healthcare, c) contributing to deterioration of health environment impacting physical and mental health, and d) precipitating an economic crisis that affects the socio-economic determinants of health.

Figure 2.3: Cost of Treatment in Public and Private Hospitals - Summary of States, 2017−18

Medical cost (Rs.) per episode of hospitalisation

State	Private	Public
Bihar	16410	2269
Gujarat	22620	1274
Karnataka	22827	2961
Andhra Pradesh	24707	1256
Rajasthan	24861	3849
Jharkhand	25710	3700
Madhya Pradesh	26424	1238
Kerala	28337	4512
Odisha	28806	4322
Uttranchal	29014	4157
All India	29543	3101
Uttar Pradesh	29974	3465
Telangana	30132	2320
Maharashtra	31215	4077
Haryana	31276	4052
Tamil Nadu	33929	532
Punjab	34747	9134
Assam	36354	3438
Jammu & Kashmir	36956	4830
Himachal Pradesh	41967	10300
Chhattisgarh	43018	2180
West Bengal	43627	2671
Delhi	56581	2332

Source: Author's estimates from National Sample Survey Office, 2017-18-unit level data

By the official count, as of 2 September 2021, nearly 4.4 lakh people have died of COVID-19 in India. However, the total number of deaths including indirect casualties (say, the avoidable deaths that took place due to a massive breakdown of health systems) is estimated to be a multiple of the official count. The true impact on health goes beyond any mortality count; the damage it has caused to the modest gains achieved over the past decade or so is a concern that we will have to deal with in the long term. Thus, it has become imperative to visualize health within an integrated framework of sustainable development goals.

2.5 DETERMINANTS OF HEALTH

The four major factors that influence the status of health and wellbeing are economic condition, social status, public provisioning of health services, and services that indirectly affect health.

Chart 2.2: Determinants of Health
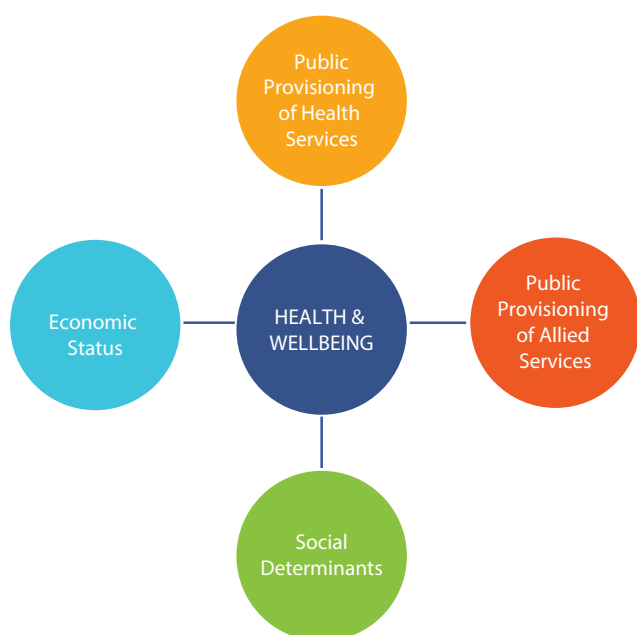
Vicious Cycle of Poverty and Poor Health

Income is one of the important determinants of health. It determines a person/family's access to food and nutrition, private amenities, and to private healthcare. For example, a basic scatter-plot of per capita gross domestic product (GDP) and maternal mortality ratio (MMR) shows an inverse relation of the two, meaning richer countries have lower MMR.

At an individual level, economic status has a two-way relationship with health. See Chart 2.3.

Chart 2.3: The Vicious Cycle of Poverty and Poor Health
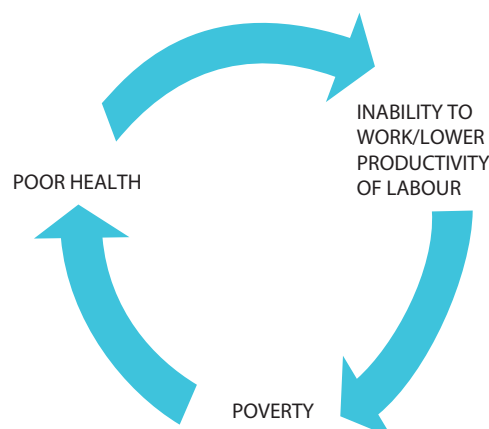
Figure 2.4: Interlinkage of Economy and Health

Relation between per capita GDP & MMR of countries, 2015

$R^2 = 0.545$

Source: Details available at https://ourworldindata.org
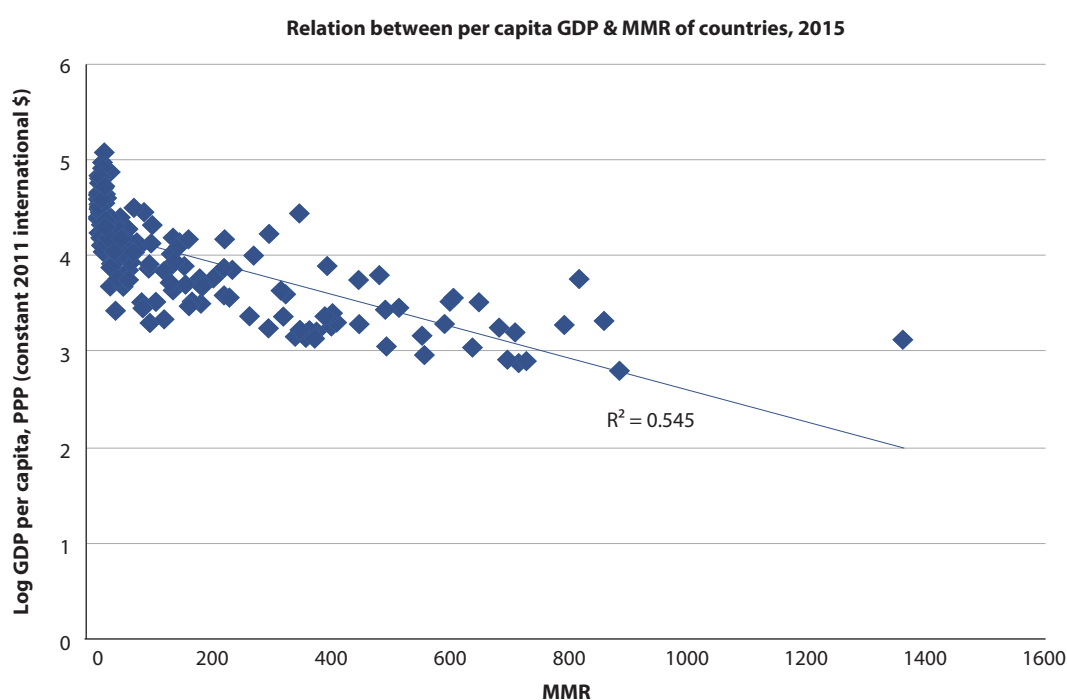
Public Provisioning and Role of Civil Society

Public provisioning aims to correct the imbalances that arise out of iniquitous economic and social conditions. This is where civil society and NGOs can play a crucial role as an implementing agency; they can act as a bridge between government and society at large at a decentralized level and as voice of public accountability. It calls for innovation and research on the role of NGOs in facilitating public provisioning to further enhance public policy efforts. A holistic approach to better health will require ensuring universal access to healthcare as well as integration with non-medical inputs of health such as basic services (water, sanitation), food and nutrition, awareness, and education. Civil societies have a strong role to play in building a strong convergence network with a bottom-up approach, starting from the village up to the state level[1].

2.6 KEY GOVERNMENT PROGRAMMES ON HEALTH

National Health Mission

The Government of India launched the National Rural Health Mission (NRHM) in 2005 to improve healthcare delivery in rural India. It brought back focus to community needs with the focal points being equity, accountability, and coordination to achieve health goals. The programme proposed to revamp rural health infrastructure and to take appropriate measures to overcome shortage of health professionals.

On the lines of NRHM, the National Urban Health Mission (NUHM) was launched in 2013. It is a sub-mission under an overarching National Health Mission (NHM). The NUHM aims to improve the health status of the urban population, particularly the poor and other disadvantaged sections, by facilitating their access to quality healthcare, through a revamped primary public healthcare system, targeted outreach services, and involvement of the community and urban local bodies. However, NUHM even today remains severely underfunded.

Maternal and Child Health

Janani Suraksha Yojana (JSY): It is a 100 per cent centrally sponsored scheme launched under the National Rural Health Mission (NRHM), the Government of India with effect from 12 April 2005. It modified the National Maternity Benefit Scheme and its main objective is to reduce maternal and infant mortality by promoting institutional delivery among poor pregnant women. The focus of JSY is to integrate the financial/cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by ASHA (the field-level workers). As per this scheme, the eligible pregnant women receive cash assistance when they deliver their baby in a government primary health centre (PHC) or accredited private facilities. The eligible pregnant women get cash amount of Rs 1400 when the delivery is in rural areas and Rs 1000 when it is in urban areas to cover the cost of delivery.

Pradhan Mantri Matritva Vandana Yojana (PMMVY): Previously named as Indira Gandhi Matritva Sahyog Yojana (IGMSY), this scheme is a maternity benefit programme run by the Government of India and implemented in all the districts of the country in accordance with the provision of the National Food Security Act, 2013. In 2010, IGMSY was introduced as a conditional cash transfer scheme for pregnant and lactating women of 19 years of age or above for their first two live births. This scheme helps the women with partial wage compensation for wage-loss during childbirth and childcare. It also provides conditions for safe delivery, good nutrition, and feeding practices. In 2013, the scheme was brought under the National Food Security Act, 2013 to implement the provision of cash maternity benefit of Rs 6000 as stated in the Act.

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[1] Comments by Pritisha Borah, State Programme Manager, Child in Need Institute, Assam; author's correspondence.

Pradhan Mantri Surakshit Matritva Abhiyan: The Ministry of Health and Family Welfare (MoHFW), Government of India launched the Pradhan Mantri Surakshit Matritva Abhiyan. The programme aims to provide assured, comprehensive, and quality antenatal care that is free of cost and universally available to all pregnant women on the 9th of every month. The programme guarantees a minimum package of antenatal care services to women in their second/third trimesters of pregnancy at designated government health facilities.

Janani Shishu Suraksha Karyakram (JSSK): The government of India launched Janani Shishu Suraksha Karyakra (JSSK) on 1 June 2011. In view of the difficulties faced by pregnant women and parents of sick new-born along with high expenditures on delivery and treatment of sick new-borns, the MoHFW took a major initiative to ensure better facilities for women and child health services. JSSK provides completely free and cashless services to pregnant women for normal deliveries and caesarean operations and sick new born children (up to 30 days after birth) in government health institutions in both rural and urban areas. In 2013, this was expanded to include sick infants and antenatal and postnatal complications.

LaQshya: The labour room quality improvement initiative, LaQshya is a focused and targeted approach to strengthen key processes related to labour rooms and maternity operation theatres. LaQshya aims at improving quality of care during birth and ensuring respectful maternity care.

Programmes Related to Communicable Diseases

National Aids Control Programme: The National AIDS Control Programme (NACP), launched in 1992, is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India. Over time, the focus has shifted from raising awareness to behaviour change and from a national response to a more decentralized response. It aims to increase involvement of NGOs and networks of People Living with HIV (PLHIV). NACP I, started in 1992, was implemented with an objective of slowing down the spread of HIV infections so as to reduce morbidity, mortality, and impact of AIDS in the country.

In November 1999, NACP II was launched to reduce the spread of HIV infection in India, and to increase India's capacity to respond to HIV/AIDS on a long-term basis. NACP III was launched in July 2007 with the goal of halting and reversing the epidemic over its five-year period. NACP IV, launched in 2012, aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well-defined integration process over the next five years.

National Vector Borne Diseases Control Programme: The National Vector Borne Disease Control Programme was launched in 2003–04 by merging National Anti-Malaria Programme (NAMP), National Filaria Control Programme and Kala Azar Control programme. Later on, Japanese B Encephalitis and Dengue/DHF were also included in this programme. The Directorate of NAMP is the nodal agency for prevention and control of major vector-borne diseases.

Vector-Borne Diseases Control Programmes

National Anti-Malaria Programme: Malaria is one of the serious public health problems in India. At the time of independence, there were 75 million cases of malaria with 0.8 million deaths every year. In 1946, the Bhore committee report recommended a countrywide comprehensive programme to control malaria; the report was endorsed by the Planning Commission in 1951. In April 1953, the Government of India launched a National Malaria Control Programme (NMCP). The main objective of this programme is to lower malaria transmission to a level at which it would cease to be a major public health problem.

Kala-Azar Control Programme: Kala-azar is a chronic disease caused by an intracellular protozoan (Leishmania species) and transmitted

to humans by bite of a female Phlebotomus sand fly. Currently, it is a main problem in Bihar, Jharkhand, West Bengal, and in some parts of Uttar Pradesh. In view to control the annual incidence of kala-azar, planned control measures have been initiated.

National Filaria Control Programme: In India, filariasis is a major public health problem. Bancroftian filariasis is a tropical disease caused by *Wuchereria bancrofti*, a roundworm, and transmitted to humans through bites of infected mosquitoes of the genera Culex, Anopheles, Mansonia, and Aedes. It is widely distributed in the country. Lymphatic filariasis is prevalent in 18 states and union territories while brugian filariasis, caused by *Brugia malayi*, is restricted to six states: Uttar Pradesh, Bihar, Andhra Pradesh, Odisha, Tamil Nadu, Kerala, and Gujarat. The National Filaria Control Programme was launched in 1955 with the aim to control the problem, train personnel to check the spread, and initiate measures in endemic areas. The activities of National Filaria Control Programme has mainly been confined to urban areas. However, since 1994 the programme has been extended to rural areas as well.

Japanese Encephalitis Control Programme: Japanese encephalitis (JE) is a zoonotic disease caused by an arbovirus, group B (Flavivirus) and transmitted by Culex mosquitoes. Since 1978, 26 states and union territories in India have reported this disease with 15 states reporting it regularly. The case fatality in India is 35%, which can be reduced by early detection, immediate referral to hospital, and proper medical and nursing care. The total population at risk is estimated to be 160 million. The most disturbing feature of JE has been the regular occurrence of outbreaks in different parts of the country. The Government of India has constituted a task force at national level, which is in operation and reviews the JE situations and its control strategies from time to time. The Directorate of National Anti-Malaria Programme monitors the JE situation in the country.

Dengue and Dengue Haemorrhagic Fever: One of the most important resurgent tropical infectious diseases is dengue. Dengue Fever and Dengue Haemorrhagic Fever (DHF) are acute fevers caused by four antigenically related but distinct dengue virus serotypes (DEN 1, 2, 3, and 4) transmitted by infected mosquitoes, *Aedes Aegypti*. Dengue outbreaks have been reported from urban areas from all the states in the country. All the four serotypes of dengue virus (1, 2, 3, and 4) exist in India. The vector *Aedes Aegypti* breeds in peridomestic fresh water collections and is found in both urban and rural areas.

Revised National Tuberculosis Control Programme

The National Tuberculosis Control Programme was started in 1962 with the aim to detect cases at the earliest and treat them. At the district level, the programme is implemented through the district tuberculosis centre (DTC) and primary health institutions. The District Tuberculosis Programme (DTP) is supported by the state-level organization for the coordination and supervision of the programme. The Revised National Tuberculosis Control Programme (RNTCP), based on the Directly Observed Treatment, Short Course (DOTS) strategy, began as a pilot project in 1993 and was launched as a national programme in 1997. A rapid RNTCP expansion began only in late 1998. The nation-wide coverage was achieved in 2006.

The Revised National Tuberculosis Control Programme has initiated early and firm steps were taken to its declared objective of universal access to early quality diagnosis and quality tuberculosis care for all tuberculosis patients. RNTCP is being implemented with decentralized services of tuberculosis diagnosis through 13,000+ designated microscopy centres and free treatment across the nation through 4 lakh DOT centres. RNTCP's National Strategic Plan (NSP) 2012–17 was a part of the country's 12th Five-Year Plan. The theme of NSP 2012–17 was 'universal access for quality diagnosis and treatment for all tuberculosis patients in the community' with a target of 'reaching the unreached'.

The major focus was early and complete detection of all tuberculosis cases in the community, including drug-resistant tuberculosis and HIV-associated tuberculosis, with greater engagement of the private sector in improving care to all tuberculosis patients. The NSP was backed by Government of India's commitment for substantial increase in investment for tuberculosis control, with a four-fold increase in budgetary allocation.

National Leprosy Eradication Programme

The National Leprosy Eradication Programme is a centrally sponsored health scheme of the Ministry of Health and Family Welfare, Government of India. The Programme is headed by the Deputy Director of Health Services (Leprosy) under the administrative control of the Directorate General Health Services, Government of India. While the NLEP strategies and plans are formulated centrally, the programme is implemented by states/union territories. The programmes are also supported by the World Health Organization, The International Federation of Anti-leprosy Associations (ILEP) and a few other NGOs.

Till 1 April 2012, 0.83 lakh leprosy cases were recorded and 33 States/UTs had attained the level of leprosy elimination. A total of 542 districts (84.7%) out of 640 districts also achieved elimination by March 2012. During 2012–13, a total of 209 high endemic districts were identified for special actions. After a thorough analysis, 1792 blocks and 150 urban areas were identified for the special activity plan (SAP-2012). The states were advised to post well-trained district leprosy officer in all the districts where these blocks are located. In addition, a designated officer in each of these blocks had to strengthen the process of supervision and monitoring. The main strategy to check leprosy in the area included active house to house surveys along with IEC and capacity building of the workers and volunteers. This activity helped in detection of more than 20,000 new cases during 2012–13.

Programmes Related to Non-Communicable Diseases

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

In recent past, India is witnessing a rapid health transition with a rising burden of non-communicable diseases (NCDs) that are emerging as the leading cause of death in the country. The NCDs account for over 42 per cent of all deaths with a considerable loss in potentially productive years (aged 35–64 years) of life. The major risk factors for NCDs are high blood pressure, cholesterol, tobacco use, unhealthy diet, physical inactivity, alcohol consumption, and obesity, which are modifiable. The other non-modifiable risk factors such as age, sex, and heredity are also associated with the occurrence of NCDs. Hence, a majority of cancers and CVDs can be prevented and treated if diagnosed at an early stage.

According to National Family Health Survey 4 (NFHS-4) 2015–16, in 15–49 years age group, 8 per cent of men and 5.8 per cent of women have high blood sugar levels and 13.6 per cent men and 8.8 per cent of women are hypertensive. The cost implications of NCDs to society are enormous and run into thousands of crore of rupees. These include direct costs to people with illness and their families and indirect costs to society owing to reduced productivity.

The objectives of NPCDCS are as follows:

- Health promotion through behaviour change with involvement of community, civil society, community-based organizations, media, etc.
- Outreach camps for opportunistic screening at all levels in the healthcare delivery system from sub-centre and above for early detection of diabetes, hypertension, and common cancers.
- Management of chronic non-communicable diseases, especially cancer, diabetes, CVDs, and stroke through early diagnosis, and treatment

and follow up through setting up of NCD clinics.

- Build capacity at various levels of healthcare for prevention, early diagnosis, treatment, IEC/BCC, operational research, and rehabilitation.

- Provide support for diagnosis and cost-effective treatment at primary, secondary, and tertiary levels of healthcare.

- Provide support for development of database of NCDs through a robust surveillance system and monitor NCD morbidity, mortality, and risk factors.

National Mental Health Programme

The Government of India launched the National Mental Health Programme (NMHP) in 1982 with the following objectives:

- To ensure the availability and accessibility of a minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population.

- To encourage the application of mental health knowledge in general healthcare and in social development.

- To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

National Programme for the Prevention and Control of Deafness

The National Programme for Prevention and Control of Deafness (NPPCD) was initiated on pilot basis in 2006–07 (January 2007) covering 25 districts of 10 states and 1 union territory. The programme has been expanded in a phased manner to 228 districts of 27 states/union territories till now. By the end of the 12th Five-Year Plan, 384 districts will be taken up for programme implementation. This programme is being implemented by the MoHFW with technical support of the Directorate General of Health Services. At the state level, the programme is being implemented by the

Department of Health and Family Welfare. A State Nodal Officer, preferably an ENT surgeon at the Directorate/Secretariat level, will provide technical guidance and expertise to the State Health Society for the purpose of implementation of the programme in various districts of the state. The core objectives of this programme are as follows:

- To prevent avoidable hearing loss on account of a disease or injury.

- Early identification, diagnosis, and treatment of ear problems responsible for hearing loss and deafness.

- To medically rehabilitate persons of all age groups, suffering from deafness.

- To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.

- To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.

National Tobacco Control Programme

The Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007–08 during the 11th Five-Year Plan, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under 'The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003' (COTPA), (iv) help people to quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by the WHO Framework Convention of Tobacco Control.

During the 11th Five-Year Plan, NTCP was implemented in 21 states covering 42 districts. To carry forward the momentum generated by the NTCP during the 11th Five-Year Plan and baseline data generated through the Global Adult Tobacco Survey (GATS) India 2009–2010, indicating high levels of prevalence of tobacco

use, it was upscaled in the 12th Five-Year Plan with a goal to reduce the prevalence of tobacco use by 5 per cent by the end of the plan.

National Programme for Prevention and Management of Burn Injuries

On 17 May 2013, the Empowered Finance Committee (EFC) approved the proposal for continuation of the pilot project on burn injuries as a full-fledged programme. Later, the Cabinet Committee for Economic Affairs (CCEA) approved it on 6 February 2014. The programme covered 67 State Government Medical Colleges and 19 District Hospitals during the 12th Five-Year Plan. The District Hospital component was undertaken under the National Health Mission (NHM) with the below-mentioned objectives:

- To reduce incidence, mortality, morbidity, and disability due to burn injuries.
- To improve awareness among the general masses and vulnerable groups, especially women, children, industrial and hazardous occupational workers.
- To establish adequate infrastructural facility and network for behaviour change communication, burn management, and rehabilitation interventions.
- To carry out research for assessing behavioural, social, and other determinants of burn injuries in India for effective need-based programme planning for burn injuries, monitoring, and subsequent evaluation.

Programmes Related to Sexual and Reproductive Healthcare

Reproductive and Child Health Programme

The Reproductive and Child Health (RCH) Programme was launched in the country on 15 October 1997 with the goal of reducing infant, child, and maternal mortality. The second phase of RCH programme, i.e. RCH – II, was launched on 1 April 2005. The main objective of the programme is to bring about a change in mainly three critical health indicators: reducing total fertility rate, infant mortality rate, and maternal mortality rate with a view to realizing the outcomes envisioned in the then Millennium Development Goals. The RMCH+A approach was launched in 2013 and it essentially looks towards addressing the major causes of mortality among women and children as well as the delays in accessing and utilizing healthcare and services. Its strategic approach consists of providing an understanding of 'continuum of care' to ensure equal focus on various life stages.

PNDT-NGO Scheme

The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (henceforth, PC&PNDT Act) prohibits pre-natal sex determination and regulates the use of pre-natal diagnostic techniques including ultrasonography. Along with the objective of ensuring diagnostic care only through competent agency (in registered places and by qualified persons as defined under the law), the law also aims to curb female foeticide. The scheme establishes partnership with civil societies for effective implementation of the law. The partnering civil societies have the responsibility of identifying offenders, conducting medical audits of clinics, follow up of court cases, conducting awareness campaign, and collecting and analysing data from communities.

National Adolescent Health Programme

In 2014, India launched the National Adolescent Health Programme – Rashtriya Kishor Swasthya Karyakram (RKSK) – to advance its commitment towards a holistic approach to improve adolescents' health and well-being. One component of RKSK is using adolescents as Peer Educators (PE). From being initially limited to sexual and reproductive health, the programme now includes nutrition, injuries and violence (including gender-based

violence), non-communicable diseases, mental health, and substance misuse. The key drivers of the programme are community-based interventions such as outreach by counsellors, facility-based counselling, social and behaviour change communication, and strengthening of adolescent friendly health clinics across various levels of care.

Programmes Related to Health Workforce

Midwifery

The Government of India initiated midwifery services throughout the country in 2018, with the objective to provide access to quality maternal and neonatal health services, to promote natural birthing, to ensure respectful care, and to reduce over medicalization. The midwifery services initiatives aim to create a cadre for nurse practitioners in midwifery who are skilled in accordance to ICM competencies and knowledge, and capable of providing compassionate women-centric pregnancy care.

Programmes Related to Health Coverage (Publicly Financed Health Insurance)

Pradhan Mantri Jana Arogya Yojana

This scheme was launched on 23 September 2018. It aims at providing a health cover of Rs 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries), who form the poorest 40 per cent of the population. The households included are based on the deprivation and occupational criteria of the Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas, respectively. The cost of implementation is shared between the central and state governments. Pradhan Mantri Jana Arogya Yojana provides cashless access to healthcare services for the beneficiary at the point of service, and covers up to 3 days of pre-hospitalization and 15 days of post-

hospitalization expenses, such as diagnostics and medicines. Benefits of the scheme can be accessed across the country at any empanelled public or private hospital.

2.7 SYNERGIZING HEALTH AND OTHER SDGS: KEY ACTION POINTS

Understanding the interlinkages between SDGs can make an important contribution to informing decisions, rather than considering each goal as a separate entity. A similar understanding is expressed by the NITI Aayog as well.[2] This section develops an assessment, with focus on practice, of how synergies with other SDGs can help in bringing maximum impact on health and wellbeing. Health and wellbeing have been linked with various other SDGs. For example, Waage et al. suggested that SDGs related to human wellbeing are dependent on SDGs that provide enabling infrastructure for development and those supporting natural systems (Waage *et al*. 2015). Le Blanc proposes that SDG 3 is connected to eight other goals (Le Blanc 2015). Child in Need Institute, Assam – a prominent grassroots organization working on maternal and child health – opines that only a holistic intervention in the field of nutrition, sanitation, hygiene, agriculture, and investment in healthcare would lead to fulfilling of SDG 3.[3] We focus on the key interlinkages, including those SDGs that are covered in this training manual.

Interlinkage with SDG 2

Nutrition is an important determinant of an individual's health status. For wide ranging factors such as sustenance, growth, or disease resilience, good nutrition is vital to good health and wellbeing. The following are the key action points to integrate nutrition with health interventions:

- Good health cannot be achieved without access to sufficient and quality

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[2] Council for Social Development's consultation with NITI Aayog, 5 February 2021.

[3] Author's correspondence with Pritisha Borah, State Programme Manager, Child in Need Institute, Assam.

nutrition. Wherever appropriate, food-based solutions to health and nutritional disorders should be preferred as long-term solutions with medical interventions over short-term supplementary ones. For example, interventions on women's anaemia should ideally look for solutions to enhance their access to quality diet and medical interventions (such as distributing iron and folic acid tablets) as only short-term supplementation.

- Promotion of healthy food habits, education on nutrition, and balanced diets should be made a supplementary input to any health intervention practice. For example in dengue control programmes in areas that are prone to the disease, promotion of protein rich diets with adequate intake of fluids should be included as a supplementary input.

- Food production and agricultural practices affect health through their effect on soil and water quality, stress on ecosystems, and interfering with pathogen habitats. A balance of adequate food production and larger ecological stability is imperative to promote good health.

Interlinkage with SDG 4

Education plays an important role in individual's health status. Education in general or specific awareness building programmes contribute to good health. The following are the key action points to integrate education in health interventions:

- Women and girls' education is an important factor that influences health outcomes, given unequal social relations. Promotion of education in general among women/girls contributes to good health and wellbeing. For example, study from India shows that women with secondary or higher education face lower risk of being overweight/obese, than their lesser educated counterparts, even if they come from similar socio-economic background (Ghosh and Qadeer 2020). A multi-country analysis showed that completion of six

years of mother's schooling is associated with a significantly lower chance of malaria in children (Siri 2014). Though it is a broader goal rather than a specific action point, it is worth mentioning that SDGs on health and wellbeing will not be achieved without improving women's and girls' education.

- Health education and promotion of scientific and rational thoughts need to be integrated into school education. For example, an impact assessments study on a school-based menstrual education programme (delivered by obstetrician and gynaecologist) in Bangladesh shows significant improvements in menstrual health practices as well as outcomes (Haque *et al*. 2014).

Interlinkage with SDG 5

Achieving gender equality and empowerment of women and girls (SDG 5) has a direct bearing on ensuring good health and wellbeing. Limited access to sexual and reproductive health and lack of decision-making rights are the two most crucial interlinking components that affect health outcomes. Standalone measures on health ignoring gendered social reality will have very limited impact, particularly vis-à-vis women and child health. The following are the key action points to synergize efforts on SDG 3 and SDG 5:

- Lack of infrastructure and human resource – in terms of both their technical competence and preference (such as women doctors) of women patients – leads to adverse outcomes in women, particularly regarding reproductive and child health (RCH). Civil societies can significantly contribute towards creating gender-sensitive health systems.

- Lack of decision-making rights within households, which can range from child/early/forced marriage to neglect of healthcare or unequal burden of work such as parenting or care giving, creates an extra health burden on women compared to their male counterparts.

Gender sensitization on health issues is an important component that needs to be included in public health intervention practices.

- Safeguarding legal provisions that govern healthcare practices is another area where civil society can play a crucial role in promoting gender equality. The PC&PNDT Act is one such legal provision that prohibits sex selection/determination before or after conception. The law aims to curb female foeticide, which is arguably a significant cause of India's declining female sex ratio. The NGO-PNDT scheme run by the government aims to strengthen partnership with civil society to facilitate effective implementation of PC&PNDT Act at the grassroots level.

Interlinkage with SDG 6

Access to basic amenities is one of the drivers of public health. Access to safe drinking water and sanitation (SDG 6) is key to good health and wellbeing. Drinking contaminated water and unsafe sanitation practices can lead to various diseases as well as conditions that contribute to poor health. Some key action points to tackle SDG 3 and SDG 6 interlinkages in the Indian context are elaborated here:

- Microbial contamination in drinking water is still a huge risk in India, leading to a high burden of water-borne diseases. They also contribute to further vulnerability to various ailments. Chronic/recurrent diarrhoeal diseases are one of the most common contributors to malnutrition, particularly in children,[4] increasing vulnerability to other infectious diseases. Chemical contamination, both from industrial waste and from naturally occurring substances (such as arsenic),[5] is another matter of concern. In regions with poor quality of drinking water,

public health intervention should include ensuring access to safe drinking water.

- Poor sanitation is associated with higher risk of water-borne diseases.[6] Economic, infrastructural, and behavioural factors contribute to this. Government schemes on toilet construction should emphasize on proper drainage as well as access to water and soap – issues that are often neglected. Research shows that washing hands with soap can reduce the risk of diarrhoeal diseases by 42–47 per cent.[7] Soap as an essential commodity can be delivered to the poor through a Public Distribution System, as was the provision under the earlier Revamped Public Distribution System scheme. Civil society organizations have an important role in highlighting these issues.

Interlinkage with SDG 8

Decent work and economic growth are critical prerequisites to achieving good health and wellbeing. The interaction between health and economic growth is mostly interdependent because sustainable and equitable economic growth promotes health and well-being through access to decent work, food, basic amenities, medical care, education, etc., which in turn contribute to higher productivity and income generation. The following are the key areas in the current Indian context that require synergizing efforts on SDG 3 and SDG 8:

- Occupational diseases are fast becoming a major problem in India that cannot be tackled with conventional medical interventions. Health actions on occupational diseases should be synergized with actions on workplace reforms and interdisciplinary collaboration between NGOs working on diverse issues. It would have strategic advantage in arresting this emerging problem.

4   Details available at https://www.ncbi.nlm.nih.gov/books/NBK219100/

5   Details available at http://cgwb.gov.in/documents/papers/incidpapers/Paper%208%20-%20Ghosh.pdf

6   Details available at https://pubmed.ncbi.nlm.nih.gov/1835675/

7   Details available at https://pubmed.ncbi.nlm.nih.gov/12726975/

- People spend considerable amount of time at workplaces and work environment affects health considerably. Good health practices and access to basic amenities at workplace is a key element of decent work. Interventions on living conditions around habitats should go hand in hand with ensuring decent work, particularly among vulnerable populations and disease-prone areas.

Interlinkage with SDG 13

Climate change has emerged as a major health hazard and one of the contributors of various health complications leading to non-communicable diseases. Some impacts of climate change are direct, such as the effects of heat stress or poor air quality, resulting in reduced ability and/or hazardous environment to work outside. Others are indirect and arise through climate change that promotes the spread of disease or contributes to food and water insecurity, or displacement of people. Climate change mitigation and adaptation would have immediate health benefits. Some key action points to synergize efforts on SDG 3 and SDG 13 are summarized here:

- Poor air quality, particularly in many urban and peri-urban regions, in India have emerged as a major health hazard, which is more harmful for the poor doing hard labour and living in sub-standard conditions. Efforts on, let us say, respiratory health (e.g. anti-smoking campaigns) will have less impact if the air we breathe in is hazardous, which requires synergy with climate change mitigation and adaptation strategies. For example, research shows that phasing out solid fuel cooking stoves could reduce global warming by 0.08°C by 2050 while reducing 260,000 premature deaths – including children – per year from pollution (Lacey *et al.* 2017).

- Extreme climatic conditions (flood, droughts, cyclones, etc.) are another factor in India for spreading of diseases or creating conditions that contribute to poor health. For example, floods increase risks of epidemics during the time of displacement. The north-eastern and eastern regions of India, where floods occur frequently, suffer bouts of water-borne diseases. In 2018 flood in Assam and adjoining regions, 70 per cent of the affected people were reported to be suffering from water-borne diseases.[8] Enhanced resilience to climate change, particularly in areas prone to natural disasters, should go hand in hand with preventive and curative care.

- Enhanced resilience to climate change will also support more sustainable agriculture and food and nutrition security, contributing to good health and wellbeing.

2.8 ROLE OF CIVIL SOCIETY

Challenges

There are four major challenges to achieve the targets under SDG 3:

- **Inadequate resource allocation:** Underfunding healthcare and allied services represent perhaps the most serious obstacle towards fulfilling SDG 3 targets. The civil society has an important role to play in advocacy for higher resource allocation by the government.

- **Fragmented interventions:** As we discussed earlier, interlinkages between health and other sectors imply that standalone health interventions are less effective. Civil society organizations can bridge that gap by establishing multi-stakeholder alliances, including alliances between civil society organizations working on diverse field.

- **Lack of local and disaggregated data:** Macro or aggregated data helps little in promotion of practices, which often leads to ineffective 'one size fits all' solutions. In our country with vast variations in terms of region, economic, caste and gender, disaggregated data and local-level

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[8] Details available at ttps://reliefweb.int/report/india/70-flood-affected-people-assam-and-manipur-are-suffering-water-borne-diseaseps

knowledge are necessary for a bottom-up approach to public health that caters to the needs of the community. Civil society organizations, being active at the grassroots, are in a unique position to generate such knowledge and engage with Panchayati Raj Institutions (PRI), both for feedback and for implementation.

- **Lack of awareness and political will:** Lack of awareness about health needs and rights contributes to lack of voices from the ground. Civil society organizations can guide and amplify voices from the ground thereby ensuring better accountability from governments.

COVID-19 Pandemic and the Role of Civil Society

COVID-19 has highlighted the inadequacies in our health systems. Civil society organizations have a crucial role to play in the context of the on-going pandemic. The following are the key areas where intervention from the civil society will be much needed in the near future:

- Building health awareness, particularly regarding COVID-19 appropriate practices, is going to be a potent public health measure to combat the pandemic. Civil societies with their grassroots reach are best suited for this purpose. They are also in a position to determine best solutions that work in specific conditions on the ground.

- The impact of the pandemic – the disease itself and its social and economic impacts – is a major mental health concern, which is a relatively less discussed issue. Addressing mental health issue requires deeper understanding of the social context of an individual. Civil society organizations – due to their proximity to the grassroots – are in a unique position to raise mental health awareness and conduct/facilitate counselling within the socio-economic context of the communities.

- Health environment is an important factor, just as medical inputs to health. Civil societies have an important role to play to

highlight the social impact of COVID-19 that degrades health environment.

Intervention from Civil Society

Chart 2.4 shows the four arms through which civil society organizations can influence policy and outcomes.

Chart 2.4: Role of Civil Society in Formulation and Implementation of Health Policy
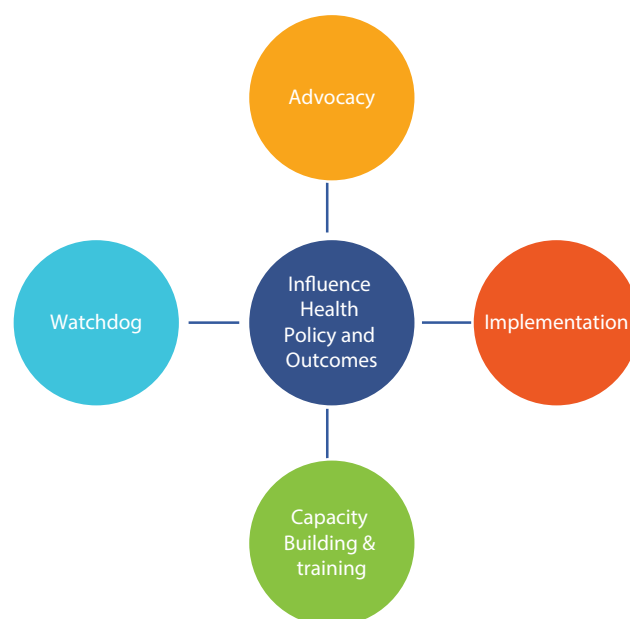
Some key measures that civil society organizations can take are summarized here:

Advocacy

- Accountability of the government to SDG 3 commitments.
- Ensure decentralized planning in health, highlight local policy-needs and necessity of funds.
- Advocacy to strengthen comprehensive primary healthcare.
- Advocacy related to lack of infrastructure and staff in healthcare facilities.
- Advocacy for higher wages for community health workers – the backbone of primary care.
- Advocacy for protective equipment for health workers – a concern magnified during COVID-19 pandemic.

- Advocacy for higher public funding in the health sector.
- Advocacy to address non-medical determinants – nutrition, water-sanitation, education/awareness – and preventive care rather than focusing only on curative aspect.

Implementation

- Service delivery through public–private partnership programmes.
- Supporting government initiatives in remote and under-served areas.

Capacity Building

- Training/post-training follow-up of ASHA, community workers in midwifery initiative.
- Awareness campaign and identifying beneficiaries for JSY, PMMVY, PMJAY, non-communicable diseases, and NPCDCS.
- Create network of communication, cooperation, and integration in reporting, community monitoring, and system integration in infectious disease control/prevention.

- Capacity building, promoting rights-based perspective on sexual health.
- Improve block-level planning, ensure local governance (PRIs) participation, feedback from ground about local needs.

As a Watchdog

- Fulfilling National Health Policy–2017 promise of government expenditure in health as 2.5 per cent of GDP, which corresponds with the SDG Target 3.c: 'Substantially increase health financing'.
- Programme evaluations to assess progress vis-à-vis SDG 3 commitments.
- Compliance evaluation of healthcare providers, particularly in the private sector, under the authority of empowered/autonomous government institutions (e.g. NITI Aayog).

Focus Areas and Key Action Points

There are eight focus areas that have been identified. Some key action points on the role of civil society vis-à-vis gaps are summarized in Table 2.3.

Table 2.3: Summary of Key Action Points

Focus Areas	Key Government Programmes	Gaps	Role of Civil Society
a. Maternal and child health	1. Cash transfers (JSY, PMMVY) 2. Healthcare (JSSK, LaQshya) 3. Healthcare-Nutrition-Schooling combine (ICDS)	1. Not reaching to all beneficiaries, cash not paid in full 2. Inadequate quality and reach of care	Complement government efforts in monitoring, training/post-training follow up of ASHA, evaluation, community awareness
b. Burden of communicable diseases	Various national infectious disease control programmes (AIDS, vector-borne, TB, etc.)	Resource crunch, underreporting, weak data reliability, lack of private reporting, and system fragmentation	Create network of communication, cooperation, and integration
c. Burden of non-communicable diseases	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	Lack of community sensitization and awareness, irregular/inadequate follow-up services	Advocacy, awareness building, community-based monitoring, promoting good practices (diet, activity, etc.)

Focus Areas	Key Government Programmes	Gaps	Role of Civil Society
d. Access to sexual and reproductive healthcare (delivery, immunization, etc.)	Reproductive and Child Health Programme, National Adolescent Health Programme	Weak monitoring, capacity constraint of district/state health systems, delay and uncertainty of partner funding, social discrimination, lack of awareness	Capacity building, promoting rights-based perspective, implementation partnerships
e. Access to healthcare services	These are broader goals at policy level, not just programme/scheme specific	Resource crunch, neglect of remote/ backward areas, lack of referral coordination (primary–secondary– tertiary)	Partnership in service delivery, mobile healthcare services, reaching the marginalized, community linkages
f. Government expenditure on health		Lack of absorptive capacity of states (unspent funds)	Improve resource mobilization by improved block-level planning (e.g. Odisha NRHM), feedback from ground about local needs
g. Health workforce	1. Strengthening of nursing services 2. Midwifery initiative	Lack of training-to-application linkage	Training and post-training follow-ups of community-level workers
h. Health coverage (health insurance)	PMJAY	Beneficiary identification, compliance evaluation of empanelled healthcare providers	Assisting identification and registration, partnering in human and institutional capacity building

2.9 CHALLENGES AND INTERVENTIONS: HIGHLIGHTS FROM CASE STUDIES

PPP in Service Delivery

Improving RCH Services in Gujarat: The Government of Gujarat introduced the Chiranjeevi Yojana in 2005 to improve access to institutional delivery and financial protection from catastrophic healthcare costs to below poverty line (BPL) families in the state. Given the limited availability of public sector providers in rural areas, the private sector can bridge the gap and provide improved access to maternal care services and on the whole boost institutional deliveries. The scheme is implemented by creating a network of private medical practitioners who provide cashless maternity health services and indirect out-of-pocket costs such as travel and incentives to an accompanying person in remote areas that recorded the highest infant and maternal mortality rate. The private providers are reimbursed by the state government at a fixed rate for each delivery they provide.

This scheme has made several positive contributions in improving the coverage of maternal healthcare services in the state. It improved identification and referral of delivery cases among BPL families to private providers. Follow-up services of delivery cases and their risk assessment improved and the poor families were also protected from financial burden.

The main takeaways from this experience are as follows:

- The government providing upfront advance payments that are reimbursed at regular intervals stimulated success.
- Strengthening management capacity of district-level personnel by providing them training to develop their skills in negotiation, consultation, and networking has helped them to promote this scheme.
- Improved the potential of non-state sector in provision of services and strengthened institutional processes in partnership with the government.

Primary Care Services in Urban Slums of Andhra Pradesh: In urban areas, particularly, for urban slums, where the public health infrastructure is almost non-existent, the availability of primary healthcare services, including sexual and reproductive health services, are inadequate. This burdens the public sector's tertiary care services, creating an overload of patients and driving up public healthcare costs. The Urban Health Scheme in Andhra Pradesh was initiated in 2000 to provide basic primary healthcare and family welfare services to urban poor living in slums by building primary healthcare infrastructure through public–private partnership and contracting out all Urban Health Centres (UHC) to local NGOs.

Mobilization of communities is an important component of the programme. The state government undertakes scheme monitoring. Implementation is decentralized to the district level.

Evaluation studies of the scheme have shown benefit on both output and process indicators such as improving institutional delivery rate, increase in high performing centres, reduction in percentages of poorly performing centres, etc.

The main takeaways from this experience are:

- Responding to monitoring by the government improved performance. The grading system to evaluate performance of UHCs helped them to excel.

- Flexibility in repositioning the UHCs for better service mix corresponded with the changing epidemiological scenario.
- Continuity in efforts is required to improve the number of high performing agencies.

Training Government and Private Providers

Randomized Control Trial (RCT) on Diarrhoea Management[9]: Government and private providers and village health workers were trained to prescribe zinc and oral rehydration salts for use in diarrhoea for 1-month-old to 5-year-old children in intervention communities. In the control regions, only oral rehydration salts were promoted.

In the intervention communities where both zinc and oral rehydration salts were used, care seeking for diarrhoea reduced by 34 per cent, as did the prescription of drugs and antibiotics for diarrhoea. The 24-hour prevalence of diarrhoea and acute lower respiratory infections were lower in the intervention regions. In the following three months, hospitalizations were reduced in the intervention compared to control regions.

The main takeaways from this experience are:

- Education to caregivers on zinc supplementation leads to more effective management of diarrhoea.
- Ready access to oral rehydration salts and zinc is crucial for the success of this intervention.

Advocacy to Improve Health Outcomes

Prevention of HIV among sex workers[10]: The Sonagachi Project is a successful sex-worker-led HIV prevention project in Kolkata, West Bengal. The interventions include creating social spaces for participation, community-led projects and outreach, and organizing

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9 Details available at https://pediatrics.aappublications.org/content/121/5/e1279

10 Details available at http://eprints.lse.ac.uk/47785/1/__Libfile_repository_Content_Cornish%2C%20F_The%20necessary%20contradictions_The%20necessary%20contradictions%20%28lsero%29.pdf

rallies and protests for rights and healthy behaviours. The UNAIDS recognized the project as a 'best practices' model for its use of a community development approach to empower sex workers to take individual and collective action to reduce their vulnerability. Community development efforts were undertaken to empower marginalized groups and create a more enabling environment for safer sexual behaviour. Participation of the sex worker for right of self-determination was a critical element of Sonagachi's community development approach. The project induced involvement of various stakeholders, apart from sex workers, including sex worker employees, non-sex worker development professionals, brothel managers, sex workers' clients, etc.

The main takeaways from this experience are as follows:

- The project has helped sex workers improve control over their sexual health, as well as their living conditions and working environment.
- It placed the issues faced by sex workers on state and national policy agendas.
- The project was profoundly shaped by its relationships with non-sex worker interest groups. Thus, the 'community' that led this project is much wider than only the local grouping of marginalized sex workers.
- Given the existing power relations, the engagement with other interest groups was integral to the project's success.
- Among sex workers, HIV rates of 50 per cent to 90 per cent have been reported in Mumbai, Delhi, and Chennai, while the same in Kolkata appeared to be about 11 per cent[11]. The clear difference in the rate of HIV infection among sex workers indicates the intervention to be effective and that the model is replicable.

Ensuring Accountability as a Watchdog

Improving maternal health through social accountability in Odisha[12]**:** The White Ribbon Alliance-India – a civil society alliance of international and local NGOs, UN agencies, bilateral and multilateral agencies, professional societies, foundations, academics, and individuals committed to reducing maternal and new born death and morbidity – embarked on a social accountability programme in 2006 to address high maternal mortality and the inadequate implementation of maternal health programmes in Odisha. Three tools were used by the alliance: a) maternal death audits through verbal autopsies, b) health facility checklists, c) public hearings and rallies to bring women together with government officials, elected representatives, and service providers to resolve grievances on maternal care.

The main takeaways from this experience are as follows:

- The social accountability programme generated demand for rights and better services.
- The leverage of intermediaries could be channelized to legitimize the demands of poor and marginalized women.
- The social accountability programme sensitized leaders and health providers of women's needs.

Bridging the Gap between Community and Service Providers

Facilitating Maternal Healthcare of Tea Garden Worker in Assam[13]

This case study discusses intervention on maternal health of a tea garden worker.

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11 Details available at https://quod.lib.umich.edu/c/cohenaids/5571095.0387.004/4

12 Details available at http://eprints.lse.ac.uk/44823/1/Campbell_Improving_maternal_health_through_social_accountability.pdf

13 Author's correspondence with Pritisha Borah, State Programme Manager, Child in Need Institute (CINI), Assam.

A 19-year-old pregnant woman experienced vaginal fluid discharge for a week. The team of Child in Need Institute (CINI) actively works in that community. It immediately referred the case to the ASHA worker. However, the pregnant woman was not satisfied with the care provided by the ASHA worker in her village. The ASHA worker was overburdened with work, which compromised the quality of care. CINI facilitated coordination with the ASHA worker and provided additional support:

- Facilitating and supporting her to attend health camps
- Tracking the progress in her health
- Family counselling
- Individual counselling
- Continuous home visits
- Continuously co-ordinating with ASHA to follow up the case
- Sharing information on benefits of taking ANC, PNC, VHSND, taking IFA tablets etc.
- Regular follow up through phone calls
- Linkage with National Health Mission-Assam
- Counselling by CINI Teenline Counsellor

At the time of reporting, she was in her eight month of pregnancy and in good health.

The main takeaways from this experience are as follows:

- Civil society as a facilitator can improve services and change outcomes even within the existing infrastructural and human resource limitations.

- Interaction with tea garden workers created awareness on maternal health and ANC services within the community.

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3. QUALITY EDUCATION

STRUCTURE OF THE UNIT

- Introduction
- SDG 4 and Its Targets: Global and National Indicators
- Concepts and Definitions
- Key Indicators on Education
- Cross-cutting SDGs with SDG 4 on Education
- Current Status on Education: Achievements and Gaps
- NGOs' Role in Education Agenda of SDG
- Way Forward: Roadmap and Action Plan

4 QUALITY EDUCATION

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

3.1 INTRODUCTION

The SDG framework on education continues to address the unfinished agenda of the Millennium Development Goals (MDGs). While the scope of MDGs was limited to certain aspects, such as enrolment, SDGs provide a wider canvas and focus on the issues of quality and equitable education, apart from emphasizing on aspects such as educational environments, learning outcome, skill development, and educational needs of women, disabled, and vulnerable children. SDG 4, thus, recognizes the value of dignity and human rights for all and envisages a scenario wherein every person is guaranteed access to universal rights and basic opportunities. The aim of SDG 4 is to attain equitable and quality education through the convergence of multiple strategies and partnership. The new National Education Policy (NEP) 2020 of India is in line with the SDGs, and holds the belief that equal access to education is the base for sustainable development and has tried to align SDG targets into NEP 2020 (Singh and Rayee 2020).

In this context, involvement of Non-Governmental Organizations (NGOs) in education is imperative not only to attain educational goals and targets, but also to engage in meaningful action. This is possible only when the SDG vision is translated into reality. In this regard, the core advantages of NGOs are that they have the potential to translate the global context of SDGs through localization, i.e. by performing action-oriented programmes at the local community level.

In other words, NGOs have an ability to translate the normative concept of SDGs into action plans or action-oriented mechanisms in order to play their roles in the SDGs (Hassan, Lee, and Mokhtar 2018). The forthcoming section of this chapter gives an overview on SDG 4 targets and key statistics, and highlights the achievements and gaps in education provision. It discusses the scope for NGO interventions in education, by highlighting various examples.

The effectiveness of NGOs in promoting education has been very well reflected in the various international forums on education such as the Jomtien Conference 1990, the Dakar Declaration 2000, the Incheon Declaration 2016, etc. wherein NGOs made their declaration and commitment towards the goal of Education for All (EFA). In India, NITI Aayog also has acknowledged the important role played by civil society organizations (CSOs) that work from the national level to the grassroots level on SDG-related issues (GoI 2020a). Thus, the role of NGOs in localizing the SDGs is numerous; these include promoting new ways of teaching, framing the curriculum, promoting new models of classroom pedagogy; capacitating the government officials, representatives of municipalities and panchayats, schools, teachers; promoting the participation of communities in school activities, etc.

3.2 SDG 4 AND ITS TARGETS: GLOBAL AND NATIONAL INDICATORS

Under the post-2015 sustainable development agenda, Goal 4 refers to Education, which comprises a set of targets and tasks that are to be accomplished by 2030. While the focus of MDGs was just on primary education, the SDG encompasses wider areas such as pre-primary education, primary and secondary education, higher education, adult education, and skill development. The focus of SDG 4 is on ensuring quality and equitable education for all. The education goal and targets, along with the global and national indicators developed are as follows:

Table 3. 1: GOAL 4: Ensure Inclusive and Equitable Quality Education and Promote Lifelong Learning Opportunities for All

Global Indicators	National Indicators
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	
4.1.1 Proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	4.1.1 Net enrolment ratio in primary and upper primary education (in percentage)
4.1.2 Completion rate (primary education, lower secondary education, upper secondary education)	4.1.2 Adjusted net enrolment ratio in primary, upper primary and secondary education (in ratio per hundred)
4.1.3 Gross intake ratio to the last grade (primary education, lower secondary education)	4.1.3 Gross enrolment ratio in higher secondary education (in ratio per hundred)
4.1.4 Out-of-school rate (1 year before primary, primary education, lower secondary education, upper secondary education)	4.1.4 Percentage of students in grade 3, 5, 8, and 10 achieving at least a minimum proficiency level in terms of nationally defined learning outcomes to be attained by pupils at the end of each of above grades
4.1.5 Percentage of children over-age for grade (primary education, lower secondary education)	
4.1.6 Administration of a nationally representative learning assessment (a) in Grades 2 or 3; (b) at the end of primary education; and (c) at the end of lower secondary education	4.1.5 Gross intake ratio to the last grade (primary, upper primary and secondary) (in ratio per hundred)

Global Indicators	National Indicators
4.1.7 Number of years of (a) free and (b) compulsory primary and secondary education guaranteed in legal frameworks	4.1.6 Proportion of students enrolled in Grade 1 who reaches last grade or primary/upper primary/secondary levels
	4.1.7 Out of school ratio (primary, upper primary, elementary, secondary and higher secondary)
	4.1.8 Number of years (i) free and (ii) compulsory education guaranteed in legal frameworks
Target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education	
4.2.1 Proportion of children aged 24–59 months who are developmentally on track in health, learning, and psychosocial well-being, by sex	4.2.1 Participation rate in organized learning one year before official primary entry (in rate per 100)
4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex	4.2.2 Gross early childhood education enrolment ratio
4.2.3 Percentage of children under 5 years experiencing positive and stimulating home learning environments	
4.2.4 Gross early childhood education enrolment ratio in (a) pre-primary education and (b) early childhood educational development	
4.2.5 Number of years of (a) free and (b) compulsory pre-primary education guaranteed in legal frameworks	
Target 4.3: By 2030, ensure equal access for all women and men to affordable and quality technical, vocational, and tertiary education, including university	
4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex	4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months
4.3.2 Gross enrolment ratio for tertiary education by sex	4.3.2 Proportion of male–female enrolled in higher education, technical and vocational education (in ratio)
4.3.3 Participation rate in technical-vocational programmes (15- to 24-year-olds) by sex	4.3.3 Gross enrolment ratio for tertiary education (in ratio per 100)
Target 4.4: By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	
4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill	4.4.1 Proportion of youth and adults with information and communication technology (ICT) skills
4.4.2 Percentage of youth/adults who have achieved at least a minimum level of proficiency in digital literacy skills	
4.4.3 Youth/adult educational attainment rates by age group and level of education	

Global Indicators	National Indicators

Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

Global Indicators	National Indicators
4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated	4.5.1 Enrolment ratio of children with disabilities (in percentage)
4.5.2 Percentage of students in a) early grades, b) at the end of primary, and c) at the end of lower secondary education who have their first or home language as language of instruction	4.5.2 Gender parity indices for primary/ secondary/higher secondary/tertiary education
4.5.3 Existence of funding mechanisms to reallocate education resources to disadvantage populations	
4.5.4 Education expenditure per student by level of education and source of funding	
4.5. Percentage of total aid to education allocated to least developed countries	

Target 4.6: By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy

Global Indicators	National Indicators
4.6.1 Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex	4.6.1 Literacy rate of youth in the age group of 15–24 years (in rate per 100)
4.6.2 Youth/adult literacy rate	
4.6.3 Participation rate of illiterate youth/adults in literacy programmes	

Target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

Global Indicators	National Indicators
4.7.1 Extent to which (i) global citizenship education and (ii) education for sustainable development are mainstreamed in (a) national education policies, (b) curricula, (c) teacher education, and (d) student assessment	National indicator is under development
4.7.2 Percentage of schools that provide life skills-based HIV and sexuality education	
4.7.3 Extent to which the framework on the World Programme on Human Rights Education is implemented nationally (as per the UNGA Resolution 59/113)	
4.7.4 Percentage of students in lower secondary education showing adequate understanding of issues related to global citizenship and sustainability	

Global Indicators	National Indicators
4.7.5 Percentage of students in lower secondary showing proficiency in knowledge of environmental science and geoscience 4.7.6 Extent to which national education policies and education sector plans recognize a breadth of skills that needs to be enhanced in national education systems	

Target 4.a: Build and upgrade education facilities that are child, disability, and gender sensitive, and provide safe, non-violent, inclusive, and effective learning environments for all

Global Indicators	National Indicators

4.a.1 Proportion of schools offering basic services, by type of service
 	
4.a.2 Percentage of students experiencing bullying in the last 12 months in (a) primary and (b) lower secondary education
 	
4.a.3 Number of attacks on students, personnel, and institutions
	4.a.1 Proportion of schools with access to:
	  (a) electricity;
	  (b) computers for pedagogical purposes;
	  (c) adapted infrastructure and materials for students with disabilities such as disabled friendly ramp and toilets;
	  (d) basic drinking water;
	  (e) single-sex basic sanitation facilities; and
	  (f) basic hand washing facilities (as per the WASH indicator definitions) (in percentage)

Target 4.b: By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries

Global Indicators	National Indicators
4.b.1 Volume of official development assistance flows for scholarships by sector and type of study	National indicator is under development

Target 4.c: By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries, and small island developing States

Global Indicators	National Indicators
4.c.1 Proportion of teachers with the minimum required qualifications, by education level 4.c.2 Pupil-trained teacher ratio by education level 4.c.3 Percentage of teachers qualified according to national standards by education level and type of institution 4.c.4 Pupil-qualified teacher ratio by education level 4.c.5 Average teacher salary relative to other professions requiring a comparable level of qualification 4.c.6 Teacher attrition rate by education level 4.c.7 Percentage of teachers who received in-service training in the last 12 months by type of training	4.c.1 Proportion of trained teachers, by education level (primary, upper primary, elementary, secondary, and higher secondary education) (in percentage)

3.3 CONCEPTS AND DEFINITIONS[14]

Universal Primary and Secondary Education	The provision of 12 years of free, publicly funded, inclusive, equitable, quality primary and secondary education – of which at least nine years are compulsory, leading to relevant learning outcomes, without discrimination (UNESCO 2018).
Gross Enrolment Ratio	It is the number of students enrolled in a given level of education, regardless of age, expressed as a percentage of the official school-age population corresponding to the same level of education.
Dropout Rate	It is the percentage of students who drop out from a given grade, cycle, or level of education in a given school year.
Education for All	Education for All is a global movement that was initiated by the UNESCO at Dakar in 2000, with the aim of meeting the learning needs of all children, youth, and adults by 2015.
Quality Education	It entails issues such as appropriate skills development, gender parity, provision of relevant school infrastructure, equipment, educational materials and resources, scholarships or teaching force.[14]
Early Childhood Development and Universal Pre-primary Education	The provision of at least one year of free and compulsory quality pre-primary education, which is to be delivered by well-trained educators, along with the provision of early childhood development and care.
Adult Education	It refers to any learning activity or programme deliberately designed for adults, in which adults engage in gaining new forms of knowledge, skills, attitudes, and values, which is provided through formal, non-formal, or informal means (Merriam and Brockett 2007).
Universal Youth Literacy	Provision of relevant and recognized proficiency levels in functional literacy and numeracy skills that are equivalent to levels achieved at successful completion of basic education for all young people and adults (UNESCO 2018).
Higher Education	It is the level of education, which is obtained after completing 12 years of schooling or equivalent and is of the duration of at least nine months (full time) or after completing 10 years of schooling and is of the duration of at least 3 years.
Skill Development	It is the process of identifying skill gaps and developing the skills that enable the person to achieve their goals (Sinha and Priyadarshani 2021).
Vocational Education	It is a form of instruction that offers practical courses through which one gains skills and experience directly linked to a career in future and it helps students to be skilled and offers better employment opportunities (Biswas 2008).
Technical Education	It is a part of education that is directly related to the gaining of information and skills needed in manufacturing and services industries. It imparts knowledge of specific trade, craft, or profession (Bose 2017).
Skills Acquisition	In addition to work-specific skills, it also encompasses the acquisition of high-level cognitive and non-cognitive/transferable skills, such as problem solving, critical thinking, creativity, teamwork, communication skills, and conflict resolution (UNESCO 2018).

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[14] Details available at https://en.unesco.org/themes/education/sdgs/material/04

Labour Force Participation Rate	It is a measure of the proportion of a country's working-age population that engages actively in the labour market, either by working or by looking for work; it provides an indication of the size of the supply of labour available to engage in the production of goods and services, relative to the population at working age.
Inclusion and Equity	All people, irrespective of sex, age, race, colour, ethnicity, language, religion, political or other opinion, national or social origin, property or birth, as well as persons with disabilities, migrants, indigenous peoples, and children and youth, especially those in vulnerable situations or other status, should have access to inclusive, equitable quality education, and lifelong learning opportunities (UNESCO 2018).
Gender Equality	All girls and boys, women and men, should have equal opportunity to enjoy education of high quality, achieve at equal levels, and enjoy equal benefits from education (UNESCO 2018).
Gender Parity Index	It is a socio-economic index designed to measure the relative access to education of males and females. In its simplest form, it is calculated as the quotient of the number of females by the number of males enrolled in a given stage of education (primary, secondary, etc.).
Education for Sustainable Development (ESD) and Global Citizenship	The knowledge, skills, values, and attitudes required by citizens to lead productive lives, make informed decisions, and assume active roles locally and globally in facing and resolving global challenges. It encompasses peace and human rights education, as well as inter-cultural education and education for international understanding (UNESCO 2018).

Source: Compiled by CSD

3.4 KEY INDICATORS OF EDUCATION

Table 3.2 provides an all-India picture along with the performance of states and union territories on key indicators of education. An overview of the educational landscape in the country reveals significant achievements. The literacy rate in India is 77.7 per cent with literate males at 84.7 per cent and literate females at 70.3 per cent. There is a significant improvement in the gender parity index (GPI), which implies that the same percentage of boys and girls in a given age group would enter the education system and progress to different stages (UNESCO 2003). In 2009–10, GPI at Primary Level (Classes I–V) was 1.00, Upper Primary 0.94, Secondary 0.88, and Higher Secondary Level 0.87. This increased positively in 2016–17 and stood 1.02 at Primary Level, 1.05 at Upper Primary Level, 1.10 at Secondary Level, and 1.02 at Higher Secondary Level. Enrolment in elementary education was near 100 per cent in 2014. It has declined but is still positive at 97.4 per cent (U-DISE 2016–2017). There has been a considerable increase in attendance and transition rate of children across social groups.

However, in spite of the achievements made on a few indicators, the performance of India still has to be improved on many educational indicators. India remains home to the largest population of illiterate adults in the world – 287 million, amounting to 37 per cent of the global total (Oxfam 2015). Further, there is widespread variation in literacy rates between states from 63.82 per cent in Bihar to 93.91 per cent in Kerala (Census, 2011). There is also a marked gender disparity in literacy rates with the literacy rate for men being 82.14 per cent and women being 65.46 per cent (Census, 2011). India is ranked 123rd out of 135 countries in female literacy rate (Oxfam 2015).

In the realm of pre-school education, a large number of children remain excluded from any early childhood education facility.

UNICEF (2016) estimates indicate that 20 million of the country's 3-6-year-olds are not in preschool. This is in spite of the fact that India's centrally sponsored and state administered Early Childhood Care and Education (ECCE) programme, the Integrated Child Development Services (ICDS), is over four decades old and has a network of almost 1.4 million Anganwadi centres. The situation with respect to pre-primary education indicates that we are yet to formulate concrete action plans in preparing young children for schooling. As argued by Govinda (2020), India has failed to reach the adult literacy target set by Dakar EFA goals. Around 10 per cent in the age group of 15–24 years are still non-literate and around 20 per cent children leave primary education without completing even five years of schooling.

Table 3.2: Key Indicators on Education

State/UT	Net Enrolment Rate (NER) (in %)		Gross Enrolment Rate (in %)		Gender Parity Indices			Proportion of trained teacher, by education level (in %)				Proportion of Schools with (in %)			
	2017-18		2017-18	2017-18	2017			2017-18				2017-18			
	Primary	Upper Primary	Higher Secondary	Tertiary Education	Primary	Secondary	Higher Secondary	Primary	Upper Primary	Secondary	Higher Secondary	Disabled friendly ramp	Basic Drinking water	Sanitation Facilities for Boys	Sanitation Facilities for Girls
Andhra Pradesh	70.33	60.89	47.25	30.90	0.94	0.99	1.15	98.33	96.49	98.9	80.89	21.19	97.21	81.45	100.78
Arunachal Pradesh	83.51	89.34	54.83	29.70	1.00	1.09	1.02	59.38	61.20	65.50	79.68	16.74	81.36	94.71	98.10
Assam	96.92	84.11	38.91	18.20	1.03	1.13	1.08	66.28	37.41	24.13	27.79	36.97	89.07	79.89	86.85
Bihar	86.27	91.31	31.53	13.00	1.06	1.25	1.00	50.17	49.27	62.08	66.17	27.98	90.15	88.65	93.38
Chhattisgarh	89.74	89.71	53.91	56.40	1.00	1.02	1.05	83.60	72.52	60.73	62.07	34.22	98.41	97.38	97.94
Goa	94.74	86.32	79.52	28.00	1.05	1.05	1.20	88.66	96.90	98.81	93.88	25.97	99.80	100	101.98
Gujarat	82.52	70.99	46.46	20.10	1.04	1.06	0.92	99.96	99.94	99.98	99.98	50.27	99.98	99.69	100.89
Haryana	77.55	72.78	59.44	28.70	1.02	1.14	0.99	97.78	93.57	95.01	96.18	31.44	99.94	99.05	NA
Himachal Pradesh	84.01	78.64	90.95	37.90	1.02	1.01	1.03	95.96	95.02	97.38	96.59	57.12	98.49	99.69	NA
Jammu and Kashmir	65.74	54.88	62.22	27.70	1.03	1.06	0.96	42.91	56.00	64.64	73.57	14.97	92.68	94.32	NA
Jharkhand	92.02	88.04	56.72	18.00	0.99	1.11	1.04	77.44	75.38	76.40	77.36	26.84	92.99	97.77	99.35
Karnataka	95.08	81.75	49.87	27.80	0.99	1.02	1.13	97.97	98.50	95.90	84.98	29.67	96.02	94.29	96.11
Kerala	86.45	80.01	79.09	36.20	1.00	1.02	1.14	98.02	98.10	97.94	98.14	40.03	99.55	98.69	100.37
Madhya Pradesh	75.91	68.95	48.42	21.20	1.00	1.06	0.96	93.49	65.92	67.83	73.01	36.46	96.64	96.34	98.23
Maharashtra	86.38	79.42	71.20	31.10	0.99	1.06	0.96	98.93	98.69	99.15	98.96	60.75	98.61	98.14	99.73
Manipur	103.7	105.8	72.53	31.80	0.99	1.03	0.91	55.26	44.16	42.17	47.96	31.75	93.79	97.11	104.79
Meghalaya	97.91	79.65	44.87	24.70	1.01	1.15	1.16	30.66	24.53	40.62	44.79	21.00	63.82	86.46	83.90
Mizoram	87.63	89.88	53.66	22.90	0.98	1.01	1.11	88.87	75.29	59.03	49.88	26.87	92.37	98.11	99.67
Nagaland	66.37	72.35	36.21	17.80	1.03	1.07	1.06	38.32	34.16	34.68	37.24	20.57	81.93	97.50	97.18
Odisha	85.43	78.28	43.22	22.00	0.98	0.99	0.98	84.04	78.58	87.24	53.34	40.71	98.70	96.27	101.3

Punjab	78.21	66.65	70.58	30.30	1.06	1.12	1.05	95.27	84.68	89.67	94.88	0.01	99.72	94.37	NA
Rajasthan	79.02	67.19	62.11	21.70	0.99	1.03	0.82	93.55	92.59	93.61	96.18	32.16	95.55	99.01	NA
Sikkim	70.50	90.98	70.50	37.40	0.92	1.08	1.20	45.06	44.93	56.53	60.32	10.62	98.77	99.54	101.4
Tamil Nadu	85.95	69.26	82.49	48.60	1.00	1.04	1.23	98.00	99.40	98.55	98.66	40.80	99.22	99.79	99.95
Telangana	81.48	66.43	62.89	35.70	0.99	1.01	1.17	98.65	92.20	92.74	92.92	27.77	97.83	93.64	101.69
Tripura	97.52	129.1	45.25	21.20	1.01	1.05	0.98	28.84	33.69	43.24	59.08	16.13	88.58	99.47	99.84
Uttar Pradesh	74.44	55.56	55.29	25.90	1.08	1.22	0.92	75.81	80.55	75.22	77.82	24.28	95.64	98.43	NA
Uttarakhand	81.36	67.60	76.62	36.30	1.00	1.01	1.05	79.98	73.45	92.33	93.83	19.41	94.70	95.78	NA
West Bengal	93.05	83.53	56.32	18.70	1.01	1.15	1.22	46.06	40.11	68.31	72.39	34.66	97.93	97.93	99.64
Andaman and Nicobar Island	74.68	65.46	71.27	21.80	0.94	0.93	1.04	99.36	99.01	98.94	98.95	28.06	98.80	100	100.72
Chandigarh	69.69	73.94	87.42	56.40	1.13	1.14	1.12	83.47	90.56	98.78	99.06	68.44	100	100	NA
Dadra and Nagar Haveli	82.27	66.68	44.26	9.10	0.93	0.92	1.16	96.41	92.70	91.94	89.93	78.61	99.42	100	100.87
Daman and Diu	73.09	63.76	34.08	5.20	1.12	1.14	2.21	95.8	88.98	93.31	91.12	42.66	97.90	99.27	102.90
Delhi	89.16	102.1	76.16	46.30	1.06	1.21	1.15	100	100	100	100	74.12	100	100	NA
Lakshadweep	69.73	66.91	88.52	7.60	0.90	0.87	0.89	100	99.40	100	95.56	40.00	100	100	100
Puducherry	63.73	53.68	65.83	45.40	1.10	1.16	1.38	99.61	99.48	99.07	99.00	45.16	97.95	99.71	101.41
All India	**82.53**	**72.62**	**56.50**	**25.80**	**1.02**	**1.10**	**1.02**	**77.85**	**78.57**	**83.69**	**87.24**	**33.07**	**95.83**	**95.44**	**97.84**

Source: SDG National Indicator Framework Progress Report, 2020 available at http://mospi.nic.in/sites/default/files/publication_reports/SDGProgressReport2020.pdf; NA refer to data 'Not Available'

3.5 CROSS-CUTTING SDGS WITH EDUCATION

Table 3.3 discusses the SDGs that have interlinkages with SDG 4 on education. It also reflects on the possible scope of intervention and collaboration for NGOs.

Table 3.3: Cross-Cutting SDGs with SDG 4 on Education

Various SDGs	Scope for Interlinkage with SDG 4	Scope for NGO Collaboration
SDG 1: End Poverty	• Poverty affects education of children • Poverty exacerbates child labour • Girls' education helps in breaking cycles of child marriage, childbearing, and health risks* • Education helps in eradicating poverty • Skill development helps in ending poverty	• Educational NGOs can collaborate with NGOs working on poverty, children, women, girls, skill development, etc. and implement programmes that eradicate poverty, prevent child labour, promote girls' education, create job opportunity for youth
SDG 2: Zero Hunger	• Hunger affects nutrition of children and ability to study • Provision of basic education to children on agricultural education* • Skilling youth on agricultural produce and marketing	• Supply of breakfast and noon-meals by NGOs to ensure nutrition • NGOs can train school children on producing their own vegetables for Mid-Day Meals • Can make evaluation of the effectiveness of cash transfer schemes and ICDS

Various SDGs	Scope for Interlinkage with SDG 4	Scope for NGO Collaboration
		• Can collaborate with agricultural NGOs to provide skill training to youth/college students • Support to youth for a career in agribusiness
SDG 3: Good Health and Well Being	• Awareness to school/colleges on healthy lifestyle and prevention of diseases • Training/counselling for youth on substance abuse, HIV prevention, etc. • Sex education to adolescents and youth	• Can collaborate with NGOs working on health to organize health campaigns • Organization of medical camps in schools • Provision of health card to children to take treatment for ailments (NICE Foundation) • Checking of school dispensaries and availability of medicines • Conducting counselling sessions for stress and mental health of children/youth
SDG 5: Gender Equality	• Empowerment of girls and women through education • Awareness session and campaign against gender discrimination • Working condition of female teachers • Promotion of gender-sensitive curriculum	• Training sessions with children/youth on women/girl rights and ways to ensure their rights • Training on gender-sensitive and gender stereotype curricula in schools • Campaign with boys/youth on gender sensitivity • Capacity building programmes for women in collaboration with NGOs working on gender and skill development (digital literacy, financial literacy, etc.) • Provision of scholarship to girls and running of residential facilities for girls
SDG 6: Clean Water and Sanitation	• School needs access to clean drinking water • School should provide access to clean and hygienic sanitary facilities • Provision of sanitary pads for girls • Concerns related to menstrual hygiene • Water management in schools/colleges	• Highlight the condition of schools on safety of drinking water, handwash facilities, availability of clean toilets for boys and girls, etc. • Financial support to schools for installation of ROs • Awareness programme for school girls on menstrual hygiene • Session with schools on saving water • Conduct session in schools/colleges on hygienic practices
SDG 7: Affordable Energy for All	• Energy use in schools/colleges • Promote use of solar energy	• Campaign on use of electricity and bio-gas plants for cooking meal • Establish tie-up with NGOs/industries working on energy to install solar plants in schools • Carry out study on the proportion of schools with electricity

Various SDGs	Scope for Interlinkage with SDG 4	Scope for NGO Collaboration
SDG 8: Growth, Employment, Work for All	• Skilling the labour force • Matching demand and supply of labour force	• Skilling youth on various fields through training programmes • Create network with industries to know job requirements, skill people, and offer placement • Establish linkage with banks for obtaining loans for petty business based on training • Provide skill training to SHGs • Carry out studies on the effectiveness of ITIs, labour force participation of women
SDG 9: Infrastructure, Industrialization, and Innovation	• Education to support industrial development and economic transformation* • Wireless telecommunication and education*	• Instituting awards to schools/institutions for innovative projects • Can collaborate with technical NGOs to set up the digital infrastructure • Organization of training workshops for youth in collaboration with industries
SDG 10: Reduced Inequality	• Lack of equitable access to education, giving rise to other forms of inequality • Equitable access to education • Inequality of opportunity in education* • Enhancing the learning experience of the disadvantaged*	• Strengthen public education through activities of implementation, advocacy, monitoring, etc. • Highlight inequalities created across various groups with privatization of education • Engage in fund mobilization to meet the educational requirements of marginalized (provision of books, stationeries, scholarship, residential facilities, etc.)
SDG 11: Sustainable Cities and Inclusive Human Settlements	• Strengthen people's understanding on warnings and disaster preparedness plans	• Organize mock drills in schools/colleges for disaster management
SDG 12: Sustainable Consumption and Production	• Consumer education	• Conducting awareness campaign for consumers • Public awareness campaign on the impact of unsustainable consumption
SDG 13: Climate Change	• Management of natural resources	• NGOs should engage in advocacy for building resilient and sustainable societies • Engage in development of modules related to climate change education and natural resource management in school curricula
SDG 14: Life Below Water	• Water pollution	• Campaign in schools, colleges on polluting water bodies
SDG 15: Life on Land	• Biodiversity concerns • Land usage	• Organization of camp in biodiversity parks, bird sanctuaries, etc. to integrate biodiversity concerns among students

Various SDGs	Scope for Interlinkage with SDG 4	Scope for NGO Collaboration
		• Workshop in schools/colleges on proper use of land for agriculture, aquaculture, and forestry
SDG 16: Peace, Justice, Inclusive Society and Institutions	• Building democratic ideals	• Organization of child and youth parliaments in schools/colleges to address their own problems • Training to NCC and NSS students, Scouts, Guide, etc. to address societal issues and problems • Training students of schools/colleges in providing legal literacy to the community
SDG 17: Global Partnership	• Insufficient financing for education	• NGOs can mobilize fund for educational projects to meet SDG 4 • Engage in public consultations to increase public investment for education* • Engage in discussion and dialogues with parliamentarians and highlight low financing measure adopted for education • Bring out reports on the effectiveness of private involvement or partnership in education by highlighting case studies

Source: * Vladimirova and Blanc (2015)

3.6 CURRENT STATUS ON EDUCATION: ACHIEVEMENTS AND GAPS

The new NEP 2020 is in alignment with SDG 4 and based on the goals and targets formulated under SDG 4. NEP 2020 has established the foundational pillars of the policy, which includes access, equity, quality, affordability, and accountability (GoI 2020b). The National Policy on Education (NPE), 1986, apart from highlighting key issues to promote education, also advocated for the adoption of a participatory approach for educational management. Building a partnership between government and non-governmental organizations was repeatedly endorsed by policy makers. NPE 1986 considered the goal of EFA as unachievable without the active involvement of civil society. Thus, NGOs have been found to be playing an instrumental role in provision of education right from the 1980s.

Philanthropic approach towards education provision in India has been in existence for a long time. For NGOs to play an effective role in the provision of education, it is critical to have an understanding of the education scenario in the country. This section provides a snapshot on the progress made on the education front, and highlights the achievements and gaps in various levels of education.

Snapshot on the Progress Made in Education Provision

Education plays a major role in deriving multiple benefits, which include: (i) improving the quality of life, (ii) enhancing economic opportunities and employment prospects, (iii) strengthening the voice of people, (iv) tackling issues related to health, (v) bringing about a change in public perception on human rights, (vi) making a difference to the understanding and use of legal rights, (vii) enhancing the voice and power

of women in family decisions, (viii) making a big contribution in reducing inequalities related to divisions of caste and class, and (ix) the process of learning itself being more enjoyable and engaging and add to quality of life (Dreze and Sen 2013). Understanding the strategic importance of education, the framers of our constitution and the policy makers of this country have taken various measures from time to time to strengthen the education system of India. Table 3.4 gives a picture of the key milestones that India has seen since independence.

Table 3.4: Measures towards Education in India: Milestones

Approach of Five-Year Plans (FYP)[i]	• Emphasis was on institution building, increasing enrolment, distribution of text books, etc. from the 1st to the 5th FYP period • Emphasis of second FYP was on conversion of elementary to high schools and high schools to secondary schools, training of teachers and strengthening multi-purpose schools • From the 6th to the 8th FYP period, attention was laid on universalization of elementary education, which was pursued under the Minimum Needs Programme[ii] • The 6th FYP made an emphasis on skill development for the first time, and highlighted the need to provide relevant basic skills to youth through work and service • The 7th FYP encouraged skill-based programmes through Shramik Vidyapeeth and Nehru Yuva Kendras • The 7th FYP emphasized on the need to reform higher education based on national needs and economic development and also on the educational access of weaker and backward sections through provision of scholarship, reservation and hostel facilities • The 10th FYP promoted the participation of private sector in the management of universities and colleges • Major objective of 11th and 12th FYP towards higher education was expansion, equity, or inclusion and excellence or quality • After the 12th FYP, PPP has been the preferred mode of the government in education provision • Even till 8th FYP, welfare-oriented approach of government was visible and the government took the sole responsibility in meeting educational goals • The 8th and 9th plan periods emphasized on the role of community and NGOs respectively in attaining the local educational needs • The 10th plan for the first time emphasized on private involvement and stated that 'synergetic public–private partnership' should be built not only for mobilization of resources, but also for education management • The 11th plan emphasized that public–private partnership would encourage innovation in education, which the government schools lack • Three Year Action Agenda of NITI Aayog suggests measures such as education voucher, purchasing of schooling services, and handing over of poor performing government schools to private players[iii]

Right to Education Legislation	• Free and compulsory education was brought under Article 45 of the Directive Principle of State Policy in 1950
	• Education was made a fundamental right by the 86th Amendment to the Constitution in 2002 by inserting Article 21 A
	• Enactment of the Right of Children to Free and Compulsory Education Act in 2009
	  ▪ Emphasis on no detention policy
	  ▪ Reservation of 25% seats for the economically weaker sections (EWS) in private schools

Policy Measures	**National Education Policy, 1968** • Emphasis on common school system • Structure of education with patterns of 10+2+3 • 6% of GDP to be spent on education **National Policy on Education, 1986 (NPE)** • Emphasis on non-formal education • Universalization of education at primary level through market-driven narrow approach • Privatization in school education • Emphasis on common school system • 6% of GDP to be spent on education • Emphasis on participatory approach for education management **New Education Policy, 2020** • New structure of education with pattern of 5+3+3+4 (inclusion of pre-school with school education has been done for the first time in the country) • Accords priority to achieving foundational literacy and numeracy • Encouragement of philanthropic fund for school education • Promotion of privatization and corporatization in education system[iv] • Consolidation of small schools • Removal of common school system • Emphasis on 6% of GDP for education along with emphasis on gender inclusive fund

Source: (i) various FYP documents; (ii) Balakrishnan, Dubey, and Jha 2008; (iii) Ramamurthy and Pandiyan 2017; (iv) Government of India 2017

On the whole, the emphasis of the new NEP 2020 is on flexible learning opportunity for students; elimination of hard separations between arts and science, curricular, and extra-curricular activities, vocational and academic activities; promotion of conceptual understanding, rather than rote learning; creativity and critical thinking; constitutional values of empathy, respect, equality, justice, etc.; equity and inclusion in educational decisions; resource efficiency, etc. (GoI 2020). Similar to the concerns highlighted in SDG 4 targets, NEP 2020 also emphasizes the significance of vocational knowledge and has made provision to integrate it in the mainstream courses (Singh and Rayee 2020). However, though free and compulsory education is stipulated in SDG 4 and India has a landmark legislation of the RTE Act 2009, the new NEP 2020 fails to adopt a holistic approach that is provided for in the RTE Act. Rather than focussing on the narrow definition of the purpose of education, i.e. the knowledge of literacy and numeracy, as highlighted as the learning crisis in NEP, the focus should be on adopting a holistic approach, provided in RTE Act, which includes building of the necessary infrastructure, recruitment of teachers, and training, improvement in curriculum and pedagogy (Dubey 2021).

In addition to policy measures, various programmes and schemes were implemented by the government to strengthen the education system. Table 3.5 highlights the current educational schemes and programmes in India, along with the corresponding budgetary allocation for the programmes.

In reaping the multiple benefits, though measures are taken in India to strengthen the education system, the efforts are inadequate. There is a need for a radical shift in public policy in education, in supplementing the development efforts of India (Dreze and Sen 1996).

Table 3.5: Current Educational Programmes and Schemes in India

Programmes and Schemes	Launched	Purpose	Budget Allocated in crore (2020-21)
Education and Skill Development			
Sarva Shiksha Abhiyan (SSA), RMSA merged with Samagra Shiksha Abhiyan	2001, 2009, 2018	To provide universal education to children between the ages of 3 to 18 years; also vehicle to implement RTE Act	31,050
Mid-day Meal (MDM)	1995	To improve the nutritional status of school age children in the age group of 6–14 years and prevent drop out	11,500
NEM, Rashtriya Uchhatar Shiksha Abhiyan (RUSA)	2013	To provide strategic funding to eligible state higher educational institutions	3000
Pradhan Mantri Kaushal Vikas Yojana	2015	To enable large number of Indian youth to take up industry-relevant skill training to help them secure a better livelihood	-
Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)	2014	To transform rural poor youth into an economically independent and globally relevant workforce	-
National Skill Development Mission	2015	To create convergence across sectors and states in terms of skill training activities	-
NAPS/NATS	2018	For improving apprenticeship opportunities	3000
World Class Institutions	2016	To establish 10 World Class Institutions each in public and private sectors, to achieve highest levels of global excellence in teaching and research	
Girls Education			
Beti Bachao Beti Padhao	2015	This has been merged with the Shakti Scheme in the Union Budget 2021	Initially 100 crore and no budget allocation for union budget 2021
Kasturba Gandhi Balika Vidyalaya	2004	Residential and schooling arrangements for girls so that they are able to access their right to education	
National Scheme of Incentive to Girls for Secondary Education (NSIGSE)[15]	2008	To promote enrolment and reduce drop out of girls belonging to SC/ST communities in secondary schools and ensure their retention up to 18 years of age	1

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[15] Similar such programme, called Kanyashree Prakalpa, is being implemented by the Government of West Bengal, which was launched in 2013. It is a conditional cash transfer scheme with the aim to improve the overall wellbeing of adolescent girls (13–18 years) by incentivizing their education to ensure transition of girls into higher education and delaying the marriage age of girls till they complete 18 years of age (has reference to SDG 5).

Programmes and Schemes	Launched	Purpose	Budget Allocated in crore (2020-21)
SCs, STs, and others			
Eklavya Residential Model School	1997	Residential and schooling faculties for ST students primarily	1418
Pre-Matric Scholarships for SCs and STs	2012	Scholarship to SCs and STs children studying in Class IX and X	1125
Scholarships for Children with Disability	2012	Financial assistance for pursuing higher and technical education for students with disabilities	125
Education Scheme for Madrasas and Minorities	2009	Welfare and upliftment of the minority community	485

Source: Various Ministry Documents/Budget Documents (CBGA, various years)

Educational Achievements, Gaps, and Scope for NGO Intervention

Over the years, there has been considerable progress at all levels of education and also in skill development. The literacy rate of males and females, which was 27.61 per cent and 8.86 per cent in 1951, has gone up to 82.14 per cent and 65.46 per cent respectively, in 2011. However, the gender gap in literacy still persists with a gap of 17 per cent in comparison to male literacy. In terms of public spending on education, it can be noted that the percentage of GDP spent on education in 1950–51 was 0.64 per cent, which rose to 3.80 per cent in 1991–92. However, the figure has stagnated after that and the expenditure on education as a percentage of GDP is only 3.1 per cent in 2011.

In terms of educational achievements, it can be stated that over the years there has been a steady increase in the enrolment rate and considerable drop in the dropout rate. In general it can be observed that the school enrolment figures are grossly inflated and Dreze and Sen (1996) observe that statistics of this kind can easily lead to over-optimistic assessments of India's record in the area of education. However, the enrolment rate at the secondary and higher secondary levels is considerably low in comparison to the primary and upper primary enrolment, which also highlights that the transition rate is low. In terms of higher education, though the higher education system of India is large, it caters only to a meagre proportion and the gross enrolment ratio in 2011 was only 20.8 per cent. Tilak (2018) observes that a gross enrolment ratio of 30–40 per cent is the threshold level for a country to take-off and enter the stage of advancement. The following section summarizes the achievements and gaps on the key areas of education identified in SDGs.

Pre-Primary Education: Achievements and Gaps

Achievements	• State administered ECCE programme, ICDS is over four decades old with a network of about 1.4 million Anganwadi centres[1]
Gaps	• 20 million children in India in the age group of 3–6 years are not in pre-school as per the estimate made by the UNICEF study[1]
Scope for NGO Intervention	• Running of crèches to prepare kids for schooling • Providing training to Anganwadi workers

Source: UNICEF (2016)

Elementary Education: Achievements and Gaps

Achievements	• Attainment of high enrolment rates • Implementation of innovative schemes such as Shiksha Karmi, LokJumbish, MDM, Operation Blackboard, District Primary Education Programme (DPEP) between 1980s and 1990s to improve physical infrastructure, access, enrolment, retention, etc. • Focus was on overcoming obstacles of teacher absenteeism, high dropout rate, low motivation, and competence of teachers • SSA became the main vehicle for implementation of UEE in 2001 • Government's promise ensures universal and equitable education
Gaps	• Still India is home to 4.5 crore out of school children[3] • High dropout rate among SC/ST children and girls[1] • Low attendance rate of SC/ST and Muslim communities and children from rural areas[1] • Dismal quality of education • PISA score of India is 72, out of the 74 participating countries • Inadequate physical infrastructure, low classroom activity, stultifying teaching methods, shortage of teachers, teacher absenteeism, poor student attendance[6,7] • Lack of political commitment • Privatization of education affects universalization and equalization • Differential access due to privatization • Practice of appointing contractual teachers to avoid huge pay involved in recruiting regular staff • Government action is towards privatization and dismantling of public education system • Focus of learning outcome is restricted to the extent of reading and writing and the ability to perform mathematics and wider and lifelong purpose of learning is missed out • Inadequate allocation of finance for execution of programmes
Scope for NGO Intervention	• To de-commodify education, NGOs can promote people's participation in education, so that education does not deviate from the purpose of equity, equality, and social justice • Organize campaign to resist handing over of government schools to private companies to the detriment of equitable access to education • Bridge course can be conducted for out of school children • Mobilization of fund for implementing relevant SDGs • Documentation and advocacy on inadequacy in education provisions • Dialogue and discussion with policy makers, parliamentarians, think-tanks on the challenges in education

Source: 1 UNICEF (2016); 3 Dubey et al. (2018); 6 De et al. (2011); Dreze (2017)

Secondary Education: Achievements and Gaps

Achievements	• Emphasis on secondary education was from 2nd FYP. It focused on conversion of elementary to high schools and high schools to higher secondary schools, training of teachers • RMSA was launched in 2009 to promote access and quality in secondary education • Focus of RMSA was on ensuring physical facilities and teacher availability, arranging transportation and residential facilities, removing gender, socio-economic and disability barriers

Gaps	• 86% of the youth in the age group of 14–18 years are in formal education system, of which only 25% can read a basic text in their own language and only 57% can do simple divisions[4]
	• Secondary education of the marginalized sections such as SCs, STs, girls, Muslims, etc. is still a distant dream
	• Key concerns included: slow progress in infrastructure development, carrying out professional training of teachers as a ritual; lack of teachers' pool to fill vacancies on time; underutilization of funds; adverse pupil–teacher ratio (PTR); limited use of ICT[5]
	• Privatization of education affects universalization and equalization
	• Practice of appointing contractual teachers to avoid huge pay involved in recruiting regular staff
Scope for NGO Intervention	• To de-commodify education, NGOs can promote people's participation in education, so that education does not deviate from the purpose of equity, equality, and social justice
	• Organize campaign to resist handing over of government schools to private companies
	• Bridge course can be conducted for out of school children
	• Documentation and advocacy on inadequacy in education provisions
	• Dialogue and discussion with policy makers, parliamentarians, think-tanks on the challenges in education

Source: *4 ASER (2018); 5 Mishra (2015).*

Higher Education: Achievements and Gaps

Achievements	• The 7th FYP emphasized on bringing about reforms in higher education based on national needs and economic development
	• Emphasis was on the educational access of weaker and backward sections through provision of scholarship, reservation, and hostel facilities
	• RUSA was launched in 2013 to revive the state institutions for higher education
	• Emphasis of RUSA has been on improving quality of institutions, correct regional imbalances in access to higher education, and improve equity
Gaps	• Gross enrolment rate for the age 18–23 years is 25.2 %
	• Low enrolment rate of the marginalized sections
	• Lack of fund
	• Crumbling infrastructure
	• Shortage of qualified faculty
	• Corrupt practice or favouritism in faculty recruitment[10]
	• Low remuneration of faculty
	• Mushrooming of private involvement in the management of universities and colleges, affecting equal opportunity of all
	• Differential access due to privatization
	• After the 1970s, measures of the government towards consolidation of higher education resulted in reduced enrolment and public expenditure on higher education[8]
	• Inadequacy of financing has led to problems such as falling standards and quality, growing inequalities, and increasing reliance on student fees and loans[8]
	• Quantifying of academic output in teaching and research through performance-based appraisal system (PBAS) restricts the academic freedom of teachers[10]
	• Proliferation of publishing industry and sub-standard publications[12]

Scope for NGO Intervention	• Documentation and advocacy on inadequacy of education provisions • Documentation and advocacy on the implication of private involvement in higher education • Highlighting corrupt practices in recruitment through verification exercise • Capacitating the faculty through faculty enrichment programmes • Highlighting the loopholes in higher education in terms of proliferation of publishing industry, through stock-taking

Source: *8 Tilak (2003); 10 Chattopadhyay (2016); 12 Ahmed (2016)*

Adult Education: Achievements and Gaps

Achievements	• Implementation of Total Literacy Campaign (TLC) and National Literacy Mission • Establishment of non-formal centres to increase adult literacy
Gaps	• India is home to 287 million illiterate adults, which is 37% of the global total[2] • India is ranked 123rd out of 135 countries in female literacy rate[2] • Existence of gender disparity in literacy rate • Lack of relevant training materials on specific aspects of TLC • Lack of proper monitoring, evaluation, and documentation
Scope for NGO Intervention	• Implementation of programmes and campaigns to promote women's literacy • NGOs can implement the Schemes of Continuing Education encompassing removal of residual illiteracy, individual interest programmes, skill development, rural libraries, etc. that would allow for opening of Continuing Education Centres in every major village • Capacitate state resource centres • Organize vocational and technical education programmes for neo-literates

Source: *Oxfam (2015)*

Skill Development: Achievements and Gaps

Achievements	• Kothari Commission emphasized on integration of work experience in school, which should involve simple handwork at lower primary, craft in upper primary, workshop in secondary, and work experience in higher secondary stage[14] • Skill development was emphasized for the first time in the 6th FYP, which was regarded as a measure for youth development; it highlighted the need to provide relevant basic skill to youth through work and service • Skill-based programmes for the youth was encouraged through Shramik Vidyapeeth and Nehru Yuva Kendras • Vocational education gained attention in the 1970s and 1980s to enhance employment opportunities[9] • National Skill Development Policy was framed in 2009 for the first time and was revised in 2015 • National Policy for Skill Development and Entrepreneurship was framed in 2015, which regarded skill development to be a shared responsibility of government, corporate sector, industry, trade unions, CBOs engaged in skilling • Policy emphasizes on integrating skilling with formal education, providing high order skilling through advanced training institutes and multi-skilling institutes through PPP mode, encourage corporate sector to spend 25% of CSR on skill development, provide loan for skilling and skill vouchers[15] • Pradhan Mantri Kaushal Vikas Yojana (PMKVY) was launched in 2015 to provide industry relevant skill training to youth and enhance their livelihood opportunity

Gaps	• Due to deteriorating quality of higher education, supply of human resources does not match skill set demanded by employers[9]
	• Rigid curriculum and rote learning practice in vocational education training (VET)[16]
	• Inability of schools to form linkage with industry, which will provide opportunity for on-the-job training to students[16]
	• Lack of opportunity to students to know about the kind of demands for job requirements[16]
	• Fragmentation of non-formal VET system[16]
	• Skilling institutes fail to meet the needs and aspirations of trainees[17]
	• Lack of interaction between lower and higher level Technical and Vocational Educational Training (TVET) institutes[17]
	• High involvement of private players in skill development programmes after the formulation of National Skill Qualification Framework (NSQF)[17]
	• National Skill Development Corporation (NSDC) and Sector Skills Councils (SSC) have promoted for-profit business model for engaging training providers or training partners
	• Skill India Mission may lead to deskilling of India and force crores of skilled workers working in unorganized sector to work for lower wages[18]
Scope for NGO Intervention	• Counselling workshop with students on demands of markets
	• Providing need-based skill development programmes
	• Capacitating youth with required skills
	• Highlighting the gap in demand and supply of labour to the government through evaluation studies

Source: 9 Balakrishnan, Dubey, and Jha (2008); 14 GoI (1966); 15 GoI (2015); 16 Mehrotra and Mehrotra (2020); 17 Mehrotra (2014); 18 Sadgopal (2016)

Education of the Marginalized: Achievements and Gaps

Achievements	• It was only from 8th FYP attempt was made to make education inclusive
	• Emphasis was laid on the secondary education of the marginalized sections viz. SCs, STs, girls, rural areas, etc. and measures such as re-entry of discontinued children to secondary schools, option of open schools to children with limited access to schools, provision of hostel facilities to children from remote and tribal areas, etc. was implemented[3]
	• On the front of higher education, educational access of the weaker and backward section was emphasized during the 7th FYP and was promoted through provision of scholarship, reservation, and hostel facilities
Gaps	• Lack of gender friendly environment for studies
	• Privatization of education at school and higher education levels has restricted the access of poor and the marginalized
	• Discrimination in filling up of vacancies in central universities and under-representation of marginalized sections in faculty recruitment is found in IITs, AIIMs, etc.[11]
	• Lack of will in implementing the mandatory reservation policy in faculty recruitment
	• Higher education of the marginalized section is not subsidized, rather left to profit-seeking private players through offering of student loans[13]
Scope for NGO Intervention	• Provision of scholarships to the marginalized children
	• Running of residential facilities for marginalized
	• Capacitating the children through education centres
	• Advocacy on the discriminatory practices

Source: 3 Dubey et al. (2018); 11 Gatade (2012); 13 Tilak (2018)

3.7 COVID-19 IMPACT ON EDUCATIONAL ACHIEVEMENTS

As discussed in the previous section, though over the years considerable progress has been made in education and skill development, the current COVID-19 pandemic across the world has caused a setback in the progress, causing a severe blow to the achievements made in education. In India, where millions of children, particularly from marginalized background were already out of school, COVID-19 has aggravated the educational inequality. The general impact of COVID-19 crisis has been in terms of loss of livelihood, psychological stress, ill-health and mortality, loss of human relations, gender and racial inequality. Such indirect impacts of COVID-19 has negatively impacted education, causing long-term consequences, including problems of child labour, increased dropout rate from school, trafficking, increased violence against children, impact on psyche of children, disinterest in studies, child marriage, lack of access to educational facilities, non-availability of educational tools (e-learning), etc.

Lockdown and closure of schools and educational institutions for a longer period not only impacted the learning levels of children, but also pushed millions of children into labour force. While the Annual Status of Education Reports (ASER) consistently records a severe learning shortfall among primary school children, the pandemic is likely to increase this immensely. Further, this pandemic has severely affected the health and nutritional intake of children, especially from poor, vulnerable, and marginalized background because of non-availability of mid-day meal. The repercussion of COVID-19 on girls is even more precarious. As highlighted in a UNICEF report on COVID-19, up to 10 million more girls are at the risk of becoming child brides as a result of the pandemic over the next decade (UNICEF 2021). Based on the evidence of past epidemics, the UN policy brief on the 'Impact of COVID-19 on Women' states that the adolescent girls are at particular risk of dropping out and not returning to school even after the crisis is over (United Nations 2020). Similarly,

a recent report of Malala Fund estimates that as many as 20 million secondary school-aged girls would be out of school following the COVID-19 crisis (Malala Fund 2020a). It further highlighted that post-Ebola in Sierra Leone, Guinea and Liberia, the increased rates of poverty, household responsibilities, child labour, teenage pregnancy prevented many girls from returning to the classroom (Malala Fund 2020b) and the current pandemic also may cause similar long-term consequences.

In this new normal, across the world, there is a shift to online mode of teaching and learning. However, there exists digital divide and a huge gap between the haves and the have-nots. E-learning options are likely to deepen educational inequity, given the current context, wherein only 42 per cent of the urban households and 14.9 per cent of rural households have access to Internet facility (GoI 2019). On the one hand, financial constrains are making parents struggle to get digital devices to support the learning of their children, on the other hand, digitally illiterate parents are not able to facilitate the online learning of their children. Teachers with IT skills who can teach online are also on short supply and, in some cases, they themselves are digitally handicapped. In such a situation, student's ability to learn is gravely affected.

In crux, the negative impacts of COVID-19 crisis include the following:

- Sudden shift of migrating labourers along with families and disruption of education of those displaced children (Adhikari *et al*. 2020)
- Mortality of parents and relatives, affecting the mental health of children
- Adverse effect of lockdown on the livelihood of families and the subsequent dropout of children from schools (PRADAN *et al*. 2020)
- Economic and social vulnerability of children
- School closures and the resultant effect on education of girl child, child labour, child marriage, violence against children,

- teenage pregnancy, trafficking, and disinterest in studies, lack of access to educational facilities, non-availability of educational tools (e-learning), nutritional meal through MDM, etc.

- Sudden shift to online teaching and the associated problems of digital divide (Sahni 2020; Sudevan 2020)

- Reduced spending on educational schemes by the government and severe cuts on the budget and diversion of such funds to COVID-19 care

3.8 NGOS' ROLE IN EDUCATION AGENDA OF SDG

NGOs are of various types; they can be development organizations or local grassroots organizations. Based on their area of operation, different NGOs work on the different goals and targets of SDGs. While NGOs working at the national level may be aware of the components of SDGs, there is a high probability that some NGOs at the regional and grassroots levels may not be cognizant about them. The knowledge gap that exists at the ground level can be bridged by middle-level NGOs. Through different modes of operation, such as dialogues, meetings, consultations, training workshops, etc. the middle-level NGOs can help in translating the goals and targets that exist in abstract forms into workable plans and actions at the local level. For this, these NGOs need to identify and address the key concerns. In this section, NGOs role in localizing the SDGs has been discussed.

Awareness Generation: NGOs play a significant role in spreading awareness on areas of concern to the public or the community. At present, many NGOs are operating at the grassroots level and engaged in spreading awareness amidst communities and parents on the importance of education. They provide counselling to parents whose children have dropped out of school for various reasons, including taking care of household chores, working in small industries/factories and engaged in other jobs, migrating to other states for work, etc.

Example of such NGOs include Save the Children, World Vision, Don-Bosco Beatitudes in Tamil Nadu. Information dissemination to the community can be in various forms. The NGOs can inform the public or the community on the progress made by government on a policy or programme and make the policy process more transparent in the process (Hege and Demailly 2017). In other times, the NGOs can spread awareness amidst the community on the SDGs and education-related SDGs such that citizens too can be oriented to make their own contribution. Eventually when the community starts working on certain key issues, then there is more scope to ensure that the government or the NGOs become more accountable. For example, PKPI in Tamil Nadu is a grassroots movement to save public school education. This initiative aims to build community awareness in activating the School Management Committees (SMCs). There are also NGOs who engage in generating awareness among parents, teachers, students, etc. They are engaged with the petty businesses and industries to check child labour in the organization. Other NGOs are engaged in promoting child-friendly schools or campus through their interventions in various schools.

Implementing Programmes: There are already NGOs who are engaged in supporting government educational programmes and schemes such as ICDS, MDM, SSA. They conduct bridge courses for children who have dropped out of school and provide them basic education. These NGOs attempt to mainstream the students in age-appropriate classes, thus supplementing the SSA. There are other NGOs involved in preparing and distributing mid-day meals to government schools. For example, Akshay Patra, Naandi Foundation. Many work towards encouraging the efforts of government schools in providing quality education. They encourage government schools by giving awards and other recognitions including best performing schools and best performing teachers (e.g. Anand Shaala in Bihar). NGOs such as Bodh Shiksha Samiti, ICICI Foundation in Rajasthan are engaged in strengthening the curriculum of school and the training material of teachers.

Table 3.6: Role of NGOs in SDG 4

SDG	Implementation (Service Provision)/Awareness Generation	Advocacy (for Children, Women, Vulnerable, Disabled)	Capacity Building	As a Watchdog in Tracking SDGs/ Monitoring
Pre-Primary Education	• ICDS: Supply of nutritional meals to children • Prepare below 5-year children for schooling • Running of crèche	• Advocacy on lack of opportunities to children for pre-schooling	• Capacity building of Anganwadi workers	• Monitoring the functioning of Anganwadi Centres

Elementary and Secondary Education	• Implementation of educational programmes and schemes
	  ▪ Samagra Shiksha Abhiyan
	  ▪ SSA
	  ▪ RMSA
	  ▪ MDM
	• Strengthening teacher training institutes
	• Provide scholarships to SC/ST/OBC and vulnerable
	• Scholarship for children engaged in unclean occupation and those prone to health hazards
	• Free coaching for SC/ST students
	• Hostel for SC/ST and OBC students
	• Tracking of child labour and mainstreaming in schools
	• Running of residential schools for destitute children, orphans, street and pavement dwelling children
	• Development of educational content and CDs for children (APF)
	• Supply of teaching aids, labs, etc. (Altius Foundation in Tamil Nadu)
	• Education of girl child (Study Hall Foundation/Prerna in Uttar Pradesh)
	• Non-formal education programmes (Salaam Balak Trust, Delhi): homeless children are given shelter, provided non-formal education, and mainstreamed in regular schools
	• Running of residential schools for destitute children, orphans, street and pavement- dwelling children (Don Bosco Beatitudes, Chennai and Parivaar Ashram, West Bengal) covers children of tribal areas where starvation and malnutrition are rampant
		• Advocating on the issues of child labour, child marriage, child prostitution and child trafficking and mainstreaming children (Bachpan Bachao Andolan)
		• Advocacy related to lack of resources in implementing education policy and schemes
		• Advocacy related to provisions of RTE Act that is not implemented
		• Advocacy related to drop out of girls/boys/COVID-19 impact on education
		• Advocacy related to teacher quality and teacher recruitment
			• Training of teachers
			• Development of educational content for teachers (Bodh Shiksha Samiti)
			• Bridge course for drop-out children (Don Bosco Beatitudes)
			• Awareness campaign with parents
			• Integrated education programme for visually impaired children that teaches Braille, provides instructional aids, arranges resources, and counsels families (Nation for the Blind (NAB) in Mumbai) (CII, 2013)
			• Education of hearing-impaired children (Ashray Akruti in Andhra Pradesh)
				• Ensure that Provisions related to free education in RTE Act is implemented
				• Highlighting the gaps in education policy among policy makers and practitioners
				• Highlighting the concerns at the local and state level to the national and international forum
				• Track whether targets related to SDG 4 are achieved by undertaking evaluation of the same
				• Rapid Assessment surveys on COVID-Impact, Out of School children (RTE Forum, Child Fund)

Technical/ Vocational/ Tertiary Education or Higher Education or Skill Development	Implementation of: - Provisions of scholarship for university/college students - Conduct technical education quality improvement programme - Provision of free coaching for minorities - Implement skill development programmes - Nai Manzil - Kaushal Vikas Yojana - Arrange placements for youth in partnership with local industries, organizations, and other private firms - Provision of support to youth for availing educational loans, taking up entrepreneurship as a career, etc.	- Documentation and advocacy on inadequacy in education provisions - Dialogue and discussion with policy makers, parliamentarians, think-tanks on the challenges in education	- Capacitating the faculty through faculty enrichment programme - Capacitating youth and adult on basic skills such as IT literacy, life skills, employability skills, etc. - Running training programmes for youth on nursing, tailoring, beauty and wellness, sewing, stitching, etc. (Yuva Junction Initiative of AKRSP)	- Highlighting corrupt practices in recruitment through verification exercise - Highlighting the gaps in meeting reservation policy in recruitment of faculty - Highlighting the loopholes in higher education in terms of proliferation of publishing industry, through stock-taking - Based on their grassroots experience, sharing of push and pull factors with policymakers
Adult Education	- Implement: - Sakshar Bharat - Vanbandhu Kalyan Yojana (Development of vulnerable tribal groups) - Scheme for Youth Development and Education - Campaigns to promote women's literacy - Organize vocational and technical education programmes for neo-literates	Advocacy on adult literacy	- Capacitate state resource centres - Run centres to provide adult literacy	Monitoring adult literacy programmes through evaluation
Education of the Marginalized	- Provision of scholarship for SC, ST, OBC, minorities, and other vulnerable students - Run vocational training centres in tribal areas	Advocacy on the discriminatory practices	Capacitating the children through education centres	Ensure whether poor and vulnerable are covered under the national and state education programmes and schemes

Source: Prepared by CSD

Figure 3.1: Possible Interventions of NGOs

Awarness Generation	• Awareness Campaigns on Right to Education (RTE) • Awareness campaign with parents
Implementation	• Improving the learning activities for children • Running Learning Resource Centres • Maintaining mini libraries in schools and other public places • Improving basic infrastructure such as drinking water and sanitation in schools (SDG on Sanitation)
Advocacy	• Sharing of grassroots experience with policy makers • Advocacy related to drop out of girls/boys/COVID-19 impact on education • Advocacy related to social issues such as migration, broken family system, etc. • Advocacy related to gaps in demand and supply of workforce
Monitoring-Watchdog	• Tracking whether target set is achieved or not • Ensure whether poor and vulnerable are covered under the national and state education programmes and schemes • Track whether targets related to SDG 4 is achieved by undertaking evaluation of the same
Capacity Building	• Capacity building of teachers on pedagogy, learning material, community engagement, learning assessment, etc. • Capacity building of SMCs • Capacity building of Anganwadi workers • Training of youth
Interventions for Marginalized	• Ensuring whether scholarships to SC/ST and other vulnerable groups are properly provided • Ensure access has been provided to poor and vulnerable

Source: Author's Compilation.

Advocacy: As SDGs are internationally agreed upon goals and targets, NGOs use them as tool for advocacy in order to legitimize their claim in their area of operation. Some NGOs are engaged in highlighting the gaps in the implementation of government programmes and schemes, and throw light on the requirements of making more financial allocation or on the need to address core concerns. Others such as RTE Forum, CRY, Child Fund, etc. through their stocktaking report and rapid assessment surveys, highlight the need to focus on the implementation of RTE Act or the need to address the concerns related to school closure because of COVID-19 and the resultant dropping out from the education system. The document on the analysis of budget by the Centre for Budget and Governance Accountability (CBGA) gives an understanding on the requirement to pump more finance on several key areas. Most of these organizations or NGOs consider SDGs as advocacy tools and focus on their area of interests to strengthen their arguments.

Capacity Building: NGOs can provide training to government officials, panchayats, and other grassroots organizations on the SDGs and how these can be integrated in their activities. Many NGOs are already engaged in capacity-building exercise. For instance, RTE Forum

organizes capacity-building programmes for SMC members so that their awareness can be built and capacitated enough in raising concerns related to school in the SMCs. Some NGOs also undertake training programmes for teachers on pedagogy, leadership, etc. and teaching enhancement programmes for children in order to enhance their capabilities. In Ganganagar village, Gujarat, the AKRSP holds meeting with parents and collects parents' mobile numbers to create a WhatsApp group in which educational materials are circulated to promote children learning (AKRSP 2017).

Monitoring: NGOs make the government and other players accountable by monitoring their activities and playing the role of a watchdog. They closely follow and participate in the policy process related to SDGs. NGOs can also monitor the commitments of the government and private players and verify whether their acts are in line with the commitments made.

Interventions for Marginalized: NGOs play a major role in reaching the excluded and the marginalized in terms of education provision and thus supplement the role of the government. The educational needs of girls, disabled, and vulnerable children such as children on the streets, poor children, working children, etc. are addressed by these NGOs. Some NGOs are engaged in undertaking various interventions at the grassroots level to support the educational needs of children, youth, and adults. For instance, there are many NGOs across the country who are engaged in organizing reading sessions in slums, provision of vocational training in rural areas such as beautician course, and other skill development course such as computer course, spoken English, etc. Example includes the Aga Khan Rural Support Programme (AKRSP) in Bihar, Madhya Pradesh, and Gujarat. Some of the programmes of AKRSP include school improvement programme, learning and migration programme, Anganwadi improvement programme, running early childhood development centres, offering support to meritorious students from tribal communities for school education, higher education, community, and local governance engagement in education (AKRSP 2017).

NGO Interventions in Addressing COVID-19 Challenges: With the active collaboration of government, private sector partners, and the community, NGOs can play an important role in addressing the COVID-19 challenges and bring back things to normalcy. In order to address the COVID-19 challenges, Room to Read has undertaken various interventions such as reach out to children to cope with COVID-19 suffering and losses; provide crucial safety information to families and children; provide educational resources and use remote learning methods such as at-home literacy kit, parent handbook, read aloud videos, radio and video programme, interactive voice response story-telling, etc.; provide life skill training to adolescent girls through social mobilizers; provide distance learning via channels and distribute hard copies of educational material, where Internet connectivity is poor; provide mentoring to girls by phone to support them emotionally, etc. (RoomtoRead 2020). Similarly, Delhi-based NGO, Hope Foundation, launched 'Schools on Wheel' initiative to provide education through mobile buses to children who are not able to access digital medium of education (Tandon 2021). Some NGOs with the support of state government also provide access to digital learning resources in the form of computers and Internet access to the vulnerable section. Thus as highlighted by a recent report of Malala Fund, various proven approaches can be implemented by NGOs; these include provision of inclusive and low-tech learning materials, launching back-to-school campaigns, scaling up cash transfers, undertaking re-enrolment initiatives, training teachers to provide psychosocial support, and remedial learning to those returning to the classroom (Malala Fund 2021). NGOs can also engage in bridging the digital divide that has widened in the post-pandemic times through various other ways. For instance, Miracle Foundation has launched the 'Keep Kids Connected' educational campaign under which tablets are provided to children in India to help them continue with their education. The tablets are preloaded with educational material and Wi-Fi cards so that children can get connected remotely with their schools and teachers via Zoom (Dhall 2021).

Smile Foundation, through its initiative 'Shiksha Na Ruke', provides underprivileged children with access to continuous learning through the provision of electronic devices, training teachers for virtual learning, curating educational content suitable for digital platforms, and ensuring mental well-being through individual mentoring sessions (Dhall 2021). Pratham through its initiative '*Karona, Thodi Masti, Thodi Padhai'* provides hands-on learning activities and educational content to parents on a range of subjects, which is then shared through a series of curated SMS and WhatsApp messages in 11 languages (Dhall 2021). Such measures can be undertaken by other NGOs as well.

Working with Key Stakeholders

In taking SDGs to the ground level, NGOs can actively create a collaborative environment and work with various stakeholders. Sometimes the collaboration can be with the government in implementing SDG-related programmes and schemes and at times it can be with the private sector in mobilizing the needed resources for implementing SDG programmes. There are also instances where the collaboration can be with panchayats or the community to create awareness generation on the SDGs amidst the grassroots. Collaboration with a broad range of NGOs working on cross-sectoral areas can also help in implementing the SDGs. The NGOs can also create linkage of NGOs working on SDG agenda with the government, so that it leads to better inclusion of these organizations in the national or state implementation process (Hege and Demailly 2017).

Working with Government

NGOs generally enjoy a state of open collaboration with the government in developed countries and there are many NGOs in India that work with the government at the central, state, and local levels. Various factors such as mode of functioning of NGOs, the effectiveness of role performed by NGOs and their past experience, their interpersonal relationship with government officials play a critical role in determining the NGOs level of involvement in carrying out government programmes. At the national level, there were various NGOs, such as RTE Forum, Save the Children, Pratham, etc. that participated in various forums organized by the government to highlight the key concerns on education. For instance, in the development of New Education Policy, there were various levels of consultations of the government with the NGOs to highlight key areas in education. Both at the state and at the central levels, there are various NGOs that partner with the government in implementing the educational programmes and schemes. For instance, many NGOs across the country run a bridge course under SSA in order to mainstream children in regular schools. NGOs such as Pratham, Azim Premji Foundation, etc. work with the government in developing educational content and implementing it in various schools in remote locations.

Some NGOs also work with the local governments and at the same time contribute towards strengthening the local governments, such as municipalities and panchayats. For instance, the programme of 'Working with Panchayats' of the Dhan Foundation, focuses on strengthening the panchayats at the local level and also ensures the active participation of the community in gram sabhas. Similarly, the PKPI (School Education Protection Movement) movement in Tamil Nadu aims at strengthening the participation of the community in gram sabhas and raise their voice on the facilities or provisions in schools, which remain unaddressed. On similar lines, NGOs can also engage in capacitating the panchayats representatives on SDG 4, so that the grassroots leaders are able to take up those agendas and address the same.

Working with Business and Industry

Though the private sector does not have a direct role on the SDG agenda, many private firms and business sectors have made their commitments to various SDGs, as the UN General Assembly had emphasized on the role of various stakeholders including the private sector and industries towards the implementation of SDGs. NGOs can try to lobby the private sector to get involved in the implementation of SDGs.

NGOs can also make a scrutiny on the role of private sector on the SDGs on education and see where private players can work actively. For instance, many of the firms divert their CSR fund for various activities and NGOs can, thus, see the usage of such funds for implementation of education SDGs. In some context, public sector is also outsourcing its responsibility for SDG implementation in strategic areas to the private sector (Hege and Demailly 2017). NGOs can check the extent to which there is transparency and the extent to which standards are maintained in the activities of private players.

Working with Other NGOs and Grassroots Organizations

Many NGOs are entering into a coalition with several other NGOs. Such networks sometimes are across the sectors and also across the countries. For instance, International Civil Society Centre (ICSC) is a national coalition of 5 countries (Bangladesh, India, Kenya, Nepal, Vietnam). Its aims is to bring together national NGOs and civic platforms and also community-based organizations (CBOs). The main goal of this partnership is to give voice and agency to marginalized groups who are at the risk of being overlooked in the implementation of SDGs. In India, the national coalition is led by *Wada Na Todo Abhiyan* (WNTA). Among many other partners, key contributors were: Amnesty International, Human Rights Advocacy and Research Foundation (HRF), Life Education & Development Support (LEADS), GIZ and Bread for the World.[16] Such coalitions enable the NGOs to have a strong and loud voice. They enable the NGOs to work not only cross-sectorally, but also learn to work as a team with other organizations. This helps in overcoming silos among organizations (Hege and Demailly 2017).

Some NGOs also collaborate with various grassroots NGOs for carrying out their interventions at the local level. Thus, when national and regional NGOs work with

grassroots organization, they are able to offer support to each other in the areas of capacity building, research, support for data collection, implementation of programmes, etc. For instance, the RTE Forum at the national level has its state chapters in various states and network of various grassroots NGOs. The network of these NGOs offers support to the RTE Forum to collect data from different states for taking stock of the implementation of the RTE Act. On the other hand, the RTE Forum is able to take their various programmes on girl child education, awareness generation of SMCs, etc. to the ground level, through these networks.

Moreover, there can be another kind of collaboration among the NGOs, to take up cross-cutting issues. For example, NGOs working on education may not have their expertise in the area of sanitation. However, in order to deal with the cross-cutting SDGs, NGOs can collaborate with other NGOs working on sanitation to ensure or take stock on whether schools provide access to basic sanitary and hygienic conditions. Refer to Table 3.3 for such possible interlinkages.

Success Stories of NGOs: International-, National-, and State-Level Examples

Planning of Educational Agenda of SDG

RTE Forum: The Right to Education Forum is a national coalition of 10,000 grassroots and civil society organizations, educationists, and teacher associations that have been working for the universalization of school education through the implementation of the Right to Education Act 2009 since its inception. The Forum has its presence in 20 states of India. The Forum envisions realising the goal of universal education for all through a strong public system of education, funded by the State. The RTE forum has played its role at various levels and in different forums, right from the national to the international level. When SDGs were formulated, the RTE Forum was also part of the consultation workshop held in 2014−15 to

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[16] Details available at https://icscentre.org/our-work/leave-no-one-behind/

design the educational goals and indicators. Thus, they had added the key concern areas and indicators related to education. Based on the discussion that they had in the international forum, they organized several consultations at the national level to get the views of national and state NGOs working on education. The Forum has actively taken up the components of SDGs related to the RTE Act implementation, girl child education, etc. and engaged in public advocacy as well as advocacy with policymakers, thus highlighting the gaps through policy briefs and other studies and also through consultation with Parliamentarians. Right from planning to implementation, the RTE Forum has played a key role, which can be adopted by other NGOs. The RTE Forum adopted a two-pronged approach in its advocacy initiatives: First, to ensure mobilization of the masses, it directly engages with the community through School Management Committees, Teachers' Associations, Students' Unions, and other key stakeholders to build a strong campaign to demand the right to education. Second, the RTE Forum engages with elected representatives such as Members of Parliament at the national level, Members of Legislative Assemblies at the state level, and Members of Panchayats at the local level.

Grassroot Initiative of RTE Forum at Hamirpur: The RTE Forum has been engaged in grassroots mobilization at Hamirpur district of Uttar Pradesh since 2018. Its key objective is to generate evidence for undertaking advocacy at the state and national levels. It provides direct support to the communities in terms of identifying out of school children, understanding the key barriers in girls' education, monitoring the RTE Act compliance in schools. At the same time, it also engages in advocacy activities with the local authorities to ensure all children receive their right to education. Media engagement is another key initiative to ensure the issues get highlighted. An interface was made in the district between the community and the officials. Regular dialogue and engagements with Gram Panchayat have made the latter aware of the core issues and challenges of school education on ground. This helped in community

mobilization. Block- and district-level officials were also engaged. School teachers were mobilized through different workshops and they advocated for girls' education and encouraged parents to send girls to schools. The RTE Action Committee comprising teachers, school management committee members, girls and boys were activated who monitored school functioning and ensured regular attendance of girls. As a result of this intervention, nearly 70 per cent out of the total children had been re-enrolled in schools.

Implementation of Educational Agenda

Leave No One Behind Project: The Leave No One Behind project was launched in 2017 as a partnership of 12 International Civil Society Organizations (ICSOs). In 2018, a national coalition was set up in five countries (Bangladesh, India, Kenya, Nepal, Vietnam). The aim of the project is to bring together national NGOs, civic platforms, and community-based organizations (CBOs). The main goal of this partnership was to give voice and agency to marginalized groups who are at risk of being overlooked in the implementation of SDGs. In India, the national coalition is led by *Wada Na Todo Abhiyan* (WNTA). Among many other partners, the key contributors include Amnesty International, Human Rights Advocacy and Research Foundation (HRF), Life Education & Development Support (LEADS), GIZ, and Bread for the World.[17] Such interventions can be planned by other NGOs on different themes of SDGs.

Tracking of Educational Agenda

SDG Watch, Europe: SDG Watch Europe brings together more than 70 NGOs, working on different sectors to support the implementation of SDGs. The aim of this coalition is to monitor the level of implementation of SDG agenda in Europe. Such similar tracking mechanism can be planned by educational NGOs to monitor how well the SDGs are being implemented in the country.

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[17] Details available at https://icscentre.org/our-work/leave-no-one-behind/

3.9 WAY FORWARD: ROADMAP AND ACTION PLAN

Based on the above discussion, NGOs can identify relevant activities or areas of intervention based on their area of expertise and work with different stakeholders in implementing SDG 4. NGOs can, thus, prepare actionable SDG agendas on education and provide relevant information to the government, donors, and other funding organizations and corporate agencies, so that they can get support for educational activities and initiatives.

The NGOs that want to promote SDG 4 on education have to reflect on their strength and their key areas. Based on such reflection, they have to identify relevant partners who can support their initiatives. Once the key partners have been identified, database of key partners can be collected and rapport built through various measures. Thus, the focus should be on establishing a smooth linkage at the local, state, and national levels.

Roadmap

The roadmap ahead can be the following:

- NGOs should implement effective programmes at the ground level and demonstrate such models to the government, so that it can be replicated or scaled up
- Capacitate other NGOs on the interventions so that they can replicate it elsewhere
- Engage in capacity building of government staff, local government representatives, and other officials. (teachers, Anganwadi staff, BRCs, CRCs)
- Provide training to teachers and other training partners on skills, knowledge, relevant activities, etc.
- Disseminate the knowledge so gained through grassroots experience and implement various programmes and training in the government meetings, academic forums, and other forums and institutes

- NGOs can carry out feasibility studies, need assessment studies, and support evaluation of projects so that recommendations are provided to improve performance at the grassroots level (AKRSP 2017).

Action Plan

The action plan for NGOs on various educational interventions can be the following:

- Identify the area of expertise, strengthen your knowledge on SDGs, and mobilize the required funds for implementing the intervention by 2023 and set various targets for execution till 2030.
- Carry out a minimum of 5 to 10 activities or interventions by 2025 (e.g. advocacy, consultations, implementation of programmes) in collaboration with various stakeholders.
- Review the interventions and undertake corrective measures and execute further interventions by 2028.

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4. ACHIEVING GENDER EQUALITY

STRUCTURE OF THE UNIT

- Introduction
- Goal, Targets, National and Global Indicators
- Concepts and Definitions
- Current Status of Women in Society
- Women's Rights and Entitlements: Government Policies and Programmes
- Linkages with Other SDGs and Policy Gaps
- Role of NGOs in Achieving Gender Equality and Women's Empowerment
- Way Ahead: Gender in the Agenda 2030

5 GENDER EQUALITY

Achieve gender equality and empower all women and girls

4.1 INTRODUCTION

Women and girls, everywhere, must have equal rights and opportunity. They must be able to live free of violence and discrimination. Women's equality and empowerment is one of the 17 Sustainable Development Goals, and also integral to all dimensions of inclusive and sustainable development. In short, all the SDGs depend on the achievement of Goal 5 and address the importance of gender as a standalone goal and spell out its interconnectedness with the 17 other SDGs, particularly SDG 1, SDG 2, SDG 3, SDG 4, SDG 8, SDG 9, SDG 14, and SDG 17. Women are essential agents and stakeholders in all the 17 SDGs, with many targets finally recognizing gender equality and women's empowerment

as both the objective and the means to achieve sustainable development. Unlike the MDGs, the Agenda 2030 has a standalone gender goal towards this end, and there is also a more consistent call for sex disaggregation of data across many indicators. None of the 17 SDGs can be fully realized without tackling gender discrimination across various spheres (economic, social, and political) and at various levels (legislative, institutional, and societal).

A critique on the SDG 5 targets is that they do not touch upon two issues that could fall under the label of gender issues. LGBTQI (lesbian, gay, bisexual, transgendered, queer, and intersex) issues are completely missing from the agenda, despite the existence of widespread structural discrimination, and violence against

persons who identify with these categories. Additionally, there is little mention of men in these targets and the word 'gender' seems to be synonymous with women, even though engaging men is critical to achieving several of the targets.

In India, women empowerment has been a national goal since independence. Indian society was and continues to be traditional with diverse cultural and religious norms, which are embedded on unequal gender relations. To address the challenges, the Constitution of India provided equal opportunities for all its citizens irrespective of caste, race, gender, and the like. Many laws have been enacted to end rampant heinous violence against women due to dowry, domestic violence, and any form of violence based on gender discrimination. Despite that achieving SDG 5 is still a distant dream. However, this manual will discuss policy formulated for gender equality, implementation status, challenge which continues to loom large in the Indian context, and the role of NGOs to facilitate the process of achieving SDG 5 within the given time limit.

4.2 GOAL, TARGETS, AND INDICATORS

Table 4.1: Global and National Indicators

Target	Global Indicators	National Indicators
5.1 End discrimination against women and girls	**Whether or not legal frameworks are in place to promote, enforce, and monitor equality and non-discrimination on the basis of sex (Global level)**	Rate of crimes against women per 100,000 female population
		Per lakh women that have been subjected to dowry offences during the year
		Sex Ratio at Birth: Annual
		Whether or not legal frameworks are in place to promote, enforce, and monitor equality and non- discrimination on the basis of sex (in percentage) in India
5.2 End all violence against and exploitation of women and girls	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	Proportion of crime against women to total crime reported in the country during the calendar year (in percentage)
	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	
		Per lakh women who have experienced cruelty/physical violence by husband or his relative during the calendar year
		Proportion of sexual crime against girl children to total crime against children during the calendar year (in percentage)
		Proportion of trafficking of girl children to total children trafficked during the calendar year (in percentage)

Target	Global Indicators	National Indicators
		Percentage of ever married women age 15–49 years who have ever experienced physical or sexual violence committed by their husband
		Child Sex Ratio (0–6 years), 2011 (females per 1000 males)
5.3 Eliminate forced marriages and genital mutilation	Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	Proportion of cases reported under the Prohibition of the Child Marriage Act (early marriage of children below 18 years of age) to total crime against children (in percentage)
	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	Percentage of women aged 20–24 years who were married by age 18 years
5.4 Value unpaid care and promote shared domestic responsibilities	Proportion of time spent on unpaid domestic and care work, by sex, age, and location	Proportion of time spent on unpaid domestic and care work
5.5 Ensure full participation in leadership and decision making	Proportion of seats held by women in (a) national parliaments and (b) local governments	Proportion of seats held by women in national Parliament, State Legislation, and local self-government (in percentage)
		Proportion of women in managerial positions including women in Board of Director, in listed companies (per 1000 persons)
		Number of women candidates out of total candidates contesting elections (in percentage)
	Proportion of women in managerial positions	
5.6 Universal access to reproductive health and rights	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive healthcare	Percentage of currently married women (15–49 years) who use modern methods of family planning, 2015–16 (similar to Indicators 3.7.1 and 3.8)
		Unmet need for family planning for currently married women aged 15–49 years
		Percentage of population aged 15–24 years with comprehensive knowledge of HIV/AIDS
	Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive healthcare, information, and education	

Target	Global Indicators	National Indicators
5.a Equal rights to economic resources, property ownership, and financial resources	Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex and share of women among owners of rights-bearers of agricultural land, by type of tenure	Operational land holdings (female-operated operational holding)
		Wages of casual labourers (gender wise) other than public works (Rs per day)
		Average agricultural wage earnings from casual labour work other than public works (Rs per day)
		Exclusive women SHGs in bank- linked SHGs (in percentage)
		Percentage of adults having an account at a formal financial institution
		Percentage of women having an account at a formal financial institution
		Number of borrowers per 100,000 adults (male and female)
	Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control	
5.b Promote empowerment of women through technology	Proportion of individuals who own a mobile telephone, by sex	Percentage of women employed in IT and ITES industry (in percentage)
5.c Adopt and strengthen policies and enforceable legislation for gender equality	Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment	Number of Central Ministries and States having Gender Budget Cells (GBCs)

Source: UNSTATS (2020) and NITI Aayog (2020)

4.3 CONCEPTS AND DEFINITIONS

Gender in common parlance refers to those characteristics and roles that are socially constructed and ascribed to as 'gender roles and responsibilities'. Social roles and relation between men and women is important to understand gender equality. Gender is a social construct; it is integrally related to the social structure and relations of the society. For realizing the larger goals of gender equality, it is important to understand the following concepts:

Gender Aware: Gender awareness is an understanding that there are socially determined differences between women and men based on learned behaviour, which affect their ability to access and control resources and benefits accruing there from. This awareness needs to be applied through gender analysis into projects, programmes, and policies. Gender awareness is an understanding that there are socially determined differences between women and men based on learned behaviour, which affect their ability to access and control resources and benefits accruing there from. This awareness

- Sex is biologically determined but gender is socially defined
- Sex is fixed and unchanging while gender is changing overtime
- Sex does not vary over cultures but gender differs from culture to culture
- Social value system determines gender roles
- These gender roles manifest themselves into differential valuation and consequently gender-based discriminations
- These discriminations lead to further marginalization of women

needs to be applied through gender analysis into projects, programmes, and policies.

Gender Blind: Gender blindness is the failure to recognize that gender is an essential determinant of social outcomes impacting projects and policies.

Gender Equity: Gender equity entails the provision of fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and power, and that these differences should be identified and addressed in a manner that rectifies the imbalances between the sexes.

Gender Sensitive: Gender sensitivity encompasses the ability to acknowledge and highlight existing gender differences, issues and inequalities, and incorporate these into strategies and actions.

Gender-based Violence: Gender-based violence (GBV) is violence that is directed at an individual based on his or her biological sex or gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or in private life.

Early and Forced Marriages: Child, early and forced marriage (CEFM) is a human rights violation and a harmful practice that disproportionately affects women and girls globally, preventing them from living their lives free from all forms of violence. CEFM threatens the lives and futures of girls and women around the world, robbing them of their agency to make decisions about their lives, disrupting their education, making them more vulnerable to violence, discrimination and abuse, and preventing their full participation in economic,

Box 4.2: Incidence and Examples of GBV

Gender-based violence can impact anyone regardless of their geographical location, socio-economic background, race, religion, sexuality, or gender identity. While women and girls are the most at risk and the most affected by GBV, boys, men, and sexual and gender minorities also experience it. GBV can have serious physical, mental, economic, and social repercussions. For example, sexualized violence can lead to unwanted pregnancies, unsafe abortions, and STI transmission, as well as isolation and depression. It can also prevent survivors from achieving economic security because of stigma or physical and psychological trauma caused by the violence.

The National Family Health Survey (NFHS-4) suggests that 30% of women in India in the age group of 15–49 have experienced physical violence since the age of 15. The report further reveals that 6% of women in the same age group have experienced sexual violence at least once in their lifetime. About 31% of married women have experienced physical, sexual, or emotional violence by their spouses.

Other instances are a disproportionate sex ratio (943 females per 1000 males) and the crime rate against women per 100,000 female population has increased from 53% in 2015 to 58% in 2018.

Source: Prepared by CSD

political, and social spheres. Child marriage is also often accompanied by early and frequent pregnancy and childbirth, resulting in higher-than-average maternal morbidity and mortality rates. CEFM often result in women and girls attempting to flee their communities or to commit suicide to avoid or escape the marriage.

Female Genital Mutilation (FGM): Female Genital Mutilation (FGM) is the name given to procedures that involve altering or injuring the female genitalia for non-medical or cultural reasons, and is recognized internationally as a violation of human rights and the health and integrity of girls and women.

Although not a common practice in India, however in 2018, a study on FGM India said that it was practiced up to 75 per cent across the Bohra Muslim community. The study was conducted by three independent researchers.

Unpaid Care and Domestic Work: Unpaid care work is both an important aspect of economic activity and an indispensable factor contributing to the well-being of individuals, their families, and societies (Stiglitz 2007). Every day individuals spend time cooking, cleaning, and caring for children, the ill, and the elderly. Despite this importance for well-being, unpaid care work is commonly left out of policy agendas due to a common misperception that, unlike standard market work measures, it is too difficult to measure and less relevant for policies. Yet, neglecting unpaid care work leads to incorrect inferences about levels and changes in individuals' well-being and the value of time, which in turn limit policy effectiveness across a range of socio-economic areas, notably gender inequalities in employment and other empowerment areas.

4.4 CURRENT STATUS OF WOMEN IN SOCIETY

Status of women in India has improved manifold in the last 75 years after the country gained independence. If we look at the literacy rate among females, it has increased from below 10 per cent at the time of independence to 70 per cent according to the NSSO 2019 report. However, the sex ratio was 946 in 1951. It reduced to 943 in the 2011 census. Literacy and the sex ratio can be considered two important indicators to assess the situation of women in the country. In many states, female literacy has contributed immensely to the improvement of the sex ratio. Female literacy is believed to act as a deterrent and a dissuader of practices such as female foeticide. An analysis of the National Family Health Survey 1992–1993 revealed that women's education is associated with weaker son preference. Change in the sex ratio is a more accurate indicator and reliable guide of socio-economic progress than the sex ratio at a particular point in time. Most southern states of India including Kerala, Tamil Nadu, and some of the northeastern states like Mizoram are good examples to show that increase in female literacy is directly proportional to the positive change in the sex ratio.

However, there are many reasons and challenges that act as a barrier in achieving SDG 5 and its targets. Table 4.2 shows the national average in the country against some of the pertinent indicators of SDG 5, which itself on many counts is much lower than other countries. It also shows the states that have outperformed the national average and states that are at the lowest ebb.

Box 4.3: Definition of Unpaid Care Work

Unpaid care work refers to all unpaid services provided within a household for its members, including care of persons, housework, and voluntary community work (Elson 2000). These activities are considered work, because theoretically one could pay a third person to perform them. Unpaid = the individual performing this activity is not remunerated. Care = the activity provides what is necessary for the health, well-being, maintenance, and protection of someone or something. Work = care of persons, housework, and voluntary community work.

Source: Prepared by CSD

Table 4.2: National-Level Status of Indicators

Indicator	More than National Average	National Average	Less than National Average
Mean Marriage Age for Women	Jammu and Kashmir (25.1)	22.1	West Bengal (21.1)
Maternal Mortality Rate	West Bengal (34)	122	Assam (229)
Anaemia Among Women and Children	Mizoram (22.5%)	53%	Chandigarh (75%)
Sex Ratio	Kerala (1084)	943	Delhi (868)
Literacy (Female)	Kerala (95.2%)	70.7%	Rajasthan (57.6%)
% of Female with Ability to Use Internet	Delhi (44.2%)	14.9%	Odisha (7.3%)
% Distribution of Female (Rural + Urban) Currently Attending Higher Secondary	Tamil Nadu (12.9%)	9.6%	Jharkhand (5.7%)
Gender Parity Index (GPI)	Tamil Nadu (1.23)	1.02	Rajasthan (.82)
Worker Population (Female)	Chhattisgarh (47.6%)	22.0%	Bihar (4%)
Labour Force Participation (Female)	Goa (24%)	15.9%	Bihar (4.5%)
Unemployment Rate (Female)	Gujarat (4.3%)	10.8%	Goa (29.8%)
Distribution of Proprietary Established by Female	Manipur (80%)	22%	Chhattisgarh (10%)
Women Voter Turnout	Manipur (84%)	67.18%	Maharashtra (58.8)
Women Participation in 17th Lok Sabha Election	Chandigarh (100%)	14%	Puducherry, Nagaland, Sikkim, Mizoram, Himachal Pradesh, Jammu and Kashmir, Goa (0%)
Status of Women in PRI	Chhattisgarh (54%)	44%	Odisha (23%)
% of CAW against Total Crime in State	Kerala (2.02%)	3.9%	Odisha (18.8 %)
Rape (%)	Puducherry (0%)	5.2%	Chandigarh (16.1%), Delhi (13.3%)

Source: Sample Registration System, Office of the Registrar General, India. Census, 2011, U Dise: 2016-2017, Periodic Labour Force Survey (PLFS), NSO, July 2017–June 2018, sixth economic census 2014, Election Commission, 2019 Elections, Crime in India 2018, National Crime Records Bureau, Ministry of Home Affairs.

For centuries, women have been treated as inferior to men and barred from equal opportunities on many counts. In many indicators, women are well below men despite the Constitution of India guaranteeing equal rights to women. Special provisions like reservations have been provided to women so that they could avail their rights despite centuries of subjugation and marginalization. Some of the challenges in achieving gender equality are discussed under the following heads:

Table 4.3: State-Level Status of Indicators

States	Mean Marriage Age (2017)	Maternal Mortality Ratio (MMR) (2015-17)	Anaemia among Women and Children (All Women age 15-49 years Who Are Anaemic (%))	Sex Ratio (2011)	Literacy Rate (in Percent) Among Persons of Age 7 years and Above (2011)	% of Female with Ability to Use Internet	Gross Enrolment Rate (GER) Senior Secondary	Gender Parity Index (GPI) — Primary	Worker Population Ratio for Persons Aged 15 years and Above (Female) — Secondary	Work Participation Rate (Female) — Higher Secondary	Unemployment Rate (Female) (Aged 15 years and Above: 2017-18)	Distribution of proprietary established by Female	Women Voter Turnout (in '000)	Status of Women in PRI	% State Share to All-India (2019)		Rape (% State Share to All-India) (2019)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9.1)	(9.2)	(9.3)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Andaman and Nicobar Islands			65.7	876			76.4	0.94	0.93	1.04	19.1	17.81	42.8	43	98	302	0.0	0.04
Andhra Pradesh	22.0	74	60	993	59.5	12.5	62.27	0.94	0.99	1.15	40.8	36.16	3.9	36,780	15,818	78,025	4.4	3.42
Arunachal Pradesh			40.3	938			61.6	1	1.09	1.02	13.0	35.44	11.5	97	326	3658	0.1	0.20
Assam	22.3	229	46	958	81.2	11.5	39.47	1.03	1.13	1.08	11.0	22.46	13.6	29,841	8748	13,410	7.4	5.55
Bihar	21.8	165	60.3	918	60.5	7.5	36.66	1.06	1.25	1	4.0	19.07	2.8	3219	19980	57,887	4.6	2.29
Chandigarh			75.9	818			86.75	1.13	1.14	1.12	20.0	16	20.8	18	216	58	0.1	0.35
Chhattisgarh	21.8	141	47	991	68.7	8.1	54.11	1	1.02	1.05	47.6	39.7	3.3	2089	6689	93,287	1.9	3.22
Dadra and Nagar Haveli			79.5	774			52.6	0.93	0.92	1.16	39.7	25.25	0	4	95	47	0	0.00
Daman and Diu	23.7		58.9	618			32.27	1.12	1.14	2.21	24.1	14.89	3.3	11	46	92	0	0.01
Delhi			52.5	868	82.4	44.2	83.6	1.06	1.21	1.15	12.8	10.58	10.7	1119	3876		3.3	3.88
Goa			31.3	973	74.8	18	81.59	1.05	1.05	1.2	22.9	21.92	26	324	442	516	0.1	0.23
Gujarat	22.5	87	54.9	919			41.42	1.04	1.06	0.92	19.0	23.38	4.1	16,490	13,214	71,988	2.2	1.64
Haryana	22.5	98	62.7	879	71.3	22.7	59.48	1.02	1.14	0.99	12.8	17.79	10.6	2444	5800	29,499	3.6	4.59

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9.1)	(9.2)	(9.3)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Himachal Pradesh	23.4		53.4	972	80.5	27.1	96.6	1.02	1.01	1.03	47.5	44.82	4.3	5018	1936	14,398	0.4	1.12
Jammu and Kashmir	25.1		40.3	889	68	15.2	55.98	1.03	1.06	0.96	27.6	19.11	8.5	12,745	1650	11,169	0.8	0.69
Jharkhand	21.9	76	65.2	948	64.7	7.4	48.98	0.99	1.11	1.04	14.6	29.1	5.2	1579	7281	30,757	2.2	4.42
Karnataka	22.3	97	44.8	973	70.5	16.4	42.87	0.99	1.02	1.13	24.8	31.87	4.7	12,475	17,080	50,892	3.4	1.57
Kerala	23.2	42	34.2	1084	95.2	38.1	82.44	1	1.02	1.14	20.4	18.23	23.2	14,943	10611	9630	2.8	6.34
Lakshadweep			45.7	946			102.35	0.9	0.87	0.89	9.1	10.96	50.5	5	24	41	0	0.00
Madhya Pradesh	21.4	188	52.5	931	65.5	9	43.24	1	1.06	0.96	31.0	32.4	2.1	6311	17,055	196,490	6.8	7.72
Maharashtra	22.5	55	48	929	78.4	21.9	66.74	0.99	1.06	0.96	29.1	31.06	5.4	13,257	24,853	121,490	9.2	7.15
Manipur			26.4	985			64.81	0.99	1.03	0.91	19.8	38.56	15.7	45,586	838	868	0.1	0.11
Meghalaya			56.2	989			47.03	1.01	1.15	1.16	50.2	32.67	1.9	2014	714		0.1	0.32
Mizoram			22.5	976			57.86	0.98	1.01	1.11	26.0	36.16	13.3	917	252		0	0.13
Nagaland			23.9	931			36.44	1.03	1.07	1.06	11.0	44.74	34.3	2119	495		0	0.02
Odisha	21.9	168	51	979	70.3	7.3	-	0.98	0.99	0.98	18.3	27.16	6.3	20,129	11,750	828	5.7	4.29
Puducherry			52.4	1037			86.95	1.1	1.16	1.38	13.4	17.63	21.7	85	419	NA	0	0.03
Punjab	23.5	122	53.5	895	78.5	28.4	71.69	1.06	1.12	1.05	13.7	13.91	11.7	2928	6452	32,393	1.5	3.12
Rajasthan	21.5	186	46.8	928	57.6	11	51.59	0.99	1.03	0.82	26.3	35.12	2.3	14,767	15,335	70,527	10.2	18.76
Sikkim			34.9	890			75.88	0.92	1.08	1.2	41.6	39.57	5.2	292	167	548	0	0.03
Tamil Nadu	23.0	63	55.1	996	77.9	21.6	90.6	1	1.04	1.23	31.3	31.8	7.1	18,186	21,362	39,975	1.5	1.12
Telangana	22.0		56.7		65.1	19	64.88	0.99	1.01	1.17	30.3		7.2	12,183	9,245	51,735	4.5	2.71
Tripura			54.5	960			41.53	1.01	1.05	0.98	11.1	23.57	11.6	1143	1,054	3006	0.3	0.27
Uttar Pradesh	22.2	216	52.4	912	63.4	8.4	59.26	1.08	1.22	0.92	13.1	16.57	3.1	47,426	39,941	272,733	14.7	9.71
Uttarakhand	22.3	89	45.2	963	80.7	27.5	78.54	1	1.01	1.05	16.1	26.68	10.7	2710	2391	35,957	0.6	1.63
West Bengal	21.2	94	62.5	950	76.1	11.3	54.36	1.01	1.15	1.22	20.1	18.08	3.1	66,821	27,850	30,157	7.5	3.31
India	22.1	122	53	943	70.3	14.9	56.41	1.02	1.1	1.02	22.0	25.51	5.6	396,118	294,103	1,375,914	100	100.00

Source: (3) - Sample Registration System, Office of the Registrar General, India (Women Report 2019)
Source: (4) - National Family Health Survey 2015-16 (NFHS-4) (Women Report 2019)
Source: (8) - Educational Statistics at A Glance 2018
Source: (9.1, 9.2, 9.3) - U-DISE (2015-16) (2016-17)(2017-18)
Source: (10)/(11) - Periodic Labour Force Survey (PLFS), NSO, July 2017- June 2018.
Source: (12) - Periodic Labour Force Survey (PLFS), NSO, July 2017- June 2018.
Source: (13) - Sixth Economic Census (2014), Ministry of Statistics & Programme Implementation
Source: (15) - Ministry of Panchayati Raj as on 27.03.2018*
Source: (16) (17) - Crime in India 2019, NCRB, Ministry of Home Affairs

Challenges in Achieving Gender Equality

Low Female Literacy

At the time of independence, literacy rate among females was very low (single digit). Over the years it has improved many fold. However the literacy rate among women is still low at 70 per cent. It is still lower in Bihar (60.5%), Rajasthan (57.6%), Jharkhand (64.7%), Uttar Pradesh (69.4%), and Madhya Pradesh (65.5%).[18] Girl education is also a main concern in the country particularly among SC, ST, and Muslim communities. It is seen that enrolment of females in SC, ST drastically reduces in secondary and higher secondary levels.

While enrolment is 19.34 per cent at the elementary level, it becomes 18.6% at the secondary level and 17.3 per cent at the higher secondary level for SC girls. For ST girls, it is worse at 10.35 per cent at elementary level, which falls to 8.6 per cent at secondary level, and eventually to 6.8 per cent at higher secondary levels. There is also a significant gender gap in accessing private schools. More girls attend government schools at the elementary level (75 per cent at primary level and 77.3 per cent at the upper primary level). Total girls attending private school stands at 19.2 per cent at primary level and 15.6 per cent at upper primary level. This remains almost the same at the secondary and higher secondary levels.[19] As a result of low education, very few females are able to use Internet. The national average is a meagre 14.9 per cent.

Lack of Livelihood Opportunities for Women

According to an ILO report, in Asia and the Pacific region, women spend 4.1 times more time as unpaid care workers than men. While families, societies, and economies depend on this work, for women, it leads to lower earnings and less time to engage in non-work activities.

Equal distribution of economic resources, which is a right, accelerates development in multiple areas. To accomplish this, a fair balance of responsibilities must exist for unpaid care work between men and women. Moreover, in India more than 90 per cent of women workers are engaged in the informal sector. An estimate by the World Bank shows that 90 per cent of them working in the informal sector are not included in the official statistics and their work is undocumented and disguised as wage work, unskilled, low paying, with no benefits to the workers. Statistics show that of the vast majority of Indians working in the agriculture sector, 55 per cent are female agricultural workers and 30 per cent of men are labourers and not cultivators.

However, the female work participation has always been low at 22 per cent. The problem is that women have always been at work; only the definitions of work and work place have never been defined realistically to include their contribution to the economy and society. According to the *Global Gender Gap Report 2015* published by the World Economic Forum, India ranks 139th in economic participation and opportunity among 145 countries, which lead to questions of access to economic/financial resources and labour market participation. Women are not much better in this sphere in states such as Kerala too. The low female labour force participation in the country and the state and the predominance of informalization[20] in the economy constitute a disturbing fact.

Lack of Sexual and Reproductive Health

Mean marriage age of women in India is 22 years as mentioned in Table 4.1. The 2015–2016 NSSO data shows the proportion of females getting married before 18 years was greater in the northern regions, including

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[18] NSSO 2017-18

[19] U-DISE: 2016-2017

[20] Informal forms of employment include, for example, agricultural day labourers, urban street vendors, paid domestic work, or at-home producers of clothing, or other manufactured goods. A high proportion of informal workers are self-employed. In most countries, women are disproportionately employed in such informal jobs (ILO 2002a).

Bihar, Chhattisgarh, Madhya Pradesh, parts of Maharashtra, and Uttar Pradesh.

States such as Kerala, parts of Gujarat, Punjab, and Tamil Nadu including the union territory of Jammu and Kashmir had a considerably lower proportion of females marrying below 18 years. To elaborate, the coastal areas and the eastern tribal districts of Maharashtra reflected a better condition in this regard, compared to the central parts of India. At least a quarter of women in Andhra Pradesh, Bihar, Jharkhand (except southern bordering districts), Madhya Pradesh, Rajasthan, Telangana, Uttar Pradesh (except a few districts that bordered the west and a few city pockets), and West Bengal, however, married when they were below 18 years. As a result of this, it is found that the maternal mortality rate is quite high at a national average of 122.

Further early marriage for females also impacts her overall development including health. Early marriage is also one of the significant factors for drop out of adolescent girls from school.

> **"**
>
> *Testimonies from girls who participated in National Consultation on Safe and Secure Education for girls on 30 September 2019 at New Delhi, organized by RTE Forum 'Investment in girls is seen as waste of money as they are considered as Paraya Dhan', – Manisha, Rajasthan*
>
> *'As opposed to fathers, it is the brothers who stop girls from continuing their education and BHAIGIRI becomes the major obstacle'. – Farida Bano, West Bengal* **"**

Incidences of Gender-based Violence

In 2019, on average 88 rape cases were reported in India every day. The NCRB 'Crime in India' 2019 report showed how common crimes against women witnessed a steep rise across the country. A total of 405,861 cases of crime

against women were registered during 2019, showing an increase of 7.3 per cent over 2018. The issue of girl child rights and protection in India is a very serious concern. Being home to more than one third of the 10 million child brides in the world, India has one of the highest numbers of girls forced into marriage before the legal age of 18. If one half of our society remains so vulnerable to violence and neglect, how will the country advance or progress? Not only are they unsafe at home where they are victims of stereotypical attitude, but also in learning environments. Ill-equipped schools that lack separate toilets for girls are one of the major deterrents for parents not willing to send their girls to study. The few who manage to attend school risk violence and abuse. According to India's 2011 census, 53 per cent of households and 11 per cent of schools do not have toilets. This lack of safety deprives young girls of an opportunity to educate themselves and better their lives.

The National Family Health Survey (NFHS-4), 2015-16 highlighted that 30 per cent of women in India between the ages of 15 and 49 have experienced physical violence. The report suggests that among married women experiencing physical, sexual, or emotional abuse, an alarming 83 per cent list their husbands as the main perpetrators, followed by abuse from their husbands' mothers (56%), fathers (33%), and siblings (27%).[21]

Lack of Women Representation in Decision Making

Women make up 48.5 per cent of India's population. Yet, their presence in key decision-making positions, including governance, law enforcement, or corporate leadership, is far from proportionate. The sole exceptions are the gram panchayats, where Indian laws provide for women's reservation. Even though women's participation in the electoral process as voters (more than 67%) has increased over the years,

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[21] Details available at https://idronline.org/the-link-between-lockdown-covid-19-and-domestic-violence/?gclid=CjwKCAjwqcKFBhAhEiwAfEr7zS8UGY28GOxQuCy9j7ZOdv8QT77s7w8hQasMGd4Jr7FhtSJ8stSUMxoCg_UQAvD_BwE

women constitute only 14 per cent of the elected representatives in the Parliament.

Low Investment for Women and Children

Low investment has been one of the major challenges in achieving gender equality. To meet SDG 5, the government has developed many well-intentioned schemes on a priority basis. These include *Beti Bachao Beti Padhao*, One Stop Centres, Ujjwala, ICDS, Atal Innovation Mission and Women's Entrepreneurship Platform for NITI Aayog, Jan Dhan Yojana, and others. However, the challenge has been in the duration of the scheme and the budget for implementation in true letter and spirit. For instance, *Beti Bachao Beti Padhao* was launched in 2015 with a budget of Rs 100 crore, which has been drastically reduced since then. In 2021–22 Union budget, there has been no separate head for this scheme and has been merged with the newly coined Mission Shakti under its core category Samarthya. Further other schemes for providing services to adolescent girls and women such as ICDS has been merged with Saksham Anganwadi and Poshan 2.0.[22] Out of the total allocation by the of the Ministry of Women and Child Development of Rs 24,435 crore, Rs 20,105 has been allocated to Mission Poshan 2.0. It is the highest allocation of the ministry and includes ICDS, Poshan Abhiyan, Scheme for Adolescent Girls, and the National Crèche Scheme. However, it is worth noting that an amount of Rs 2,053,238 crore was allocated in the previous union budget (2019–2020) for ICDS only. Overall, from the previous allocation of Rs 30,007 crore the Ministry for Women and Child Development's budget allocation was reduced to Rs 24,435 crore in the 2020–21 Union Budget. Safety of women and young girls emerged as a huge concern during the pandemic; however, the Mission was assigned a meagre Rs 587 crore for protection and empowerment of women through schemes such as one stop centres. In the 2019–20 Union Budget, Rs 385 crore was allocated to one stop centre alone. This decrease in investment will pose a serious concern in meeting the SDG goals as policies will remain largely unimplemented without adequate budget.

Lack of direction and continuity is also reflected in the data. Even though there has been an improvement in the female literacy rates (65.4 per cent in 2011 to 70.3 per cent in 2018[23]), it still stands much below the national average of 77.7 per cent. The sex ratio has marginally improved from 933 in 2001 to 943 in 2011 and women safety continues to restrict women's movement and freedom even after 75 years of India's independence. The percentage of CAW (crime against women)[24] against total crime in state is 4 per cent approximately and the percentage of rape cases itself stand at more than 5 per cent. It is all the more alarming when the capital city of Delhi has a sex ratio of 868 and 13 per cent of cases of crime against women in Delhi are of rape.

4.5 WOMEN'S RIGHTS AND ENTITLEMENTS (PARTICIPATION, LEADERSHIP, DECISION-MAKING, PROPERTY)

The Constitution of India not only grants equality to women but also empowers the State to adopt measures of positive discrimination in favour of women for neutralizing the cumulative socio-economic, education, and political disadvantages faced by them. Fundamental Rights, among others, ensure equality before the law and equal protection of law; they prohibit discrimination against any citizen on grounds of religion, race, caste, sex, or place of birth, and guarantee equality of opportunity to all citizens in employment matters. Articles 14, 15, 15(3), 16, 39(a), 39(b), 39(c), and 42 of the Constitution are of specific importance in this regard.

The National Policy for the Empowerment of Women 2001 categorically stated that within the framework of a democratic polity, Indian laws,

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[22] Details available at ministry-of-women-and-child-development.pdf

[23] NSSO 2017-2018

[24] Crime in India 2018

development policies, plans, and programmes have aimed at women's advancement in different spheres. From the 5th Five-Year Plan (1974–78) onwards, there has been a marked shift in the approach to women's issues from welfare to development. In recent years, empowerment of women has been recognized as the central issue in determining the status of women. The National Commission for Women was set up by an Act of Parliament in 1990 to safeguard the rights and legal entitlements of women. The 73rd and 74th Amendments (1993) to the Constitution of India have provided for the reservation of seats in the local bodies of panchayats and municipalities for women, laying a strong foundation for their participation in decision-making at local levels.

India has also ratified various international conventions and human rights instruments committing to secure equal rights of women. Key among them is the ratification of the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 1993.

The Mexico Plan of Action (1975), the Nairobi Forward Looking Strategies (1985), the Beijing Declaration and the Platform for Action (1995) and the Outcome Document adopted by the UNGA Session on Gender Equality and Development and Peace for the 21st century, titled 'Further actions and initiatives to implement the Beijing Declaration and the Platform for Action' have been unreservedly endorsed by India for an appropriate follow up.

The women's movement and a wide-spread network of NGOs, as the latter have a strong grassroots presence and deep insights into women's concerns, have contributed in inspiring initiatives for the empowerment of women. Some of the key policy-level strategies adopted by the Government of India are as follows:

- **National Policy for Women 2001:** National Policy for Women was launched in 2001 to create a broader framework and vision for creating gender equality in society.

- **Enabling safety and security of women** with initiatives such as One Stop Centres,

Women Helpline, Mahila Police Volunteers, reservation of women in police force, creating immediate response mechanism through panic buttons in mobiles, public and private transport, surveillance mechanisms in public places.

- **Creating eco-systems to encourage entrepreneurship amongst women** through platforms such as Mahila E-Haat, dedicated theme-based exhibitions, focused skill training, mentoring through Women Entrepreneurship Council, availability of easy and affordable credit, and financial inclusion.

- **Training and capacity building of all stakeholders** including youth through gender champion initiative, frontline workers, women sarpanches and all officials dealing with policy and delivery systems impacting women.

- **Facilitating women in workplace** through gender friendly work places, flexi timings, increased maternity leave, provision of child care/creches at workplace, life cycle healthcare facilities.

- **The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013**: India received its law against sexual harassment at the workplace in 2013 after 15 years of the Vishakha guidelines of 1997. The law builds upon the 1997 Vishakha guidelines set out by the Supreme Court, mandating that employers take steps to protect female employees from sexual harassment at work after Bhanwari Devi, a government social worker, was gang raped in 1992 by men angered by her efforts to stop a child marriage in their family. The POSH Act, as it is popularly called, requires employers to create an Internal Committee at each office with 10 or more employees. For other establishments with less than 10 employees and for women working in the informal sector, the state government's district officer or collector is required to form a local committee in each district.

Table 4.4: **List of Women Empowerment Programmes/Schemes in India**

Women Empowerment Programmes	Year of Commencement	Objectives
Beti Bachao Beti Padhao Scheme	22 January 2015	To provide education to girls and their welfare. To prevent the violation in the interest of girls. To celebrate the birth of a girl child.
One Stop Centre Scheme	1 April 2015	A centrally sponsored scheme, its aim is to setup One Stop Centres (OSC), which is to be funded from the **Nirbhaya Fund.** To provide support and assistance to women affected by violence at private or at any public place, irrespective of caste, class, religion, region, sexual orientation or marital status.
Women Helpline Scheme	1 April 2015	To provide 24-hour emergency and non-emergency response to women affected by violence including sexual offences and harassment both in the public and private sphere, including family community, workplace, etc.
UJJAWALA: A Comprehensive Scheme for the Prevention of Trafficking and Rescue, Rehabilitation and Re-integration of Victims of Trafficking and Commercial Sexual Exploitation	December 2007	For the prevention of trafficking and providing support for rescue, rehabilitation, reintegration, and repatriation of women and child victims of trafficking for commercial sexual exploitation in India. The Scheme is being implemented mainly through NGOs to provide direct aid to the victims of trafficking.
Working Women Hostel	Introduced in 1972–73 and after an amendment re-launched on 6 April 2017	To promote availability of safe and conveniently located accommodations for working women, with day care facilities for their children, wherever possible, in urban, semi urban, or even rural areas where employment opportunities for women exist.
Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers	The programme was recast by the Government of India in 2006	To provide day-care facilities for children (6 months to 6 years) of working mothers in the community. To improve nutrition and health status of children. To promote physical, cognitive, social, and emotional development of children. To educate and empower parents/caregivers for better childcare.
SWADHAR Scheme (A Scheme for Women in Difficult Circumstances)	2002	For providing holistic and integrated services to women in difficult circumstances and without any family, social and economic support, such as destitute widows deserted by their family in religious places such as Vrindavan and Kashi, women prisoners released from jails, women survivors of natural disasters who have been rendered homeless, trafficked women/girls rescued or runaway from brothels, women victims of terrorist violence without any means for survival, mentally challenged women and women with HIV/AIDS deserted by their family, etc.

Women Empowerment Programmes	Year of Commencement	Objectives
Support to Training and Employment Programme for Women (STEP)	The Ministry has been administering STEP Scheme since 1986–87 as a 'Central Sector Scheme'. It was revised in December 2014	To provide skills that give employability to women. To provide competencies and skill that enable women to become self-employed/entrepreneurs.
Nari Shakti Puraskar	1999	To recognize women who have exceeded expectations to challenge the status quo and make a lasting contribution to women's empowerment.
Women Empowerment and Livelihood Programme in Mid-Gangetic Plains-'Priyadarshini'	Pilot Project	It focuses on women empowerment and livelihood in Mid-Gangetic Plains. It also empowers them to address their political, legal, health problems.
Mahila E-Haat	7 March 2016	It will help women to make financial and economic choices that will enable them to be a part of 'Make in India' and 'Stand Up India' initiatives.
Rashtriya Mahila Kosh (RMK) is also known as the National Credit Fund for Women (NCFW)	1993	It caters to the credit needs of the poor and asset-less women in the informal sector
Central Social Welfare Board (CSWB)	1953	To promote social welfare activities and implement welfare programmes for women and children through voluntary organizations
Development of Women and Children in Rural Areas (DWCRA)	1982–83	To improve the socio-economic status of poor women in rural areas through creation of groups of women for income-generating activities on a self-sustaining basis.

Source: Author's Compilation

4.6 LINKAGES WITH OTHER SDGS

One important take away from the engagement with different stakeholders and civil society, working for gender equality and women's empowerment, is that it is important to build linkages with SDG 5 and other SDGs, particularly SDG 1, SDG 4, and SDG 8. While examining the existing interlinkages, the Government of India has also looked at interlinkages as a policy priority. However, for achieving the targets of SDG 5, the identified policy gaps require urgent attention.

Table 4.5: Interlinkages with other SDGs and the Policy Gaps

SDG 5	Interlinkages	Policy Gaps
Reducing inequalities between different gender and addressing issues such as feminization of poverty, gender dimension of poverty	SDG 1 (Poverty) Public distribution for food security Work through MGNREGA	Wealth redistribution has remained a challenge and female poverty is increasing due to lack of basic education and capacity building

SDG 5	Interlinkages	Policy Gaps
Gender dimensions of food distribution, access to subsidized food, basic nutrition for mothers and young girls	SDG 2 (Zero Hunger), ICDS, MDM, PDS, Antyodaya scheme for hard-to-reach poor has been initiated and women has been focused	More awareness is required so that girls and women are able to access the targeted schemes timely
Adolescent girl and sexual health, women and health issues	Kishori schemes, Menstrual hygiene has also been initiated for addressing sexual and other health issues of adolescents	Lack of infrastructure such as toilets continues to be a challenge in rural areas. Different Ministries also require to work in coordination for mitigating the gaps
Education of girls	SDG 4 (Quality Education). Girls participation in secondary and tertiary education has been focused both by Ministry of Women and Child Development and Ministry of Education	Lot needs to be done from appointing of more female teachers, adequate infrastructure and schools mostly secondary schools in the habitation of girls so that access doesn't become a barrier
Clean water for drinking and sanitation facilities for menstruating girls and female workers in the factory/work site of MGNREGA	SDG 6 (Clean Water and Sanitation). This is critical for more women participation in education and work. Swatch Bharat Abhiyan has been initiated for this purpose.	However only 54% of schools in India have basic WASH facilities. Implementation of MGNREGA is very poor and most sites lack basic access to water, toilet facility, crèche as mandated in the MGNREGA
Working environment for female workers	SDG 8 (Decent Work and Economic Growth). MGNREGA was the first Act that provisioned for crèche facility at MGNAREGA work site	Low female work participation along with lack of education are the chief reasons for a glaring lack of decent working conditions for women in factories, public work sites, and even in private spaces for domestic workers
Entrepreneurship, apprenticeship for female workers/employees	SDG 9 (Industry Innovation and Infrastructure) is linked to SDG 5 and various skill training, sector skill councils of different trades are focusing on this	Issues such as access to financial services, credit, micro finance and even loans has been a challenge to bring gender parity in the workforce participation of the country

Source: Author's Compilation

4.7 ROLE OF NGOS IN ACHIEVING GENDER EQUALITY AND WOMEN EMPOWERMENT

The concept of women empowerment was adopted after the Beijing Conference (1995) as a development paradigm. The Beijing Declaration (section 13) presents women's empowerment as a key strategy for development: 'Women's empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace'. Empowerment literally means making someone powerful, facilitating the weak to attain strength, to increase one's self-esteem, to help someone to be assertive and self-confident, to enable someone to confront injustice and oppression and to support someone to fight for her rights. Empowering women actually means strengthening them to

confront family, community, caste, religion and traditional forces, patriarchal forces and biases working within government departments.
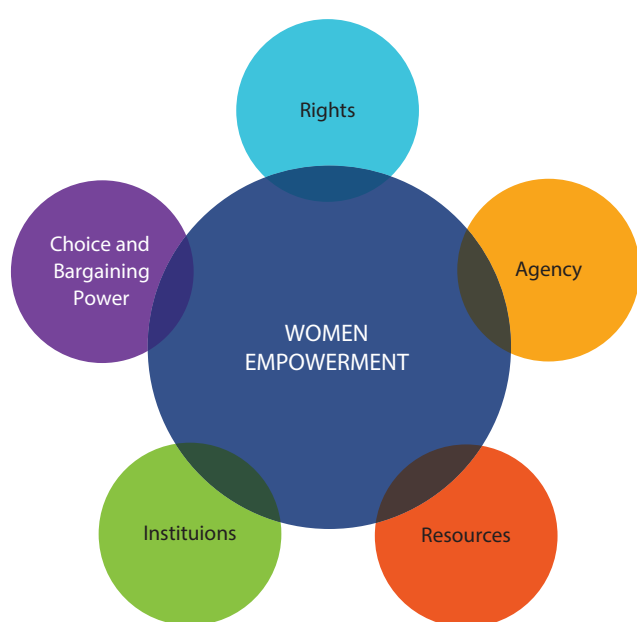
Naila Kabeer (1999) argues that the concept of empowerment can be explored through three closely inter-related dimensions: agency, resources, and achievements. Agency represents the process by which choices are made and put into effect. It is, hence, central to the concept of empowerment. Resources are the medium through which agency is exercised and achievements refer to the outcomes of agency.

As per the United Nations Development Fund for Women (UNIFEM), the term women's empowerment means:

- Acquiring knowledge and understanding of gender relations and ways in which these relations may he changed.
- Developing a sense of self-worth, a belief in one's ability to secure desired changes and the right to control one's life.
- Gaining the ability to generate choices and exercise bargaining power.
- Developing the ability to organize and influence the direction of social change, to create more just social and economic order.

Figure 4.1: Empowerment Framework

Source: Designed by CSD

- **Right to be Born:** To stop practices such as female foeticide and infanticide, legislations like PNDT Act 1994 has been formulated. It is a central act.
- **Right to Survival and Good Health:** The largest umbrella programme for young children, called Integrated Child Development Services, was launched in 1975 to address issues of malnutrition and early childhood education of young children.
- **Right to Education:** Elementary education is a fundamental right in the country under Article 21(A) of the Constitution of India. It addresses issues of access and equity in schooling. Girls for long have been discriminated in attending school. *Beti Padhao Beti Bachao* is another programme that addresses the discrimination a girl faces in education and even in continuing with life.
- **Right to Protection:** JJ Act 2005, POCSO 2012, CLPRA Act 2016 safeguard the right to protection for a girl child against gender-based violence, crime, child labour, trafficking for work and sex and all forms of discrimination.

Given the spectrum of the empowerment framework and the current status of women in India, the role of NGOs is extremely critical. The first NGO was the Anti-Slavery Society followed by the Red Cross and Caritas, a movement that arose at the end of the 19th century. Most of the other NGO movements were founded after the two world wars and, hence, were primarily humanitarian in nature. For example, Save the Children was formed after World War I and CARE was formed after World War II (Hall-Jones 2006). However, over the years the role has changed and in the current context NGOs act as partner to the government in implementation of programmes and schemes for inclusion and sustainable development. The number of NGOs has grown dramatically and NGOs have become a powerful player in global politics, facilitated in part by the increasing funding by public and private grants

(McGann and Johnstone 2006). NGOs play an important role in global social development – work that has helped facilitate achievements in human development as measured by the UN Human Development Index (HDI). One of the major strengths of NGOs is their ability to maintain institutional independence and political neutrality. Even though NGOs need to collaborate with governments in numerous instances, failure to maintain neutrality and autonomy may severely compromise their legitimacy. Unfortunately, if a government insists upon political allegiance, the NGOs encounter the dilemma of either violating the neutrality position or failing to provide needed services to the population. Indeed, some NGOs have been asked to leave in troubled countries due to political reasons (Asamoah 2003). As recognized by the 2030 Agenda, NGOs play critical roles in SDG implementation. The following section elaborates on the role of NGOs in achieving SDG 5.

Raise Awareness and Mobilize

Mobilizing civil society groups, communities, and local-level leaders and other structures has been a crucial role of NGOs. For example, organizations such as Nirantar are working at the community level to break stereotypes and ensure equality of all genders irrespective of their biological differences. Reaching out to the poor and remote communities and mobilizing

these populations has been one of the primary roles of many NGOs, particularly those who train grassroots organizations/workers on spreading awareness on SDGs. Gender equality is very closely associated with the community and the culture. Thus, building awareness and sensitization is at the core, so that stereotypes can be broken, which can be termed as the first step within the process of transformation. They can also empower these populations to regain control of their lives and can work with and strengthen local organizations. In addition, such NGOs can carry out projects more efficiently and at lower costs than government agencies and, most importantly, promote sustainable development (Nikkhah and Redzuan 2010). In India, *Wada Na Todo Abhiyan* has been sensitizing different stakeholders on SDGs and creating evidence and shadow reports.

Good Practice 1: *Wada Na Todo Abhiyan*

Wada Na Todo Abhiyan is a campaign formed by civil society organizations (CSOs) in 2004 to hold the government accountable to its national and international commitments. It has 4,000+ partners across India, which includes INGOs, local networks, forums, and nearly every other form of CSO. Started by increasing government accountability by tracking the performance of Five-Year Plans and the Millennium Development Goals, it now conducts governance reviews and tracks progress towards achieving SDGs.

Box 4.4: Lack of Livelihood and Security for Gender-based Violence Survivor

Preeti Patel, age 27 years, is native of Sagar District (Madhya Pradesh). Preeti belongs to a poor OBC (Other Backward Caste) family. She has one sister and two brothers. Her mother is a housewife and her father is a marginal farmer. Preeti wanted to study but her family got her married after Class VIII with a man who was in his 40s. She was not happy but had no choice. Preeti became a mother of two sons at a tender age of 20 years. Unfortunately, her husband died of brain haemorrhage thereafter. She came back to her parents who then remarried her to a man named Purushutam, who already had a wife and lived in Bhopal. Initially he did not have any issue with her. However after birth of a child, both he and his first wife started mistreating Preeti and forced her to leave him without taking the child. Preeti was physically tortured many times by her second husband. Due to mental and physical harassment, she contracted tuberculosis. She approached Gauravi, a One Stop Crisis Centre supported by the Madhya Pradesh government and Action Aid where she took shelter and support with her three children. With claimed maintenance money from her second husband, she opened a street food stall. Although her stall was in a prime location, she was unable to sustain the expenses and faced regular harassment by local authorities and police, which deterred her spirits even further. There is no support/subsidy from the government for such gender-based violence survivors, and this is why several women like Preeti who want to stand up on their feet end up losing ground. Today Preeti is working as a domestic worker and is hardly able to sustain herself and her children.

Source: Shadow Report prepared by WNTA

Build Capacity: Design and Implement Projects

Another important role of NGOs is building capacity, designing, and implementing projects aimed at achieving the SDG targets. Therefore, positive assertion on the following points is necessary for building capacities and implementing projects:

Create/promote an enabling environment (e.g., political, policy, legal) at all levels for encouraging and engaging civil society in addressing the challenges and accordingly build capacity.

Strengthen and align civil society programmes at national and state levels in accordance with the SDGs, for cross-learning and enhancing capacity. Establish all-inclusive monitoring systems in order to facilitate civil society for effective results of SDGs implementation.

Box 4.5: Good Practice 2: PAIRVI

A capacity building and advocacy support organization promotes rights-based approach to development and believes that current economic models have failed to address poverty, inequality, marginalization and are based on overexploitation of natural resources. It engages with SDGs and other policies aimed at sustainable development. It promotes decentralized policy making and demands accountable governance. It seeks to enhance peoples' understanding on sustainable development so that they can be partners in development and analyse policies, programmes, and actions. It also engages with the UN agencies working on sustainable development and environment including the United Nations General Assembly, High Level Political Forum on SDGs, United Nations Environment, and UN Economic and Social Commission for Asia and the Pacific. PAIRVI is an active member of the Asia Pacific Regional CSOs Engagement Mechanism on Agenda 2030.

It looks at farmers as social groups and delved deep into challenges and vulnerabilities of often-left-behind farmers, i.e. rain-fed farmers, women farmers, tenant farmers, landless farmers, livestock farmers/pastoralists and Adivasi farmers, and came up with actionable recommendations and suggestions. It influenced the NITI Aayog and facilitated consultation with key stakeholders for preparing the Voluntary National Review (VNR).

Source: Prepared by Author

Monitor and Review Policies for Accountability

At the national level, NGOs play a crucial role in translating the 2030 Agenda into national priorities. They play a trigger role by ensuring inclusion of local needs and priorities into national priorities and strategies. Thus, civil societies act as catalysts for critical global and national agendas, and assist in bringing people's voices to national debates and the development of national as well as global strategies. Civil societies also play a critical role by working with the state apparatus in implementing their agenda, delivering services, generating information and evidences, holding governments accountable to their commitments, and advocating for socio-economic transformation.

Box 4.6: Good Practice 3: RTE Forum

The major thrust of the Forum's work has been to strengthen, expand, and sustain a national-level campaign on the RTE Act, involving state-level groups and networks, and creating a sustained pressure on the government for an effective roadmap (both at the centre and at the state levels) for the implementation of the Act. The Forum has brought together people from different groups in 19 states and created state-level RTE Forums in Delhi, Uttarakhand, Uttar Pradesh, Jharkhand, Bihar, Odisha, Chhattisgarh, West Bengal, Assam, Himachal Pradesh, Madhya Pradesh, Maharashtra, Gujarat, Karnataka, Andhra Pradesh, Telangana, Tamil Nadu, Rajasthan, Puducherry.

The national stocktaking convention is a culmination of the year-long advocacy activities and the stocktaking report facilitates government and other actors in education by providing a current picture of school and education, particularly elementary education as it is an SDG indicator and a fundamental right. Policy briefs prepared on girl's education have been able to amplify the need for universalization of girl's education till the secondary level, which builds connections and links both SDG 5 and SDG 4.

Source: Prepared by Author

Collect Data for Creating Evidence

Collecting data is another important role played by the NGOs in achieving gender equality. To work on gender issues, it is extremely important to understand how to conduct action research through participatory methods using participatory rapid appraisal (PRI) techniques.

Such data generation makes the community an equal participant in the process of collecting data and helps to understand the needs of the people. Organizations such as Praxis have been collecting ground-level data through participatory methods for providing a ground reality of the indicators of SDG 5 and correlated SDG.

Box 4.7: Good Practice 4: Oxfam India

Oxfam India creates evidence to support the government towards achieving gender equality. India ranked 108th on the WEF's Global Gender Gap Index of 2018 and 10 notches less than in 2006 and far below the global average and behind China and Bangladesh. Oxfam creates data and evidence through rigorous research. India has many laws that deal with violence against women, but their implementation remains a challenge, due to a deeply patriarchal society.

The report 'On Women's Backs' India Inequality Report 2020 found a large majority of women are working in the informal sector that does not have any formal mechanisms for dealing with sexual harassment. Consequently, when there is an option, women drop out of the labour force, rather than continuing under exploitative conditions. The report was widely used by various stakeholders including the Government of India for preparing status report of SDG 5.

Source: Prepared by Author

Providing Technical Support

One of the important roles of NGOs is also providing technical support to the government,

by reaching the unreached so that no one is left behind.

Figure 4.2: Role of NGOs and SDG 5

Need to develop a common understanding of the basic concepts related to gender and gender equality Lack of professional skills to design and develop programmes

Liaising with different government agencies/departments, funding organizations, etc.

Lack of project management skills

Internal aspects of NGOs

Lack of access to information on funding

Access to government departments for influencing policy Networking and advocacy with various organizations for prioritizing demands for policy change

Prepare policy briefs, case studies to influence the government

Use tools like media, to influence policy

External acts of NGOs

Source: Designed by CSD

COVID -19 and Newer Challenges: Role of NGOs

COVID-19 impacted the vulnerable section of the society, and women in most cases have been doubly jeopardized. COVID-19 pandemic exacerbated the existing inequalities and women suffered not only because of pandemic-related restrictions but also due to the increasing inequalities and vulnerabilities in this period.

Increasing Violence against Women

In India 30 per cent of all women over the age of 15 are subjected to domestic violence, both in parental and in matrimonial homes (IIPS and ICF 2017). In 2019, 8195 women were killed by their husbands and their relatives for dowry [7162 dowry deaths (NCRB 2020a) and 1033 murders–motive dowry (NCRB 2020a)] and 1815 women were abetted to die by suicide owing to dowry-related issues (NCRB 2020b). Thus, more than 27 women were killed or died by suicide every day due to domestic violence. Further, 126,575 women reported cases of cruelty by their husband and his relatives (NCRB 2020a: 197). 'Cruelty by Husband or His Relatives' accounted for 30.9 per cent of all IPC (Indian Penal Code) crimes against women (NCRB 2020a). These are the reported cases; far more cases are unreported due to social acceptance of domestic violence.

Swayam[25] analysed new cases of women who approached their main crisis intervention centre (CIC)[4] in Kolkata during pre-lockdown in January/February 2020, during the full lockdown in April/May 2020, and as lockdown was being lifted in June/July 2020 (referred to as post-lockdown henceforth), to understand how COVID-19 affected them. A total of 535 women approached Swayam via phone, email, or directly for support during these phases. Of these, 344

contacted the main CIC in the city and the rest the ancillary centres. During full lockdown, women could only access the organization over phone and email. Approximately 89 per cent reported domestic violence in both their matrimonial and natal families, and the rest were cases of cybercrime, sexual abuse/ harassment, boyfriend violence, underage elopement, and issues with neighbours. As was clear from phone conversations with all those that got in touch with Swayam, women from all age groups and backgrounds facing violence in their marital or natal family reached out for help, many for the first time. When compared with the overall number of domestic violence complaints received pre-lockdown, there was a 55 per cent increase during full lockdown, skyrocketing to over 171 per cent post-lockdown, denoting increasing desperation. Cases received of domestic violence against married women by their husbands and in-laws increased by 44 per cent during full lockdown and went up to 156 per cent post-lockdown, compared to the pre-lockdown period. Clearly, violence escalates exponentially with restrictions on the mobility of both the abuser and the survivor. As restrictions relaxed, women were able to come out and report domestic violence.

Of these, 344 women who approached Swayam, the organization was able to follow through and support 252 women. The rest were referred to other organizations, and Swayam abided with their requests not to contact them unless they contacted the organization. The organization was unable to reach those whose phones were switched off, or who did not pick up calls or respond to emails.

Over 90 per cent of women reported increased levels of physical, emotional, sexual, and economic abuse during the lockdown. They reported being subjected to severe beating (with bamboo poles/spades), kicking, slapping, arm-twisting, hair pulling, pushing, punching, suffocation, physical abuse during pregnancy, and denial of food, and two cases of dowry-related murders.

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[25] Swayam, a feminist organization in Kolkata committed to advancing women's rights, facilitating women's empowerment and ending gender inequality and violence against women, was established in May 1995.

Box 4.8: Case 1

A 53-year-old woman, married for 20 years to a manager of a multinational corporation, approached Swayam during the lockdown. Since the time she got married, her husband did not have any sexual relationship with her and was emotionally and physically abusive. Throughout her married life, she was taunted for being barren and harassed by her husband and mother-in-law. She was unable to talk about this with anyone in her family and she put up with the abuse. Eighteen years later, she found out her husband was impotent. During the lockdown, matters deteriorated as the domestic workers were released, and she performed all the housework herself. In the morning, her husband would sit with a knife and say that she would get puffed rice for breakfast only after cleaning the house.

Source: Prepared by Author

Over 37 per cent of women facing domestic violence fled or were thrown out of their homes during the lockdown and took shelter with friends and relatives or stayed in hotels, since shelter homes, fearing COVID-19, were not accommodating them.

Plight of Women Migrant Workers

Box 4.9: Case 2

On 18 April 2020, 12-year-old Jamlo Makdam from Chhattisgarh's Bijapur district, who worked in the chilli fields of Kannaiguda village in Telangana, died after fleeing the stringent and sudden national lockdown imposed on account of COVID-19. She walked 150 km in three days before succumbing to exhaustion and dehydration, less than 50 km from her home. Jamlo's story is ostensibly one of the incompetency of the central and state governments that did not plan for safe and affordable transportation of more than 50 million low-wage migrant workers engaged in informal work and were desperate to return to home.

Source: Prepared by Author

Based on ITUS data (GoI 2020), it was found that on average women spend approximately 458 minutes per day in domestic and care-giving services, which is much higher than the average time spent by men, which is 197 minutes. While rural men's participation in production for consumption is lower than rural women's participation, men spend 215 minutes on this activity on average compared to women's 132 minutes. In total, women spend 923 minutes and 928 minutes, respectively, in rural and urban areas, whereas men spend a total of 867 minutes and 878 minutes, respectively, in rural and urban areas. It is pertinent to note that both men and women have 14- to 16-hour workdays and are likely to face exhaustion and stress, but women take on a larger burden of reproduction.

This indicates the lack of social infrastructure provided by the state, as well as their inability to purchase market substitutes on account of inadequate decent waged work or other market employment. Deshpande (2020) argues that the gender gap in housework declined because the middle class experienced reduced access to domestic helpers and an increase in hours spent by men on housework on account of work from home; post-lockdown men's hours in care work have declined but not to pre-pandemic levels.

During the lockdown, growth rates declined by 23.9 per cent year on year in the second quarter of 2020. While job loss for men was higher (104 million) than women (17 million) in absolute terms after one month of lockdown (Deshpande 2020), women were seven times more likely to lose employment during the pandemic and 11 times less likely to recover from job loss even after controlling for household-level characteristics and care burden, which could be attributed to adverse employment arrangements and gender-based occupational segregation (Abraham *et al*. 2021). By August 2020, an estimated

55 per cent of temporary salaried employed women workers and 46 per cent of self-employed women workers had exited the workforce (Abraham *et al*. 2021).

Further, Anand and Thampi (2020) calculate that SCs earn about 55 per cent less than the other caste category (excluding SCs, STs, and OBCs), the gap being higher in urban areas compared to rural areas. Women workers, on the other hand, earn 54 per cent and 70 per cent of male workers' wages in rural and urban areas (Anand and Thampi 2020). These wage gaps across caste and gender lines arise from occupational segregation as well as explicit and implicit biases.

As the COVID-19 pandemic and its concomitant socio-economic shocks rage in India, it is evident that decisions about who receives healthcare and economic benefits are political and tend to reflect social hierarchies. Much has been written about the ways in which the pandemic exposes structural inequality – racial, ethnic, and gendered – in nations, but what about those who are perceived as outsiders even within their own borders (Kesar *et al*. 2021; Anyane-Yeboa *et al*. 2020). Mitra (2020) argues in *Indian Sex Life* that the association of sex work with epidemiology and infection control was entrenched in colonial India and reinforced by the passage of the Contagious Diseases Act of 1868, which 'inaugurated a new era of the regulation of sexuality in India'. Doctors believed that knowledge and control of the activities of prostitutes – or '"knowledge of the indigenous evil" that was the Indian prostitute' – was necessary for infection control (Mitra 2020). Police were empowered to arrest, on charges of endangering public health, women who were suspected of being prostitutes or of soliciting sex.

In this scenario, newer challenges have set in and NGOs and the larger civil society have to address these in the implementation of SDG 5. Particularly the new normal has also affected the working conditions of NGOs as maintaining protocol impacts the access and movement of the NGO workers. However, regular engagement is extremely important

as women in remote areas have been severely impacted with a prolonged national lockdown and curfew therefore. Extensive use of phone calling has also been a major challenge as women have no money to recharge their cell phones. In these difficult times, collaboration of NGOs with panchayat and government officials/administration/police at the block and district levels becomes indispensable. A comprehensive collaborative approach and model has to be followed with adequate financial support from the government and private enterprises. This has been described and proposed in the following section to meet the new challenges, which widened the existing inequalities and posed additional barriers in the successful implementation of SDG 5.

4.8 WAY AHEAD: GENDER IN THE AGENDA 2030

Tools and Resources for Gender Equality and SDG 5

Economic Empowerment: SEWA Experiment

Established in 1972, the Self-Employed Women's Association (SEWA) is a movement of self-employed women in rural and urban India, and is the largest trade union of the country. SEWA's movement is a confluence of three movements: labour movement, women's movement, and the cooperative movement. Self-employment represents nearly half of informal economy workers (48.6%), and by addressing the needs of the self-employed, SEWA addresses the needs of a large majority of India's labour force. Second, self-employed workers are also more prone to exploitation. Through its various initiatives, organized into cooperatives and district-level federations, members develop collective bargaining power and create alternative sources of employment for themselves, and livelihood security for their families. It has impacted lives of millions of women in the country and improved their income manifold by breaking the chain of brokers and empowering women to negotiate among themselves.

Sharing of Lessons Learned and Creating Knowledge/Resources: Gender Park in Kerala

Kerala is one of the states that has a WWFP much higher than the national average (see Table 4.1). While the latest Periodic Labour Force Survey (the new annual labour force data series substituting the quinquennial Rounds of NSSO) for 2018–19 shows an increase in female workforce participation from 16.5 per cent (usual principal and subsidiary status) in 2017–18 to 17.6 per cent for all-India and more substantially in Kerala from 16.4 per cent to 20.4 per cent, the levels are still very low and the increase has occurred primarily in self-employment and casual work. Hence, laying a stress on economic empowerment and agency development remains crucial for achieving the SDGs. Gender Park, the Government of Kerala's initiative, is aimed at achieving the SDGs to unleash the economic potential of women and entrepreneurship and garner gender-related knowledge and lessons from experiences of successful sustainable enterprises and social businesses in Kerala, India, and the world. Kerala is also known for its Kudumbashree, which is a community network having a three-tier structure. The Neighbourhood Groups (NHGs) are the primary-level units of this network, the next level being Area Development Societies (ADS) functioning at the ward level, and the top level being the Community Development Societies (CDS) that also contributed to the high WWPR in the state.

One Stop Centres: Central Government Initiative

Justice (Retd.) Usha Mehra Commission, setup to suggest measures to improve women's safety, had recommended in its report submitted in 2013 that there is a need for the establishment of a 'one-stop centre' at a notified hospital to help victims of sexual assault and ensure speedy punishment to culprits. A woman affected by violence can access a One Stop Centre in the following manner:

- By herself
- Through any person including any public-spirited citizen, public servant (as defined under Section 21 of Indian Penal Code, 1860), relative, friend, NGO, volunteer.
- Through women helplines integrated with police, ambulance, and other emergency response helplines.

These practices can be used by NGOs as resources for expediting the process of SDG 5 implementation in partnership with the government and other NGOs. We are already in 2022, and there is less than a decade left to implement the goals, otherwise they will remain such without actual translating into changing the social realities of discrimination, unfair and unequal wages, unequal education system, increasing crimes against women, decreasing sex ratio, etc. Kerala, for instance, has been supporting the continuity of gender sensitive initiatives and allocated adequate budget to sustain the initiatives through decades, which in turn paved the way for innovative ideas and policies. The role of the state is critical as without its support, it is challenging to control the invasion of market and unregulated competitiveness. Such an environment further privileges the already privileged creating mountains of inequalities, which stand so tall that engendering remains an unheard clamour. Role of civil society and women organization should be given a central role as gender is a lived reality and it is important to involve the community and community structures for initiating the process of change. Most importantly, a bottom-up approach for gender equality and policy development is critical for enabling an organic change, which definitely will be sustainable and owned by people challenging the agenda of any ruling regime. Based on the above large-scale good practices by the government and NGOs, a collaborative model, as shown in Figure 4.3, may be proposed for transforming SDG 5 into action to impact lives of people and society at large.

Figure 4.3: SDG and Interlinkages

Source: Prepared by CSD

Approach towards Achieving SDG 5 and Interlinkages

The approach for empowerment of women has been through various approaches that can be encapsulated in the following:

- Entitlements incentives
- Access to institutions and services
- Interventions including training in martial arts/self-defence
- Career guidance programme for girls, PBBB, resource material, and behavioural change
- Kishori Manch
- Sensitization and special training to strengthen the ecosystem for girls education
- Appointment of female teachers
- Free uniform for girls
- Stipend for CWSN girls, girls' toilets
- Girls' hostels, furniture for girls' hostels
- Skill training
- Forum for entrepreneurs
- Micro enterprise/SHGs/cooperatives

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5. CLEAN WATER AND SANITATION

STRUCTURE OF THE UNIT

- Introduction
- The Goal 6 Targets
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6 CLEAN WATER AND SANITATION

Ensure availability and sustainable management of water and sanitation for all

5.1 INTRODUCTION

Water and sanitation are at the core of sustainable development and the range of services they provide help in poverty reduction, economic growth, and environmental sustainability. However, in recent decades, overexploitation, pollution, and climate change have led to severe water stress all over the world. According to the UN estimates,[26] 2.2 billion people across the world lack access to safely managed drinking water, and more than 4.2 billion people lack safely managed sanitation. Climate change is an additional factor that is aggravating the situation, with ever-increasing adversities, such as floods and droughts.

The COVID-19 pandemic has re-emphasized the importance of cleanliness and hygiene. Now, more than ever, the world needs to transform the way it manages its water resources and provides water and sanitation facilities to its people.

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[26] Details available at https://sdgs.un.org/

The failure to assign adequate importance to sustainable use of water and sanitation facilities has enormous social, economic, and environmental repercussions.

Sustainable Development Goal 6 (SDG 6) on water and sanitation, adopted by the United Nations Member States at the 2015 UN Summit as part of the 2030 Agenda for Sustainable Development, provides the blueprint for ensuring availability and sustainable management of water and sanitation for all.

The aim of SDG 6: 'Clean Water and Sanitation' is to ensure availability and sustainable management of water and sanitation for all. The sub-targets include safe drinking water for all, sanitation for all, better water quality, more efficient water use, integrated water management, and healthier ecosystems by 2030. This goal is the only one among all 17 goals where a person's survival is in jeopardy in case of non-availability of clean drinking water and healthy sanitation services.

India, as a nation, is committed towards achieving these targets and the central government has prioritized providing access to water and sanitation through its programmes and schemes. With India having a federal structure and water and sanitation being a state subject, it is imperative that the states give as much importance to the programmes and support its implementation. As this is a goal that cannot be achieved without covering each and every household, even in the remotest segments of the country, and India being among the most populous nations, it is essential to collaborate with and include local government and non-government bodies in identifying the target households, helping in implementation, and making the people aware of the significance of safe drinking water and sanitation habits. NGOs need to their share the knowledge garnered from the field with the government. The knowledge sharing should comprise what works and does not work for a particular area. This would mean including both the failures and the success stories that would in turn help in documenting the strategies which can be used in other parts of the country with a similar socio-economic and cultural settings.

Over the years, a number of government programmes have been initiated that can help to achieve SDG 6 agenda. SDG 6 talks about access to clean water component; to enable this in 2019, the central government formed a new ministry, the Ministry of Jal Shakti, by merging the Ministry of Water Resources, the River Development and Ganga Rejuvenation and the Ministry of Drinking Water and Sanitation. The central government aimed to address the urgent need of water conservation and provisioning by forming the new ministry. The National Rural Drinking Water Programme, Swachh Bharat Mission (Urban and Rural), National River Conservation Programme (NRCP), Atal Mission for Rejuvenation and Urban Transformation (AMRUT), Smart Cities Mission, National Ganga Plan and Ghat Works, Ground Water Management and Regulation, Pradhan Mantri Krishi Sinchayee Yojana (PMKSY), Development of Water Resources Information System constitute some of the programmes launched by the central government to address the water access component of SDG 6. As for access to sanitation part, the Government of India launched the Swachh Bharat Mission in 2014, even before the SDGs were framed. The major elements of this programme include Household toilets, including conversion of insanitary latrines into pour-flush latrines; Community toilets; Public toilets; Solid waste management; IEC and Public Awareness and Capacity building and Administrative and Office Expenses (A&OE).

The Ministry of Jal Shakti launched the Jal Jeevan Mission, one of its most ambitious projects, on 15 August 2019. The aim of the mission is to provide functional tap water connections to all rural households by 2024. While the scheme in itself is right on point towards working on Target 6.1 of achieving universal and equitable access to safe and affordable drinking water for all, it does not give enough significance to the bigger concern of depleting groundwater and drying rivers, which might make it difficult to ensure the supply of water in these taps. At present,

38.9 per cent[27] of rural households have a functional household tap connection (FHTC). So, until a sizeable proportion of households get piped water connections, the dependency will be hugely concentrated on tube wells. About 89 per cent[28] of groundwater extracted in India is used for irrigation, making it the highest category user in the country, followed by households and industries. The major user of groundwater is north-western India where the estimated rate of depletion of groundwater is 4.0 cm of water per year, equivalent to a water table decline of 33 cm per year.

Moreover, even in urban India, only 40.9 per cent of households have piped water connections. This issue will partially be addressed by the Centre's new flagship programme – Jal Jeevan Mission (Urban) – to provide piped water supply and tap connections to all households in cities with a population less than 100,000 over the next five years. Apart from rural and urban population, the situation in slums also needs to be addressed: as out of 6 urban Indians 1 lives in slums (NSSO 2012). In addition, 59 per cent of the slum settlements in India are non-notified areas; this makes ensuring access to water and sanitation even more challenging. Moreover, even though the COVID-19 pandemic has brought the issue of water and sanitation into prominence, the economic and fiscal impacts of the pandemic will pose a serious challenge to the goal of piped water for all by 2024. For instance, Delhi, which is the national capital, faces complex urban water challenges. Having no water resources of its own, it is mostly dependent on other states such as Uttar Pradesh, Uttarakhand, Punjab, and Himachal Pradesh. The consequences of poor water management show that achieving SDG 6 target related to access and sustainable management of clean water and sanitation requires an integrated approach in addressing the problems. Moreover, the government policies and programmes must be adopted in a synchronized manner (Nanda 2018).

SDG 6 is closely associated with heath, food security, and livelihoods for millions of people, especially in developing countries. The UN Sustainable Development Solutions Network's *SDG Index Report 2019* places India at 115 out of 162 countries (score of 61.1%). As per the report, India has scored 56.6 per cent in terms of SDG 6 achievement. A study conducted by the ORF (Bhowmick, Ghosh and Saha 2020) ranks the states according to SDG 6 scores (Figure 5.1). The study noted that most of the states that are not performing well in SDG 6 are endowed with water resources as they lie along the Ganges basin (Bihar, Jharkhand, Uttar Pradesh, Chhattisgarh, West Bengal), while the better performing states are relatively water scarce.

The outbreak of COVID-19 stressed further on the importance of clean water, sanitation, and hygiene. In developing countries like India with high population density and large informal settlements, there is an added risk of mass contraction of the disease among the people living in slums and other densely populated areas. A recent World Bank tool for identifying pandemic 'hotspots' pointed to the cramped living conditions of cities and inadequate public services, especially inadequate waste management and sanitation, as significant sources of risk for contagions in large developing market cities, such as Cairo and Mumbai (IFC 2020).

While direct impact of COVID-19 on safe drinking water has been minimal, there have been other impacts. Industrial demand for water reduced drastically leading to decline in revenue, suspension of water billing in many countries lead to revenue losses for the government, construction and other routine operations could be affected due to increased risk to utility staff, and operations could be affected by the increased risk of contagion among utility staff. In India, however, in the budget 2021–22, the Government of India announced an outlay of Rs 2.87 trillion towards the launch of the Jal Jeevan Mission Urban owing to the importance stressed on clean water and sanitation by the WHO.

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27 Details available at https://ejalshakti.gov.in/jjmreport/JJMIndia.aspx

28 CGWB, Ministry of Jal Shakti, GoI

Figure 5.1: SDG 6 Index Scores (SDG6i)

Bihar, 0.285
Jharkhand, 0.301
Uttar Pradesh, 0.329
Chhattisgarh, 0.357
West Bengal, 0.391
Rajasthan, 0.412
Odisha, 0.428
Uttarakhand, 0.433
Assam, 0.445
Punjab, 0.445
Andhra Pradesh, 0.446
Haryana, 0.468
Delhi, 0.477
Madhya Pradesh, 0.498
Tamil Nadu, 0.500
Maharashtra, 0.527
Karnataka, 0.537
Kerala, 0.571
Jammu and Kashmir, 0.577
Himachal Pradesh, 0.622
Telangana, 0.629
Goa, 0.732
Gujarat, 0.738
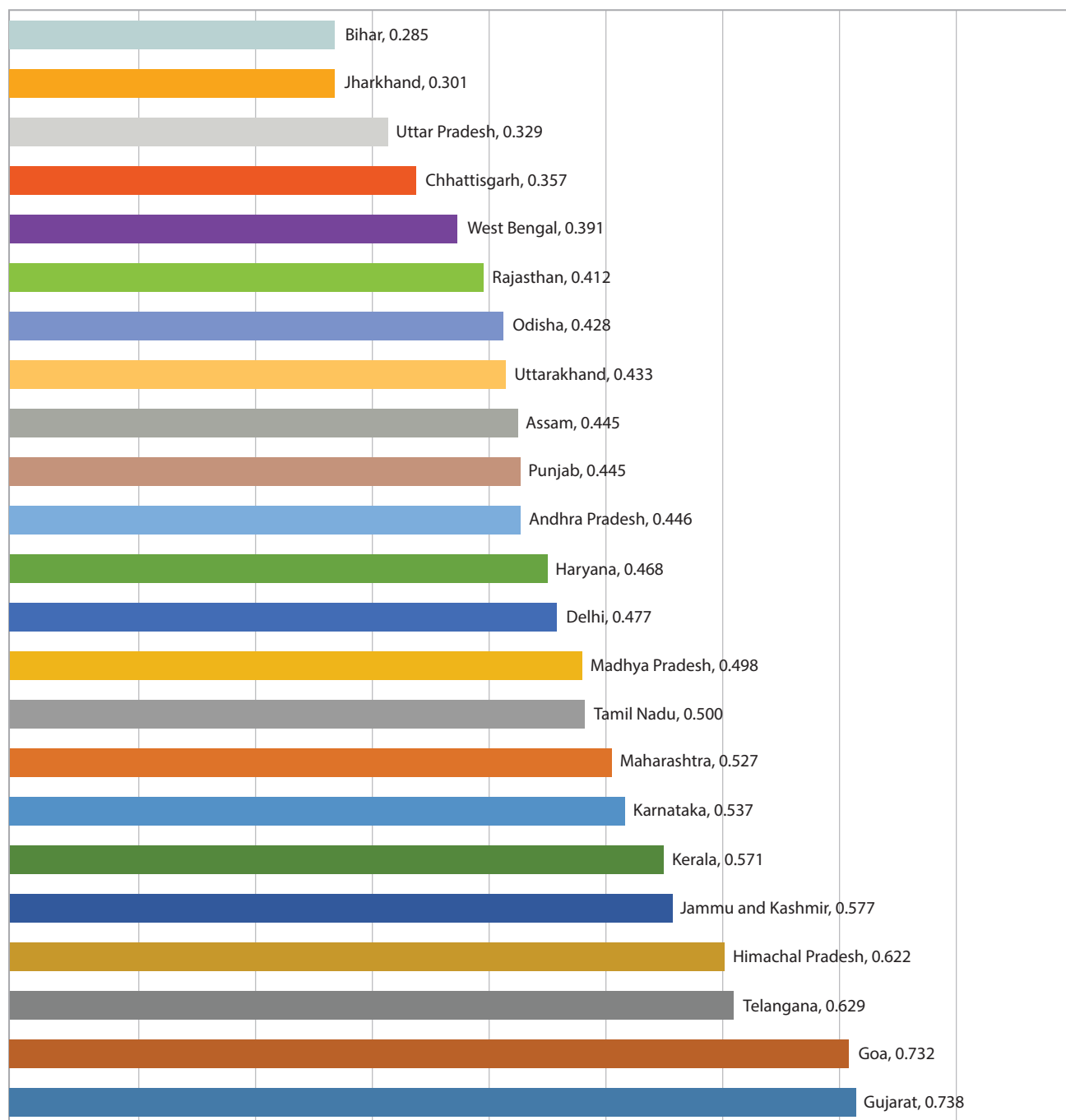
Source: Bhowmick, Ghosh and Saha (2020)

5.2 GOAL 6 TARGETS AND INDICATORS

SDG 6: Clean Water and Sanitation: 'Ensure availability and sustainable management of water and sanitation for all'

There are a total of six targets under SDG 6. Table 5.1 gives the global and national indicators towards each of these targets.

5.3 CONCEPTS AND DEFINITIONS

Household Premises: Household premises are defined as the dwelling unit of the household together with the courtyard, compound, garden, out-house, place of worship, garage, family graveyard, guest house, shop and offices for running household enterprises, tanks, wells, latrines, drains and boundary walls annexed to the dwelling unit, which are under the possession

Table 5.1: Goal 6: Targets and Indicators

Global Indicators	National Indicators
Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all	
6.1.1: Proportion of population using safely managed drinking water services	6.1.1: Percentage of population having safe and adequate drinking water within their premises
	6.1.2: Percentage of population using an improved drinking water source (rural)
Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	
6.2.1: Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water	6.2.1: Proportion of households having access to a toilet facility (urban and rural)
	6.2.2: Percentage of districts achieving open defecation free (ODF) target
	6.2.3: Proportion of schools with separate toilet facility for girls
Target 6.3: By 2030, improve water quality by reducing pollution, eliminating dumping, and minimizing release of hazardous chemicals and materials, halving the proportion of untreated waste-water and substantially increasing recycling and safe reuse globally	
6.3.1: Proportion of wastewater safely treated	6.3.1: Percentage of sewages treated before discharge into surface water bodies
6.3.2: Proportion of bodies of water with good ambient water quality	6.3.2: Percentage of industries (17 category of highly polluting industries/grossly polluting industry/ red category of industries) complying with wastewater treatment as per CPCB norms.
	6.3.3: Proportion of wastewater treatment capacity created vis-à- vis total generation
Target 6.4: By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity	
6.4.1: Change in water-use efficiency over time	6.4.1: Percentage ground water withdrawal against availability
6.4.2: Level of water stress: freshwater withdrawal as a proportion of available freshwater resources	6.4.2: Per capita storage of water (m^3/person)
	6.4.3: Per capita availability of water (m^3/person)
Target 6.5: By 2030, implement integrated water resources management at all levels, including through trans-boundary cooperation as appropriate	
6.5.1: Degree of integrated water resources management implementation (0−100)	6.5.1: Percentage area of river basins brought under integrated water resources management
6.5.2: Proportion of trans-boundary basin area with an operational arrangement for water cooperation	
Target 6.6: By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers, and lakes	
6.6.1: Change in the extent of water-related ecosystems over time	6.6.1: Area under over-exploited blocks

Global Indicators	National Indicators
	6.6.2: Percentage of sewage load treated in major rivers
	6.6.3: Biological assessment information of surface water bodies
Target 6.6a: By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, waste water treatment, recycling and reuse technologies	
6a.1: Amount of water- and sanitation-related official development assistance that is part of a government coordinated spending plan	6a.1: Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan
	6a.2: Number of MoU/co-operation agreements for capacity building and technology transfer
Target 6.6b: Support and strengthen the participation of local communities in improving water and sanitation management	
6b.1: Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management	6b.1: Percentage of developed irrigated command areas brought under Water Users Association (WUAs)
	6b.2: Proportion of villages with Village Water and Sanitation Committee [VWSC]

Source: CSD compilation from various sources

of the household (possessed exclusively or possessed with some other households).

Self-help Group: A self-help group (SHG) is an informal association usually composed between 10–12 local persons. Members make small regular savings contributions over a few months until there is enough capital in the group to begin lending. Funds are lent back to the members or at times to others. In India, many SHGs are linked to banks for the hand delivery of micro-credits.

Principal Source of Drinking Water: The different principal sources of drinking water are bottled drinking water, piped water into dwelling, piped water from neighbours, public tap, stand-pipe, tube-well and hand pump, protected well/unprotected well, public/private tanker-truck, protected/unprotected spring, rainwater collection, and surface water.

Per Capita Water Availability: Total available water divided by the population (based on the 2011 census and projected from the 2011 census).

5.4 WATER AVAILABILITY AND SCARCITY

Access to safe drinking water prevents infection, illness, and death and, thus, is an important measure of the socio-economic status of a household and fundamental to the health of its members. It is well known that for a country as populous as India, the available fresh water resources are disproportionately low. India is a country with very different geological landscapes. Hence, it is important to understand the problem of access to water and more so access to safe water as a localized concern and not as an overall national problem. In addition, various sectors' water usage differ greatly with the agriculture sector being the major consumer. Table 5.2 shows the water demand in India according to different uses. It depicts the water demand situation in 2010 and the projected demand in different sectors in 2025 and 2050. As can be seen, the major consumer is irrigation, which is expected to keep increasing at a rapid rate unless some intervention is made. Irrigation is followed by drinking water and industry, which is also estimated to increase at a high rate.

Table 5.2: Sector-wise Projected Water Demand in India (in Billion Cubic Metres)

| Sector | Standing Sub-Committee of MOWR[29] | | | NCIWRD[30] | | | | | |
| | 2010 | 2025 | 2050 | 2010 | | 2025 | | 2050 | |
				Low	High	Low	High	Low	High
Irrigation	688	910	1072	543	557	561	611	628	807
Drinking Water	56	73	102	42	43	55	62	90	111
Industry	12	23	63	37	37	67	67	81	81
Energy	5	15	130	18	19	31	33	63	70
Other	52	72	80	54	54	70	70	111	111
Total	**813**	**1093**	**1447**	**694**	**710**	**784**	**843**	**973**	**1180**

Source: CSO (2018)

Worldwide, only 40 per cent of the water is used efficiently by the agriculture sector. The situation is much worse in India, where the efficiency of water usage in the agriculture sector is only 30 per cent (2017). The cropping pattern of different states adds to the water adversities, which causes depletion of ground water at an accelerated rate. For example, in India farmers practice inefficient water management techniques in rice cultivation. They use on average 15,000 litres of water to produce 1 kg of paddy, which could have been reduced to only 600 litres if used proficiently. According to an estimate, 45 per cent[31] of the country's total irrigation water is used exclusively towards cultivation of paddy – a high-water-intensity crop. This further stresses the urgent need for a change in cropping pattern in the states according to their topography and water availability.

India is the biggest user of groundwater. It extracts more groundwater than China and the US, the next two biggest pullers of groundwater,

Table 5.3: Regional Water Stress under BAU Scenario

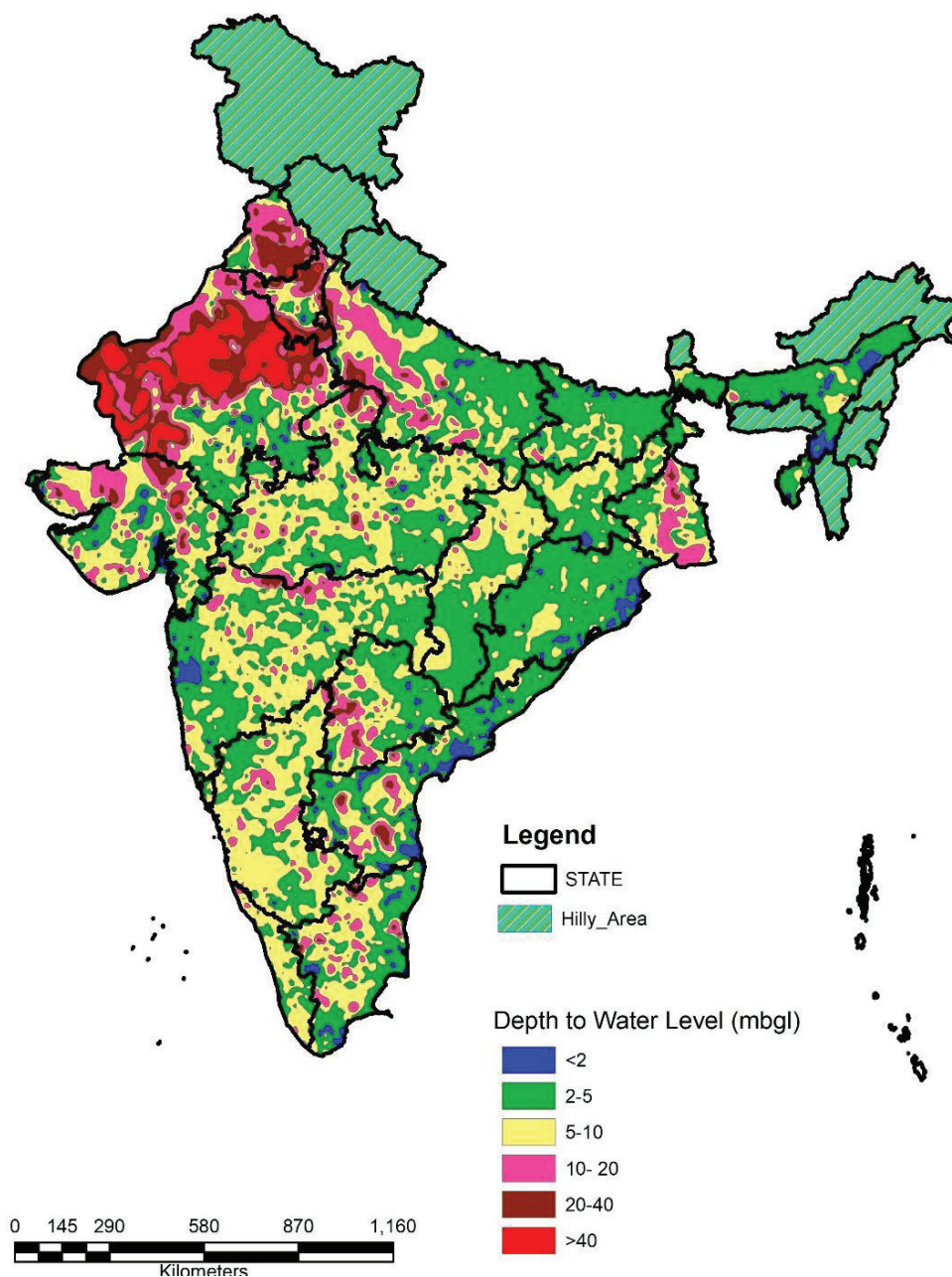|	North	East	West	Central	South	Northeast	National
2011	70.1	28.9	41.2	23.2	29.3	4.8	37.1
	High	Medium	Medium	Low	Medium	Low	Medium
2021	74.2	30.7	45.7	26.7	31.4	5.8	40.4
	High	Medium	Medium	Medium	Medium	Low	Medium
2131	77.7	32.6	48.7	27.8	33.7	6.8	42.9
	Very High	Medium	Medium	Medium	Medium	Low	Medium
2041	80.8	24.8	51.2	29.1	35.8	8.6	45.3
	Very High	Medium	High	Medium	Medium	Low	Medium
2051	84	37.3	54.1	30.3	38.2	10.8	47.9
	Very High	Medium	High	Medium	Medium	Low	Medium

Source: TERI (2017)

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[29] MOWR: Ministry of Water Resources

[30] NCIWRD: National Commission on Integrated Water Resources Development

[31] Details available at https://www.downtoearth.org.in/news/water-use-is-excessive-in-rice-cultivation-30352

Figure 5.2: Status of Groundwater Withdrawal in India

Legend

- STATE
- Hilly_Area

Depth to Water Level (mbgl)

- <2
- 2-5
- 5-10
- 10- 20
- 20-40
- >40

0 145 290 580 870 1,160
Kilometers

Source: Groundwater Year Book-India, CGWB, Annual Report 2019-20

combined. Groundwater meets more than half of the total requirement of clean water in the country. The present crop choices, coupled with low agricultural water productivity and efficiency as well as the aging water supply infrastructure has led to severe supply–demand gaps in many basins. It is worth noting that the worst-performing states in SDG 6 are the ones that are not facing shortages in water supply; this calls for a paradigm shift that will focus policymaking on demand management (Bhowmick, Ghosh and Saha 2020). To understand the region-wise scenario of groundwater depletion, Table 5.3 and Figure 5.2 depict the depth to water level as captured in January 2020.

Conventionally, water was seen as a common property resource and, thus, was made available free of cost or at minimal rates by government departments. In the wake of the water crisis faced by India, the decision to provide free or subsidized water supplies is now changing.

The situation has now changed to a water demand management, which is efficiently pricing decisions and 'metering' water. For instance, in Delhi, as households increase the amount of water they consume, they are charged higher, which eventually encourages conservation. It is important to understand that the charges levied are not on the water supply per se but on the service provided by the state to transport water from the source to the taps. This will promote an efficient and sustainable use of the resources.

To fathom the severe water crisis, we look at the water availability per person. This is based on the population of a country and for India the per capita water availability reduces drastically due to increase in population. The average annual per capita water availability in the years 2001 and 2011 was 1816 m^3 and 1545 m^3 respectively, which may further reduce to 1486 m^3 and 1282 m^3 in the years 2021 and 2041, respectively.

5.5 CURRENT STATUS IN INDIA AND DIFFERENT STATES

According to the SDG India Index, 2020–21, prepared by NITI Aayog, the composite score for India improved, from 60 in 2019–20 to 66 in 2020–21, indicating a progress towards

achieving the SDGs. SDG 6 is among the nine goals driving the positive push. According to its estimates, SDG 6 has scored an overall score of 83 with Goa and Lakshadweep being the best performing states with the score of a perfect 100. As many as 25 states and 6 union territories are in the front runner category. The figures below depict the performance of various states and UTs vis-à-vis the national average for the different targets as per the national indicator framework (NITI Aayog 2021). Tables 5.5, 5.6, and 5.7 indicate the highest and the lowest performing states together with the all-India average. Apart from Table 5.7, which indicates the groundwater withdrawal against availability, all other indicators have a target of 100 and the higher the value, the better is the performance. In case of withdrawal of groundwater against availability, the target is 70 and the higher the value, the more is the exploitation of groundwater resources. For each SDG target, the states that are performing well and those that need special attention can be distinctly identified.

Within the drinking water component of SDG 6, there are different stages that a state has reached in rural and urban areas in terms of access to water, water quality, and waste water treatment. NITI Aayog has developed the Composite Water Management Index (CWMI)

Table 5.4: Per Capita Water Availability in India

Year	Population (Million)	Per capita Water Availability (m³/year)
1951	361	5178
1955	395	4732
1991	846	2210
2001	1027	1816
2011	1211	1545[#]
2015	132*	1502[#]
2021	1345*	1486[#]
2031	1463*	1367[#]
2041	1560*	1282[#]

Source: Details available at https://pib.gov.in/PressReleasePage.aspx?PRID=1604871#:~:text=The%20average%20annual%20per%20capita,years%202021%20and%202031%20respectively
*projected from 2011 census; # water stressed

Table 5.5: Status of Access to Drinking Water in Rural Areas

State/UT	Rural Population (%)	
	Rural population getting drinking water within premises through PWS (%)	Rural population having improved source of drinking water (%)
Andhra Pradesh	68.52	99.81
Bihar	65.19	96.29
Chhattisgarh	52.17	99.60
Goa	100.00	100.00
Gujarat	97.57	100.00
Haryana	97.41	99.71
Himachal Pradesh	76.57	100.00
Jharkhand	35.49	99.71
Karnataka	59.47	100.00
Kerala	35.29	99.35
Maharashtra	64.39	99.70
Madhya Pradesh	47.95	99.65
Odisha	51.73	98.13
Punjab	80.68	92.41
Rajasthan	35.25	92.28
Tamil Nadu	73.05	99.39
Telangana	100.00	100.00
Uttar Pradesh	20.35	99.63
Uttarakhand	52.46	99.26
West Bengal	39.75	95.48
Arunachal Pradesh	34.13	92.64
Assam	25.70	74.72
Manipur	69.55	100.00
Meghalaya	23.49	100.00
Mizoram	46.17	100.00
Nagaland	40.14	100.00
Sikkim	37.42	100.00
Tripura	63.05	84.84
Jammu and Kashmir	52.87	99.89
Ladakh	29.80	100.00
Andaman and Nicobar Islands	88.89	100.00
Puducherry	95.17	95.89
India	**51.36**	**97.44**

Source: SDG India Index, NITI Aayog, 2021, Ministry of Jal Shakti, GoI and NSSO 76th round: Drinking Water, Sanitation, Hygiene and Housing Condition in India Relevant SDG 6 target: 6.1.

Table 5.6: Industries Complying with CPCB Wastewater Treatment Norms

State/UT	Industries Complying with CPCB Wastewater Treatment Norms (%)
Manipur	100
Nagaland	100
Tripura	100
Meghalaya	99.38
Kerala	99.22
Goa	99.21
Himachal Pradesh	98.92
Chandigarh	98.45
Tamil Nadu	98.23
Telangana	98.22
Jammu and Kashmir	97.31
Ladakh	97.31
Mizoram	97.14
Haryana	96.86
Bihar	96.84
Andhra Pradesh	96.82
Sikkim	96.77
Uttar Pradesh	96.27
Puducherry	95.35
Punjab	94.11
Maharashtra	92.36
Madhya Pradesh	91.12
Chhattisgarh	90.05
Assam	90.02
Karnataka	87.71
Odisha	83.16
Gujarat	80.6
Jharkhand	79.15
Daman and Diu	78.26
Uttarakhand	75.39
West Bengal	74.07
Arunachal Pradesh	70.89
Rajasthan	65.79
Andaman and Nicobar Islands	60
Delhi	53.44
India	**88.4**

Source: SDG India Index, NITI Aayog, 2021 and Ministry of Environment Forest and Climate Change [Central Pollution Control Board] Relevant SDG 6 target: 6.3

Table 5.7: Groundwater Withdrawal against Availability (%)

State/UT	Groundwater Withdrawal against Availability (%)
Punjab	165.8
Rajasthan	139.87
Haryana	136.91
Delhi	120
Himachal Pradesh	84.78
Tamil Nadu	80.93
Chandigarh	75
Puducherry	75
Uttar Pradesh	70.18
Karnataka	69.91
Telangana	65.4
Gujarat	63.91
Uttarakhand	56.75
Madhya Pradesh	54.77
Maharashtra	54.62
Kerala	51.25
Daman and Diu	50
Lakshadweep	50
Bihar	45.74
West Bengal	44.58
Chhattisgarh	44.47
Andhra Pradesh	44.17
Odisha	42.2
Goa	31.25
Jammu and Kashmir	29.23
Ladakh	29.23
Dadra and Nagar Haveli	28.57
Jharkhand	27.77
Assam	11.25
Tripura	8.06
Mizoram	5.26
Andaman and Nicobar Islands	3.03
Manipur	2.56
Meghalaya	2.44
Nagaland	1.01
Arunachal Pradesh	0.37
Sikkim	0.06
India	**63.33**

Source: SDG India Index, NITI Aayog, 2021 and Ministry of Jal Shakti [Central Ground Water Board] Relevant SDG 6 target: 6.4

to enable effective water management in Indian states. It has compiled data from 25 states and 2 union territories for several indicators including groundwater restoration, irrigation management, on-farm water use, rural and urban drinking water supply, and water policy frameworks. CWMI is the first of its kind to monitor key water-related metrics including coverage of piped water supply for the population on the one hand and groundwater management and source protection on the other hand. The Index uses water data from both central and state sources for three years – the base year (FY 15–16), FY 16–17, and the FY 17–18 – thereby enabling not only benchmarking of the current water performance of states, but also the study of the evolution of water performance over time.

Table 5.8 illustrates the same. The aspects marked in 'red' need special attention while those marked in 'blue' are performing well.

Table 5.8: Overview of the Composite Water Management Index

State/UT	Rural Drinking Water	Urban Water
Andhra Pradesh	Less than 10% reduction in rural habitations affected by water quality issues	More than 50% of urban households are not charged for water, leading to overuse
Bihar		<25% of the urban population has access – one of the lowest in India
Chhattisgarh	98% of rural population is fully covered with drinking water supply	
Goa	The state has covered all of its rural habitations, and no water quality issue exists	The state provides drinking water to its entire urban population and utilizes 100% of its wastewater treatment capacity
Gujarat	The state reported nil figures for villages having 24×7 piped water supply and individual household meters, and has brought down theme score by 50% between FY 16–17 and FY 17–18	100% of the urban population is fully covered with drinking water, and ~90% urban population is charged for water supply
Haryana	Haryana provides drinking water to close to 100% of it rural population, and has achieved 100% decline in water quality related issues	
Jharkhand	Jharkhand has fully covered almost all of its rural habitations, and achieved a 70% decline in water quality incidents	
Karnataka		The state supplies water to >90% of the urban population, charges ~70% of them, and treats 65% of its urban wastewater
Kerala	More than two-thirds of the rural population and one-third of the urban population remain uncovered under drinking water supply	
Madhya Pradesh	The state has reported nil figures on villages having 24×7 piped water supply and individual household meters, driving the ~50% decline in state's theme score between FY 16–17 and FY 17–18	The state covers 100% urban habitants with drinking water and charges 60% of them for water supply
Maharashtra	The state has covered 90% of its rural habitants under drinking water supply	The state charges 64% of households for water supply and treats 71% of its wastewater

State/UT	Rural Drinking Water	Urban Water
Odisha	Odisha supplies drinking water to >90% of its rural population	
Punjab	Access remains at 70% with no significant reduction in habitants affected by water quality issues	The state charges ~60% of urban households supplied with water, and treats ~65% of the generated wastewater
Rajasthan	~50% rural and ~60% urban habitants are not covered with drinking water supply by the state	
Tamil Nadu	>95% rural habitations have access and no water quality issues exist	
Telangana	While access is limited to 60%, water quality issues have reduced by 100% in rural habitations	>80% of urban households have drinking water access, with >75% of them being charged for the supply
Uttar Pradesh	The state has fully covered its rural habitations – a massive achievement given its huge population	It provides drinking water to 92% of its urban population
Arunachal Pradesh	70% of urban households being supplied with water, are charged for it	
Assam	Only ~62% of rural habitations have been fully covered, and there has been negligible reduction in water quality issues	Only 20% of urban population has access, and no wastewater is treated
Himachal Pradesh	The state has achieved complete reduction in habitants facing water quality issues	It provides drinking water to 100% of its urban population, charges 60% for supply, and has installed capacity to treat ~100% of its wastewater
Meghalaya	Only ~40% of rural habitations have been fully covered by water supplies	
Nagaland	<50% of rural habitations have been fully covered	Only 22% of the urban population is covered with drinking water supply, and the state has not installed any capacity to treat its wastewater
Sikkim	Only ~35% of rural habitations have been fully covered	
Tripura		Close to 100% urban population is covered under drinking water, and 40% of them are charged
Uttarakhand	Only 57% of rural habitations are fully covered with drinking water supply	100% of urban households are covered with drinking water supply and 63% are charged
Delhi		65% of urban households are charged for their water supply
Puducherry	Only ~58% of rural habitations have been fully covered, and there has been no significant reduction in water quality issues	It has fully covered its urban population with drinking water supply, and charges 100% of them

Source: *CSD Compilation from CWMI, NITI Aayog*

Access to Water in Rural Areas

In rural areas, the principal source of drinking water is largely the groundwater through tube-wells, bore wells, or hand-pumps. Table 5.10 shows how different states are performing in terms of proportion of households having exclusive access to principal source of drinking water and in terms of the proportion of households not getting sufficient drinking water throughout the year vis-à-vis other states as well as national average. Lakshadweep, Assam, Goa, Kerala, Sikkim, and Punjab are the front-runners with more than 80 per cent of the households having exclusive access to the principal source of drinking water while Andhra Pradesh, Jharkhand, Odisha, and Dadra and Nagar Haveli have less than 20 per cent of the households with exclusive access. The states of Madhya Pradesh, Himachal Pradesh, Nagaland, Maharashtra, and Rajasthan have to be looked into on a priority basis since here more than 25 per cent of the households do not get sufficient water all throughout the year, which is much higher than the all-India average of 12.5 per cent.

Table 5.9: Percentage Distribution of Households by Principal Source of Drinking Water (Rural)

Principal source of drinking water in rural areas	69th round (2012)	76th round (2018)
Bottled water	1.6	4
Piped water into dwelling	6.5	11.3
Piped water to yard/plot	10.4	10.3
Public taps/standpipe	14.3	10.3
Tube well/hand-pump	52.4	53.8
Protected well	2.7	2.9
Unprotected well	9	4.4
Protected spring	0.4	0.3
Unprotected spring	0.3	0.3
Rainwater collection	0.2	0.2
Surface water-tank/pond	0.5	0.4
Surface water (other)	0.6	0.3
Others	1.1	0.2
Total	**100**	**100**

Source: NSSO 69th and 76th rounds, Drinking Water, Sanitation, Hygiene and Housing Condition in India

Table 5.10: Percentage Households with Exclusive Access and Insufficient Access to Drinking Water

State/UT	Rural Households (%)	
	Exclusive access to the principal source of drinking water	Not getting sufficient drinking water throughout the year
Andhra Pradesh	18.90	7.20
Bihar	73.00	3.90
Chandigarh	33.20	0.00
Chhattisgarh	32.90	14.80
Goa	84.10	15.80

State/UT	Rural Households (%)	
	Exclusive access to the principal source of drinking water	Not getting sufficient drinking water throughout the year
Gujarat	66.90	9.70
Haryana	69.30	4.10
Himachal Pradesh	57.30	37.50
Jammu and Kashmir	75.60	11.50
Jharkhand	19.10	9.50
Karnataka	51.30	7.30
Kerala	81.60	15.20
Madhya Pradesh	27.00	36.40
Maharashtra	59.00	27.20
Odisha	14.80	15.00
Punjab	82.10	7.10
Rajasthan	47.30	24.50
Tamil Nadu	36.80	17.40
Telangana	36.90	7.00
Uttar Pradesh	56.50	3.30
Uttarakhand	67.20	18.40
West Bengal	29.80	8.50
Arunachal Pradesh	61.40	17.00
Assam	82.40	3.60
Manipur	31.90	14.90
Meghalaya	23.70	9.00
Mizoram	32.20	11.60
Nagaland	35.50	29.80
Sikkim	80.80	0.00
Tripura	34.70	9.40
Andaman and Nicobar Islands	67.70	3.80
Dadra and Nagar Haveli	19.40	38.10
Daman and Diu	37.20	2.00
Delhi	52.60	8.20
Lakshadweep	94.70	0.00
Puducherry	72.20	0.00
Group of NE States	36.40	12.90
Group of UTs	56.90	8.10
All India	**48.60**	**12.40**

Source: 76th Round, NSS Report No. 584: Drinking Water, Sanitation, Hygiene and Housing Condition in India

Access to Water in Urban Areas

In urban areas, the principal source of drinking water is piped water. Table 5.12 shows the status of states in terms of exclusive access to drinking water to households in urban areas and the proportion of households not getting enough supply throughout the year. Among all states, Uttarakhand, Mizoram, Sikkim, Arunachal Pradesh, Kerala, and Goa have more than 80 per cent of households with exclusive access to principal sources of drinking water. In stark contrast, Andhra Pradesh, Telangana, Tamil Nadu and Manipur have less than 40 per cent of urban households with access to exclusive principal sources. Among the states not getting sufficient drinking water throughout the year, special attention is required in Madhya Pradesh, Himachal Pradesh and Delhi and the North-East states of Nagaland, Manipur and Meghalaya as they are performing much worse than the national average. Table 5.11 illustrates the changes in various sources of drinking water to the urban households as per the two different rounds of NSSO.

Table 5.11: Percentage Distribution of Households by Principal Source of Drinking Water (Urban)

Principal source of drinking water in urban areas	69th round (2012)	76th round (2018)
Bottled water	5.2	12.2
Piped water into dwelling	35.1	40.9
Piped water to yard/plot	21.2	16
Public taps/standpipe	12.8	7.1
Tube well/borehole	19.9	10.4
Protected well	1.1	1.7
Unprotected well	2.2	2.4
Protected spring	0	0.1
Unprotected spring	0	0
Rainwater collection	0	0
Surface water-tank/pond	0.1	0
Surface water-other surface water	0	0
Others	2.4	0.2
Total	**100**	**100**

Source: NSSO 69th and 76th rounds

Table 5.12: Percentage of Households with Exclusive Access and Insufficient Access to Drinking Water in Urban Areas

State/UT	Urban Households (%)	
	Exclusive access to the principal source of drinking water	Not getting sufficient drinking water throughout the year
Andhra Pradesh	25.50	5.30
Bihar	64.90	0.90
Chhattisgarh	59.80	18.60
Goa	84.90	2.70
Gujarat	72.70	5.80

State/UT	Urban Households (%)	
	Exclusive access to the principal source of drinking water	Not getting sufficient drinking water throughout the year
Haryana	68.80	11.90
Himachal Pradesh	60.20	24.90
Jammu and Kashmir	78.40	10.60
Jharkhand	46.10	11.40
Karnataka	52.80	6.90
Kerala	83.40	13.00
Madhya Pradesh	68.60	27.20
Maharashtra	77.90	8.70
Odisha	50.50	10.10
Punjab	79.80	5.40
Rajasthan	66.80	14.60
Tamil Nadu	37.00	6.80
Telangana	35.80	6.20
Uttar Pradesh	59.10	4.10
Uttarakhand	90.30	3.00
West Bengal	36.20	6.10
Arunachal Pradesh	85.90	8.20
Assam	73.10	1.90
Manipur	36.50	21.50
Meghalaya	49.80	21.00
Mizoram	89.80	4.80
Nagaland	63.90	42.30
Sikkim	82.00	0.40
Tripura	63.90	8.00
Andaman and Nicobar Islands	74.90	4.60
Chandigarh	84.50	21.70
Dadra and Nagar Haveli	17.00	0.00
Daman and Diu	13.80	4.50
Delhi	61.50	22.50
Lakshadweep	89.60	0.00
Puducherry	64.10	0.10
Group of NE States	61.80	16.60
Group of UTs	59.70	9.40
All India	**57.50**	**9.10**

Source: *76th Round, NSS Report No. 584: Drinking Water, Sanitation, Hygiene and Housing Condition in India*

5.6 GOVERNMENT POLICIES AND PROGRAMMES

Table 5.13 gives the government programmes vis-à-vis SDG 6 targets.

Table 5.13: Government Programmes vis-à-vis SDG 6 Targets

SDG Targets	Centrally Sponsored/Central Sector Schemes (CSS)	Ministries/Departments Concerned
6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all	1. National Rural Drinking Water Programme (NRDWP)	Drinking Water and Sanitation, WCD
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	1. Swachh Bharat Mission (Rural) 2. Swachh Bharat Mission (Urban) 3. Mission for Protection and Empowerment of Women	Drinking Water and Sanitation, Housing and Urban Affairs, WCD, Housing and Urban Affairs
6.3 By 2030, improve water quality by reducing pollution, eliminating dumping, and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally	1. National River Conservation Programme (NRCP) 2. Atal Mission for Rejuvenation and Urban Transformation (AMRUT) 3. Smart Cities Mission 4. National Ganga Plan and Ghat Works	MoEF&CC, Housing and Urban Affairs, MoWR, RD&GR
6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity	1. Ground Water Management and Regulation 2. Pradhan Mantri Krishi Sinchayee Yojana (PMKSY) 3. Development of Water Resources Information System	MoWR, RD&GR, Agriculture and Cooperation, Land Resources
6.5 By 2030, implement integrated water resources management at all levels, including through trans-boundary cooperation as appropriate	1. River Basin Management 2. National Water Mission 3. Interlinking of Rivers 4. Flood Management and Border Areas Programme 5. National Hydrology Project	MoWR, RD&GR, Agriculture and Cooperation, Land Resources
6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers, and lakes	1. Conservation of Natural Resources and Ecosystems 2. National River Conservation Programme 3. Environment Protection, Management and Sustainable Development 4. Decision Support System for Environmental Policy, Planning, and Outcome Evaluation 5. Ground Water Management and Regulation	MoEF&CC, MoWR, RD&GR Land Resources

SDG Targets	Centrally Sponsored/Central Sector Schemes (CSS)	Ministries/Departments Concerned
6.6a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies	1. Research and Development and Implementation of National Water Mission. 2. National Ganga Plan 3. Dam Rehabilitation and Improvement Programme 4. Human Resources Development and Capacity Building in NERIWALM, National Water Academy, RGI-Groundwater, MoWR and IEC	MoWR, RD&GR, Drinking Water and Sanitation, HUA, MEA
6.6b Support and strengthen the participation of local communities in improving water and sanitation management		Panchayati Raj, MoWR, RD&GR, Drinking Water and Sanitation, HUA

Source: CSD's Compilation

Table 5.14: Budget Allocations for Major-Schemes (Rs, crore)

	2015–16 (A)	201617 (A)	2017–18 (A)	2018–19 (A)	2019–20 (A)	2020–21 (BE)	2020–21(RE)	2021-22 (BE)
Ministry/Department of Drinking Water and Sanitation	11,081	16,476	23,939	18,412	18,264	21,518	17,024	60,030
Jal Jeevan Mission (JJM)/ National Rural Drinking Water Mission	4370	5980	7038	5484	10,030	11,500	11,000	50,011
Swachh Bharat Mission (R)	6703	10,484	16,948	12,913	8213	9994	6000	9994
Swachh Bharat Mission (U)	766	2135	2539	2462	1256	2300	1000	2300

Source: CSD's Compilation

As mentioned earlier in this chapter, the Ministry of Jal Shakti (MoJS) was formed in May 2019 by merging two ministries: the Ministry of Water Resources, River Development and Ganga Rejuvenation and the Ministry of Drinking Water and Sanitation. The aim of the new ministry is to deal with water and sanitation issues in India both at national and international levels. As of February 2018, 74 per cent of households had access to safe drinking water (receiving 55 litres per capita per day), and 22 per cent were partially covered (receiving less than 55 litres per capita per day). Under the Government's Har Ghar Jal scheme (currently known as the Jal Jeevan Mission), initiated in the Union Budget 2019, the Jal Jeevan Mission aimed at providing Functional Household Tap Connection (FHTC) to every rural household by 2024. So far, tap water connections have been given to 3.3 crore rural households. In the 2021–22 budget, Rs 50,000 crore was earmarked for this scheme. Additionally, the Finance Minister announced the urban segment of this scheme, which aims at universal water supply in all 4378 urban local bodies with 2.86 crore household tap connections, as well as liquid waste management in 500 AMRUT cities. It is proposed to be implemented over 5 years, with an outlay of Rs 287,000 crore.

Table 5.15: Central Government Initiatives for Urban Water and Sanitation

	Objectives
1. Jawaharlal Nehru National Urban Renewal Mission (JNNURM) 2. Ministry of Urban Development - High Powered Expert Committee, 2008 3. Twelfth Five-Year Plan Committee	Urban infrastructure, water supply, drainage.
1. Ministry of Urban Development – Advisory Note on Improving Water Supply and Sanitation Services, 2012 2. National Water Policy 2012 3. MoUD and MoHUPA Centres of Excellence and National Resource Centre	Development of water supply and sanitation, operationalizing business plans, service improvement plans, capacity building, reducing leakages in water supply and re-use of water
Steering Committee on Drinking Water Supply and Sanitation, Planning Commission, GoI, 2002	Levy of water charges for maintenance and future improvement schemes, supply of healthy drinking water
1. Swachh Bharat Mission 2. National Urban Sanitation Policy 3. Service-Level Benchmarking Initiative 4. National Sanitation Ratings of Cities 5. Central Public Health and Environmental Engineering Organisation Manuals 6. Septage Management Advisory 7. Advisory on Water and Sanitation Services	Healthy sanitation practices, awareness and behavioural change in people with regard to urban water and sanitation, waste management and drainage, private sector participation

Source: CSD's Compilation

5.7 ACCESS TO SANITATION

Having access to safe and hygienic sanitation facilities is a core component of SDG 6. The Government of India has been committed towards it much before the adoption of the SDGs. The Government of India has launched multiple sanitation policies across rural India. The Central Rural Sanitation Programme (CRSP), India's first nationwide programme of rural sanitation, was launched in 1986. The Total Sanitation Campaign (TSC) was launched in 1999 with the aim of ending open defecation. The concept of total sanitation – the entire community becoming open defecation free (ODF) – was reinforced with the introduction of the Nirmal Gram Puraskar (NGP) in 2004. It was renamed the Nirmal Bharat Nirman in 2012 and re-launched as Swachh Bharat Abhiyan in 2014. The programme claims to have built more than 100 million household toilets and created more than 700 open defecation-free districts across India. In the Union budget 2021–22, approximately Rs 1.41 lakh crore was announced that will be spent over a period of five years. The main focus is on faecal sludge and wastewater management, and on ensuring a reduction in single-use plastic and air pollution.

Despite the Swachh Bharat Abhiyan scheme, open defecation remains a major concern in the country. Open defecation is a serious threat to sanitation, health, and dignity. India is the worst-hit country and women are the one who are the worst affected. It also increases their risk of verbal, physical, and sexual abuse. Lack of household toilets along with the deep-rooted habit of relieving oneself in open are the major reasons for this heinous practice. It is also quite difficult to change mindsets and habits. Building facilities for safe water and sanitation will not work without behavioural change. In the majority of households, even if the source of water is safe, the water is contaminated by unhygienic conditions and practices (Bhowmick, Ghosh and Saha 2020).

Table 5.16: Percentage of Households with Access to Latrine

	Rural	Urban	Total
Households having access to latrine	71.3	96.2	79.8
Households having exclusive access to latrine	63.2	77.6	68.1

Source: 76th Round, NSS Report No. 584: Drinking Water, Sanitation, Hygiene and Housing Condition in India

Table 5.17: Percentage Distribution of Households Having Access to Latrine by Type of Latrine Used by Them

	Rural	Urban	Total
Flush/pour-flush to piped sewer system	1.6	39.1	17.0
Flush/pour-flush to septic tank	50.9	48.9	50.1
Flush/pour-flush to twin leach pit/single pit	32.3	8.7	22.5
Flush/pour-flush to elsewhere	0.2	0.6	0.3
Ventilated improved pit latrine	1.4	0.4	1.0
Pit latrine with slab	11.0	1.9	7.3
Pit latrine without slab/open pit	0.8	0.1	0.5
Composting latrine	0.2	0.0	0.1
Others	0.1	0.1	0.1
Not Used	1.7	0.1	1.0
All	**100**	**100**	**100**

Source: 76th Round, NSS Report No. 584: Drinking Water, Sanitation, Hygiene and Housing Condition in India

Table 5.18 depicts the status of various states in terms of access to individual toilets in rural and urban areas and the proportion of households having no access to toilets of any sort. Odisha, both urban and rural areas, has a very poor performance. While in other states, urban areas are at a much better position in terms of access to toilets, rural areas in Uttar Pradesh, Jharkhand, Tamil Nadu, and Bihar need special focus as they are the worst performers in terms of access to community toilets (paid or unpaid) or common use for households in a building.

Table 5.18: Percentage Households with Individual Toilets and No Access to Toilets in Rural Area

State/UT	Rural Households (%)	
	Individual household toilet	Households with no access to toilets
Andhra Pradesh	66.00	22.60
Bihar	55.80	36.20
Chhattisgarh	83.20	8.60
Goa	72.30	18.50
Gujarat	71.40	24.20
Haryana	87.60	4.20
Himachal Pradesh	88.70	2.70
Jammu and Kashmir	76.60	14.80
Jharkhand	55.10	41.90

State/UT	Rural Households (%)	
	Individual household toilet	Households with no access to toilets
Karnataka	67.90	30.10
Kerala	97.20	0.40
Madhya Pradesh	65.30	29.00
Maharashtra	72.70	22.00
Odisha	40.20	50.70
Puducherry	56.40	26.10
Punjab	85.40	6.60
Rajasthan	60.20	34.20
Tamil Nadu	59.00	37.20
Telangana	69.70	22.50
Tripura	84.30	0.70
Uttar Pradesh	46.10	48.00
Uttarakhand	89.30	2.90
West Bengal	56.00	16.30
Arunachal Pradesh	91.00	1.60
Assam	95.00	2.50
Manipur	91.40	0.00
Meghalaya	95.80	1.90
Mizoram	99.90	0.00
Nagaland	89.10	0.00
Sikkim	96.80	0.00
Andaman and Nicobar Islands	89.40	7.60
Chandigarh	41.30	0.00
Dadra and Nagar Haveli	63.90	21.80
Daman and Diu	66.60	0.70
Delhi	79.50	0.80
Lakshadweep	100.00	0.00
Group of NE States	90.60	0.80
Group of UTs	63.10	19.00
All India	**63.20**	**28.70**

Source: 76th Round, NSS Report No. 584: Drinking Water, Sanitation, Hygiene and Housing Condition in India

Table 5.19 illustrates the performance of states in terms of providing separate toilets for girls in schools. All the north-eastern states except Sikkim fall below the national average with Manipur being the worst performer. Madhya Pradesh and Odisha also need special attention.

Together with access to water for sanitation, there is a need to take into account water depletion and wastage associated with it. Swachh Bharat Abhiyan focuses on construction of toilets but water availability and its judicial use still remain a cause of concern. According to certain estimates, on average, out of the total water usage in a household, 75 per cent is used in bathrooms for bathing, washing, or in toilets.

Table 5.19: Schools with Separate Toilet Facility for Girls (%)

State/UT	Schools with separate toilet facility for girls (%)
Goa	100
Chandigarh	100
Daman and Diu	100
Delhi	100
Lakshadweep	100
Gujarat	99.87
Sikkim	99.34
Kerala	99.28
Andaman and Nicobar Islands	99.28
Chhattisgarh	99.15
West Bengal	98.84
Puducherry	98.74
Madhya Pradesh	98.5
Haryana	98.49
Tamil Nadu	98.39
Jharkhand	98.33
Punjab	98.06
Odisha	98.04
Bihar	97.92
Himachal Pradesh	97.87
Andhra Pradesh	97.28
Maharashtra	96.8
Telangana	96.23
Karnataka	95.64
Uttar Pradesh	95.51
Uttarakhand	95.36
Dadra and Nagar Haveli	94.8
Rajasthan	90.44
Nagaland	90.33
Jammu and Kashmir	89.02
Ladakh	89.02
Tripura	88.18
Mizoram	85.48
Manipur	77.84
Assam	75.3
Arunachal Pradesh	70.12
Meghalaya	67.98
India	**95.33**

Source: National Annual Rural Sanitation Survey (NARSS), Round-3 (2019-20), Ministry of Jal Shakti (2020b)
Relevant SDG 6 target: 6.2

5.8 SDG 6 INTERLINKAGES WITH OTHER SDGS

The SDGs provide an integrated, evidence-based framework of targets and indicators to support national planning and reporting.[32] None of the SDGs and their targets can be compartmentalized or devoid linkages with other SDGs and targets. Under normal situation, most SDGs have positive interlinkages with other SDGs; however, targets might exist that are in conflict with targets of SDGs and involve trade-offs. Such a situation must be taken into consideration during implementation (Bharat, Dkhar, and Abraham 2020). Similarly, SDG 6 has some positive interlinkages with other SDGs and some of the targets might affect others adversely. According to Bharat, Dkhar, and Abraham (2020), different SDG 6 targets have interlinkages with targets of all other SDGs, except SDG 7. We have listed the linkages with the SDGs under study:

SDG 6 and SDG 1

Access to safe and affordable drinking water and to sanitation and hygiene and ending open defecation relates to the target of achieving basic services by all, one of the targets of SDG 1 of eradicating poverty in all its forms from everywhere.

SDG 6 and SDG 2

Access to safe and affordable drinking water and to sanitation and hygiene and ending open defecation will help in ending malnutrition, stunting, and wasting in children, which is one of the major targets of SDG 2 relating to ending hunger, achieving food security, and improved nutrition for all. Various government programmes targeting SDG 2 such as the ones aimed at 'Doubling the agricultural income' and 'Ensuring sustainable and resilient agriculture' also impact SDG 6.

SDG 6 and SDG 3

Access to safe and affordable drinking water and to sanitation and hygiene along with improving water quality, wastewater treatment, and safe re-use, directly impact various targets under SDG 3, such as reduction in neo-natal mortality, help to decrease moderate water-borne and other diseases, and lessen the deaths due to polluted water and other pollutions.

SDG 6 and SDG 4

Access to safe and affordable drinking water and to sanitation and hygiene leads to an assurance that all girls and boys have access to quality education and build and upgrade education facility, which is gender-sensitive. One of the biggest barriers for continuing education and a reason for a high drop-out rate, especially among girls, is the unavailability of safe, working, separate washrooms for each gender in schools.

SDG 6 and SDG 5

Access to safe and affordable drinking water and to sanitation and hygiene for all will in turn reduce gender discrimination and slowly move towards ending such differential treatment of women. It is also known that women and girls are subjected to violence and abuse when they have to travel long distances to get water for their homes as well as to go out to relieve themselves. Thus, achieving the targets under SDG 6 will also help in eliminating all forms of violence against women and girls.

SDG 6 and SDG 7

Government programmes aimed at achieving various targets of SDG 7, 'Ensure access to affordable, reliable, sustainable and modern energy for all', such as 7.1 and 7.2 of achieving universal access to affordable, reliable and modern energy services and increasing the share of renewable energy also impact SDG 6.

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[32] The SDGs provide an integrated, evidence-based framework of targets and indicators to support national planning and reporting.

SDG 6 and SDG 8

The target of achieving improved water quality, wastewater treatment, and safe re-use and of protecting and restoring water-related ecosystem impacts SDG 8 in promoting sustainable tourism that promotes local culture and development-oriented policies, which support productive activities and decent job creation. SDG 8, in turn, enables achievement of access to safe and affordable drinking water, to sanitation and hygiene, and ends open defecation.

SDG 6 and SDG 9

The SDG 9 target of developing resilient infrastructure enables access to safe and affordable drinking water and to sanitation and hygiene, and ends open defecation while SDG 6, in turn, impacts the target of upgrading infrastructure for resource efficiency.

SDG 6 and SDG 10

By expanding water and sanitation support to developing countries (target 6A), the SDG 10 target of achieving enhanced representation and giving a voice from and to developing countries for decision-making at global platforms is also enabled.

SDG 6 and SDG 11

By implementing Integrated Water Resource Management, the SDG 11 targets of access to adequate housing and basic services for all and inclusive and sustainable urbanization are enabled.

SDG 6 and SDG 12

The SDG 12 targets of efficient use of natural resources, environmentally sound management of wastes for reducing water and other pollution, and reducing waste generation through prevention, reduction, recycling, and reuse directly impact SDG 6 targets of improving water quality, wastewater treatment and safe reuse, increasing water-use efficiency, and

ensuring freshwater supplies, and implementing Integrated Water Resource Management.

SDG 6 and SDG 13

The SDG 6 targets of ending open-defecation and providing access to sanitation and hygiene and also implementation of integrated water resource management will help in strengthening resilience and adaptation to climate-related hazards in the form of frequent and intense droughts, floods and cyclones, melting glaciers, shifting monsoons, higher temperatures, and disruption to groundwater recharge.

SDG 6 and SDG 14

The SDG 6 targets of improving water quality, wastewater treatment, and safe reuse, and protecting and restoring water-related ecosystem directly impact the SDG 14 targets of reducing marine pollution from land-based activities and protecting marine and coastal ecosystem.

SDG 6 and SDG 15

The SDG 6 targets of improving water quality, wastewater treatment, and safe reuse, and implementing Integrated Water Resource Management impact the SDG 15 targets of ensuring conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystem and their services, promoting sustainable management of forestation and increase of afforestation, combating desertification, drought, flood, and ensuring conservation of mountain ecosystem.

SDG 6 and SDG 16

The SDG 16 targets aiming at reducing violence, ending exploitation of children, ensuring responsive, inclusive, participatory, and representative decision-making at all levels is enabled by the SDG 6 targets of access to safe and affordable drinking water and to sanitation and hygiene for all and ending open defecation and supporting local engagement in water and sanitation management.

5.9 ROLE OF NGOS/CSOS

Partnerships with Civil Society Organizations (CSOs) are fundamental to localizing the SDGs that require contextualizing, implementation, and monitoring strategies at the local level in order to achieve them. The inclusion of CSOs in these processes is imperative, as CSOs play an essential role in providing a voice to the vulnerable, demand accountability, drive equitable public service delivery, and monitor progress on the ground, and as a result, help in ensuring that the marginalized people are reached first and fast (SDG India, NITI Aayog).

There are several tasks that an NGO or a CSO can delve into. The NGOs working at the grassroots are the most suitable in spelling out the needs and wants of the area they are working in, along with identifying the hindrances to implementing certain policies and ideas that might be applicable elsewhere. The responsibilities that an NGO can undertake can be etched out as follows:

Advocacy

The civil societies and the NGOs play the role of generating awareness and advocating the needs of a particular area with the governmental institutions. They also make the local people understand the need for implementing a particular scheme. This helps in generating awareness among the local people about the environmental impacts of the practices that they follow. For instance as agriculture is the biggest user of groundwater, it is important to make people understand the consequences of depleting water table and following sustainable practices. These can be done by using audio-visuals, broadcasting, and display. Any new programme or scheme needs counselling of the target population and proper communication to help them understand the needs and the advantages. For instance, traditionally rural people in India have been used to defecating in open and are still not open to the idea of constructing toilets within the house premises. Even if the structure is made ready, it is still not used. These people need proper counselling

about the subject to make a change in their traditional practices.

Another major concern is of running out of groundwater, which would lead to 40% of India's population having no access to drinking water by 2030. The major source of replenishing groundwater is rainwater. Currently only 8% of the rainwater is utilized and harvested. While metros such as Delhi, Mumbai, and Bengaluru do have some laws pertaining to groundwater harvesting, currently they exist only on paper and are not implemented. CSOs/NGOs can help in advocating to the government the ways and means by which rainwater harvesting can be done at village/block level and awareness generated among the local people. Additionally, many other sources of water remain untapped at the local level, which can only be documented with the help of NGOs and the indigenous people, and thereby tapped in the near future.

Implementation

India is a huge nation with very different terrains across the country. Here no policy can be implemented in all the states without being customized according to the area. For this reason, water and sanitation is a state subject and the central government policies are left to the states to be moulded and carried out depending on the requirements of a particular area. Even within a state the conditions can be very heterogeneous. In such a situation, CSOs/NGOs play a key role in implementing any programme or policy of the government, working closely with the local leadership. Together they identify the prospective beneficiaries of any scheme, identify the areas needing more attention and help with the formalities and the paper works, especially in rural areas. For instance, according to the SBM data regarding the ODF districts, a 100 per cent result has been reached. However, within a district and within a town, there still may be many households who still do not have access to any sort of toilets (individual or community). These are the households that can be identified by the local NGOs working in that particular

area and take the scheme to the deprived households as well.

Monitoring/Tracking/As a Watchdog

NGOs play an important role as an observer or a supervisor over the governmental agencies. In the implementation of any scheme at the ground level, huge amounts of finances are involved. There is a need for a local unbiased body to look over the use of the budget effectively and efficiently. NGOs fit into this responsibility perfectly as they have the needed local knowledge, resources, and expertise to keep a check on the implementation of the schemes, point out loopholes, and examine or enquire any gaps or ambiguities that might arise. For instance, if there are certain schemes for which the budget allocated is being spent but no progress is evident on the ground, the local NGOs can question such lapses and, thus, act as a deterrent for the implementing agencies in committing any malpractices.

Capacity Building and Training

The NGOs also take upon themselves a very important responsibility of undertaking training and capacity building. Any new programme under SDG 6 requires training of the Panchayat officials, municipal corporations, the BDOs, individuals/volunteers, students, MGNREGS officers, indigenous people as well as any SHGs and other frontline workers. Use of water and sanitation practices that are sustainable in nature require specific training of all the stake-holders as it is a relatively newer concept and is not given much importance, especially in rural areas.

Role of NGOs in Addressing COVID-19 Challenges

In response to gaps in WASH capacity during the COVID-19 outbreak, the Ministry of Housing and Urban Affairs under Swachh Bharat Mission (Urban) initiated a programme targeted at building capacity of WASH services and WASH workers to cope during the COVID-19 pandemic.

For example, make-shift hand washing facilities were set up in areas where WASH services were scarce, and in order to protect WASH workers, a number of effective measures were introduced including but not limited to:

- Special health insurance coverage for sanitation workers
- Payment schemes to protect WASH workers livelihoods
- Public communication campaigns to advise WASH workers of proper hygiene
- Quarantined neighbourhood waste to be marked as 'hazardous household waste' and disposed of separately through an incineration process
- Separating biomedical waste into yellow-coloured bags to signal to waste collectors to dispose of it safely (ESCAP 2021)

The role of the NGOs would include information dissemination among the people and spreading awareness about the government's initiatives and emphasizing on the importance of clean water and sanitation and maintain hygiene in order to avoid contracting the disease.

Case Studies

(a) Women collective improve drinking water situation in Odisha

Women of Podapathar village in Sundargarh district in Odisha have become an inspiration for millions of women in the country now, thanks to their determination to improve the drinking water situation in their village. Earlier the women had to fetch water for domestic use at 4 am. The nearest drinking water source was 1 km away. In the last 15 years, the government installed three hand pumps in the village but the water, having a foul smell, was not fit for drinking. The villagers were desperate to improve the situation but did not know how to go about it. In 2016, an NGO named Atmashakti Trust working on community development issues in Odisha and Uttar Pradesh helped the women of Podapathar to constitute the Mahila Sangram Samiti, a people's organization for solving their community problems. As drinking water was the

primary problem in the village, the women got together under the banner of Mahila Sangram Samiti (MSS) and forced the government to implement the drinking water scheme properly.

(b) Innovative government-NGO partnerships for development

Trained and organized by the Self-Employed Women's Association (SEWA), an Indian NGO known for their work in the unorganized women's sector, these 'barefoot mechanics', as they are commonly referred to, are hired by the Gujarat Water Supply and Sewerage Board (GWSSB), the local water authority. Given that it is logistically difficult for GWSSB to service all the hand pumps with the frequency required, the board has chosen to outsource this activity. This is a significant policy shift. Governments routinely contract out public services such as sanitation, public infrastructure maintenance, healthcare, and social services. In recent years, government contracts with NGOs have increased in both developed and developing countries. The NGOs, which used to be called upon primarily to remedy government failures, are now seen as competent agents and providers of public services.

As governments increasingly rely on non-state actors to provide public services and achieve public policy goals, hybrid models of contracts are evolving, especially so in the domains of environment and sustainable development policy.

Co-management is one such hybrid model in which government and civil society actors aim to achieve common objectives, supply public services jointly, or manage common pool resources through formal contracts or agreements.

(c) Water scarce to water secure

A women-led initiative ensures access to water in Punawli Kalan village of Jhansi, Uttar Pradesh. Here, a community with the support of a women-led federation solved its water woes by developing a community-owned water supply system.

A drought in 2002–03 left the village with inadequate access to basic needs such as water and sanitation facilities. The entire population had to depend on approximately 22 hand pumps and open wells for drinking water, most of which were seasonal. Dug wells and masonry wells ran dry during summer, and depleting groundwater tables left most of the hand pumps defunct. Through 'Swajal' yojana of the Uttar Pradesh government, piped water system was provided to the village, which though soon collapsed due to high maintenance cost. The collapse of the piped water supply system left the community helpless and they had to depend entirely on this as their source of water, ignoring any alternate water resources. Out of 22 hand pumps, 7 had already dried up and water from 90 per cent of the rest when tested were found to have high values of iron and hardness and thus was not usable for domestic purpose too. As a result, by 2015 only two hand pumps and one well remained usable, and these bore the onus of quenching the thirst of all 2900 people of the village.

Sahyogini Mahila Mandal, a federation of women SHGs from 25 villages, took up the role of restoration of the defunct drinking water system and its subsequent management. Today with the water tank of 65,000 litres storage capacity, about 2000 people of the village are accessing drinking water at their doorstep through 113 tap connections to meet the drinking water requirement of 43 lpcd. This is twice as much as before, and also meets the present norms laid out in the National Water Policy for rural areas. Under the leadership of the federation, nearly Rs 2.25 lakh have been collected in 18 months of operation, which is for maintenance of the infrastructure.

(d) Water conservation under MGNREGA

MGNREGA has taken up water conservation works in a big way. From rejuvenation of water bodies to flood control to construction of soak pits to increase the water table, the water conservation scheme has been given huge importance. The Ministry of Rural Development has published in three volumes the best practices in this area across the country.

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6. CLIMATE ACTION

STRUCTURE OF THE UNIT

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- Goal 13: Targets and Indicators
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13 CLIMATE ACTION

Take urgent action to combat climate change and its impacts

6.1 INTRODUCTION

Climate change is considered to be one of the most crucial challenges for the global society in the 21st century. The Earth's climate has changed throughout history; however, in recent times, it has become a major problem because more than ever that change is affecting the planet and the lives on it. For example, 2016 was the third consecutive year in which temperatures were more than 1 °C above late nineteenth-century levels. This continuous rise in temperature will prove to be catastrophic as each degree Celsius increase in the planet's average temperature is estimated to reduce the average global yields of rice by 3.2 per cent, wheat by 6 per cent and maize by 7.4 per cent[33] and every two-degree Celsius increase can even reduce agricultural productivity by up to 15–20 per cent (Mohanty 2020). Other evidences of climate change, apart from the gradual increase in global temperature, include glacial retreat, rise in sea level, and frequent occurrences of extreme events and disasters, leading to many lives being lost and many others being pushed to extreme poverty.

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[33] Details available at https://in.one.un.org/page/sustainable-development-goals/sdg-13/#:~:text=The%20poorest%20and%20most%20vulnerable,the%20wellbeing%20of%20future%20generations

Figure 6.1: Three Major Problems and Solutions Covered in SDG 13

Problem	Solution
1 Anthropogenic greenhouse gas emissions have increased since the pre-industrial era, driven largely by economic and population growth, and now higher than ever.	1 Inform and inspire people and institutions to take action against climate change.
2 The world is warming at an alarming rate, damaging our ability to grow food.	2 Innovate and adopt technological solutions to mitigate and adapt to climate change.
3 Storms, floods, hurricanes, and droughts are intensifying, oceans are warming, and becoming more acid, ice is disappearing and seas are rising.	3 Protect the most vulnerable against climate change impacts.

Source: Prepared by CSD with inputs from UNEP

According to the World Bank estimates, climate change might force more than 100 million people into extreme poverty by 2030, whereas estimates of the World Health Organization (WHO) suggest that climate change might lead to about 250,000 additional deaths every year between 2030 and 2050.[34]

In this background, SDG 13 aims to integrate climate action into national policies and strategies, and promote mechanisms for raising capacity for effective climate change planning and management. To put things into perspective, the three major problems and solutions covered in SDG 13 are depicted in Figure 6.1.

Anthropogenic activities have been largely attributed directly or indirectly to climate change, so globally more focus has been put on reducing this change. For example, the United Nations Climate Change Conference (COP 21) in Paris (2015) brought all nations to a common commitment of keeping the temperature rise during this century below 2 °C, recognizing that this would substantially reduce the risks and impacts of climate change. Historically, climate change has been majorly the result of resource-based growth of the developed countries, but unfortunately it is the people from poorer nations who have been impacted the most because of climate change. The COVID-19 pandemic has further affected the marginalized sections. Many people lost sources of income and employment. While it has led to reversal of some of the progress made in the past in some aspects such as poverty, health, education, unemployment, and others, the initial lockdown phases brought about some progress in SDG 13 by improvements in air quality and decline in CO_2 emissions due to limited mobility and economic activity. However, this progress was only for a short term and the trend got reversed quickly. The long-term impacts on SDG 13 are mixed. The COVID-19 crisis is expected to divert attention from climate action to more critical issues such as health, unemployment, etc. The pandemic has led to economic downturn and a decline in government revenues, which will have an adverse impact on the funding of different government schemes and programmes related to SDG 13. We all know that climate vulnerability is higher for the poor people, but it is expected that the government may divert funding to pandemic-related activities and infrastructure building.

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[34] https://www.livescience.com/64535-climate-change-health-deaths.html

> *According to the World Bank estimates, climate change might force more than 100 million people into extreme poverty by 2030, whereas estimates of World Health Organization (WHO) suggest that climate change might lead to about 250,000 additional deaths every year between 2030 and 2050.*

Lately, the global discourse has been about green recovery from COVID-19 pandemic. Green recovery refers to rebuilding the economy, which the COVID-19 crisis has adversely affected, in a way that it tackles climate change and aligns with the SDGs. This requires a comprehensive approach. Green recovery measures depend on factors such as macro-economic conditions, fiscal budget, pre-existing stimulus packages, capacity and ambition to address the climate crisis, and level of commitment to other policy objectives. These factors demonstrate that actions need to be matched by capacity, and, therefore, capacity building is integral to green recovery (Shulla *et al*. 2021). Green economies should be inclusive and equitable, generate poverty reduction and growth, create new jobs, and encourage stakeholders to act environmentally responsibly. The vulnerable and marginalized people have been already the most affected, therefore maximum push is required to bring them at par towards meeting the targets of climate action.

Climate change is a global phenomenon but has local consequences. Being a populous, tropical, developing country, India faces bigger challenges in coping with the consequences of climate change than most other countries (Saran 2019).[35] Therefore, the emphasis in this unit is more on climate change adaptation rather than mitigation. As we all know, India enjoys vast geographic diversity. This diversity

impacts climate change at both regional and local levels, which makes coping with climate change-related risks a challenging task. Coping with climate change or adapting measures that can mitigate effects of climate change are often determined by the extent of impact, local knowledge, and adaptive capacity of a region or a country. Therefore, localization of SDGs is at the core of India's SDG implementation strategy (NITI Aayog 2020). NGOs of different operation levels (working at the state, district, and even at the hardly reachable parts of the countries) can play crucial roles in localizing SDG 13 and achieving the targets.

> *As a populous, tropical developing country, India faces a bigger challenge in coping with the consequences of climate change than most other countries. Therefore, this unit emphasizes more on climate change adaptation compared to mitigation.*

The economic downturn as a result of COVID-19 pandemic and related shutdown of economic activity has made it clear that there is a huge trade-off between SDG 13 (climate action) and many of the other SDGs. Emission reduction by shutting down all economic activities is neither an option nor desirable, particularly for a country like India as it still has around 84 million people living below the poverty line. The economic recovery growth path in the rest of this decade will be extremely important for India.

We will next discuss the five roles of NGOs in achieving SDG 13. The aim of this module is to empower middle-level NGOs working at ground level in different states by increasing their awareness and capacity building. The sections in this unit are so designed that a holistic idea regarding various issues related to climate action can be provided and which will enable a successful localization of SDG 13. Section 2 discusses the goal (climate action), which is broken into achievable targets and

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[35] Details available at https://mea.gov.in/articles-in-indian-media.htm?dtl/32018/Indias_Climate_Change_Policy_Towards_a_Better_Future

then further fragmented into measurable indicators: general indicators at the global level and country-specific indicators at national level. Section 3 highlights some of the important concepts and definitions commonly used in the context of SDG 13. Section 4 explains different strategies adopted by India to deal with climate change-related problems and focuses especially on the comprehensive National Action Plan on Climate Change (2008). Section 5 covers the current status in India in terms of a) climate change and natural hazards in India, b) state-level scenario of action plans for climate change missions; and c) targets and indicators related to SDG 13. Section 6 focuses on vulnerabilities of different communities. Apart from explaining the concept of climate change vulnerability and identifying most vulnerable groups in India, this section also discusses a few commonly used methodologies to study various issues related to SDG 13. Section 7 presents determinants and challenges of adaptation and mitigation. Section 8 highlights the interlinkages between SDG 13 and other SDGs and Section 9 discusses what NGOs can do in this area. Section 10 explains the way forward, i.e. resilience building in India.

We have attempted to explain the issues lucidly. Every individual section is accompanied with case studies and examples of various types of NGO interventions made at the ground level that have made a change. Of course these examples give a brief idea and are expected to be helpful in providing a way for cross-learning and replication in similar situations. Local NGOs working at the grassroots level can feed in their rich experiences during the training by incorporating more local case studies for a successful bottom-up approach of learning.

6.2 GOAL 13: TARGETS AND INDICATORS

SDG 13 – the goal to take urgent action to combat climate change and its impacts – has five targets. Each target includes one or more indicators that can help to measure and monitor the progress. The targets along with the global and Indian national indicators are presented in Table 6.1.

Table 6.1: Targets, Global Indicators, and Indian National Indicators of SDG 13

Targets	Global Indicators	National Indicators
Target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	**Indicator 13.1.1:** Number of deaths, missing people, and directly affected people attributed to disasters per 100,000 population **Indicator 13.1.2:** Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015–2030 **Indicator 13.1.3:** Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategies	**Indicator 13.1.1:** Number of States with strategies for enhancing adaptive capacity and dealing with climate extreme weather events, 2017–2018 **Indicator 13.1.2:** Number of deaths attributed to extreme climate per 100,000 population
Target 13.2: Integrate climate change measures into national policies, strategies, and planning	**Indicator 13.2.1:** Number of countries with nationally determined contributions, long-term strategies, national adaptation plans, strategies as reported in adaptation communications and national communications **Indicator 13.2.2:** Total greenhouse emissions generated by year	**Indicator 13.2.1:** Pre-2020 action: Achievement of pre-2020 goals as per country priority (percentage reduction in emission intensity of GDP over 2005 level) **Indicator 13.2.2:** Achievement of Nationally Determined Contribution (NDC) Goals in post-2020 period

Targets	Global Indicators	National Indicators
Target 13.3: Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction, and early warning	**Indicator 13.3.1:** The extent to which (i) global citizenship education and (ii) education for sustainable development are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment **Indicator 13.3.2:** Number of countries that have communicated the strengthening of institutional, systemic, and individual capacity-building to implement adaptation, mitigation and technology transfer, and development actions	**Indicator 13.3.1:** Number of states that have integrated climate mitigation and adaptation in education curricula and outreach programmes
Target 13.a: Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly $100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible.		
Target 13.b: Promote mechanisms for raising capacity for effective climate change-related planning and management in the least developed countries and small island developing States, including focusing on women, youth, and local and marginalized communities.		

Source: Prepared by the CSD with inputs from UNEP and Government of India

6.3 CONCEPTS AND DEFINITIONS OF COMMONLY USED TERMS

Weather vis-à-vis climate	Weather events are short-term (minutes to months) changes in the atmosphere, e.g. temperature, rain, cloudiness, wind.
Climate change	Climate is the long-term average weather over time (at least 30 years) and space. The United Nations Framework Convention on Climate Change (UNFCCC) defines it as: 'a change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods'. The UNFCCC, thus, makes a distinction between human activities and natural causes, resulting climate change as a combined effect.
Global warming	Global warming refers to the recent and on-going rise in global average temperature near the earth's surface. It is caused mostly by increasing concentrations of greenhouse gases in the atmosphere. Global warming is causing climate patterns to change. However, global warming itself is only one aspect of climate change.
Greenhouse effect and gasses	The earth gets energy from the sun in the form of sunlight and some of the gases in the atmosphere absorb this radiation, making the atmosphere warmer. This process is quite similar to greenhouse effect in plant nursery. Therefore, those gases are known as the greenhouse gases. Water vapour (H_2O), carbon dioxide (CO_2), nitrous oxide (N_2O), methane (CH_4), and ozone (O_3) are the primary greenhouse gases in the earth's atmosphere.
Vulnerability to climate change	Vulnerability is the extent to which a system, individual, or group of people is susceptible to and unable to cope with the adverse effects of climate change. It depends on 1) the degree of exposure; 2) the degree of sensitivity to the impact; and 3) the degree of capacity available to deal with that. Vulnerability can be either biophysical or socio-economic. The biophysical vulnerability arises with impacts of natural hazards, whereas socio-economic vulnerability comes from economic, political, and social factors that may put people at risk and also reduce their adaptive capacity to adapt to those risks.

Climate change adaptation	Climate change adaptation is understood as the responses of natural or human systems to actual or expected effects of climate change. Adaptation activities can be proactive (before the effects of climate change are felt) or reactive (after the effects). They can also be planned and implemented, by public and private actors, or happen autonomously.
Resilience	Resilience refers to the capacity of a system, community, or society to adapt to potentially exposed hazards, either through resisting or reach and maintain an acceptable level of function and structure. By increasing adaptive capacity, reducing sensitivity and exposure to adverse effects can lead to an increase in resilience of humans and ecosystems.
Adaptation vis-à-vis resilience building	Adaptation is 'what to do' to lower vulnerability to climate change, e.g. increasing household water storage capacity, whereas resilience building is 'how to' design and/ or deliver the adaptation, e.g. establishing a community managed emergency water storage facility.
Climate change mitigation	It is the human actions that can reduce the intensity or severity of climate change, particularly various actions to reduce amount of greenhouse gases in the atmosphere. Most often this is done by reducing sources of greenhouse gas emissions, or by increasing sinks – a natural or artificial reservoir that accumulates and stores 'carbon' for an indefinite period.
Green economy and green growth	Green economy is an economic development model based on sustainable development. The United Nations Environment Programme (UNEP) defines green economy as an improvement in human well-being and social equity, while significantly reducing environmental risks and ecological scarcities. Green growth can be defined as a way to pursue economic growth and development, while preventing environmental degradation, biodiversity loss, and unsustainable natural resource use.

Source: Prepared by the CSD with inputs from UNEP and Government of India

6.4 STRATEGIES TO DEAL WITH CLIMATE CHANGE – NATIONAL ACTION PLAN ON CLIMATE CHANGE (2008)

Historically, India has a strong legacy of being an environmentally consciousness nation. Since ancient times, the scriptures have laid emphasis on the environment and incorporated all the five elements of natural environment viz. *ksiti* (land), *ap* (water), *tejas* (radiation or energy), *marut* (air), and *vyom* (cosmic space) into the various human activities and protecting and worshipping them. Mahatma Gandhi advocated that form of development were humans extracted from nature only what is absolutely necessary for its sustenance. Mahatma Gandhi has been a major inspiration for many environmental movements worldwide. In the post-independent India, the Constitution also laid specific provisions that protected and improved environmental quality and, thus, reflected national conscience towards the importance of environment protection. However, even after prioritizing the environment, India's rapid growth since the

mid-1980s had led to increase in consumerism. It received a further boost post-1991 when India initiated economic liberalization. All these came at the cost of huge environmental degradation. On the one hand, India is engaged with the international community in the collective commitment of tackling climate change while on the other hand the country needs to sustain its rapid economic growth. In that direction, the Government of India launched National Action Plan on Climate Change (NAPCC) in 2008. Figure 6.2 shows the principles that guide the NAPCC.

Initially, eight national missions were identified as the base or core of the NAPCC for planning long-term integrated strategies. The ninth mission was added to the NAPCC in 2017.

To support the NAPCC, individual State Action Plans on Climate Change (SAPCC) were prepared for nearly 32 States and Union Territories (UTs). In 2010, the Indian government setup the National Clean Energy Fund (NCEF) to finance and promote clean energy initiatives along with allocation of resources for clean energy

Figure 6.2: Seven Guiding Principles of NAPCC (2008)

1 Protecting the poor and vulnerable sections of society through an inclusive and sustainable development strategy

2 Achieving national growth objectives through a qualitative changes in direction that enhances ecological sustainability

3 Devising effecient and cost-effective strategies for end use Demand Side Management

4 Deploying appropriate technologies for both adaptation and mitigation

5 Engineering new and innovative forms for market, regulatory and voluntary mechanisms to promote sustainable development

6 Effecting implementation of programmes through unique linkages, including civil society and local government institutions and through public-private-partnership

7 Welcoming international cooperation for research, development, sharing and tranfer of technologies

Source: CSD's compilation from GoI (2008)

Table 6.2: Nine Missions and their Planning in NAPCC (2008)

	Missions	Planning in NAPCC
1	National Solar Mission	• Increase the share of solar energy in the total energy mix • Research and development, international collaboration to enable affordable solar power
2	National Mission for Enhanced Energy Efficiency	• Tradable energy-efficiency certificate in energy-intensive large industries • Demand-side management programmes
3	National Mission on Sustainable Habitat	• Energy conservation building • Urban waste management and recycling • Capacity building for resilience of infrastructure, early warning system, etc.
4	National Water Mission	• Integrated water resource management to conserve water, minimize waste, and ensure equitable distribution across and within states • Adoption of rainwater harvesting • Adoption of sprinklers, drip irrigation, ridge, and furrow irrigation
5	National Mission for Sustaining the Himalayan Ecosystem	• Understand whether and to what extent Himalayan glaciers are in recession, and how to address the problem • Observational and monitoring network to assess freshwater resources, and cooperation with neighbouring countries • Maintain two-third of the area under forest cover and community-based management
6	National Mission for a 'Green India'	• Enhance eco-system services including carbon sinks • Increase the forest area to 33% from existing 23% in 2008 • Save the degraded forests through Joint Forest Management Committees. An initial corpus of over Rs 6000 crore has been allocated for that

	Missions	Planning in NAPCC
7	National Mission for Sustainable Agriculture	• Identify and develop new varieties of crops: thermal, extreme weather, long dry spells, flooding and moisture variability resistant • Integration of traditional knowledge, information technology, and biotechnology • Improving productivity of rain-fed agriculture
8	National Mission on Strategic Knowledge for Climate Change	• Established strategic knowledge mission will identify challenges and responses to climate change by funding high quality focused research • Research on socio-economic impacts of climate change including impact on health, demography, migration patterns, and livelihoods of coastal communities
9	National Mission on Clean Coal Technology	• The Mission will foster work on Integrated Gasification Combined Cycle (IGCC), Advanced Ultra Supercritical Technology and Carbon Capture and Sequestration • Under this, the government is setting up two centres of Excellence on Clean Coal Technologies

Source: CSD's compilation from original documents

research. An expert committee's report in 2013 gave a five-step implementation process for a System of Environmental Economic Accounting in India. In early 2015, 213 companies pledged to increase India's renewable energy capacity to 266 GW over the next five years thereby helping significantly to reduce India's dependence on fossil fuels (Saran and Mathur 2019).

The recent economic downturn caused by COVID-19 pandemic and related shutdown of economic activity has already shown that there is a huge trade-off between SDG 13 (climate action) and many of the other SDGs. Emission reduction by shutting down all economic activities is neither an option nor desirable, particularly for India, as it still has around 84 million people living below the poverty line.

India had strongly supported the Paris Agreement in 2015 and proclaimed its bold nationally determined contributions (NDCs) to be achieved by 2030: a reduced emissions intensity of the GDP by 33–35 per cent from 2005 level; about 40 per cent cumulative electric power installed capacity from non-fossil fuel-based energy resources; and an additional carbon sink of 2.5 to 3 billion tonnes of CO_2 equivalent through additional forest and tree cover (NITI Aayog 2019).

6.5 CURRENT STATUS IN INDIA

This section presents the current status of India in terms of a) climate change and natural hazards; b) NAPCC missions; and c) achievements and challenges of targets and indicators related to SDG 13.

Climate Change and Natural Hazards in India

In the last hundred years, India has been experiencing a rise in temperature but a decline in rainfall. At the same time, India is among top 10 most affected countries in Global Climate Risk Index 2021 (Eckstein, Künzel and Schäfer 2021).

India, with its vast geographic diversity, has a significant number of climate regimes and diverse regional and local weather conditions. This makes the country vulnerable to climate change and related risks. The agriculturally
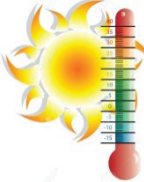
Figure 6.3: Climate Change and Vulnerability in India

Trend of annual mean temperature

Degree Celsius

26.0
25.9
25.8
25.7
25.6
25.5
25.4
25.3
25.2
25.1
25.0

1901-1910
1951-1960
1981-1990
1991-2000
2011-2019

Climate Change
Vulnerability
of
India

Rainfall has declined in the last eighty years

Temperature has increased in the last hundred years

Trend of annual rainfall

Millimeters

1300.0
1250.0
1200.0
1150.0
1100.0
1050.0
1000.0

1941-1950
1951-1960
1961-1970
1971-1980
1981-1990
1991-2000
2001-2010
2011-2018

India is one of the 10 most vulnerable countries in the world

Source: Prepared by CSD with data from Indian Meteorological Department

Table 6.3: Snapshot of Natural Hazards Occurring in India

Natural Hazards	Regions those are often affected	Case Studies/examples
Cyclone	Odisha, Andhra Pradesh, Tamil Nadu, Tripura, Mizoram, Gujarat	**The 1999 Odisha Cyclone or Super Cyclone** The 1999 Super Cyclone ranks among the worst natural disasters in India. Nearly 10,000 people died in Odisha, according to official estimates. More than 3.5 lakh houses were destroyed, several villages were completely washed away, and more than two lakh animals were killed Apart from hitting Odisha in India, it also impacted other South Asian countries such as Thailand, Myanmar, and Bangladesh.
Tsunami	Andaman and Nicobar Islands, Tamil Nadu, Kerala, Puducherry, Andhra Pradesh	**Indian Ocean Tsunami of 2004** The tsunami killed at least 225,000 people across a dozen countries, with Indonesia, Sri Lanka, India, Maldives, and Thailand sustaining massive damage. Tens of thousands were reported dead or missing in Sri Lanka and India, a large number of them from the Indian Andaman and Nicobar Islands territory.
Heat-wave	Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Odisha, Gujarat	**Heat-waves of 2019 in Northern India and Pakistan** In early June 2019, an intense heat-wave scorched northern India. On June 10, Delhi reached its hottest day on record for the month, reaching 48°C (118°F). In 2019, sparse rainfall during the pre-monsoon season, along with a delayed monsoon, made the heat more unbearable. As a result of hot temperatures and inadequate preparation, more than 184 people died in Bihar, with many more deaths reported in other parts of the country.

Natural Hazards	Regions those are often affected	Case Studies/examples
Landslide	Nagaland, Arunachal Pradesh, Sikkim, Himachal Pradesh, West Bengal	**Landslide Incidences in Manipur, 2018** Heavy rainfall triggered landslides at New Salem, New Kanan and Neigailong villages of Tamenglong district in Manipur on 11 July 2018 in which nine lives were reported to be lost. Landslide incidents are quite common in hills of India.
Urban Floods	Hyderabad, Chennai, Bangalore, Mumbai, Guwahati, Ahmedabad, Surat, Kolkata, Delhi	**Chennai Floods, 2015** Inadequate drainage system coupled with large intensity rainfall has often been the major cause of urban flooding. Chennai witnessed loss of life and property, disruption in transport and power, and incidence of epidemics due to urban flooding in 2015.
Floods	Assam, Bihar, Uttarakhand, Uttar Pradesh, West Bengal	**Uttarakhand Floods, 2013** In June 2013, a cloudburst on the North Indian state of Uttarakhand caused devastating floods and landslides. The disaster caused heavy loss of precious lives and extensive damage to private properties and public infrastructure. More than nine million people were affected by the flash floods. As informed by the State Government on 9 May 2014, a total of 169 people died and over 4021 people were reported missing (presumed to be dead).

Source: CSD compilation

dependent India is particularly affected through intense heat-waves, floods and droughts, water stress, and reduced food production. In the last few years, climate change has manifested in the forms of floods, droughts as well as the risks from tsunamis and cyclones experienced in coastal areas (NITI Aayog 2019). Table 6.3 lists the recent natural hazards that occurred in India, the states which are often affected, along with a recent example or case study.

Current Status of State-Level Scenario of Action Plans for Climate Change Missions

Table 6.4 presents some indicative data in relation to the state scenario of various action plans for climate change missions.

Table 6.4: State Scenario of Various Action Plans for Climate Change Missions

State	Solar Mission	Mission for Enhanced Energy Efficiency	Mission on Sustainable Habitat	Water Mission	Mission for 'Green India'	Mission for Sustainable Agriculture	Mission on Strategic Knowledge for Climate Change
	Total solar photovoltaic systems installed (standalone power plant) (numbers up to 31.12.2019)	Total potential of renewable power (Mega Watts)	Commonly recyclable hazardous waste recycled in 2017–18 (Tonne)	Percentage of household with access to piped water/ tap/public tap/standpipe in 2018	Total carbon stock in forest carbon pools in 2017–18 (000' Tonnes per hectare)	Total production of organic manures in 2016-17 (00000' Tonnes)	Number of eco-clubs in schools in 2019 (Numbers)
Andhra Pradesh	3816	84,079.3	101,080	47.6	219,528	95.9	3250
Arunachal Pradesh	963	10,722.9	-	66.7	1051,323	1.9	-

State	Solar Mission	Mission for Enhanced Energy Efficiency	Mission on Sustainable Habitat	Water Mission	Mission for 'Green India'	Mission for Sustainable Agriculture	Mission on Strategic Knowledge for Climate Change
	Total solar photovoltaic systems installed (standalone power plant) (numbers up to 31.12.2019)	Total potential of renewable power (Mega Watts)	Commonly recyclable hazardous waste recycled in 2017–18 (Tonne)	Percentage of household with access to piped water/ tap/public tap/standpipe in 2018	Total carbon stock in forest carbon pools in 2017–18 (000' Tonnes per hectare)	Total production of organic manures in 2016–17 (00000' Tonnes)	Number of eco-clubs in schools in 2019 (Numbers)
Assam	1605	14,181.9	3605	8.1	270,149	186.2	4726
Bihar	6770	12,718.9	3552	1.7	55,239	939.5	-
Chhattisgarh	31,250	19,705.2	4051	23.6	480,250	130.6	-
Goa	33	911.7	651	96.0	25,338	1.3	500
Gujarat	13,577	122,085.9	84,914	69.4	107,247	501.9	7619
Haryana	2321	6374.4	36,582	60.2	10,466	24.4	-
Himachal Pradesh	1906	37,444.3	11,486	84.2	252,360	55.9	3100
Jharkhand	3770	18,507.9	3893	1.7	178,012	398.0	-
Karnataka	7754	85,864.4	56,008	66.8	383,763	44.8	8500
Kerala	15,825	9537.1	55,734	15.3	212,956	5.0	3500
Madhya Pradesh	3654	74,406.4	75,911	19.0	588,727	61.8	12,750
Maharashtra	3858	113,924.4	301,497	68.7	440,508	36.2	8807
Manipur	1581	10,744.9	--	41.4	178,723	1.0	3100
Meghalaya	2004	6103.0	447	38.3	180,966	31.2	-
Mizoram	2956	9261.9	0	84.2	156,554	2.4	1990
Nagaland	1506	7482.1	10	39.3	135,527	3.6	2676
Odisha	568	29,427.2	4364	15.4	432,288	27.7	7500
Punjab	2066	6905.2	37,317	49.9	13,344	10.5	5600
Rajasthan	30,349	162,232.6	81,055	42.1	108,363	37.2	8350
Sikkim	850	5208.6	0	81.8	57,180	0.4	856
Tamil Nadu	12,753	53,745.4	124,108	89.3	216,782	17.6	8000
Telangana	7450	24,756.2	50,183	56.1	151,842	3.9	2500
Tripura	867	2131.8	0	32.7	76,057	2.7	1173
Uttar Pradesh	10,638	26,333.7	59,307	3.8	115,690	51.0	8500
Uttarakhand	3145	18,493.3	10,901	67.0	370,912	28.2	2805
West Bengal	1730	7198.0	5369	21.2	147,705	72.5	5750

Source: CSD compilation from EnviStats India 2020, Government of India

Present Scenario of SDG Indicators in India

According to the cumulative index of SDG 13 of NITI Aayog report 2019, Karnataka, Andhra Pradesh, Odisha, Telangana, and Gujarat are the top performing five states whereas Meghalaya, Haryana, Arunachal Pradesh, Chhattisgarh, and Jharkhand are bottom five states.

The positions of individual states as per the four SDG 13 indicators, as per the NITI Aayog report, are depicted in Figure 6.4.

Figure 6.4: States' Position in Four SDG 13 Indicators Provided by the NITI Aayog
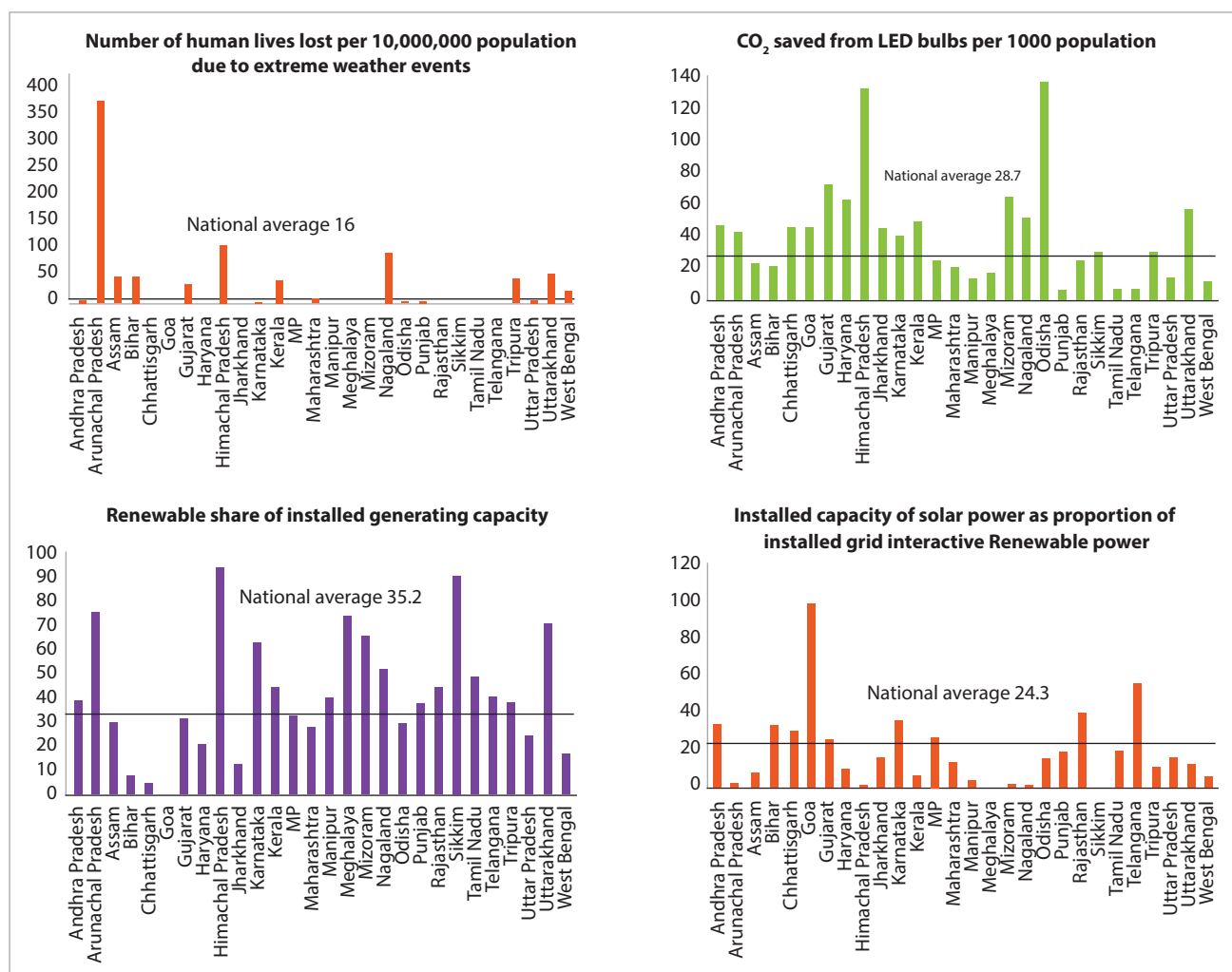
Source: Prepared by CSD with raw data from NITI Aayog report (2019)

Table 6.5 gives India's achievements vis-à-vis challenges in SDG 13 along with special focus on probable role of the NGOs to fulfil some of those remaining challenges.

Table 6.5: India's Achievements vis-à-vis Challenges in SDG 13 and Probable Role of the NGOs

Target	Indicator	Achievements	Remaining Challenges	Probable Role of the NGOs
Target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	Indicator 13.1.1: Number of States with strategies for enhancing adaptive capacity and dealing with climate extreme weather events, 2017–18	• Apart from holistic National Action Plan on Climate Change (NAPCC), as many as 32 States/UTs have a State Action Plan on Climate Change (SAPCC). • Several programmes are implemented to improve natural disaster resilience, such as the	• Climate change has contributed to more extreme monsoon cycles, resulting in unrelenting droughts in some areas, and severe floods such as those which swept through Tamil Nadu and Kerala in recent years. SAPCCs provide a macro picture of strategies	• NGOs can play a major role to complement with local-level strategies for enhancing adaptive capacity. Sometimes indigenous practices are more suitable and cost-

Target	Indicator	Achievements	Remaining Challenges	Probable Role of the NGOs
		• National Cyclone Risk Mitigation Project, Schemes for strengthening State and District Disaster Management Authorities, and Strengthening disaster response force	for enhancing adaptive capacity and dealing with climate extreme weather events. • India's investment into climate change adaptation is considered to be inadequate despite the clear and present danger that it poses.	effective to deal with climate change. • NGOs can feed in advocacy by generating clear cut estimates about the need.
	Indicator 13.1.2 Number of deaths attributed to extreme climate per 100,000 population	• Number of deaths attributed to extreme climate per 100,000 population is significantly low (in fractions). On average, 16 human lives are lost per 10,000,000 population due to extreme weather events in India. The target is to bring the number to zero by 2030 to imply that all States/UTs must be adequately prepared to ensure that no human life is lost due to extreme weather events.	• In a few states, Arunachal Pradesh (362), Himachal Pradesh (105), Nagaland (91), Uttarakhand (53), comparatively more human lives are lost per 10,000,000 population due to extreme weather events. • Impact wise, around 2360 out of every 100,000 Indians are already affected by climate disasters, which is one of the highest rates in the world. The retreat of glaciers in the Himalayas threatens the watersheds on which North India relies.	• NGOs can play a major role in tracking exact numbers at regional level, and highlight some best practices that can be useful to replicate in similar areas and situations.
Target 13.2: Integrate climate change measures into national policies, strategies and planning	Indicator 13.2.1: Pre 2020 action: Achievement of pre-2020 goals as per country priority (percentage reduction in emission intensity of GDP, over 2005 level)	• Around 12% reduction of CO_2 emission between 2005 and 2010 (estimate). The UNEP Emission Gap Report 2014 recognized India as achiever of voluntary goal. • India's Renewable Energy instalment capacity has grown from 38.9 GW in 2015 to 82.58 GW in 2019. • Increasing use of CNG automobiles until electric vehicle	• India emits an average of 1.7 tonnes of CO_2 per capita from energy production. Although it is low compared to China and the US, it is high compared to the world's least developed countries. • India's electricity demand is expected to triple by 2030, with coal sources accounting for about 57% of electricity generation.	• NGOs can play a major role in nudging demand-side management and helping people to move towards cleaner energy.

Target	Indicator	Achievements	Remaining Challenges	Probable Role of the NGOs
		technology advances enough to become affordable and within reach for the majority of the population. • Solar installed capacity in India has increased by about 12 times from 2.63 GW to 31.1 GW between 2014 and 2019. • The share of non-fossil sources in installed capacity of electricity generation increased from 30.5% in 2015 to 35.22 % in 2019.		
	Indicator 13.2.2: Achievement of Nationally Determined Contribution (NDC) Goals in post-2020 period	• The high dependency on biomass for cooking, especially in rural areas, is being corrected under the *Pradhan Mantri Ujjwala Yojana*, under which 80.3 million LPG connections have so far been provided.	• One-time connection will not provide great impact, unless continuous use is ensured	• NGOs can play important role in ensuring continuous use by removing the challenges on the ground.

Source: CSD compilation from Biberman and Bajpai (2020) and NITI Aayog (2019)

6.6 CLIMATE CHANGE VULNERABILITY OF DIFFERENT COMMUNITIES IN INDIA

Chambers (1989) defines vulnerability as exposure to contingencies and stress, and the difficulty of coping with these exposures. In the context of climate change, as per the IPCC Third Assessment Report (2001), climate vulnerability is 'the degree to which a system is susceptible to, or unable to cope with, adverse effects of climate change, including climate variability and extremes' and vulnerability is 'a function of the character, magnitude, and the rate of climate variation to which a system is exposed, its sensitivity, and its adaptive capacity'. According to this definition, climate change vulnerability has three components: exposure, sensitivity, and adaptive capacity. Exposure implies the direct risk of changes to a region's climate variables (e.g. temperature, precipitation, extreme weather events). Sensitivity refers to the human–environmental conditions that can worsen or reduce the hazard. On the other hand, adaptive capacity can be interpreted as the potential to implement adaptation measures that help to reduce the potential impacts. Exposure and sensitivity together represent the potential impact, whereas adaptive capacity represents the extent to which these impacts can be mitigated/reduced. Thus, climate change vulnerability is positively related to the first two components and negatively related to the third component. Figure 6.5 shows the various determinants of climate change vulnerability.

Figure 6.5: Determinants of Climate Change Vulnerability

Poverty, which results into low adaptive capacity

Socially constructed backwardness

Alongside life and health if livelihood is also affected

Lack of education and awareness

Higher exposure to climate change or natural disaster related risk

Climate Change Vulnerability

Lack of support from government, NGOs, Panchayats
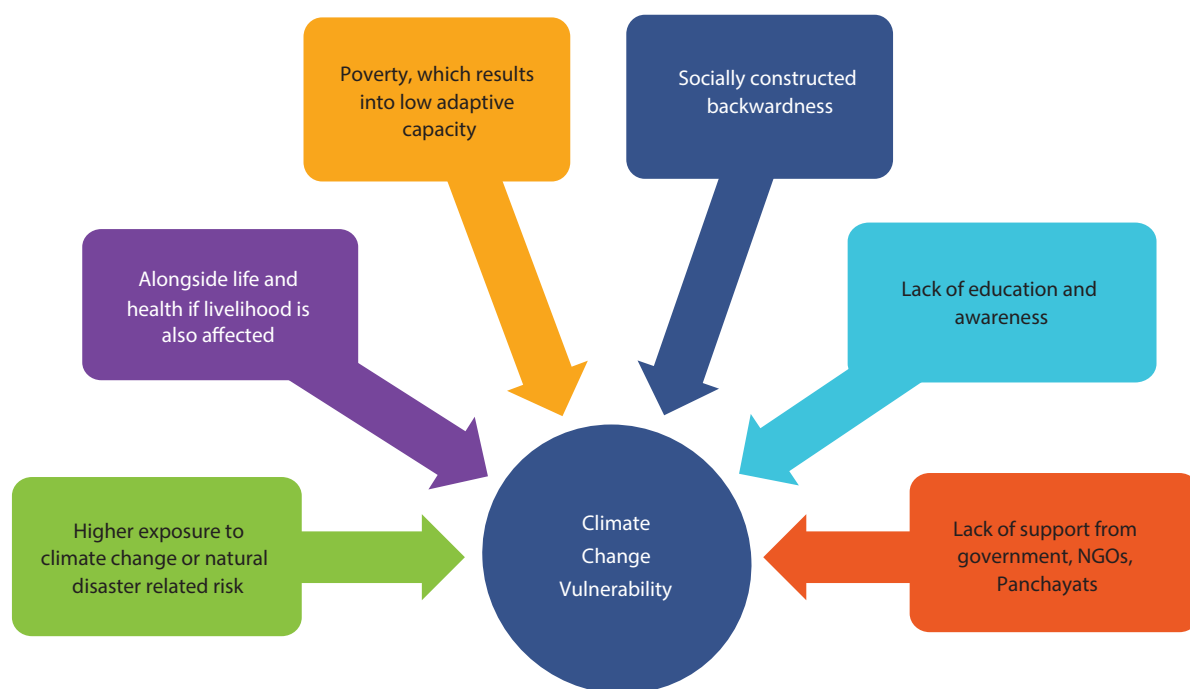
Source: Conceptualized by CSD

On the basis of the above determinants of climate change vulnerability, it can be said that certain communities are more vulnerable compared to others. One of the most prominent impacts of climate change on India is the changes in the monsoon pattern, increase in variability, and intensity. Therefore, rural people engaged in agriculture and allied activities, particularly the marginal and small farmers, are vulnerable communities. Climate change is also increasing occurrences of climate extremes such as cyclones, droughts, and floods in India. Therefore, millions of poor people, in the drought-affected or flood-prone areas, are extremely vulnerable (Panda 2009). Extreme heat waves and increase in the sea levels are making millions of poor people who live near the long coastlines vulnerable. People engaged in livelihoods such as fishing are particularly vulnerable. Many important rivers of India fed by the glaciers in the Himalayas, on whose basins millions of Indians inhabit, are becoming vulnerable because of loss of these permanent glaciers. Finally, the poorer sections of the country's population are expected to be hit hardest by the adverse effects of climate change, compromising their prospects of access to food, clean water, medical facilities, and other resources (Manglem and Deva 2020). Women face more vulnerability due to climate change compared to men.

Vulnerability assessments have emerged as an important tool to identify factors that make a system vulnerable, explore the capacity of people and systems to adapt, and inform prioritizing adaptation funding and implementation. Recognizing the importance of such studies in informing climate change adaptation, there has been a rise in vulnerability assessment studies in India over the past decade (Singh *et al*. 2017). Vulnerability can be captured through various data collection tools and analysed by several methods as shown in Figure 6.6.

Role of NGOs in Reducing Climate Change Vulnerabilities

Although climate change is a global problem, adaptation to it is highly local. Its effectiveness depends on local and extra-local institutions through which incentives for individual and collective action are structured (Agarwal 2008). It is crucial to understand the local

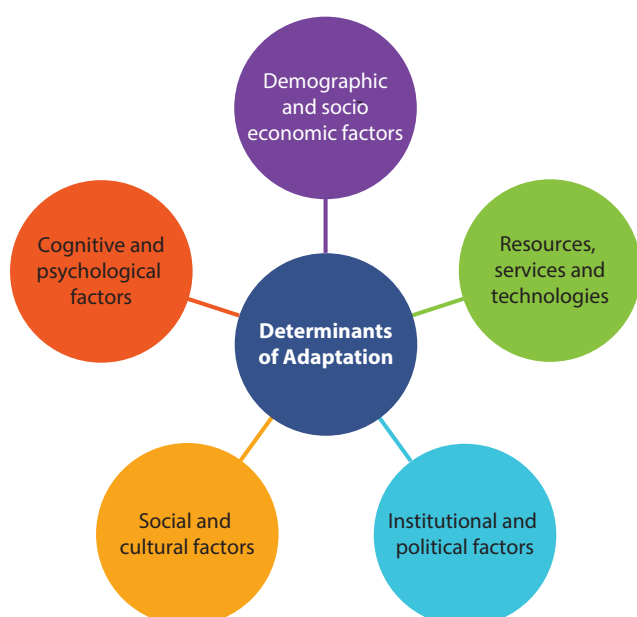**Figure 6.6: Tools and Methodology for Climate Change Vulnerability Assessment**

Data collections tools:

- Quantitative (Survey)

- Qualitative (Lengthy Fieldwork)

- Participatory Learning and Action (Involving the community actively)

Climate change vulnerability assessment

Data analysis methods:

- Indicator based vulnerability assessment

- Developing vulnerability index

- Spatial analysis

- Impact modelling
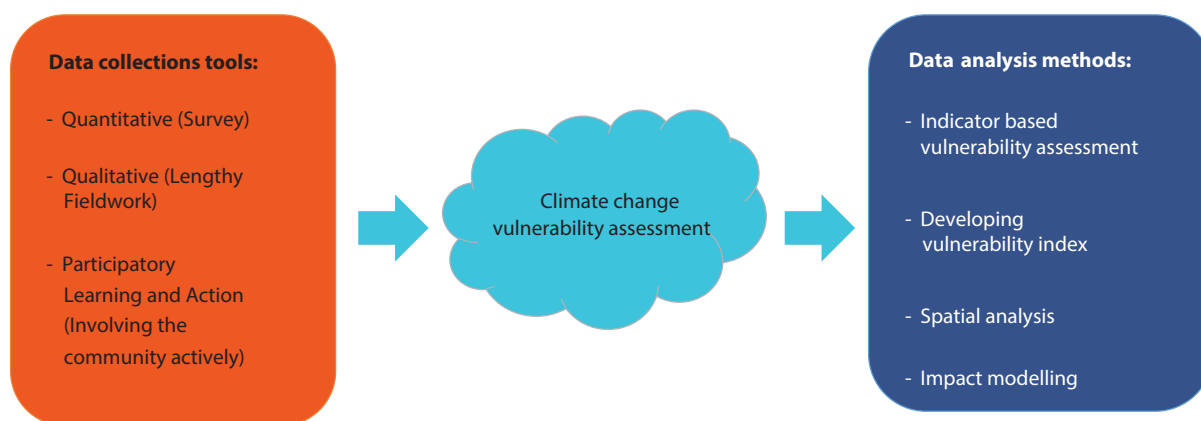
Source: Prepared by CSD based on the systematic literature review by Singh, Deshpande and Basu (2017)

context of climate change vulnerability. Local NGOs can play a major role in shaping adaptation process of the most vulnerable social groups.

6.7 DETERMINANTS, CHALLENGES OF ADAPTATION AND MITIGATION

Adaptation is determined by a large number of factors, which are often clubbed under five headings as shown in Figure 6.7.

Figure 6.7: Determinants of Climate Change Adaptation

Demographic and socio economic factors

Cognitive and psychological factors

Resources, services and technologies

Determinants of Adaptation

Social and cultural factors

Institutional and political factors

Source: Prepared by CSD based on the systematic literature review by Dang et al. (2019)

Challenges to Adaptation

- Poverty is one of the biggest barriers to climate change adaptation. According to field experts, even after spreading awareness and capacity building, sometimes the poor households are so much engrossed with their poverty dominated subsistence living that it becomes difficult to convince them to engage in adaptation practices. A probable solution might be to promote those adaptation practices that will increase their income as well. This win-win situation might then work.

- Climate change is a global phenomenon, but the steps for adaptation have to be taken locally. So, Panchayats have a vital role to play in forming adaptation strategies in order to face the challenges of climate change. If there is lack of awareness among Panchayats, or they are not pro-active, then the challenge becomes even greater.

- The limited knowledge on climate informed agricultural practices and latest climate-friendly agricultural techniques are a major barrier of adaptation for the majority of the illiterate/less educated farmers of India. NGOs can play a major role in these cases.

- Lack of information, institutional support, and poor communication and linkages with wider markets are serious challenges. NGOs can play a major role to bridge

these gaps and nudge the stakeholders towards successful adaptation practices.

Challenges in Mitigation

- For India, in the case of sustainable development, the core goal is poverty eradication whilst balancing environmental imperatives. These two agendas are linked. Access to energy is critical to human development. Successfully addressing the challenge of India's energy poverty lies at the heart of achieving the SDGs aspirations for poverty reduction and removal of social and economic inequality. This goal itself is challenging for mitigating greenhouse gases.

- Due to electricity and fertilizer subsidies, farmers are often encouraged to grow water-intensive crops, such as paddy, even if their land is ill-suited to do so (for instance, Punjab). This is a major challenge.

- Mitigation is possible with the use of wide array of technological measures and behavioural change. The pace of both is slow in India.

Role of NGOs to Address Some of these Challenges

Local NGOs are in the best position to understand the context and need of local people. They can make the local population understand the solutions well. They can also bridge the gap between the existing policies and the local peoples' needs. NGOs can play a big role provided local people believe in them and trust them. These NGOs can arrange platforms for healthy discussions among various stakeholders and identify donor agencies to fund programmes on technology diffusions through awareness and capacity building.

6.8 SDG 13 AND OTHER SDGS

The importance of SDG 13 also arises from the fact that it has strong interlinkages with other SDGs. The example of the Nature Environment Wildlife Society (NEWS) Livelihood Projects in Sunderbans shows the various interlinkages of SDGs. In 2009, Cyclone Aila hit parts of Eastern India and Bangladesh, affecting both the environment and the local communities in the Sunderbans in West Bengal. As a result, large-scale migration of men took place to larger cities in search of work, leaving many women to look after themselves and their children. With the aim to provide livelihood and income to the local women, NEWS initiated the seaweed project. Seaweed needs both saline and sweet water to flourish and the Sunderbans is ideal for this as saline water regularly flows in during high tides. Besides the seaweed initiative, the mangrove nursery project has emerged as another successful means of livelihood for the women in a few blocks of Sunderbans. These initiatives not only improved their earning sources and helped in ensuring health and education for their children, but also helped in reducing women trafficking in the area. Thus, it helped towards achieving SDG 13 along with SDGs 1, 2, 3, 4, 5, and 8 simultaneously.

> *The importance of the SDG 13 also arises from the fact that it has strong interlinkages with other SDGs.*

Another example from Assam also shows interlinkages of different SDGs. A young couple established Akshar School in 2016 in a backward area of Pamohi woods in Assam. At first, the couple wanted to start a free school, but soon realized that a major ecological problem existed in the area – the local burnt plastics to keep themselves warm. In order to change the harmful practice, the school set a norm of collecting plastic waste as school fees. Apart from education, the school also teaches students to recycle plastic waste into various construction materials. This unique initiative of the school is helping to achieve SDG 4 and SDG 13 together. The linkages of SDG 13 with other SDGs are shown in Table 6.6.

Table 6.6: Linkages of SDG 13 with Other SDGs and Scope of NGO Collaborations

Other SDGs than SDG 13	How Other SDGs Can Impact SDG 13	How SDG 13 Can Impact Other SDGs	Scope of NGO Collaborations
SDG 1: No Poverty	Poor people have less adaptive capacity. Thus, meeting SDG 1 can be useful to meet SDG 13	Climate change leads to frequent natural disasters and, thus, increases poverty. Therefore climate change adaptation and mitigation is useful to achieve SDG 1	NGOs working on climate change issues and poverty eradication can collaborate with each other to plan and implement climate change adaptation and poverty eradication simultaneously.
SDG 2: Zero Hunger		Climate change adaptation can increase crop yield, which might be useful to meet SDG 2	NGOs can promote sustainable agriculture and options of kitchen gardens for landless labours particularly.
SDG 3: Good Health and Well Being		Mitigation of greenhouse gases has direct relation to good health and wellbeing	NGOs can promote plantation and sustainable agriculture to improve health.
SDG 4: Quality Education	Education and environmental awareness have a direct impact on the mitigation and adaptation process. In India 'Environment' has become a compulsory subject in the school	Due to pollution, natural hazards, and extreme weathers, students often miss classes. Thus, meeting SDG 13 can be useful to meet SDG 4	NGOs can prepare climate change module and do training sessions for school/college/university students. There is scope of planting trees and water conservation practices within institution premise.
SDG 5: Gender Equality	Climate action will be most effective when women and girls play a role in designing climate initiatives	Women and girls are most vulnerable to climate change impacts for various reasons	There is ample scope of climate change mitigation and adaptation programme through women empowerment.
SDG 6: Clean Water and Sanitation	Sanitation practices (particularly open defecation) impacts GHG emission through various channels. Thus, meeting SDG 6 can be useful to meet SDG 13	Climate change affects availability of clean water through many channels. Thus, meeting SDG 13 can be useful to meet SDG 6	NGOs can collaborate to promote water conservation and local innovative ways of wastewater treatment for reuse.
SDG 7: Affordable and Clean Energy	Access to affordable, reliable and modern energy services, and increased share of renewable energy etc. are by definition useful to meet SDG 13	Similarly clean development mechanisms (CDMs) and more investment in clean energy as a mission to meet SDG 13 are useful to meet SDG 7	Awareness building and financial support to increase the uptake of affordable and clean energy among poor consumers is a good scope of NGO collaboration.
SDG 8: Decent Work and Economic Growth	Economic growth increases individual's adaptive capacity, thus helping to achieve SDG 13	Job creation is possible in renewable energy sector and others	There is ample scope of collaboration particularly in the green rebooting of economy in the post-COVID-9 India.

Other SDGs than SDG 13	How Other SDGs Can Impact SDG 13	How SDG 13 Can Impact Other SDGs	Scope of NGO Collaborations
SDG 9: Industry, Innovation and Infrastructure	More industrialization and infrastructure building might be a barrier to meet SDG 13, but climate smart innovations facilitate to meet SDG 13		Similarly in this case also there is scope of NGO collaboration on green rebooting of Indian economy through awareness building and technology diffusion.
SDG 10: Reduced Inequalities		As climate change impacts poor the more and their adaptive capacity is also low, thus meeting SDG 13 reduces inequality	NGOs can train youth and women for skill development and jobs, which will be green in nature and generate income for them as well.
SDG 11: Sustainable Cities and Communities	SDG 11 directly impacts SDG 13 as being climate smart is a major component of sustainable city and communities	Meeting SDG 13 has direct and positive impacts on SDG 11	NGOs can plan for mock drills for disaster management.
SDG 12: Responsible Consumption and Production	Responsible consumption and production reduces emission and is thus helpful in meeting SDG 13	Mitigation strategies to meet SDG 13 is useful to meet SDG 12	NGOs can promote and implement Government's 'Vocal the Local' initiative, which will help to attain SDGs 12 and 13 together.
SDG 14: Life Below Water		Mitigation strategies to meet SDG 13 is useful to meet SDG 14	Awareness building for protecting the nature as well as lives below water.
SDG 15: Life on Land		Mitigation strategies to meet SDG 13 is useful to meet SDG 15	Similarly, awareness building for protecting the nature as well as lives below water.
SDG 16: Peace, Justice and Strong Institutions	Strong institutions and support from the developed countries are helpful for achieving SDG 13 in developing countries like India	Mitigation strategies to meet SDG 13 is useful to meet SDG 16 in the climate change-related conflict areas	NGOs can play major role in the climate change-related conflict areas for peace, justice as well as adaptation and mitigation.
SDG 17: Global Partnership	Clean development mechanism (CDM) and joint implementation (JI) provisions of Kyoto Protocols can be helpful to attain India's SDG 13	India can make a strong footing in the global partnership platform by giving a clean image of attaining SDG 13.	NGOs' role is very crucial here to balance between macro interest and interest of the local people by promoting healthy discussions and relations among various stakeholders.

Source: Conceptualized and prepared by CSD

6.9 ROLE OF NGOS IN LOCALIZING SDG 13

India has a long history of environmental activism, but all of them are majorly focused on livelihood concerns of marginalized communities. India's prominent environmental justice movements such as Narmada Bachao and Chipko Movement, both of which focused on the impacts of state policies and actions on local livelihoods, never included climate justice as part of the mainstream discourse (Swarnakar 2019). The establishment of the Prime Minister's Council on Climate Change (PMCCC) in 2007 widened the scope to include the media, businesses, and non-governmental organizations (NGOs). From 2007 onwards, however, a large number of NGOs/CSOs moved beyond the framework of local livelihood issues to engage in climate-related issues. But the activities of NGOs do not always follow government mandates, and they sometimes even create conflicts. Interestingly, both Indian government and the NGOs have used the idea of climate justice. While the Indian government used this as a mainstream policy agenda for international negotiations, some of the NGOs argue that domestic injustice and vulnerabilities of the poor is attributed to insufficient national policies and corporate atrocities. The NGOs and state should engage in dialogues to understand each other's viewpoints. The five roles of NGOs in the particular context of SDG 13 are elaborated here:

Raising awareness: NGOs have a major role to play in spreading awareness regarding climate change issues and solutions, and related important issues such as food, water, and income security. Almost all the NGOs (whether international, national, or regional) working at the grassroots level and engaged in spreading awareness amidst the communities would agree that awareness building is the first step to bring any change. Depending on the capacity of the NGOs they can provide early warnings about upcoming disasters, weather forecast for the farmers, low-cost ways of adaptation measures, and the best practices of solutions in similar situation across the world or in different

parts of the country. A major responsibility that these NGOs play regarding SDG 13 is translating technical climate information into local languages and non-technical formats. Big NGOs can conduct awareness programmes at a larger scale. For example, the German institute Hanns Seidel Foundation along with its partner organizations endeavours to create awareness for the changing water and climatic situations and, thereby, inculcate a change in behaviour at the community level both in rural and in urban areas. Through trainings, technical demonstrations and educational excursions, the big teams in the network are enabling villagers to anticipate their water situation, to discuss solutions, and to appeal for development with local and state-level authorities. Technical demonstrations also help the villagers to tackle water problems themselves. With its international conferences in varying countries, the Foundation also offers a cross-national South Asia forum for scientific and political exchange on a common approach against regional water issues.

Implementation: Policies are generally planned at the national or state levels, and often come as top-down approach, whereas climate change is experienced locally and can only be effectively addressed by engaging local groups and institutions. NGOs often play crucial roles in the implementation of various programmes and schemes meant for adaptation and mitigation, e.g. solar mission, energy efficiency, water conservation, green India, sustainable agriculture, adaptation and mitigation. Local NGOs being close to the people can identify the policy-level disconnects and implementation-level challenges to overcome them for successful implementation. Often the programmes do not reach the right beneficiaries. NGOs can provide direct support by helping the right beneficiaries to get access to the policy-level support, and ensuring delivery. For example, the Institute for Youth and Development, Bengaluru is engaged in the grassroots level implementation of policies related to biofuel, energy efficiency, and Swachh Bharat Abhiyan in Karnataka and Tamil Nadu. It does capacity building of the farmers to use biofuel, energy efficient pump

set, soil and water conservation practices. Big NGOs sometimes become responsible for the implementation of planning and budget allocation, as well as for the execution of separate projects.

Advocacy: If there are gaps in the implementation of government programmes and schemes, NGOs often engage in highlighting those gaps and throw light on the requirements of making more financial allocations or other requirements to address the issue. Certain groups of people are more vulnerable compared to others. Local/regional NGOs can play crucial role to address the issues of exclusion. This can include doing climate change vulnerability mapping and advocacy regarding the same; advocacy regarding forest rights for poor communities who depend on natural resources for their livelihood; advocacy related to demand-side management of water and energy; advocacy related to adverse impact of climate change on women compared to men; advocacy related to inter-relations of SDG 13 and other SDGs, particularly health, poverty, livelihood, etc. The NGOs can also advocate and promote indigenous or local solutions regarding adaptation and mitigation. For example in Odisha, 'Living Farm', a leading voluntary organization, campaigns for organic farming and healthy food. At one level, the organization works with tribal farmers in Rayagada District to protect and promote their traditional farming systems based on organic farming, while at another level, it works in cities like Bhubaneswar to link city people with organic farmers so that a mutually supportive relationship can be established between the two and middleman can be avoided. The campaign for organic farming in Bhubaneswar has also reached several schools: programmes have been organized where students do field visits of organic farmers and grow nutrition gardens in schools.[36]

Capacity Building and Training: Only awareness building might not be enough to encourage adaptation or mitigation practices.

Thus, many NGOs are engaged in training and capacity building of various stakeholders such as communities, women, children and youth, local authorities, business and industry, scientific and technological community, academia and others. The nature of capacity building varies between different types of NGOs and their own capacities. For example, the Aga Khan Rural Support Programme in Gujarat for Climate Change Adaptation takes place through institutional strengthening.[37] Tribal regions of Gujarat are highly vulnerable due to a lower human development index. Ironically, Gujarat also suffers from various climatic vulnerabilities including erratic rainfall, livelihood insecurity, and a lack of systematic management of natural resource. The practices of non-sustainable practices of natural resources management also lead to livelihood insecurity and migration. In this background, Sustainable Community-based Approaches for Livelihood Enhancement (SCALE) Project (2002–2012) was launched by the Aga Khan Foundation to contribute towards enhancing the livelihoods of disadvantaged rural populations including particularly vulnerable tribal groups in resource poor areas as well as rejuvenating the degraded land, water, and forest. In this project, several village-level institutions were developed for promotion of livelihood security, land development interventions, soil water conservation measures, and water harvesting structures. These interventions emphasized on expansion of area under irrigation for agriculture and available water resources to the tribal farmers, formation of Joint Forest Management committee, and promoting biogas plants. This has resulted in the improvement of agricultural productivity, access to agriculture equipment, reduction of risk through diversification, and creation of wage employment.

Monitoring/Tracking SDGs: Decentralized adaptive management strategies and mitigation activities that engage the local communities often prove to be more effective and the local

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[36] Details available at http://cintdis.org/wp-content/uploads/2018/05/Grassroots2018_Rice.pdf

[37] Details available at https://www.academia.edu/7198810/Coping_with_Climate_Change_Case_studies_on_Climate_Cha nge_Mitigation_and_Adap-tation

Table 6.7: The Five Roles of NGOs in Achieving SDG 13

Raising Awareness	Implementation	Advocacy	Capacity Building	Monitoring/ Tracking SDGs
• Regarding environmental issues and solutions • Provide early warnings • Translating technical climate information into local languages	• Implementation of various programmes and schemes: Solar Mission, Energy efficiency, Water conservation, Green India, Sustainable agriculture, and Adaptation and mitigation • Implementation of planning and budget allocation • Mobilizing communities and resources for ecosystems development and sustainable management	• Doing vulnerability mapping and advocacy regarding • Forest rights and others for poor communities, who depend on natural resources for livelihood • Demand side management of resources • Adverse impact of climate change on women • Inter-relations of SDG 13 and other SDGs, particularly health, poverty, livelihood among others • Environmental issues and local solutions	• Training and capacity building of various targets groups including local authorities, business and industry, women, children and youth, scientific and technological community, academia and others	• Tracking whether targets set for SDG 13 are achieved or not • For any developmental programme, NGOs play a major role in doing environmental impact assessments • Monitoring and evaluation of resilience building programmes

Source: Conceptualized and prepared by CSD

NGOs play a major role in that. Moreover, NGOs have a crucial role in tracking whether targets set for SDG 13 are achieved or not. For any developmental programme, NGOs can conduct environmental impact assessments and monitor and evaluate resilience building programmes. For example, *Bhujal Jaankars* is a group of trained farmer researchers in the state of Rajasthan and Gujarat monitoring groundwater levels. *Bhujal Jaankars* are local volunteers involved in participatory groundwater management under the Managing Aquifer Recharge and Sustaining Groundwater Use through Village-level Intervention (MARVI) project led by Western Sydney University researchers working in collaboration with nine partner organizations. The *Bhujal Jaankars* help to make sense from a village perspective of what is happening to village groundwater recharge and availability, and provide crucial information on crop selection to the village communities.[38]

NGOs can play major roles in green recovery. COVID-19 has already highlighted the importance of awareness building, and thus increased the importance of this particular role of NGOs. The Indian government has emphasized on 'Atmanirbhar Bharat' (Self-Reliant India) and 'Vocal for Local'. Importance of community-level development has also been highlighted. NGOs can play major role in planning community level initiatives and empowering community leaders. It can also solve the reverse migration issue to a large extent. Reverse migration is one of the major outcomes of COVID-19. Medical waste management is also becoming a critical area in the pandemic situation. NGOs can come up with sustainable solutions as a bottom-up approach. They can provide necessary technical assistance and inputs for skill development to women to enhance their participation in trainings and employment. NGOs can support and initiate dialogues with key stakeholders regarding different types of green jobs possible. NGOs are great connectors. They know how to implement any interventions at budget cost.

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[38] Details available at https://www.pressinstitute.in/monitoring-groundwater-and-bridging-the-gender-gap-in-a-village/

They know practical solutions to issues existing at the ground level.

6.10 WAY AHEAD - BUILDING RESILIENCE, ROADMAPS, AND ACTION PLANS

Adaptive capacities address the micro issues at the household level, whereas resilience building, which involves judicious and improved management of natural resources through adoption of best practices, has macro-level implications. Resilience building is very crucial for India as it is highly vulnerable to natural disasters and extreme weather events.

For example, following the 2004 Indian Ocean tsunami, which killed more than 10,000 people, Central and State Governments in India begun investing in early-warning systems. Considering one-third of the Indian population lives in coastal areas – at risk from tsunamis, cyclones, and storm surges – early warning systems are vital and have the ability to save millions of lives. At the national level, the Indian Ministry of Earth Sciences has established the National Tsunami Early Warning System at the Indian National Centre for Ocean Information Services (INCOIS) in Hyderabad, Andhra Pradesh. State governments such as the Tamil Nadu government are also investing in early warning systems along with other coastal states at risk such as Odisha and Andhra Pradesh, all of which a part of the Cyclone Risk Mitigation project. Adaptation is also a high priority action area for the Indian government given the high vulnerability of the significant percentage of the Indian population that lives in rural areas with limited infrastructure. The Government of India launched the Climate Change Adaptation in Rural Areas of India (CCA-RAI) in 2009 with the objective of integrating adaptation to climate change in sector policy decisions of Central and State Governments and rural development programmes. The programme developed state-level vulnerability assessments, tested adaptation measures, and contributed to human capacity development through training measures aimed at mainstreaming adaptation concerns into developmental planning at regional and sub-regional levels (Saran and Mathur 2019). Various NGO interventions can complement resilience building programmes of Central and State Governments.

NGOs can identify relevant activities or areas of intervention based on their area of expertise and work with different stakeholders in implementing SDG 13. They can prepare workable SDG 13 agendas and provide useful information and data to the government, donors, and other funding organizations and corporate agencies, so that they can get support for activities and initiatives towards climate actions. The NGOs working in the field of climate action can do SWOT (strength, weakness, opportunities and threats) analysis and identify the key areas where they can contribute the most. Next, they can identify suitable partners who can support their initiatives. To avoid conflicts with state or central governments, NGOs should engage in dialogues to establish a smooth linkage at the local, state, and national levels by understanding each other's viewpoints. The economic recovery from the recent economic downturn caused by COVID-19 pandemic and related shutdown of economic activity, and growth path in the rest of this decade will be extremely important for India. NGOs can play a crucial role in the green recovery of COVID-19 pandemic by chalking out proper roadmap and action plan for it.

The green economy and green growth are undoubtedly the right path for a sustainable future. Towards that direction, every NGO can make significant contribution. The story of the 'Forest Man of India' is probably the biggest and most motivational example for that. Jadav Payeng, known as the Forest Man of India, spent 30 years of his life planting trees to save the largest river island of the world, creating a forest and restoring wildlife in it. Majuli, the world's largest river island, was flooded as usual by the Brahmaputra during the monsoon. In one such monsoon, when Jadav was young saw something that changed his life. He saw hundreds of snakes that were washed up during the floods, lying dead on the sandbar in the heat once the water dried up. In the aftermath, Jadav

Figure 6.8: Roadmap and Action Plan for NGOs Working on SDG 13

Roadmap	
	• Implement effective programmes at the ground level • Demonstrate the strength of such implementations to the government for scaling up through replication in different parts of the country with similar context • Disseminate knowledge of grassroots experience and need assessment of local people at various government meetings, academic forums, and in front of donor agencies • Collaborate with other NGOs and capacitate them for similar interventions
Action Plan	
	• Prepare workable SDG 13 agendas • Do SWOT analysis and identify the key areas where the NGO can contribute the most • Identify funding organizations and suitable partners who can support activities and initiatives towards climate actions • Mobilize the required funds for implementing the intervention by 2022 and set targets for executing till 2030

Source: Conceptualized by CSD

went on to plant saplings and seeds along a dry sandbar by the Brahmaputra in Assam, creating a forest that stands at 550 hectares today. His forest presently encompasses an area of about 1360 acres/550 hectares. The government only came to know about Jadav's forest in 2008 when a herd of around 100 wild elephants strayed into it.

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7. NGO ACTIONS: WHATs AND HOWs

STRUCTURE OF THE UNIT

- ◣ Working with Key Stakeholders
- ◣ Types of NGO Engagement

India is lagging behind in achieving many of the goals and targets and there is a chance that some of them might well be missed. Nevertheless, there is still substantial time to meeting these goals and targets and India might just manage to reach them or reach at least close to them if all the stakeholders involved put in concerted efforts. NGOs can play a vital role in this regard. They can work effectively as intermediaries among and between other stakeholders and facilitate an effective flow of information. They can work as partners for common people at the grassroots level, governments at different levels, and as business entities at the same time. NGOs are engaged as advocates, educators, monitors, mediators, whistle blowers, activists, and community mobilizers and protectors of human rights. At the grassroots level, they are in a better position to understand the local needs compared to other stakeholders as they follow a participatory approach. It is also likely to be helpful that NGOs are active in several areas including health, education, environment, consumer rights, human rights, gender issues among others, cutting across several SDGs.

Although NGOs have long history, globally, they came into prominence only after the Second World War essentially to deal with the humanitarian crisis created by the war. However, their role did not finish there. Rather they reinvented themselves and grew in importance. In the current context, NGOs act as partner to the government in implementation of programmes and schemes for inclusion and sustainable development. Also in India there is a long history of social services provided through voluntary efforts, but modern NGOs emerged mainly in the early twentieth century. While western NGOs focus mainly on environment, human rights, consumer rights and gender issues, Indian NGOs work on a much broader set of issues as demanded by the prevalent socio-economic conditions existing in the country. NGOs are of various types. While they work on different issues or areas, they also work at different levels – from grassroots levels to the international level. While their importance for different SDGs might vary, they play an important role in all of them. Their role is very important in all the SDGs discussed here.

While grassroots NGOs may be well aware of the ground situations and ready to help the disadvantaged people in a way that can help achieve the SDGs and their targets, they might not have adequate knowledge about the SDGs and the relevant policies and schemes that might help people. The knowledge gap that exists at the ground level can be bridged by middle-level NGOs, through different modes of operation, such as dialogues, meetings, consultations, training workshops. NGOs can thus play a role in translating the goals and targets that are there in abstract forms into workable plans and actions at the local level, so that key concerns can be picked up and addressed.

7.1 WORKING WITH KEY STAKEHOLDERS

As has been recognized in the SDGs, partnership of different actors at different levels constitutes the key to achieving SDGs and their targets. Partnerships with Civil Society Organizations (CSOs) are fundamental to localize the SDGs that require contextualization and implementation, as well as to monitor strategies at the local level to achieve SDGs. The inclusion of CSOs in these processes is imperative, as they play an important role in providing a voice to the vulnerable, demanding accountability, driving equitable public service delivery, and monitoring progress on the ground. As a result, they help in ensuring that marginalized people are reached first and fast. In taking SDGs to the ground level, NGOs can actively create a collaborative environment and work with various stakeholders. Sometimes, the collaboration can be with the government in implementing SDG-related programmes and schemes, and, at times, it can be with the private sector in mobilizing the needed resources for implementing SDG programmes. In other times, collaboration can be also with the panchayats or the community with the aim to create awareness about the SDGs at the grassroots level. SDGs can also be implemented through collaboration with a broad range of NGOs working on cross-sectoral areas. NGOs can create a linkage of NGOs working on the SDG agenda with the government. This will enable better inclusion of NGOs in the national or state implementation process. There are several tasks that an NGO or a CSO can delve into. The NGOs working at the grassroots are the most suitable in spelling out the needs and wants of the area they are working in, along with identifying the hindrances in implementing certain policies and ideas that might be applicable elsewhere.

Working with Government

Many NGOs in India work with the government at the central, state, and local levels. Various factors such as mode of functioning of NGOs, the effectiveness of the role performed by them, and their past experience and their interpersonal relationship with government officials play a critical role in determining their level of involvement in carrying out government programmes. At the national level, various NGOs, such as the RTE Forum, Save the Children, Pratham, etc. have participated in various forums organized by the government to highlight the key concerns on education. For instance, in the development of the New Education Policy, the government held various levels of consultations with the NGOs to highlight key areas in education. Both at the state level and at the central level, various NGOs have partnered with the government in implementing the educational programmes and schemes. For instance, many NGOs across the country run bridge course under SSA in order to mainstream children in regular schools. NGOs such as Pratham, Azim Premji Foundation work with the government in developing educational content and implementing it in various schools in remote locations. The Energy and Resources Institute (TERI) has been working with the Government of India on issues related to climate change, resources, and other environmental issues. There are NGOs too that work with state governments. Child in Need Institute (CINI) and SEWA are known for collaborating with state governments in training government functionaries in the area of health.

Many NGOs work at the local level; they in collaboration with the local governments

contribute towards strengthening municipalities and panchayats. Participatory Research in Asia (PRIA) has been a pioneer in its efforts towards strengthening institutions of local self-governance. It has been engaged in advocacy for promotion of policies, institutions, and capacities that strengthen the voice and participation of the local people. PRIA and its partners are working together with the evolving, comprehensive, and multidimensional intervention strategy to strengthen Panchayati Raj institutions in several states of India and their activities touch upon several areas of SDGs. Similarly, the programme of 'Working with Panchayats' of the Dhan Foundation focuses on strengthening the panchayats at the local level and also ensure active participation of the community in gram sabhas. Similarly, the PKPI (School Education Protection Movement) movement in Tamil Nadu aims at strengthening the participation of the community in gram sabhas and raise their voice on the facilities or provisions in schools, which remain unaddressed.

One of the major strengths of NGOs is their ability to maintain institutional independence and political neutrality. Even though NGOs need to collaborate with governments, the failure to maintain neutrality and autonomy may severely compromise the NGOs' legitimacy. Unfortunately, if a government insists upon political allegiance, the NGOs then encounter the dilemma of either violating the neutrality or failing to provide needed services to the population. Keeping the long-term perspective in view, while working closely with the government, it might be better to maintain political neutrality.

Working with Business and Industry

In many SDGs, most importantly in SDG 8, the private sector has an essential role to play. Many private firms and business sectors have made commitments to various SDGs, since the time when the UN General Assembly emphasized on the role of various stakeholders including the private sector and industries. NGOs can lobby the private sector in getting involved in the implementation of SDGs. They can assess

the role of the private sector on the SDGs on education, health, water supply, climate change. For instance, due to governance regulation, companies in India are obligated to spend a large amount of money on CSR activities. NGOs can channelize such funds for effective implementation of SDGs. Many NGOs are directly involved in implementing such CSR activities that can help achieve several SDGs. There are instances where the public sector too is outsourcing its responsibility of SDG implementation in strategic areas to the private sector. In such cases, the NGOs can check on the extent how well are the private players effectively and transparently implementing the activities.

Working with Other NGOs and Grassroots Organizations

Many NGOs are entering into a coalition with other NGOs. Such networks are developed sometimes across the sectors and across countries. For instance, the International Civil Society Centre (ICSC) is a national coalition of five countries (Bangladesh, India, Kenya, Nepal, Vietnam). The aim of ICSC is to bring together national NGOs and civic platforms and also community-based organizations (CBOs). The main goal of this partnership is to give voice and agency to marginalized groups who are at the risk of being overlooked in the implementation of SDGs. In India, the national coalition is led by *Wada Na Todo Abhiyan* (WNTA). Among many other partners, key contributors were Amnesty International, Human Rights Advocacy and Research Foundation (HRF), Life Education & Development Support (LEADS), GIZ, and Bread for the World.[39] Such coalitions enable the NGOs to have a strong and loud voice, work cross-sectorally, and learn to work as a team with other organizations. This helps in overcoming silos among organizations.

To carry out interventions at the local level, there are instances when bigger NGOs collaborate with various grassroots NGOs.

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[39] Details available at https://icscentre.org/our-work/leave-no-one-behind/

When national and regional NGOs work with grassroots organization, they support each other in the areas of capacity building, research, support for data collection, implementation of programmes, etc. For instance, the RTE Forum at the national level has state chapters in various states and network of various grassroots NGOs. The network of these NGOs offers support to the RTE Forum by collecting data from different states, which enable in taking stock of the implementation of the RTE Act. On the other hand, the RTE Forum, through these networks, is able to take its various programmes on girl child education, awareness generation of SMCs, etc. to the ground level. Similarly, the National Foundation for India (NFI) collaborates with a large number of areas such as education, health, livelihood, citizens and society, peace and justice, and urban governance. The NFI mainly mobilizes funds from donors and private companies to distribute among the CSOs and to build their capacity.

In addition to the above, NGOs can collaborate in another form to take up cross-cutting issues. For example, NGOs working on education may not have their expertise in the area of sanitation. However, in order to deal with the cross-cutting SDGs, NGOs working on education can collaborate with other NGOs working on sanitation, to ensure or take stock on whether schools provide access to basic sanitary and hygienic conditions. This is the additional benefit of collaboration among NGOs.

7.2 TYPES OF NGO ENGAGEMENTS

Civil societies play a critical role in working with the state apparatus in implementing their agenda, delivering services, generating information and evidences, holding governments accountable to their commitments and advocating for socio-economic transformation. As indicated before, in developing countries such as India, NGOs work on a broader range of issues and also in a broader range of functions compared to their developing country counterparts. In developed countries, people are much better

off and do not face the challenges that people in developing countries face on a day-to-day basis as a result of poverty and governments being resource starved and capacity constrained. While in developed countries, NGOs focus mainly on advocacy and monitoring, in developing countries these activities are not enough. In developing countries, NGOs engage in implementation of the programmes and schemes too as governments are unable to reach a large section of the people who need support. While often NGOs work in close coordination with governments, there are several cases where they work almost independently. Along with implementation, capacity building and monitoring are also important parts of their activities. But just like their counterparts in developed countries, NGOs in developing countries need to engage in advocacy. In India, NITI Aayog has also acknowledged the important role played by CSOs at both national level and grassroots level on SDG-related issues. As identified in its VNR report, the initiatives of CSOs span the following (GoI 2020):

- Support states with integrating SDGs into the planning and implementation process
- Conduct capacity-building workshops and awareness campaigns
- Highlight issues and concerns for policy action at the state and national levels
- Prepare IEC material on SDGs
- Conduct research and documentation on SDGs and its relevance to the rights and entitlements of the vulnerable sections
- Develop innovative solutions
- Hold the government accountable

Advocacy

The NGOs play an important role in generating awareness and advocating the needs of a particular area to governmental institutions as well as making the local people understand the need for implementing a particular scheme. As SDGs are internationally agreed upon goals and targets, they are used by the NGOs as a tool for advocacy, in order to legitimize their claims in

their area of operation. Some NGOs are engaged in highlighting the gaps in the implementation of government programmes and schemes. They throw light on the requirements of making more financial allocation or on the need to address core concerns. For instance, organizations such as the RTE Forum, CRY, Child Fund, through their stocktaking report and rapid assessment surveys, highlight the need to focus on the implementation of the RTE Act or the need to address the concerns related to school closure due to COVID-19 and the resultant dropping out of students from the education system. It is universally accepted that India has been neglecting public health for a long time, which has been responsible for its weak ability to handle the COVID-19 pandemic. Hence, there is now an urgent need to strengthen comprehensive primary healthcare and improved infrastructure and of staff in healthcare facilities, and above all higher public funding in health. NGOs need to engage in advocacy for these measures.

Underfunding in areas such as education and healthcare and allied services is perhaps the most serious obstacle towards fulfilling some of the SDG targets. The civil society has an important role to play in advocacy for higher resource allocation by the government. The documents on the analysis of budgets by the CBGA give an understanding on the requirement of allocating more financial resources into several key areas including healthcare. Most organizations or NGOs view SDGs as advocacy tools and focused on their area of interests to strengthen their arguments. Awareness generation is almost a concomitant requirement of advocacy. It is important to generate awareness about the environmental impacts of the practices followed by the local people. For instance as agriculture is the biggest user of groundwater, it is important to make people understand the consequences of the depleting water table and application of sustainable practices. Any new programme or scheme needs counseling of the

target population and proper communication to help them understand the needs and the advantages. For instance, traditionally rural people in India have been defecating in the open and are still not open to the idea of constructing toilets within the house premises. Even if the structure is made ready, they are reluctant to use it. These people need proper counseling about the subject to make a change in their traditional practices.

In the context of climate change, certain groups of people are more vulnerable compared to others. Local/regional NGOs can play a crucial role in addressing the issues of exclusion. This can include doing climate change vulnerability mapping and advocacy regarding the same; advocacy regarding forest rights and others for poor communities, who depend on natural resources for livelihood; advocacy related to demand-side management of water and energy; advocacy related to adverse impact of climate change on women compared to men; advocacy related to inter-relations of SDG 13 and other SDGs, particularly health, poverty, livelihood.

The NGOs can also do advocacy and promote indigenous or local solutions regarding adaptation and mitigation. For example in Odisha, the 'Living Farm', a leading voluntary organization, is campaigning for organic farming and healthy food. The organization works at one level with tribal farmers in the Rayagada District to protect and promote their traditional farming systems based on organic farming. At another level, the organization works in cities such as Bhubaneswar to link city-people with organic farmers so that a mutually supportive relationship can be established between the two sides, avoiding a middleman. The campaign for organic farming in Bhubaneswar has also reached several schools; they organize student visits to fields of organic farmers and help them to grow nutrition gardens in schools.

Table 7.1: Advocacy Activities

SDG 3	SDG 4	SDG 5	SDG 6	SDG 13
• Accountability of government to SDG 3 commitments • Ensure decentralized planning in health, highlight local needs and necessity of funds • Advocacy to strengthen comprehensive primary healthcare • Advocacy related to lack of infrastructure and staff in healthcare facilities • Advocacy for higher wage of community health workers – the backbone of primary care • Advocacy for protective equipment for health workers – a concern magnified during the COVID-19 pandemic • Advocacy for higher public funding in the health sector • Advocacy to address non-medical determinants – nutrition, water-sanitation, education/awareness – and preventive care rather than focusing only on curative aspects	• Highlighting the gaps in education policy among policy makers and practitioners • Advocacy related to lack of resources in implementing education policy and schemes • Advocacy related to provisions of the RTE Act that is not implemented • Advocacy related to drop out of girls/boys/COVID-19 impact on education • Advocacy related to social issues such as migration, broken family system • Advocacy related to gaps in demand and supply of work force • Advocacy related to adult illiteracy • Advocacy related to teacher quality and teacher recruitment • Keeping the government accountable for their commitment on SDG 4 • Highlighting the concerns at the local and state levels to the national and international forum	• Influencing Policy (Linking with other SDGs – 4, 3, 8, 13, 6) • Education of girls • Safety and security of girls • Skill training and placements of young women/self-employment • Health infrastructure/menstrual hygiene, safe delivery • Influencing bureaucracy. E.g. Coordination with different departments/people representatives, women organizations/unions • Local village/village-level meetings/PRI	• Using media to create awareness and advocating access to clean water and sanitation • Using media to create awareness and advocating use of proper sanitation facilities and clean water • Advocacy related to identifying the eligible beneficiaries of the schemes • Advocacy related to lack of resources and difficulties in financial disbursement from centre to state to local bodies • Advocacy and awareness related to conservation of water being taught right from school level • Advocacy related to difficulties faced in implementation of on-going schemes due to COVID-19 and overcoming those challenges • Advocacy related to participation of the local people in achieving each of the targets • Advocacy related to integration with other SDGs such as health and climate change • Advocacy dependent on the observations at the ground level, which target (under SDG 6) to focus on more in the short run, and which in the long run	• Doing vulnerability mapping and advocacy regarding climate change vulnerability • Advocacy regarding forest rights and others for poor communities, who depend on natural resources for livelihood • Advocacy related to demand side management of water and energy • Advocacy related to adverse impact of climate change on women compared to men • Advocacy related to inter-relations of SDG 13 and other SDGs, particularly health, poverty, livelihood among others • Advocacy related to environmental issues and solutions • Provide early warnings of climate change • Translating technical climate information into local languages and non-technical formats

Implementation

Implementation of any programme or scheme has always been a challenge in India. While the arms of the state do not reach to all parts of the country to implement them effectively, inadequate funding, apathy of the government functionaries, as well as their lack of capacity, and of course corruption at different levels have been responsible for such poor implementation. NGOs can help in dealing with all these areas of challenges. India is a huge nation with very different terrains across the country. Here no policy can be implemented in all the states without being customized according to the area. Even within a state the conditions are very heterogeneous. In such a situation, CSOs/NGOs, with their vast local knowledge and understanding of the local situation, play a key role in implementing any programme or policy of the government, working closely with the local leadership. Often implementation of programmes and schemes requires awareness generation of a huge mass of people, which becomes difficult for state agencies, and NGOs play an important role in this regard. They also assist the government to identify the beneficiaries who otherwise remain unaware and do not approach the right authorities to avail of the facilities provided by the government.

Some NGOs are already engaged in supporting educational programmes and schemes of the government, such as the ICDS, MDM, SSA. For instance, NGOs conduct bridge courses, so that children who have dropped out are provided basic education and are mainstreamed in age-appropriate classes, thus supplementing the SSA. Some NGOs are engaged in preparing and distributing the mid-day meals to government schools, examples of which include Akshay Patra, Naandi Foundation. There are NGOs engaged in encouraging the efforts of government schools in providing quality education. They provide awards and other recognition to best performing schools and best performing teachers (e.g. Anand Shaala in Bihar). Some NGOs are engaged in strengthening the curriculum of schools and the training material of teachers. Examples include Bodh Shiksha Samiti and ICICI Foundation

in Rajasthan. Similarly, several NGOs are working on the improvement of public health and many of them are providing services free of charge or with nominal charges.

In the areas of environment and climate change, while policies are generally planned at the national or state levels, and often come as top-down approach, impacts of climate change or environmental degradation are experienced locally and can only be effectively addressed by engaging local groups and institutions. NGOs often play crucial roles in the implementation of various programmes and schemes meant for adaptation and mitigation, energy efficiency, water conservation, green India, sustainable agriculture, adaptation, and mitigation. Local NGOs being close to the people can play a significant role in identifying the policy-level disconnections with reality and implementation-level challenges, in order to overcome those for a successful implementation. The programmes often do not reach the right beneficiaries. NGOs can provide direct support in helping the right beneficiaries to get access to policy-level support and ensure delivery. For example the Institute for Youth and Development, Bengaluru is engaged in grassroots-level implementation of policies related to Bio fuel, Energy efficiency and Swachh Bharat Abhiyan in two southern states, namely Karnataka and Tamil Nadu. It does capacity building of the farmers to use biofuel, energy efficient pump set, soil and water conservation practices. Big NGOs sometimes become responsible for the implementation of planning and budget allocation, and also of the execution of separate projects. Similarly, according to the SBM data regarding the ODF districts, a 100 per cent result has been achieved. However, within a district and within a town, there may be many households who still do not have access to any sort of toilets (individuals or communities). These are the households that can be identified by the local NGOs working in that particular area and take the scheme to the deprived households as well.

Many NGOs are also working in areas that need technical knowledge. They also engage in providing technical support in implementing government programmes and schemes.

As a matter of fact they are providing technical support also to business entities. For example, TERI has been providing technical assistance in managing solid waste management in Varanasi and Goa with support from GIZ. Trained and organized by the Self-Employed Women's Association (SEWA), an Indian NGO known for its work in the unorganized women's sector, these 'barefoot mechanics', as they are commonly referred to, are hired by the Gujarat Water Supply and Sewerage Board (GWSSB), the local water authority. Given that it is logistically difficult for the GWSSB to service all the hand pumps with the frequency required, the board has chosen to outsource this activity.

Governments routinely contract out public services such as sanitation, public infrastructure maintenance, healthcare, and social services. In recent years, government contracts with NGOs have increased in both developed and developing countries. The NGOs, which earlier used to be called upon primarily to remedy government failures, are now seen as competent agents and providers of public services. As governments increasingly rely on non-state actors to provide public services and achieve public policy goals, hybrid models of contracts are evolving, especially so in the

domains of environment and sustainable development policy. Co-management is one such hybrid model in which government and civil society actors aim to achieve common objectives, supply public services jointly, or manage common pool resources through formal contracts or agreements.

Often interventions by governments and their agencies are fragmented and the interlinkages between different SDGs and their targets not well recognized. Stand-alone interventions are often less effective in bringing the desired outcomes. Civil society organizations can bridge that gap by establishing multi-stakeholder alliances, including alliances between civil society organizations working on diverse fields.

Macro or aggregated data helps little in the promotion of practices, which often leads to in-effective 'one size fits all' solutions. In our country with vast variations in terms of region, economic, caste and gender, disaggregated data and local-level knowledge is necessary for a bottom-up approach that caters to the needs of the community. Civil society organizations, being active at the grassroots, are in a unique position to generate such knowledge and engage with Panchayati Raj Institutions (PRI), both for feedback and for implementation.

Table 7.2: Implementation Activities

SDG 3	SDG 4	SDG 5	SDG 6	SDG 13
• Implementation of health programmes and schemes partnering with government: 1. ICDS 2. Various national infectious disease control programmes 3. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	• Lmplementation of educational programmes and schemes: ▪ Samagra Shiksha Abhiyan (SSA, RMSA and Teacher Education) ▪ RUSA ▪ Beti Bachao Beti Padhao ▪ Sukanya Scheme ▪ MDM ▪ ICDS ▪ Kaushal Vikas Yojana	• Implementation of key schemes and programmes: ▪ Beti Bachao Beti Padhao Scheme (2015) ▪ One Stop Centre Scheme (2015) ▪ Women Helpline Scheme (2015) ▪ Mahila E-haar (2016) ▪ Working Women ▪ Beti Bachao Beti Padhao Scheme (2015)	• Implementation of programmes and schemes related to clean water and sanitation: ▪ National Rural Drinking Water Programme (NRDWP) (2009) to provide all access to safe drinking water to all ▪ Swachh Bharat Mission (2014) to achieve universal sanitation coverage	• Implementation of various programmes and schemes for: ▪ Solar Mission ▪ Energy efficiency ▪ Water conservation ▪ Green India ▪ Sustainable agriculture ▪ Adaptation and mitigation • Implementation of planning and budget allocation, and execution of projects

SDG 3	SDG 4	SDG 5	SDG 6	SDG 13
4. Reproductive and Child Health programme 5. National Adolescent Health Programme • Partnering with government in healthcare delivery to vulnerable sections and under-served areas • Implementation of skill development programmes	• Ensure coverage of vulnerable and poor under educational programmes and schemes • Ensure that provisions related to free education in RTE Act is implemented • Implementation of skill development programmes • Implementation of adult literacy programme	▪ One Stop Centre Scheme (2015) ▪ Women Helpline Scheme (2015) ▪ Mahila E-haar (2016) • Organizing village/ community- level activities/ intervention for women/girls' empowerment, girls' enrolment from marginalized communities: e.g., one stop centres, linking women with market and financial institutions • Education/skill development centres integrating life skills	▪ WASH in Schools (including Anganwadi), health facilities, and district-wide WASH interventions ▪ Jal Shakti Mantralaya launched in 2019 to address the urgent need for water conservation and solid liquid waste management under MGNREGS. Ensuring coverage of vulnerable and poor	• Mobilizing communities and resources for ecosystems development and sustainable management

Capacity Building

Another important role of NGOs is building capacity in designing and implementing projects aimed at achieving the SDG targets. The programmes and schemes under the SDGs require training of the Panchayat officials, Municipal Corporations, the BDOs, individuals/volunteers, students, MGNREGS officers, indigenous people as well as any Self-Help Groups and other frontline workers. For example, climate change mitigation and adaptation as well as the use of water and sanitation practices that are sustainable in nature require specific training of all the stakeholders as it is a relatively new concept and is not given much importance, especially in rural areas. Therefore, positive assertion on the following points is necessary in building capacities for implementing programmes and schemes:

◣ Create/promote enabling environment (e.g., political, policy, legal) at all levels for encouraging and engaging civil society in addressing the challenges and accordingly build capacity.

◣ Strengthen and align civil society programmes at the national and state levels in accordance with the SDGs for cross-learning and enhancing capacity. Establish all-inclusive monitoring system in order to facilitate civil society for effective results of SDGs implementation.

Thus, NGOs can engage in training and capacity building of various stakeholders such as communities, women, children and youth, local authorities, business and industry, scientific and technological community, academia and others. NGOs can provide training to government officials, panchayats, and other grassroots organizations on the SDGs and how SDGs can be integrated in their activities. The nature of capacity building varies between different types of NGOs and their own capacities. Some NGOs help to improve block-level planning, ensure local governance (PRIs) participation, and provide feedback from the ground about

local needs, which are important parts of capacity building. When it comes to community mobilization, only awareness generation might not be enough to get the desired results.

Many NGOs are already engaged in capacity-building exercise. Some NGOs such as CINI are engaged in training and post-training follow-up of ASHA, community workers in Midwifery Initiative, while some are engaged in awareness campaigns and identifying beneficiaries for JSY, PMMVY, PMJAY, non-communicable diseases, and NPCDCS. Similarly, the RTE Forum organizes capacity-building programmes for the SMC members so that their awareness is built and are capacitated enough in raising the concerns related to school in the SMCs. Some NGOs also undertake training programmes for teachers on pedagogy, leadership, etc. and also learning enhancement programmes for children so as to enhance their capabilities. In the Ganganagar village, Gujarat, the Aga Khan Rural Support Programme holds meetings with parents and gathers mobile number of parents to create WhatsApp groups to promote learning of children. The educational materials are circulated in these groups (AKRSP 2017).

The Aga Khan Rural Support Programme is also engaged in institutional strengthening in the context of climate change adaptation. Gujarat is a state with semi-arid climate zones with a long coastline. It is a state with several vulnerable factors such as large sections of population dependent upon natural resource base and climate-sensitive sectors including agriculture, water, and forestry. Moreover, tribal regions of Gujarat are highly vulnerable due to their lower human development index. Gujarat also suffers from various climatic vulnerabilities including erratic rainfall, livelihood insecurity, and lack of systematic management of natural resource. The practices of non-sustainable practices of natural resources management also lead to livelihood insecurity and migration. In this context, the AKRSP took over these initiatives in which several village-level institutions were developed for promotion of livelihood security, land development interventions, soil water conservation measures, and water harvesting structures. These interventions emphasized on expansion of area under irrigation for agriculture and available water resources to the tribal farmers, formation of Joint Forest Management committee, and promoting biogas plant. This has resulted in improvement of agricultural productivity, access to agriculture equipment, reducing risk through diversification, and creating wage employment.

Table 7.3: Capacity Building Activities

SDG 3	SDG 4	SDG 5	SDG 6	SDG 13
• Training/post-training follow up of ASHA, community workers in midwifery initiative • Awareness campaign and identifying beneficiaries for JSY, PMMVY, PMJAY, non-communicable diseases and NPCDCS • Create network of communication, cooperation, and integration	• Training to teachers • Bridge course for drop-out children • Awareness campaign with parents • Provision of technical and vocational training • Non-formal education programmes • Development of educational content	• Training on coordination with different departments • Training on financial and non-financial institutions • Skill training/life skill • Gender training • Training of trainers, training government officials/teachers/trainers	• Training to local-level volunteers about creating awareness regarding toilet usage and efficient use of water • Awareness campaign with Panchayats and urban wards regarding importance of being ODF and using clean water and its linkage to heath	• Training and capacity building of various targets groups such as local authorities, business and industry, women, children and youth, scientific and technological community, academia and others

SDG 3	SDG 4	SDG 5	SDG 6	SDG 13
in reporting, community monitoring and system integration in infectious disease control/prevention • Capacity building, promoting rights-based perspective on sexual health • Improve block-level planning, ensure local governance (PRIs) participation, feedback from ground about local needs	• Preparation of MDM • Literacy skill programme	• SHGs and cooperatives/ producer companies • Credit for women • Access, repayment • Evidence building • Shadow reporting • Institutional building • Training gender cell in school/ college/ workplace on laws and policies on women	• Capacity building in schools using efficiency more efficiently and creating awareness about water conservation and its linkage to climate change • Capacity building of other NGOs by propagating successful intervention at the grassroots towards any of the SDG 6 goals by own NGO	

Source: Prepared by CSD

Monitoring and Playing Watchdog

NGOs make the government and other players accountable by monitoring activities and playing the role of a watchdog. NGOs closely follow and participate in the policy process related to SDGs. NGOs can also monitor the commitments of the government and private players, and verify whether their acts are in line with the commitments made. They can play a major role in tracking whether targets set for SDGs are being achieved or not. Monitoring is an essential requirement for any programme or scheme that is implemented over a longer period of time. It helps in understanding the progress of implementation as well as gaps and deficiencies and the necessary course corrections if needed. Government's own monitoring mechanism is often not able to give timely feedback and, hence, cannot be fully effective in taking timely remedial measures if necessary. They play a triggering role in ensuring inclusion of local needs and priorities into national priorities and strategies. Thus, civil societies act as catalysts for a critical global and national agenda, and assist in bringing people's voices to national debates and the development of national and global strategies.

NGOs play an important role as an observer or a supervisor over governmental agencies. In the implementation of any scheme at the ground level, huge amounts of finances are involved. There is a need for a local unbiased body to look over the use of the budget effectively and efficiently. NGOs fit into this responsibility perfectly as they have the needed local knowledge, manpower, and expertise to keep a check on the implementation of the schemes, point out loopholes, and also examine or enquire any gaps or ambiguities that might arise. For instance, if there are certain schemes for which the allocated budget is being spent but no progress is seen on the ground, the local NGOs can question such lapses and, thus, also act as a deterrent for the implementing agencies from undertaking any malpractices.

For many developmental projects, NGOs play a major role in conducting environmental impact assessments. Moreover, many NGOs also monitor and evaluate resilience-building programmes. For example, Bhujal Jaankars is a group of trained farmer researchers in the state of Rajasthan and Gujarat. They monitor the groundwater levels in the area. As local volunteers, they are involved in participatory groundwater management under the Managing

Aquifer Recharge and Sustaining Groundwater Use through Village-level Intervention (MARVI) project led by Western Sydney University researchers working in collaboration with nine partners organizations. The Bhujal Jaankars help make sense from a village perspective of what is happening to village groundwater recharge and availability, and share crucial information on crop selection with their village communities.

A major hindrance in effectively monitoring progress on many of the SDGs and their targets is the lack of appropriate data and information. Some of the required data sets are not collected by the government agencies while some data sets collected are at intervals of five years or more, making them quite ineffective in monitoring progress. NGOs can be of some help in this regard, particularly those who have a national network. For example, the RTE Forum is engaged in such data generation with the help of its network partners. However, it would be also useful to impart knowledge to grassroots NGOs on collecting local level data and analysing them with simple statistical techniques and compare them with global and national benchmarks. This will help them in understanding the local situation better and hold the local authorities to account. More importantly, government agencies typically collect quantitative information. But for proper monitoring of progress of projects, qualitative information also play a key role. NGOs can conduct action research through participatory methods using PRI techniques. Such data generation makes the community equal participant in the process of collecting data and helps to understand the needs of the people. Organizations like Praxis have been collecting ground-level data through participatory methods for providing a ground reality of the indicators of SDGs. Bigger NGOs can also train grassroots NGOs collect such qualitative information.

It would also be useful if the NGOs get adequate knowledge about the responsibilities of district- and block-level administrations and officials as well as the municipalities and panchayats.

This would help them in effectively holding the local officials to account as these often pass the buck to higher levels. Another important instrument that the NGOs can use is legal remedies. Many of the entitlements of citizens that would help achieve SDGs are now legally protected. NGOs can use them to ensure that the people get what they are entitled to. This can be the law on rural employment or food security, or law on right to information that can help in getting the relevant information, which will help in generating demand and ensuring what people are entitled to get. Interestingly, Indian consumer protection law can also be useful as some of the services that government provides free of cost also come in the ambit of this law. Thus, people can challenge the deficiency in services in a government hospital, which in turn can improve the quality of services.

Lack of awareness about SDG-related needs and rights contribute to lack of voices from the ground level. CSOs can guide and amplify voices from the ground level, ensuring better accountability from governments. NGOs have a major role to play in spreading awareness regarding SDG-related issues such as health, education, food, water, environment, and income security. Awareness building being the first step to bring any change, almost all the NGOs (whether international, national, or regional), working at the grassroots level, are engaged in spreading awareness amidst communities. NGOs can play an important role in raising awareness of people at the grassroots level on their entitlements through government programmes and schemes, and make them more capable in terms of finding solutions with their own resources and efforts.

As far as environmental issues are concerned, they can also provide early warnings about upcoming disasters, weather forecast for the farmers, low-cost ways of adaptation measures, and the best practices of solutions in similar situation across the world or in different parts of the country, which can be then replicated. A major responsibility that these NGOs play regarding SDG 13 is translating technical climate information into

local languages and non-technical formats. For example, the German institute Hanns Seidel Foundation along with its partner organizations endeavours to create awareness for the changing water and climatic situations and, thereby, inculcate a change in behaviour at the community level both in rural and in urban areas. Through trainings, technical demonstrations and educational excursions, the big team in the network is enabling villagers to anticipate their water situation, to discuss solutions, and to appeal for development with local- and state-level authorities. Technical demonstrations also help the villagers to tackle water problems themselves. With its international conferences in varying countries, the Foundation also offers a cross-national South Asia forum for scientific and political exchange on a common approach against regional water issues.

Table 7.4: Monitoring and Watchdog Activities

SDG 3	SDG 4	SDG 5	SDG 6	SDG 13
• Fulfilling National Health Policy - 2017 promise of government expenditure in health as 2.5% of GDP (SDG Target 3.c: Substantially increase health financing) • Programme evaluations to assess progress vis-à-vis SDG 3 commitments • Compliance evaluation of empanelled healthcare providers under PMJAY	• Tracking whether target set is achieved or not • Ensure whether poor and vulnerable are covered under the national and state education programmes and schemes • Ensure access has been provided to poor and vulnerable • Track whether targets related to SDG 4 is achieved by undertaking evaluation of the same • Ensuring whether scholarships to SC/ST and other vulnerable groups are properly provided	• Organizing meetings • Shadow reports • Side events • Regional meetings • Public events • Scale-up • Partnership with government for ownership of such initiatives at large scale • Consultations/ Seminars	• Tracking whether target set is achieved or not • Ensure whether poor and vulnerable are covered under the national and state programmes and schemes • Ensure access to clean water and sanitation has been provided to poor and vulnerable • Track whether targets related to SDG 6 is achieved by undertaking evaluation of the same • Own capacity building by emulating case studies/best practice from other areas to bring about improvement in your own	• Tracking whether targets set for SDG 13 are achieved or not • For any developmental programme, NGOs play a major role in doing environmental impact assessments • Monitoring and evaluation of resilience building programmes

Source: Prepared by the CSD

KNOWs and DOs for NGOs

KNOWs for NGOs
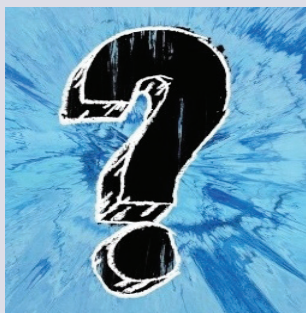
- Know about the SDGs and its targets
- Know about the current status of SDGs and targets in India
- Know about the various relevant schemes and programmes of government
- Know about their own strength in implementing/supporting SDGs
- Know about funding sources for SDG implementation

DOs for NGOs

- Figure out their scope for intervention based on strength
- Identify and deliver possible roles and responsibilities – implementation, advocacy, monitoring, capacity building, etc.
- Engage in resource mobilization
- Network with government, private sector, academia, community and other NGOs in implementing SDGs
- Capacitate NGO staff in localizing SDGs
- Integrate SDGs and targets in their programme/interventions

Details available at https://www.slideshare.net/NabeelaBasha/ngos-and-their-role-in-health

ANNEXURE

Trainings of the Trainers (ToT) Manual

This section is intended to facilitate in planning and executing a time-bound Training of the Trainers (ToT) manual on localization of SDGs through NGOs of different levels. The purpose is to train various state-level trainers who will further train various stakeholders and NGOs working at the grassroots level. The ToT manual is majorly based on the training module content of this book. However, it is advised/encouraged to arrange external experts if possible, to inspire the participants. The suggested ToT manuals are only indicative, and different national- or state-level NGOs can modify those according to their context and convenience.

As the participants will also be the future trainers, to avoid any confusion, the trainers of the ToT are called **Facilitators** and the trainees are mentioned as **Participants**.

Required Skillsets of Facilitators

- The facilitators should be effective communicators, for the participants to grasp and absorb the issues. They should be able to change their communication styles as per the level of the participants so that no one is left out.

- Facilitators should possess prior knowledge and experience of the SDG-related issues as well as capacity-building trainings. They should be having this book with them much ahead of the training, and should be extremely well prepared.

- Facilitators should have the energy and ability to empower and inspire the participants.

- Facilitators should have the energy for activity-based learning including various role-playing interactive games.

- Facilitators should have the ability to accept and enjoy the diversity while giving

TOT should be 'SMART'

S: Specific topics should be covered by the facilitators accompanied by hand-outs

M: Measurement should be taken regarding how much participants have learnt

A: Activities-based training should be followed for interactive learning

R: Reflecting on the issues with case studies from both facilitators and participants

T: Time-bound focused training

the training. They should encourage cross-learning, although in a time-bound manner.

- Ideally, the training should be in face-to-face mode. However, in case the training is conducted online, the facilitators should be able to use various technologies while providing training.

Prerequisite of the Participants

- As participants will be future trainers, they should also preferably be effective communicators. Moreover, they should have good knowledge of English as well as other local languages, as they might have to understand ToT in English and deliver the training in local language to various stakeholders.

- Participants should preferably possess some basic prior knowledge and field experience to relate to the training and share the same with others.

- Participants should also have the energy and ability to empower and inspire stakeholders. Moreover, they should be willing to and able to work with other team members.

- Participants should have the energy and spirit for activity-based learning and should actively participate in various role-playing interactive games.

- Participants should be confident and pro-active to encourage initiatives at the field with various stakeholders.

Expected Outcomes of the Training

- The participants will be able to appreciate the importance of the issue of achieving the SDGs even at the local level.

- The participants will be able to understand the role of NGOs in localization of SDGs in a comprehensive manner.

- The participants will be able to explore the interlinkages of various SDGs, which will help them to convince the stakeholders to work upon initiatives to reap benefit of maximum spill-over effects.

- Participants will get a clear idea regarding planning ahead through designing roadmaps and action plans.

- Participants will get a holistic idea on particular SDGs and potential of NGO roles, leaderships to contribute in their respective fields.

- Participants will get an idea of how to bring up field experience in a bottom-up approach manner.

- Participants will also get an idea regarding dissemination of knowledge at the ground level. However, it is advisable that they plan their further set of trainings in a flexible manner, in local language, with more regional examples and case studies.

- The participants will be able to discuss, share, and speak their ideas on localization of SDGs and ideas for intervening projects to utilize SDG interlinkages.

- The participants will have the opportunity to work with various teams across the country and solve problems with like-minded peers.

- The participants will have the opportunity to receive mentorship from established stakeholders on SDGs such as NITI Aayog, Academicians, State-level experts, etc.

A Tentative 5-day Model

- Ideally there should be 4 to 5 facilitators and 25–30 participants

- Participants are expected to be from different areas related to various SDGs

- It will be a whole-day extensive training programme

Sessions	Day 1	Day 2	Day 3	Day 4	Day 5
Session 1 (10 am–11.30 am)	**Welcome and Introduction to SDGs** • Small basic quiz on SDGs (in face-to-face mode there can be small token gifts like pens for every right answer) (In online mode it can be conducted through free apps like Kahoot) • Holistic lecture on global and Indian scenarios on SDGs by state-level expert	**SDG 3** • Introduction to SDG 3 • Presentation based on the book Chapter on SDG 3 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 3, with small token gifts for winners	**SDG 5** • Introduction to SDG 5 • Presentation based on the book Chapter on SDG 5 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 5, with small token gifts	**SDG 13** • Introduction to SDG 13 • Presentation based on the book Chapter on SDG 13 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 13, with small token gifts for right answers	**Presentation by Participants** • Individual presentation on case studies
Tea Break					
Session 2 (12 pm–1.30 pm)	**Role of NGOs in Localizing SDGs** • Ice breaking session: UN song video • Training based on Chapters 1 and 7 of this book • Q&A and doubt clearing • Team formation according to the particular SDGs participants are working	**SDG 4** • Introduction to SDG 4 • Presentation based on the book chapter on SDG 4 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 4, with small token gifts	**SDG 6** • Introduction to SDG 6 • Presentation based on the book chapter on SDG 6 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 6, with small token gifts	• Expert's Presentation on International Negotiations on Climate Change and India's Stand	**Contd.** • Individual presentation on case studies • Innovative solution will be awarded
Lunch Break					
Session 3 (2 pm–3.30 pm)	**Interactive Application Session** • Each group should be given one particular SDG-related issue and half an hour within group	**Case studies on SDGs 3 and 4** • Screening of small videos of SDGs 3 and 4-related case studies (problems and of solving the issues)	**Case studies: SDGs 5 and 6** • Screening of small videos of SDGs 5 and 6-related case studies (problems and of solving the issues)	**Case studies on SDG 13** • Screening of small videos of SDG 13-related case studies (problems and of solving the issues)	**Brainstorming** • How best the information and learning should be disseminated at the grassroots level

Sessions	Day 1	Day 2	Day 3	Day 4	Day 5
	discussion time to decide what can be the actions under four roles of NGOs to solve this problem • Brief presentations by each team for cross-learning. Other teams can add points to the presentation. The team with the best presentation and valid contributions to other teams will win	• SDGs 3 and 4-related experience sharing by participants • Group formation. Two groups each on SDG 3 and SDG 4	• SDGs 5 and SDG 6-related experience sharing by participants • Group formation. Two groups each on SDG 5 and SDG 6	• SDG 13-related experience sharing by participants • Group formation	
			Tea Break		
Session 4 (4 pm–5.30 pm)	**Brainstorming on Interlinkages of SDGs and Spill-over Effects** • From participants a few crucial SDG-related problems will be identified and shortlisted by the facilitator on the board • Brainstorming and mapping on the board how improvement on individual SDGs will impact this issue, and how solving this particular problem will affect individual SDGs	**Problem Solving in Group** • One particular problem will be given to each team. They have to identify the stakeholders who can solve the problem, and how the problem can be solved with budget allocation, how monitoring and evaluation will be done. • Brief presen-tations	**Problem Solving in Group** • One particular problem will be given to each team. They have to identify the stakeholders who can solve the problem, and how the problem can be solved with budget allocation, how monitoring and evaluation will be done. • Brief presentations	**Problem Solving in Group** • One particular problem will be given to each team. They have to identify the stakeholders who can solve the problem, and how the problem can be solved with budget allocation, how monitoring and evaluation will be done. • Brief presentations	**Role Playing Games of Various Stakeholders**

Sessions	Day 1	Day 2	Day 3	Day 4	Day 5
Homework	**Participants:** Reading and understanding definitions and key concepts used for particular SDGs **Facilitators:** Prepare the SDG mappings in soft copy; compile the presentations by the participants to e-mail all participants	**Participants:** Brushing up SDG 3 and SDG 4 from the book **Facilitators:** Compile the presentations by the participants to e-mail all participants	**Participants:** Brushing up SDG 5 and SDG 6 from the book **Facilitators:** Compile the presentations by the participants to e-mail all participants	**Participants:** Prepare 2 slides presentation on a particular case study (problem on slide 1, NGOs solution on another, more slides can be used for photographs) **Facilitators:** Compile the presentations by the participants to e-mail all participants	**Facilitators:** Should compile the case studies and brainstorming session to prepare brief write-up to e-mail the participant

A Tentative 3-day model

- Ideally there should be 4 to 5 facilitators and 25–30 participants
- Participants are expected to be from different areas related to various SDGs
- Whole-day extensive training

Sessions	Day 1	Day 2	Day 3
Session 1 (10 am–11.30 am)	**Welcome and Introduction to SDGs** • Small basic quiz on SDGs (in face-to-face mode there can be small token gifts such as pens for every right answer) (In online mode it can be conducted through free apps like kahoot) • Holistic lecture on global and Indian scenarios on SDGs by state-level expert	**SDG 5** • Introduction to SDG 5 • Presentation based on the book chapter on SDG 5 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 5, with small token gifts for right answers	**Presentation by Participants** • Individual presentation on case studies • Innovative solution will be awarded • Team formation according to the particular SDGs participants are working on
Tea Break			
Session 2 (12 pm–1.30 pm)	**Role of NGOs in Localizing SDGs** • Ice breaking session: UN song video • Training based on Chapters 1 and 7 of this book • Q&A and doubt clearing	**SDG 6** • Introduction to SDG 6 • Presentation based on the book chapter on SDG 6 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 6, with small token gifts for winners	**Interactive Application Session** • Each group should be given one particular SDG-related issue and half an hour within group discussion time to decide what can be the actions under four roles of NGOs to solve this problem • Brief presentations by each team for cross-learning. Other teams can add points to the presentation. The team with best presentation and valid contributions to other teams will win

Lunch Break			
Session 3 (2 pm–3.30 pm)	**SDG 3** • Introduction to SDG 3 • Presentation based on the book chapter on SDG 3 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 3, with small token gifts for winners	**SDG 13** • Introduction to SDG 13 • Presentation based on the book chapter on SDG 13 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 13, with small token gifts for winners	**Problem Solving in Group** • One particular problem will be given to each team. They will have to identify the stakeholders who can solve the problem, and how the problem can be solved with budget allocation, and how monitoring and evaluation will be done • Brief presentations
Tea Break			
Session 4 (4 pm–5.30 pm)	**SDG 4** • Introduction to SDG 4 • Presentation based on the book chapter on SDG 4 • Q&A and doubt clearing • Brief quiz on key concepts and definition related to SDG 4, with small token gifts	**Case studies** • Screening of small videos of SDG-related case studies (problems and of solving the issues) • SDG-related experience sharing by participants	**Brainstorming** • From participants a few crucial SDG-related problems will be identified and shortlisted by the facilitator on the board. Then brainstorming and mapping on the board on how improvement on individual SDGs will impact this issue, and how solving this particular problem will affect individual SDGs. • Brainstorming on how best the information and learning should be disseminated at the grassroots level
Homework	**Participants:** Reading and understanding definitions and key concepts used for various SDGs	**Participants:** Prepare 2 slides presentation on a particular case study (problem on slide 1, NGOs solution on slide 2, more slides can be used for photographs)	**Facilitators:** Compile the presentations by the participants, and brainstorming session to prepare brief write-up to e-mail the participants

A Tentative 2-day Model (on any particular SDG)

◣ Ideally there should be 2–3 facilitators and 15–20 participants

◣ Participants are expected to be working on SDG-related area

◣ Whole-day extensive training

Sessions	Day 1	Day 2
Session 1 (10 am–11.30 am)	**Role of NGOs in Localizing SDGs** • Introduction on SDGs • Training based on Chapters 1 and 7 of this book • Q&A and doubt clearing	**Presentation by Participants** • Individual presentation on case studies • Innovative solution will be awarded

	Tea Break	
Session 2 (12 pm-1.30 pm)	**Localizing Particular SDG** • Introduction to the particular SDG • Presentation based on the book chapter on that particular SDG • Q&A and doubt clearing	**Problem Solving in Group** • One particular problem will be given to each team. They have to identify the stakeholders who can solve the problem, and how the problem can be solved with budget allocation, and how monitoring and evaluation will be done • Brief presentations
	Lunch Break	
Session 3 (2 pm-3.30 pm)	**Interactive Application Session** • Group will be formed. Each group will be given one particular issue and half an hour within group discussion time to decide what can be the actions under four roles of NGOs to solve this problem • Brief presentations by each team for cross-learning. Other teams can add points to the presentation. The team with best presentation and valid contributions to other teams will win	**Quiz and Brainstorming** • Brief quiz on the learning of day 1, with small token gifts such as pens • From participants a few crucial problems will be identified by the facilitator on the board. Then brainstorming and mapping will be done on the board on how improvement on individual SDGs will impact this issue, and how solving this particular problem will affect other SDGs • Brainstorming on how best the information and learning should be disseminated at the grassroots level
	Tea Break	
Session 4 (4 pm-5.30 pm)	**Case studies** • Screening of small videos of that particular SDG-related case studies (problems and of solving the issues) • SDG-related experience sharing by participants	Role Playing Games of Various Stakeholders
Homework	**Participants:** Brush up the hand-outs on the two chapters of the book. Prepare 2 slides presentation on a particular case study (problem on slide 1, NGOs solution on slide 2, more slides can be used for photographs)	**Facilitators:** Should compile the case studies and brainstorming session to prepare brief write-up to e-mail the participants

A Tentative 1-day model (on any particular SDG)

◣ Ideally there should be 1–2 facilitators and 15–20 participants

◣ Participants are expected to be working on SDG-related area

◣ Whole-day extensive training

Sessions	Lessons
Session 1 (9.30 am-10.30 am)	**Role of NGOs in Localizing SDGs** • Training based on Chapters 1 and 7 of this book • Q&A and doubt clearing

Session 2 **(10.30 am–11.30 am)**	**Interactive Application Session** • Groups will be formed. Each group will be given one particular issue and 15 minutes within group discussion time to decide what can be the actions under four roles of NGOs to solve this problem • Brief presentations by each team for cross-learning. Other teams can add points to the presentation. The team with best presentation and valid contributions to other teams will win
	Tea Break
Session 3 **(12 pm–1.30 pm)**	**Particular SDG and Case studies** • Introduction to the particular SDG • Presentation based on the book chapter on that particular SDG • Q&A and doubt clearing • Screening of small videos of that particular SDG-related case studies (problems and solving the issues)
	Lunch Break
Session 3 **(2 pm–3 pm)**	**Experience Sharing and Games** • SDG-related experience sharing by participants • Role playing games of various stakeholders
Session 4 **(3 pm–4 pm)**	**SDG-related Problem Solving in Groups** • One particular problem will be given to each team. They will have to identify the stakeholders who can solve the problem, and how the problem can be solved with budget allocation, how monitoring and evaluation will be done. • Brief presentations by each team for cross-learning
	Tea Break
Session 4 **(4.30 pm–5.30 pm)**	**Brainstorming** • From participants a few crucial problems will be identified by the facilitator on the board. Then brainstorming and mapping on the board how improvement on individual SDGs will impact this issue, and how solving this particular problem will affect other SDGs • Brainstorming on how best the information and learning should be disseminated at the grassroots level
Homework	**Participants:** Brushing up the hand-outs on the two chapters of the book. **Facilitators:** Compile the presentations and brainstorming session to prepare brief write-ups to e-mail the participants

CONTACT DETAILS

i. Aga Khan Foundation (AKF): https://www.akdn.org

ii. Aga Khan Rural Support Programme: http://www.akrspindia.org.in/home_homepage

iii. Akshay Patra: https://www.akshayapatra.org/

iv. Altius Foundation in Tamil Nadu: https://altiusfoundation.org

v. Amnesty International: https://www.amnesty.org/en/

vi. Ashray Akruti in Andhra Pradesh: http://ashrayakruti.org

vii. Azim Premji Foundation: https://azimpremjifoundation.org

viii. Bachpan Bachao Andolan: https://bba.org.in

ix. Bodh Shiksha Samiti: https://bodhindia.org

x. Bread for the World: https://www.bread.org/

xi. Centre for Budget and Governance Accountability: https://www.cbgaindia.org/

xii. Child Rights and You: https://www.cry.org

xiii. Child Fund: https://www.childfund.org/india

xiv. Don-Bosco Beatitudes: https://www.donboscobeatitudes.org

xv. GIZ: https://www.giz.de/en/html/index.html

xvi. Human Rights Advocacy and Research Foundation: https://www.hrf.net.in/

xvii. ICICI Foundation in Rajasthan: https://icicifoundation.org/icici-academy-for-skills/

xviii. International Civil Society Centre: https://icscentre.org/

xix. Kaushal Vikas Yojana: https://pmkvyofficial.org

xx. Life Education & Development Support: https://www.leadsindiajh.org/

xxi. Naandi Foundation: https://www.naandi.org/

xxii. Nai Manzil: http://naimanzil.minorityaffairs.gov.in

xxiii. Parivaar Ashram: https://parivaar.org

xxiv. Prerna in Uttar Pradesh: https://prernaup.in

xxv. Right to Education: https://rteforumindia.org/activities/consultation-on-safe-and-secure-education

xxvi. Room to Read: https://www.roomtoread.org

xxvii. Salaam Balak Trust: https://www.salaambaalaktrust.com

xxviii. Save the Children: https://www.savethechildren.in

xxix. Study Hall Foundation: http://studyhallfoundation.org

xxx. Wada Na Todo Abhiyan: https://www.wadanatodo.net/

xxxi. World Vision India: https://www.worldvision.in

xxxii. Child in Need Institute (CINI):https://www.cini-india.org/

xxxiii. Institute for Youth and Development, Bengaluru: http://iyd.org.in

xxxiv. Potohar Organisation for Development Advocacy (PODA), Pakistan: http://www.poda.org.pk

SPECIALISTS CONSULTED

General

- Ms Sanyukta Samaddar, Adviser, SDGs, Rural Development, NITI Aayog
- Mr Sundar Narayan Mishra, Consultant, SDGs, NITI Aayog

SDG 4

- Dr Rajni R Menon, Senior Programme Officer, Gender Equality and Girls Education Programme, Room to Read
- Mr Ambarish Rai, National Convener, Right to Education Forum
- Ms Lubna Sayed Qadri, National Campaign Coordinator, Wada Na Todo Abhiyan

SDG 5

- Dr Kaninika Ray, Member, National Federation of Indian Women
- Ms Lubna Syed Qadri: National Convener, Wada Na Todo Abhiyan
- Dr PTM Sunish, CEO, Gender Park, Kerala
- Ms Namita Mallik, SEWA
- Dr Poonam Borah, Member, Indian Association of Women's Studies

SDG 6

- Dr Syamal Kumar Sarkar, Senior Director, Natural Resource and Climate, TERI, New Delhi
- Dr Girija Bharat, Mu Gamma Consultants Pvt. Ltd, Gurugram
- Mr Manish Wasuja, WASH Specialist, UNICEF India Country Office
- Mr Mariappa Kullappa, Senior Water and Sanitation Specialist, Water Global Practice of the World Bank
- Mr Mandeep Singh, MGNREGA co-ordinator, Mansa, Punjab

SDG 13

- Mr Souvik Bhattacharjya, Associate Director, Integrated Policy Analysis Division, The Energy and Resources Institute (TERI)
- Prof. Kanchan Kumar Bhowmik, National Expert on Sustainable Agriculture, DAY-NRLM, MoRD