

## NRLM Social Inclusion: Protocols

NRLM has a special focus on **priority and early inclusion** of the poorest of the poor and other vulnerable sections of community viz., Households automatically included by the SECC, Schedule Caste (SC), Schedule Tribe (ST), Particularly Vulnerable Tribal Groups (PVTGS), women headed families, elderly persons, People living with different abilities (PwDs), minority groups and people living in extremist affected areas, hill terrains (hard to reach areas), trafficked women, people engaged in unhygienic occupations (ex-manual scavengers), transgender, HIV/AIDS+ persons and their families, families with one or more persons suffering from chronic illness etc.

Accordingly, NRLM tries and achieves complete inclusion of the entire target including the poorest and vulnerable communities into their institutional architecture within a period of initial 18 months of entering an intensive block. NRLM expects the vulnerable persons to take significant proportion of leadership positions in various community institutions under NRLM. Further, NRLM facilitates these institutions in achieving their financial and economic/livelihoods inclusion and poverty reduction goals.

**Towards this end, the following needs to be done –**

### Sensitization and Getting Ready

- Draw lessons from existing pilots on Disability, AHT, Manual Scavenging, Legally released Labour, PVTGs, other tribal inclusion, and take steps to wrap-up these pilots for scaling-up and mainstreaming through universal and regular social mobilization processes
- Customize and finalize the processes, norms, funds to community, timelines etc., with due consideration of their reality, for inclusion of various poorest and vulnerable communities, groups and persons; These may include -
  - Relaxation in group and institutional norms, panchasutra and other procedures; group size could be **5-20 members**, depending on the context (distance, sparsely populated habitations, hilly areas, IAP- Integrated Action Plan areas. PwDs, Elderly etc.); membership can be open to **males and females**, in case of PwDs and Elderly.
  - Entry point activities aimed at particularly vulnerable groups/communities
  - Choice to vulnerable members to continue in/join existing SHG or join a new SHG with the members of vulnerable group/community
  - Representation by the caretakers/guardians of the PwDs in their SHGs, apart from the SHG membership to the caretaker/guardian in her SHG
  - Priority mobilization of the poorest and vulnerable first
    - revised protocols for CRP, Senior CRP and Trainer Rounds; augmenting the teams for these rounds appropriately
    - mandating these rounds, active women and village organization with complete inclusion agenda
    - Complete (at least 80%) Inclusion and Saturation within 18 months of entering a Cluster in the Block; this can be a trigger for funding to VOs and CLF
    - No exclusion
    - VO's Declaration of saturation of mobilisable vulnerable in the fold of SHGs (within 18 months of entering the village) and their representation in VO including in leadership positions
    - Presentation of Poverty data/indicators of the SHG members to Aam Sabha/Gram Sabha at the end of CRP round and VO's Presentation of Progress on these indicators every year thereafter; this data may also be captured in the MIS for each Household, including SECC auto-included and at least 1-deprivation households
  - SHG Federations taking all SHGs including Special SHGs for the vulnerable as their members with due representation; in addition, members/SHGs of a particular vulnerable group/community reserve the right to be federated as a separate/exclusive federation and/or solidarity federation at appropriate levels
  - Identification and nurturing 1-2 Activists responsible for Complete Inclusion, Gender, Social Development and Convergence; payment of honorarium etc., as internal CRP

- A portion of Vulnerability Reduction Fund with flexible terms to meet the specific needs of the vulnerable, in addition to availability of/access to RF, CIF, VRF, Livelihoods Fund etc. It may be noted that CIF, VRF and LF provided to the community institutions is on per member basis. The entitlement is higher by 50% per vulnerable member. This could be higher by 100% per PVTG member.
- Priority Bank Linkage
- Access to Social Security and other schemes applicable to these groups/communities
- Priority for the vulnerable and vulnerability needs in Microplans
- Poverty/Vulnerability Analysis in the village, evolution of Vulnerability Reduction Plan (VRP) and institution of Annual VRP process; mobilizing funds for rolling-out VRP
- Sensitize all staff on social inclusion (and convergence) and its processes immediately through sensitization workshops at state and district level
- Build Trainers and Resource Persons at State, District, Block and Community levels on Inclusion of vulnerable groups and communities; Ready the Modules, Material and CB architecture for the same
- Train, take on immersion and exposure, and equip CRPs, Senior CRPs, Community Trainers and PRPs to go ahead with upfront inclusion of the poorest and vulnerable, including tribal communities, PVTGs, PwDs and Elderly, starting with the CRP rounds itself;
- Initiate steps, including establishing Resource Cell(s), to add/create additional CRPs, Senior CRPs, Community Trainers and PRPs, with Inclusion orientation, tools and skills, as early as possible
- Line up and partner with appropriate and competent Technical Support/Resource Agencies
- Take up a 3-month campaign for sensitizing existing community cadres including Active Women, community leaders, community institutions (SHGs and Federations) and other stakeholders on total/complete inclusion and prioritization for poorest and vulnerable in all elements of NRLM action and agenda

#### **Specific Social Inclusion Protocols at Village and Cluster levels**

- Prepare the village for CRP round; CRP round initiates mobilization (of all poor including poorest and vulnerable groups and communities) and strengthening existing SHGs; Presentation of Poverty Status of SHG members to Aam Sabha; Identified and trained Active women, and PRP follow-up on and mobilize more people into SHGs
- Facilitate RF to SHGs
- Facilitate Community Trainers' round - this round sensitizes members, leaders and cadres on Inclusion and Prioritization of the poorest and vulnerable in microplans
- Facilitate access to CIF
- Facilitate Senior CRP rounds – these rounds take up formation of Village Organization, development of its Vision for complete inclusion, evolution of VRP and use of VRF for addressing the needs of the vulnerable and tracking the Progress of the members out of Poverty
- Facilitate access to VRF
- Facilitate Bank Linkages
- Facilitate Insurance Coverage and/or Mutuals
- Facilitate Exclusive Federations of the vulnerable, if required, at appropriate level(s)
- Facilitate Livelihoods Planning and Access to Livelihoods Fund
- Facilitate Convergence Plan and its roll-out; these plans to include –
  - Key entitlements and schemes like NSAP (OAP, Disability Pension and Widow Pension), IAY, MNREGS, ICDS, Janani Suraksha Yojana, Jan Dhan Scheme, DDU-GKY, Janashree BhimaYojana, AABY, RSBY or any other State/Central schemes for vulnerable families;
  - Agriculture and rural development schemes for reducing vulnerability conditions (deprivation);
  - Plans for exclusive Food, Nutrition, Health, and WASH activities;
  - Special plans for Tribal Communities, PVTGs, Mahadalits etc.;
  - Plans to work with GP; and
  - Special Plans to work with Civil Society and Corporate Social Responsibility efforts
- Consolidate these plans at GP and Cluster levels – dovetail these plans further so that leveraging with the specific scheme/department/stakeholder could be pressed and followed-up

*See Specific Protocols for Tribal Inclusion, Elderly Inclusion and PwD Inclusion at Attachments 1, 2 and 3.*

### Attachment 1: Specific Protocols for Tribal Inclusion

NRLM realizes tribal communities in general and the particularly vulnerable tribal groups in particular require nuanced local customization and sensitive support. The traditional institutions, Panchayats Extension to Scheduled Areas, Forests and other common resources, Resource Endowment and ownership patterns, Cultural Mileu, Terrain and Remoteness etc., in tribal areas and the constitutional safeguards, rights and entitlement endowments, intra tribal inequities and their tenuous relationships with non-tribal communities call for differential protocols fro including tribal communities and particularly vulnerable tribal groups.

It may be appreciated that we have three situations of working with tribal communities – exclusive tribal areas, with/without habitations for specific tribes; exclusive tribal habitations; and tribal households in general villages. Particularly Vulnerable Tribal Groups may or may not co-exist in the same habitations with other tribal communities, depending on the area, tribe and habitation.

#### In this context, Specific Protocols for Tribal Inclusion include -

- Appreciate the socio-economic cultural profile of the tribal communities; Draw lessons from existing pilots on tribal and PVTG inclusion, if any; Customize and finalize Inclusion processes, norms, funds to community, timelines etc., with due consideration of their (tribal communities in scheduled and tribal subplan and tribal-majority areas; Particularly Vulnerable Tribal Groups; tribal habitations outside these areas; and tribal households amidst general population) reality; These may include -
  - Prioritization to work with tribal areas, PVTG and other tribal habitations, and tribal households first
  - Relaxation in group and institutional norms, panchasutra and other procedures; group size could be **5-20 members**, depending on the context (distance, sparsely populated habitations, hilly areas, IAP- Integrated Action Plan areas, etc.); savings could also be in kind; frequency of savings could be customized
  - Entry point activities aimed at particularly vulnerable tribal groups and other tribal communities; These activities may address the local social problems like food insecurity, malnutrition etc., issues around common resources and collectivization
  - Priority mobilization of the PVTGs first, Tribal households first in general population
    - revised protocols for CRP, Senior CRP and Trainer Rounds; augmenting the teams for these rounds appropriately
    - mandating these rounds, active women (2-3 active women in each habitation/village) and village organization with complete inclusion agenda
    - Complete (at least 80% of all tribal households excepty auto-excluded households in SECC) Inclusion and Saturation within 18 months of entering a Cluster in the Block; this can be a trigger for funding to VOs and CLF
    - VO's Declaration of saturation of mobilisable vulnerable in the fold of SHGs (within 18 months of entering the village) and their representation in VO including in leadership positions
    - Presentation of Poverty data/indicators of the SHG members to Aam Sabha/Gram Sabha at the end of CRP round and VO's Presentation of Progress on these indicators every year thereafter
  - SHG Federations taking all SHGs including Special SHGs for the vulnerable as their members with due representation; in addition, members/SHGs of a particular vulnerable tribal group/community and other tribes reserve the right to be federated as a separate/exclusive federation and/or solidarity federation(s) at appropriate levels
  - Identification and nurturing 1-2 Activists responsible for Complete Inclusion, Gender, Social Development and Convergence; payement of honararium etc., as internal CRP
  - Involving traditional leadership in various aspects of the entire effort
  - Capacity Building focus may also be on enhancing the productivity of traditional agriculture, on forestry and Non-timber forest produce, on PESA, on ST legal support, traditional cultural practices, health and nutrition, education etc.
  - Vulnerability Reduction Fund with flexible terms to meet the specific needs of the PVTGs and other tribal households, in addition to availability of/access to RF, CIF, VRF, Livelihoods Fund etc. It may be noted that CIF, VRF and LF provided to community institutions is on per

member basis. The entitlement is higher by 50% per vulnerable member. This could be higher by 100% per PVTG member. Release of significant portion of VRF on VO's formation.

- Priority Bank Linkage
- Alternative Financing Institutions/Structures/Mechanisms, where bank density is low
- Access to Social Security and other schemes applicable to these groups/communities
- Priority for the vulnerable and vulnerability needs in Microplans
- Poverty/Vulnerability Analysis in the village, evolution of Vulnerability Reduction Plan (VRP) and institution of Annual VRP process; mobilizing funds for rolling-out VRP; For tribal communities, Vulnerability Analysis need to focus additionally on
  - access and adequacy of food, water, fuel wood, basic entitlements,
  - schooling, basic healthcare, traditional medicine
  - land/resource alienation, land/resource use, common property resources, forestry, non-pesticide and organic agriculture/horticulture and other natural produce
  - seed banks, grain banks, and other collectivization efforts and possibilities
- Sensitize all staff on tribal inclusion (and convergence) and its processes immediately through sensitization workshops at state and district level
- Build Trainers and Resource Persons at State, District, Block and Community levels on Inclusion of vulnerable groups and communities; Ready the Modules, Material and CB architecture for the same
- Train, take on immersion and exposure, and equip CRPs, Senior CRPs, Community Trainers and PRPs for upfront inclusion of PVTGs and other tribal communities, starting with CRP rounds itself;
- Initiate steps, including establishing Resource Cell(s), to add/create additional CRPs, Senior CRPs, Community Trainers and PRPs, with Inclusion orientation, tools and skills, as early as possible
- Map and create a pool of resource persons at state, district, block and community levels in the tribal inclusion and development domain and deploy them systematically
- Line up and partner with appropriate and competent Technical Support/Resource Agencies
- Take up a 3-month campaign for sensitizing existing community cadres including Active Women, community leaders, community institutions (SHGs and Federations) and other stakeholders on total/complete inclusion and prioritization for PVTGs and other tribal communities in all elements of NRLM action and agenda

### **Specific Social Inclusion Protocols at Village and Cluster levels**

- Prepare the village for CRP round; CRP round initiates mobilization (including PVTGs) and strengthening existing SHGs; Presentation of Poverty Status of SHG members to Aam Sabha; Identified and trained Active women, and PRP follow-up on and mobilize more people into SHGs
- Facilitate Community Trainers' round - this round sensitizes members, leaders and cadres on Inclusion and Prioritization of the poorest and vulnerable in microplans
- Facilitate RF to SHGs and access to CIF
- Facilitate Senior CRP rounds – these rounds take up formation of Village Organization, development of its Vision for complete inclusion, evolution of VRP and use of VRF for addressing the needs of the vulnerable and tracking the Progress of the members out of Poverty
- Facilitate access to VRF
- Facilitate Bank Linkages and Facilitate Insurance Coverage and/or Mutuals
- Facilitate Exclusive Federations of the vulnerable, if required, at appropriate level(s)
- Facilitate Livelihoods Planning and Access to Livelihoods Fund
- Facilitate Convergence Plan and its roll-out; these plans to include –
  - Key entitlements and schemes like NSAP (OAP, Disability Pension and Widow Pension), IAY, MNREGS, ICDS, Janani Suraksha Yojana, Jan Dhan Scheme, DDU-GKY, Janashree BhimaYojana, AABY, RSBY or any other State/Central schemes for vulnerable families;
  - Agriculture and development schemes for reducing vulnerability conditions (deprivation);
  - Plans for exclusive Food, Nutrition, Health, and WASH activities;
  - Special plans for specific Tribes and PVTGs;
  - Plans to work with GP including GPDP and MGNREGS; and
  - Special Plans to work with Civil Society and Corporate Social Responsibility efforts
- Consolidate these plans at GP and Cluster levels – dovetail these plans further so that leveraging with the specific scheme/department/stakeholder could be pressed and followed-up

## **Attachment 2: Specific Protocols for Elderly Inclusion**

There is now adequate evidence that Elders' own institutions improve their situation significantly. CBOs of Elderly are expected to emerge as strong affinity platforms for their social and economic security.

### **Membership in SHG of Elderly (ESHG)**

All Elders (aged 55 years and above) can be a member of ESHG and ESHGs are eligible for all funds to communities (RF, VRF, CIF and LF) under NRLM -

- An individual Elder would be a member of ESHG and in case a household has more Elders then each Elder would become the member of ESHG as an individual member of ESHG (may be in different ESHGs).
- If an elderly woman is already a member in the existing women SHG in the village, she would have the liberty to either continue in the same group or join the ESHG. In case she decides to continue in the same group (non ESHG), she should get all other benefit as an Elder.

### **Key Inclusion Steps for Identification, Mobilization and Institution Building of Elders**

#### At Mission level

- Sensitize the staff at SMMU, DMMU and BMMU in orientation/refresher workshops, community cadres, leaders, members and institutions to Elders and working with them
- Develop Modules and Material -
  - ESHG Practitioner's Manual (including perceptions on Elderly)
  - Sensitization/Awareness Building IEC Materials (Print and Digital)
  - Training Module for community cadre on Rights and Entitlements of the Elderly
  - Resource Module for community cadre on community based Social Protection and Security, Health & Nutrition (including mental health) and recreational needs of the Elderly
  - Resource Module on Elders' specific livelihoods
- Train and nurture CRPs to work with Elderly Agenda

#### At Village and Cluster levels

- Initiate identification and mobilization of Elders during the first CRP round itself
  - Mobilize Elders into general SHGs or special ESHGs.
  - Mobilize active and assisted Elders on a saturation mode. A process of self-selection can be adopted based on ability and agility.
  - Mobilize first Elders included in the SECC (auto-included and at least 1 deprivation) and Elders suffering under multiple vulnerabilities like single elderly, belonging to SC/ST and minority communities, PwDs etc.
  - Adopt and strengthen existing ESHGs, if any, in the village
- Facilitate Compliance on Panchasutra for each ESHG with appropriate customization
- Facilitate community to identify 2-3 Active Women/village to be trained (including immersion/exposure visits to ESHGs and their federal immersion sites) and deployed as Elderly Inclusion Cadres/CRPs
- Mandate Active Women, Existing Cadres, Inclusion/Elderly CRPs and VO to saturate mobilization; Involve Anganwadi and ASHA workers in Elderly Agenda in the village
- Take up Capacity Building of the ESHG members, leaders and cadres as per the plan. Note that there are three distinct categories of elderly – Active (working), Assisted and Destitute Elders and their Capacity Building needs and processes may be distinctly different.
  - Active/Working Elderly are mobile, have ability and physical strength to pursue livelihood activities, requires no help in performing activities of daily living (ADL) and in good health;
  - Assisted elderly are mobile but with some difficulty, have ability to pursue livelihood activities, have no problem with activities of daily living, but suffer from joint pain or other non-communicable diseases like hypertension, or diabetes mellitus which require regular medical consultation and medicines; and
  - Destitute Elderly are generally immobile due to age or illness, Need assistance in performing activities of daily living, and requires continuous medicine and medical consultation and subsistence support. Destitute also mean one who is abandoned and has no own means of survival.
- Facilitate ESHG to access Revolving Fund

- Facilitate ESHGs to get federated into VO (federation of women SHG at the village level). Like other women SHGs, ESHGs are entitled to avail all benefits like CIF, VRF from the VO and higher level federations.
- Facilitate VO to have a sub-committee or a sub-group within Social Action Committee to regularly monitor and strengthen these Elders' groups.
- Facilitate Vulnerability Reduction Plan to include plan for Elders
- Facilitate Rehabilitation Support to Elders
- Facilitate Elder-centric and/or Elder-friendly livelihoods and collectivization around these activities, where required/feasible
- Facilitate ESHGs, for their solidarity, advocacy etc., into a separate exclusive federation at GP/cluster/block level and at higher levels

### **Attachment 3: Specific Protocols for PwD Inclusion**

There is now adequate evidence that PwD own institutions improve their situation significantly.

#### **Membership in SHG of PwD (PwDSHG)**

A Person having physical /sensory /mental challenge as per PwD Act 1995 and National Trust Act 2000 would be termed as PwD e.g. 01 (physical Impairment), PHI (speech and hearing Impairment) SHI (VI (Visual Impairment), MR (Mentally Retarded), CP (Cerebral Palsy), AU (Autism), LD (Learning Disability), LEC (Leprosy cure), MI (Mental illness) and MD (Multiple Disability-more than one type of disability mentioned above).

All PwDs (aged one year and above), irrespective of percentage of disability a person (even less than 40% of disability) can be a member of PwDSHG and PwDSHGs are eligible for all funds to communities (RF, VRF, CIF and LF) under NRLM -

- 1-17 year person with disability, or a person with Mental Disability, MI or MR, could be represented through his/her legal guardian/parent/care-giver as member in the PwDSHG. Legal guardian/parent/care-giver continues in her own SHG. However, the members of the concerned group are required to do monitoring to ensure that the person concerned is getting the benefit.
- An individual PwD would be a member of PwDSHG and in case of more than one PwDs are in a household then each PwD would become the member of PwDSHG as an individual member of PwDSHG.
- If a woman with disability is already a member in the existing women SHG in the village, she would have the liberty to either continue in the same group or join the PwDSHG. In case she decides to continue in the same group (non PwDSHG), she should get all other benefit as a PwD.

#### **Key Inclusion Steps for Identification, Mobilization and Institution Building of PwDs**

##### At Mission level

- Sensitize the staff at SMMU, DMMU and BMMU in orientation/refresher workshops, community cadres, leaders, members and institutions to PwDs and working with them
- Develop Modules and Material -
  - PwDSHG Practitioner's Manual (including perceptions on PwD)
  - Sensitization/Awareness Building IEC Materials (Print and Digital)
  - Training Module for community cadre on Rights and Entitlements of the PwD
  - Resource Module for community cadre on community based social security, Health & Nutrition (including mental health) and recreational needs of the PwD
  - Resource Module on PwD specific livelihoods
- Train and nurture CRPs to work with PwD Agenda

##### At Village and Cluster levels

- Initiate identification and mobilization of PwDs during the first CRP round itself
  - Mobilize PwDs into general SHGs or special PwDSHGs. *Being a marginalized group, creating special groups of PwD may be advantageous.*
  - Mobilize active and assisted PwDs on a saturation mode. A process of self-selection can be adopted based on ability and agility.
  - Mobilize first PwDs included in the SECC (auto-included and at least 1 deprivation) and PwDs suffering under multiple vulnerabilities like single men/women, belonging to SC/ST and minority communities, elderly etc.
  - Adopt and strengthen existing PwDSHGs, if any, in the village
- Facilitate Compliance on Panchasutra for each PwDSHG with appropriate customization
- Facilitate community to identify 2-3 Active Women/village to be trained (including immersion/exposure visits to PwDSHGs and their federal immersion sites) and deployed as PwD Inclusion Cadres/CRPs
- Mandate Active Women, Inclusion/PwD CRPs and VOs to saturate mobilization; Involve Anganwadi and ASHA workers in PwD Agenda in the village

- Take up Capacity Building of the PwDSHG members, leaders and cadres as per the plan. Note that there are three different kinds of differently abled people - Active, Assisted and Dependent PwDs and their Capacity Building needs and processes may be distinctly different.
- Facilitate PwDSHG to access Revolving Fund
- Facilitate PwDSHGs to get federated into VO (federation of women SHG at the village level). Like other women SHGs, PwDSHGs are entitled to avail all benefits like CIF, VRF from the VO and higher level federations.
- Facilitate VO to have a sub-committee or a sub-group within Social Action Committee to regularly monitor and strengthen these PwD groups.
- Facilitate Vulnerability Reduction Plan to include plan for PwDs
- Facilitate Rehabilitation Support to PwDs
- Facilitate PwD centric and/or PwD friendly livelihoods and collectivization around these activities, where required/feasible
- Facilitate PwDSHGs, for their solidarity, advocacy etc., into a separate exclusive federation at GP/cluster/block level and at higher levels