



Topic

Technological Advancements in achieving Child Friendly GPs

Theme

Child Friendly Village

Localization of Sustainable Development Goals through
Panchayati Raj Institutions

Prof. Umakant Dash

Director, Institute of Rural Management Anand

April 13, 2022

Outline of the Presentation

- **Introduction:** *promoting well-being for sustainable development*
- **Localization of Sustainable Development Goals through Panchayati Raj Institutions**
- **Context: Challenges for CFLGs**
 - Every child survives and Thrives
 - Every child learns
 - Every child is protected from violence and exploitation
 - Every child lives in a safe and clean environment
 - Every child has an equitable chance in life
- **Technological Advancements to make GPs child friendly**
- **Role of Academic Institutions**
- **Recommendations & Conclusion**

Introduction

- children are an intrinsic part of society and their needs and rights should be given equal priority
- Child-friendly Gram Panchayat award' in recognition of the good work being done by GPs in achieving the holistic development of their children (2012).
- This necessitates Gram Panchayats to be sensitive to children's needs and involve children in the process of development thinking and planning.

Child Friendly GPs



SDG2:
Nutrition



SDG3:
Health &
morbidity



SDG4:
Learning



SDG 16:
Safety &
Equality



Focused Issue of SDG

SDG-3: Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development

Health has both **intrinsic** and **instrumental** value (Ruger, 2003)

Under Human Development paradigm (Sen, 1999; Fukuda-Parr, 2003; Alkire & Deneulin, 2009)

Health is *fundamental* to development process

It is a 'mean' to further economic progress, but an 'end' by itself

One of the three dimension of HDI (human development index)

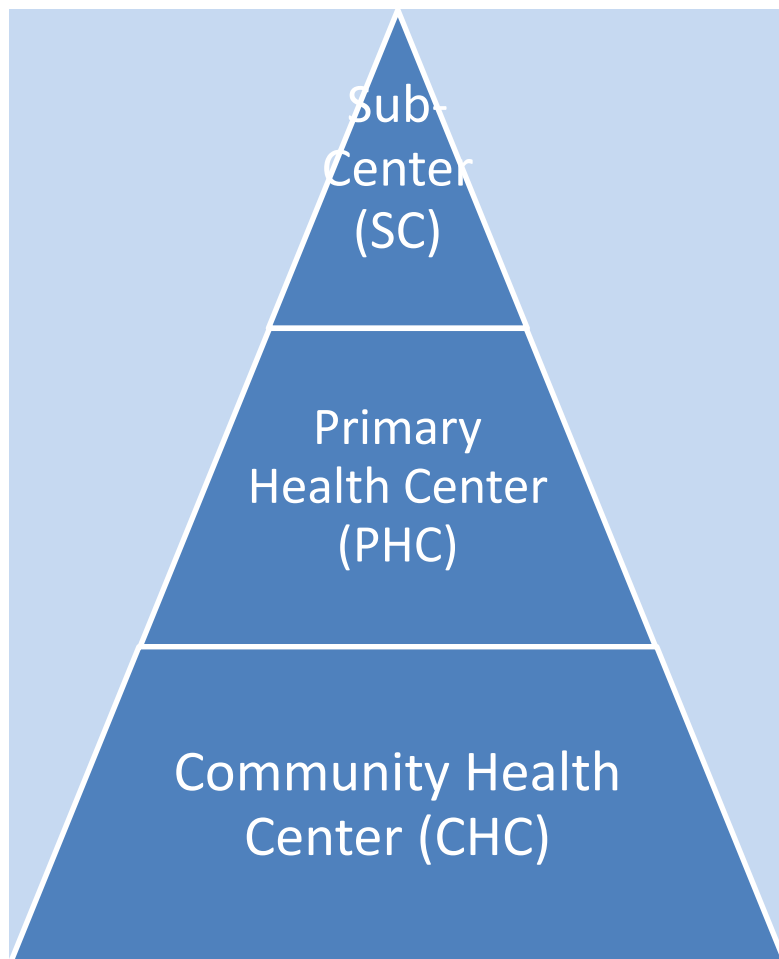
Important *enabler* for individuals' ability to live a life they value (Sen, 1999; Ruger, 2003)

Selected Indicators of Child Development

Indicators	2020	Target	Selected States
Children under 5 years who are underweight (%)	33.4	1.9	Sikkim, Manipur UP, Jharkhand
Children under 5 years who are stunted (%)	34.7	6	Tamil Nadu Rajasthan, MP, Bihar
Under 5 mortality rate (per 1,000 live births)	36	25	Kerala, Tamil Nadu MP, Rajasthan
Children (9-11 months) fully immunized (%)	91	100	Maharashtra, Telangana Nagaland, Arunachal Pradesh
ANER in elementary education (class 1-8)	87.26	100	
Class 8 students achieving minimum proficiency level in language and maths (%)	71.9	100	
Schools with access to electricity, drinking water (%)	84.76	100	
Percentage of schools with separate toilet facility for girls	95.33	100	
Cognizable crimes against children per 1,00,000 population	33.2	0	Manipur, Jharkhand MP, Sikkim
Missing children per 1,00,000 child population	16.41	0	Mizoram, Jharkhand, UP MP, Haryana

Rural Context: Rural healthcare system in India

Three tire system



Population norms

Health facility	Plain area	Hilly terrain
SC	5000	3000
PHC	30,000	20,000
CHC	1,20,000	80,000

Infrastructure norms

Health facility	Beds	Human Resource
SC	2	2-3 (incl. 1 ANM + 1 male HW)
PHC	6	13-14 (incl. 1 MBBS + 1 Pharmacist + 3 staff nurse)
CHC	30	46 (incl. 1 Med Sup + 6 specialists + 10 staff nurse)

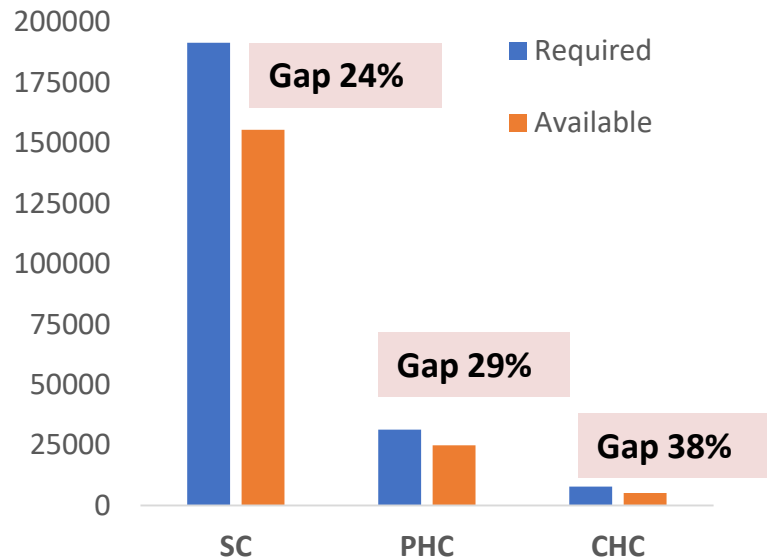
(MHFW, 2012)

Standards revised 2012: needs to be more ambitious considering population norms

Rural Context: Shortfalls

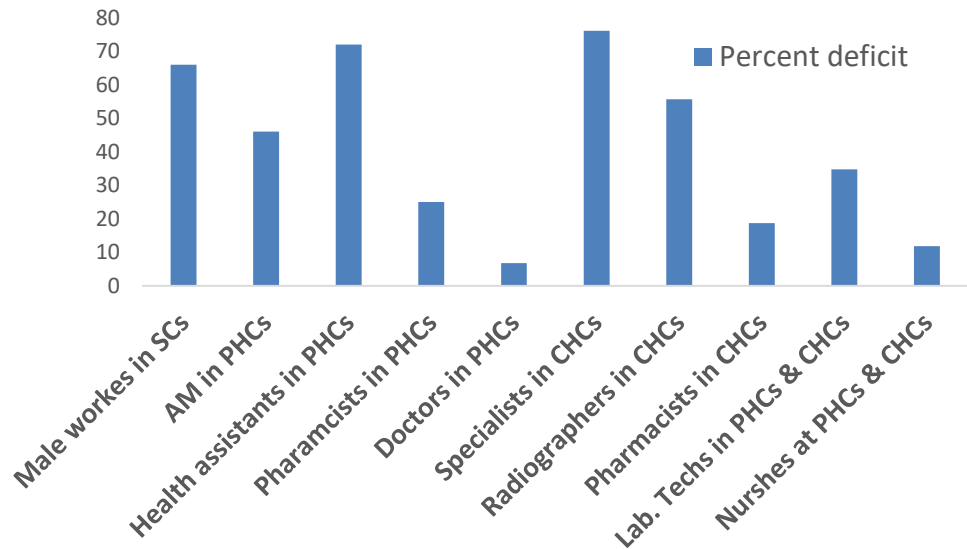
Rural communities experience health care related shortages

Shortages in **healthcare facilities** (no.)



(MHFW, 2020)

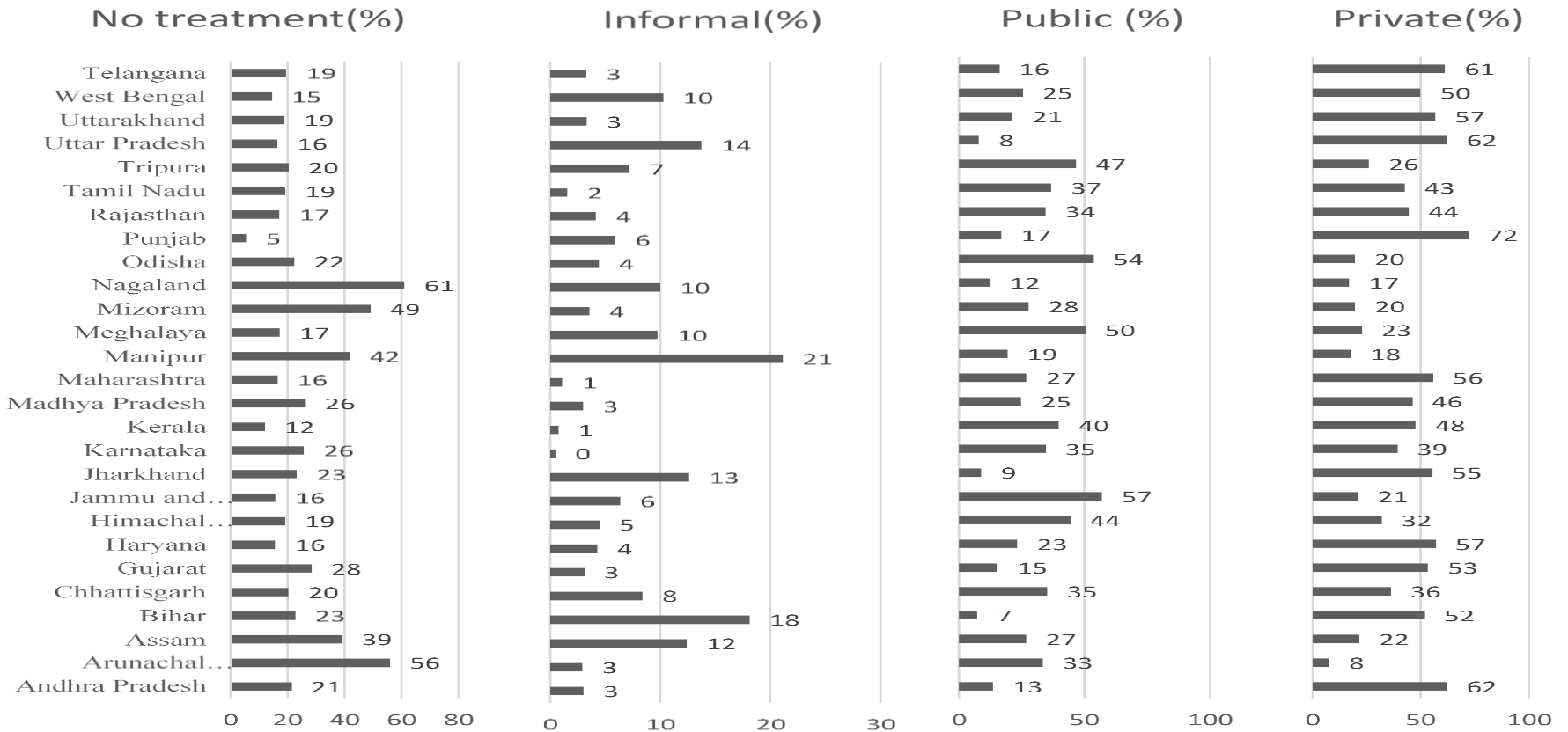
Shortages in **human resources** (%)



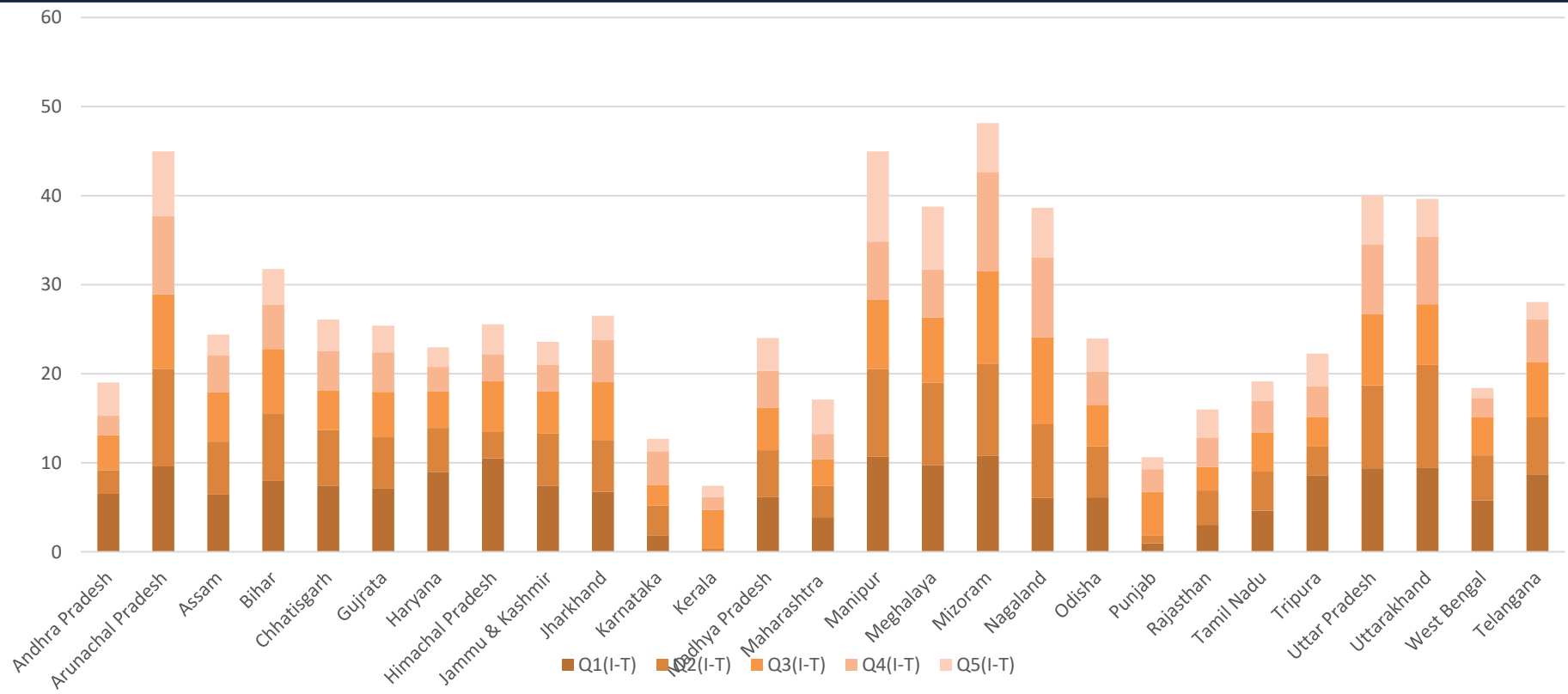
Shortage of 76% of specialists in CHCs (79% Surgeons, 70% Obstetricians & Gynecologists, 78% Physicians, and 78% Pediatricians)

(MHFW, 2020)

Utilization of treatment from different providers for CCHI across Indian states



Gap between prevalence of and utilization of medical treatment for CCHI across wealth quintiles in the states of India



Note: i. Q1 (poorest), Q2 (Poor), Q3 (Middle), Q4 (Rich), Q5 (Richest) are the wealth quintiles. ii. I (Illnesses) – T (Medical Treatment) is in percentage.

Determinants of ICDS Services provided in Rural India

	Any of the icds services	Supplementary food	Child's health check-up	Counselling to mother on child's weight	Health and nutrition education
Child's age [Ref:0-5]					
6-23	1.81***	1.40***	1.43***	1.75***	1.26***
24-59	1.19***	1.56***	1.18***	1.46***	1.28***
Stunted [Ref: No]					
Yes	1.00	0.96	0.99	0.99	0.94***
Wasted [Ref: No]					
Yes	1.05**	1.05**	1.06***	1.13***	1.07***
Underweight [Ref: No]					
Yes	1.09***	1.01	1.04*	1.10***	1.07***
Mother's education [Ref: No Education]					
Primary	1.35***	1.49***	1.36***	1.41***	1.40***
Secondary	1.30***	1.33***	1.33***	1.39***	1.39***
Higher	0.88***	0.89**	0.88***	0.97	0.86***
Wealth index [Ref: Poorest]					
Poor	1.16***	1.24***	1.15***	1.20***	1.18***
Middle	1.11***	1.15***	1.09***	1.17***	1.14***
Rich	0.94**	0.95	0.92***	1.02	0.99
Richest	0.84***	0.86***	0.85***	0.95	0.84***
Region [Ref: North]					
Central	1.21***	0.75***	1.12***	1.08***	1.17***
East	1.92***	2.00***	1.75***	1.65***	1.86***
North-East	1.30***	0.47***	0.83***	0.95	1.02
West	1.80***	2.41***	2.84***	1.96***	2.03***
South	2.41***	2.13***	2.96***	2.60***	3.96***

***1% level of significance, **5% level of significance, *10% level of significance

Determinants of ICDS Services provided in Rural India

	Any of the icds services	Supplementary food	Child's health check-up	Counselling to mother on child's weight	Health and nutrition education
Household size [Ref: Greater than 4]					
Less than equal to 4	1.09***	1.16***	1.15***	1.19***	1.19***
Number of under-five children [Ref: Greater than 2]					
Less than or equal to 2	1.03*	1.12***	1.06***	1.06***	1.06***
Exposure to media					
At least 1 media	1.41***	1.71***	1.72***	1.65***	1.70***
Mother's age at marriage [Ref: Less than 18]					
greater than or equal to 18	1.02	0.91***	1.06***	1.05***	1.04**
Caste [Ref: SC]					
ST	1.26***	1.10***	1.49***	1.38***	1.58***
OBC	0.79***	0.67***	0.81***	0.79***	0.82***
Others	0.81***	0.96	0.91***	0.89***	0.88***
Religion [Ref: Hindu]					
Muslim	0.80***	1.15***	0.91***	0.88***	0.78***
Christian	0.74***	1.06	0.81***	0.77***	0.80***
Other	1.47***	1.80***	1.17***	1.27***	1.17***
Sex [Ref: Female]					
Male	0.97**	0.95**	0.98	0.96***	0.98
Morbidity [Ref: No]					
yes	1.11***	0.93***	0.92***	0.93***	0.87***

***1% level of significance, **5% level of significance, *10% level of significance

Rural Context: Urban-Rural Gaps

A deep divide in urban and rural areas in terms of health attainment, facility and investment

	Urban	Rural
Birth rate (in '000)	16.7	21.6
Death rate (in '000)	5.1	6.7
Infant mortality rate (in '000)	23	36
Institutional Delivery (%)	68	29
Child immunization (%)	68	39

Shortfalls in health facility/personnel in urban area is less compared to rural areas

(IAMR, 2011; MHFW, 2020)

Per capita hospital beds: Urban areas **15 times more**

Per capita doctors: Urban areas **six times more**

Per capita public health expenditure: Urban areas **seven times more**

(CBHI, 2001; Deogaonkar, 2004)

Challenges in Rural: Technology Perspectives

Application of Technology for Rural Society

The problem does not lie with the technology *per se*

It lies with the

user-friendliness

supply-chain issues

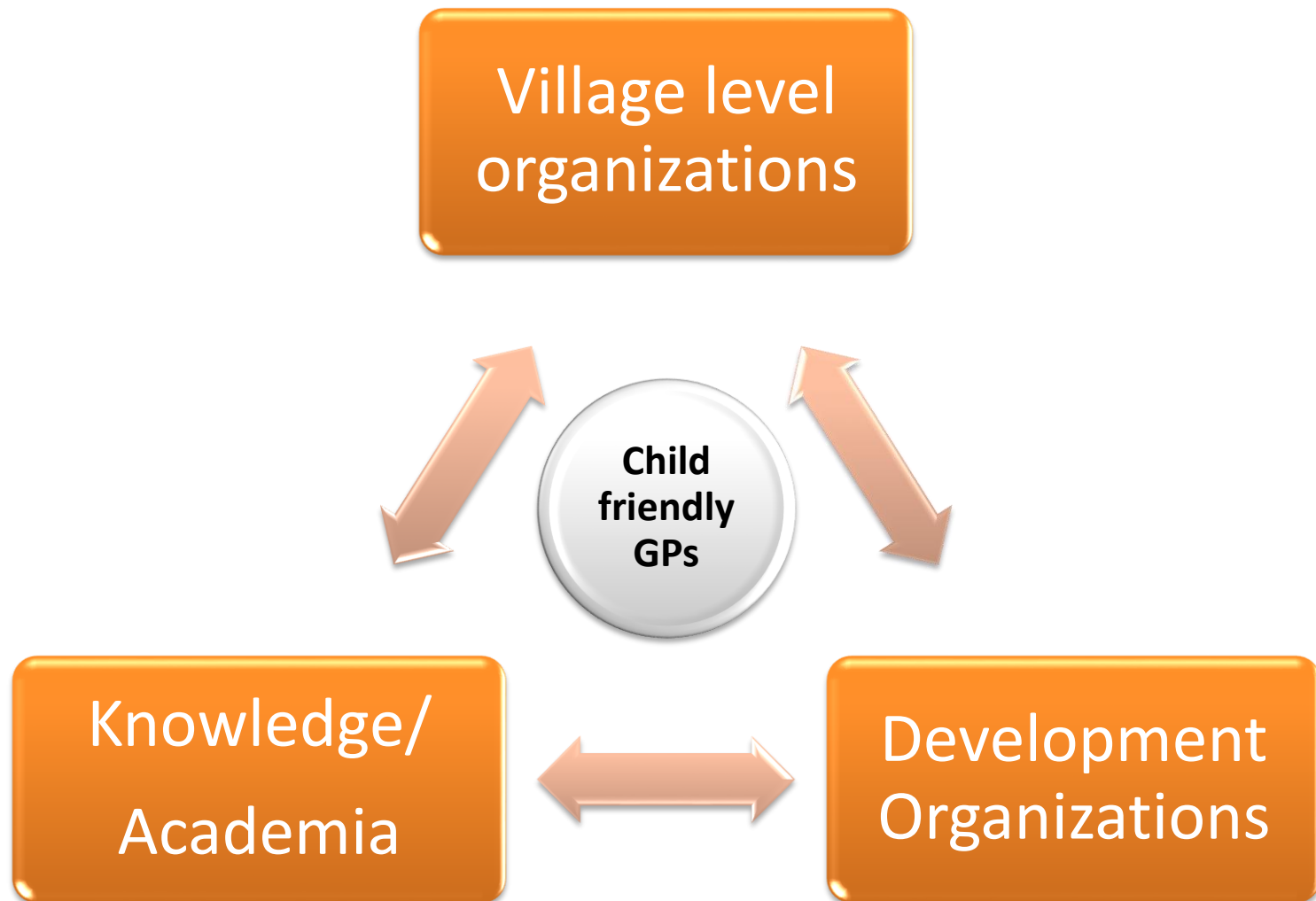
lack of human capacity

Examples

Solar cooker (box-type)

Gobar gas

PRIs in collaboration with other institutions



Challenges for CFGPs

- Goal Area 1: Every child survives and Thrives
 - Illness, ICDS
 - ***mobile health worker*** electronic response and outreach, which facilitates near real-time, two-way communication between local and central health authorities via mobile phones.
 - Preventing disease outbreaks, awareness campaign dissemination of
- Goal Area 2: Every child learns
 - Enrolment, ***learning materials***, Infrastructure,
- Goal Area 3: Every child is protected from violence and exploitation
- Goal Area 4: Every child lives in a safe and clean environment
- Goal Area 5: Every child has an equitable chance in life

CFGPs & Survival and thriving of Child

- Poverty, the environment, malnutrition and inaccessible or inadequate care, maternal health and nurturing practices prevent millions of children from surviving and thriving.
- Some 15,000 children under 5 years old still die every day from preventable causes – 7,000 of them in the first days of life. And more than 40 per cent of children under 5 may not reach their full potential. (UNICEF Strategic Plan 2018-2021)
- ***“Survive,” “Thrive,” and “Transform”***
 - Illness, access to and utilization of high-impact interventions to reduce child deaths from pneumonia, diarrhoea and malaria.
 - ICDS (to prevent stunting and other forms of malnutrition in early childhood)
 - Immunizations
 - ***mobile health worker*** electronic response and outreach, which facilitates near real-time, two-way communication between local and central health authorities via mobile phones.
 - Preventing disease outbreaks, awareness campaign dissemination of
- Technology advancements & Community Participation

CFGPs & child learnings

- A range of factors – including geographic location, economic circumstances, gender, disability, low-quality teaching and schools, disruption from conflicts and other shocks – prevent millions of children from learning.
 - Enrolment, learning materials, Infrastructure,
 - Separate Committees: Children's issues needs to be actively monitored and supervised including those for health, nutrition and immunisation through Gram Sabha meetings where such issues are always in agenda for discussion.
 - Awareness of all the Schemes/interventions (central and state) targeted to improve the child are given high priority in the GPs
 - Community participation
 - e.g Pathshala Parirakshana Committee (School Safeguarding Committee) that would look after the school affairs and work towards increasing the enrolment, providing quality education, training, play ground etc..

CFGPs: Protection from violence and exploitation

- Often social norms, cultural practices, inter/intra-state conflict, displacement and other harmful actions undermine children's safety and well-being
- Up to 1 billion girls and boys experience some form of violence or harmful practice, including sexual violence (UNICEF Strategic Plan 2018-2021).
- prioritizing a rights-based approach to protect, promote and respect all children's rights (the rights to privacy, access to information, freedom of expression) and protection from violence.
 - strengthening civil registration and vital statistics systems through (information management system and monitoring the violations and managing cases related to child protection)
- deployed a tool-free child help line – a telephone-based reporting channel for child abuse ([CHILDLINE India Foundation](#): CHILDLINE 1098)
- Psychological (counselling) support to families and children in distress
- The internet provides significant opportunities for children to access information and entertainment and to learn, communicate and engage with others.

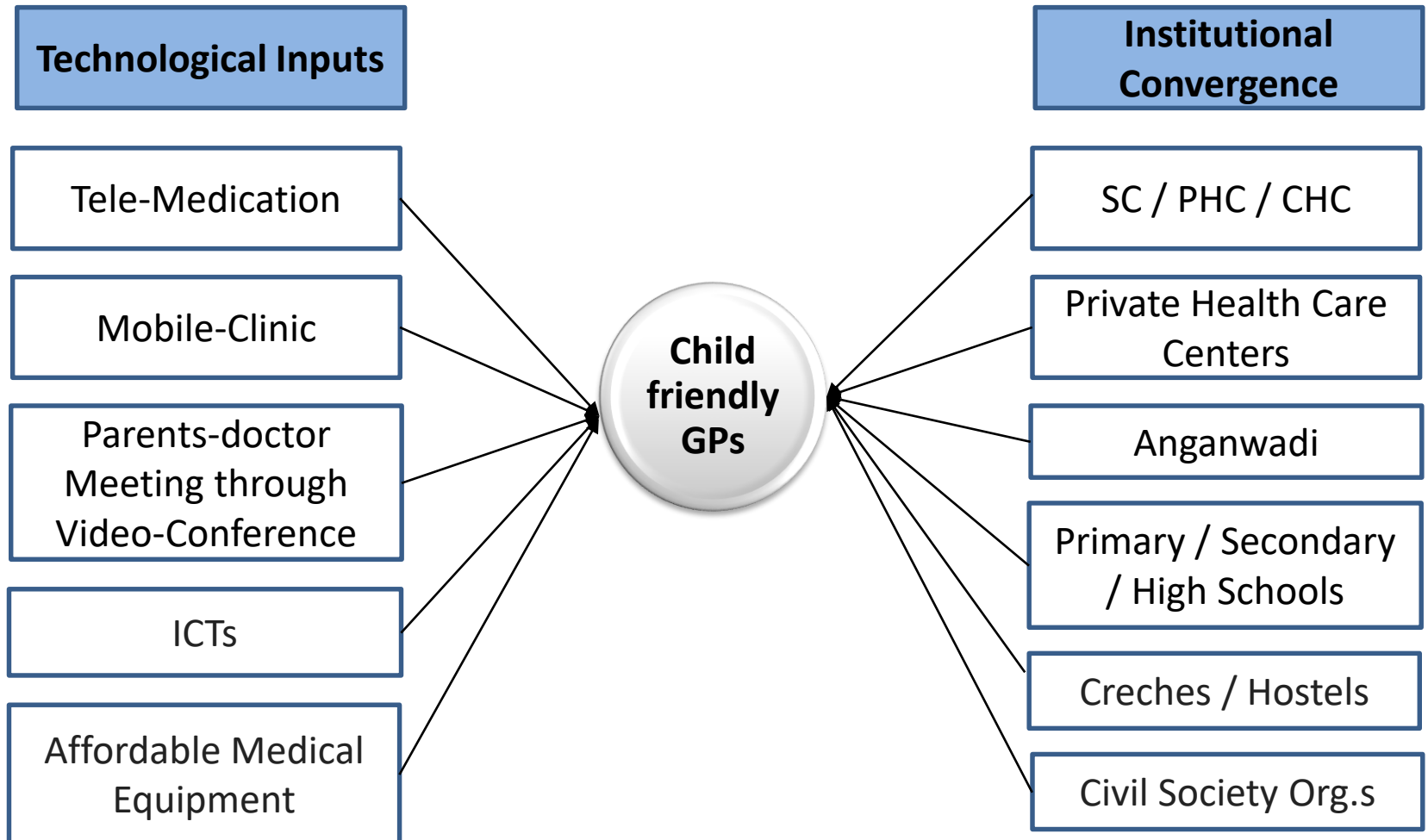
CFGPs: A safe and clean environment

- an environment that is conducive to his or her growth and safety.
- insufficient awareness of the dangers posed by environmental risks – including inadequate water and sanitation systems – expose millions of children to potential harm.
 - Digital innovation in the WASH (RapidPro UNICEF)
 - the Swachh Bharat Mission (Oct 2014)
 - two-way engagement with communities, raise awareness on sanitation for grassroots motivators, local government counterparts and sanitation users.
 - Millions of girls are now online and searching for available health and menstruation information on the internet. (breaks misconceptions around menstruation and facilitate the development of empowering digital solutions for period information and tracking – by girls and for girls)

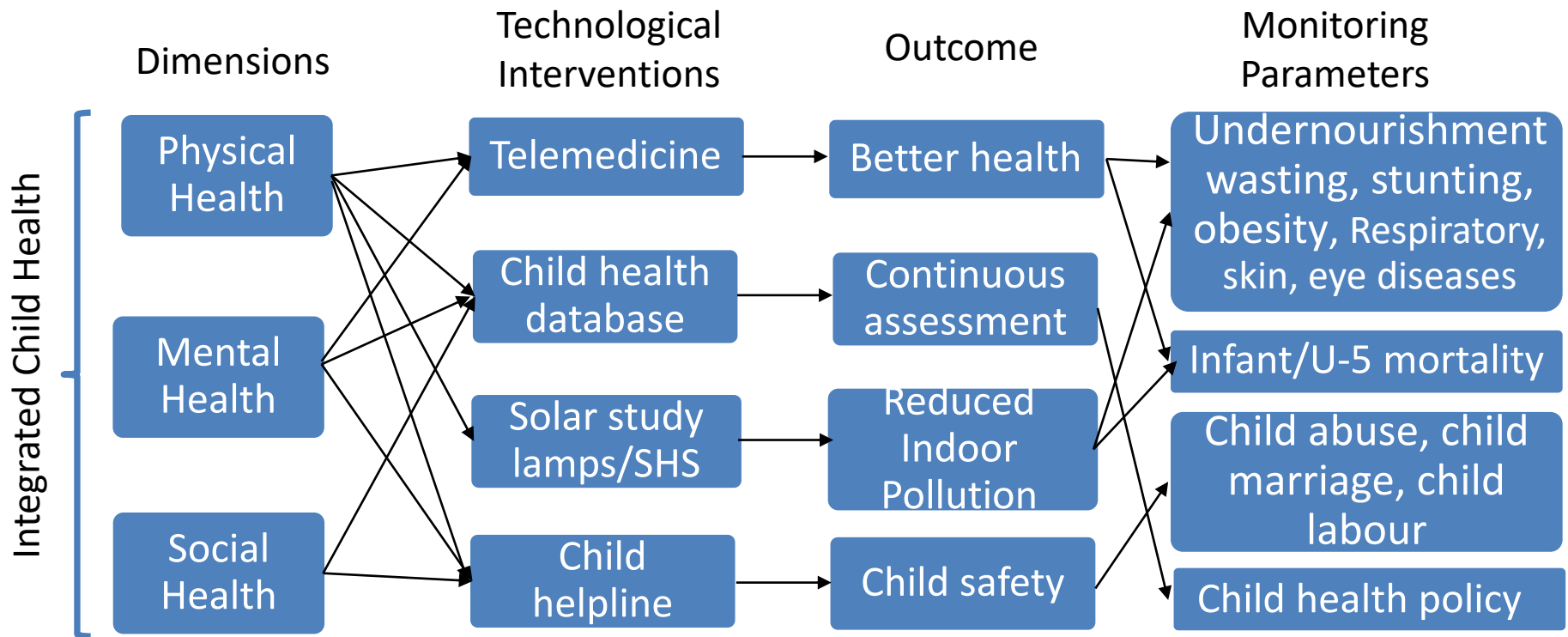
CFGPs: Equitable chance in life

- Often extreme poverty, geography, conflict, discrimination, exclusion and other barriers hold back millions of children with lifelong consequences for themselves and their societies as inequity and deprivation perpetuate poverty across generations.
- Nearly 385 million children live in extreme poverty (UNICEF Strategic Plan 2018-2021)
 - Achieve gender equality and empower all women and girls
 - Guaranteeing equal and accessible education by building inclusive learning environments and providing the needed assistance for persons with disabilities’
 - cash transfers, MGNREGA, DBTs
 - Enhancing social protection systems using real-time monitoring

CFGPs: Technological Advancements and Institutions



CFGPs: Implementation Mode



Role of Academic Institutes like IRMA

- Knowledge generation/creation/synthesis
- Training the Institutional requirements & Research
- Analysis of evidences/data & good practices
- Dissemination of Knowledge/Evidences/good practices
- Liaising with the GPs & Development Agencies

IRMA's Institutional Strengths

Repository of Rural Knowledge (since IRMA's inception in 1979)

Village Development Reports: 3708

Development Internship Reports: 676

Management Internship Reports: 3066

In the last five years Thematic paper-work in the interface of domains of Health-Education and Children: approximately 40

Multi-disciplinary approach

Managerial solutions

In collaboration with local institutions

IRMA's Institutional Strengths

Over the years, faculty members of IRMA have completed over 750 research and consultancy studies and assignments. Our competence in the area of panchayats, local governance is very strong

- The State of Panchayats Report 2007-08; 2008-09
- Issues Before the Finance Commission: Empowering the Panchayati Raj Institutions, 13th Finance Commission, GoI 2008
- Time & Work Study of Panchayat Functionaries in India (Gujarat & Maharashtra) (2015)
- Geo-information-enabled village level micro-planning (2017)
- Role of Local Institutions in the Context of Emerging Governance and Development; Report for Task Force of Chhattisgarh State Planning Commission (2017)
- Independent Assessment of Design, Strategies and Impacts of DAY-NRLM (2017): MoRD
- Independent Assessment of DAY-NRLM in Jammu & Kashmir (2019): MoRD
- Independent Evaluation of Sustainable Livelihoods and Adaptation to Climate Change (2020): MoRD & WB

Recommendation

- Prioritization of the activities related to children
- Trust & Community involvement/participation
 - Committees and Sub-committees
 - Guidelines & Information about the interventions/schemes (central & State)
- Continuous assessment/evaluation of the (technological) interventions
- Documentation & showcasing the achievements



सशक्त पंचायत सतत् विकास

Thank You

Queries and Suggestions



Child Friendly Village

E-mails:

umakant@irma.ac.in,

director@irma.ac.in