

# SDG **BEST PRACTISES**



CASE STUDIES

TRANSFORMING HARYANA  
THROUGH SDG IMPLEMENTATION



**SDGCC**

SUSTAINABLE DEVELOPMENT GOALS  
COORDINATION CENTRE

SWARAN JAYANTI HARYANA INSTITUTE FOR FISCAL MANAGEMENT

# SDG Best Practise Case Studies

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by all United Nations Member States in 2015 as a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030.

The 17 SDGs are integrated—that is, they recognize that action in one area will affect outcomes in others, and that development must balance social, economic and environmental sustainability.

Through the pledge to Leave No One Behind, India has committed to fast-track progress for those furthest behind first. That is why the SDGs are designed to bring the world to several life-changing 'zeros', including zero poverty, hunger, AIDS and discrimination against women and girls.



The State Government of Haryana is fully committed to the 2030 Global agenda and has set ambitious targets for itself for achieving the Sustainable Development Goals (SDGs) within the State. The Haryana State Government's Finance and Planning department has constituted the Swarna Jayanti Haryana Institute for Fiscal Management. The SDG Coordination Centre (SDGCC) in collaboration with UNDP has been set up within the purview of this Institute to execute the Vision of 2030.

There is significant effort being made at ground level, yet not much is being written about it. This Best Practise Case Study Series from SDGCC, chronicles the transformation of Haryana through SDG implementation. We will continue to bring you other case studies periodically.

SDG Coordination Centre is committed to make SDGs happen.

## Child Sex Ratio on the Rise!



TRANSFORMING HARYANA THROUGH SDG IMPLEMENTATION

SDG 5: Achieve gender equality and empower all women and girls

# ARRESTING THE DECLINE IN THE CHILD SEX RATIO AT BIRTH IN HARYANA

## *An Abstract*

A recent news report showed a couple from rural Haryana, ecstatic when their daughter-in-law gave birth to a baby girl. They joyfully performed the chhati-kuan pujan reserved till recently only to celebrate the birth of a baby boy.

This is not the only change. The overall attitudinal shift is also slowly and steadily reflecting in a healthier CSR – from a dismal 834 to 1000 to now a healthier 914 to a 1000

Very clearly, the on-ground efforts for sensitization are paying results.

The PMs Beti Bachao Beti Padhao (BBBP) Campaign in Haryana gave a new fillip and purpose for the implementation of PC&PNDT(Pre-Conception and Pre-Natal Diagnostic Techniques) Act.

This case study maps out the trajectories of the progressive strategies adopted by the state; courage and conviction to the cause shown by the government functionaries especially medical practitioners and auxiliary health workers and a systematic and strong day to day surveillance to save the girl child.

The study also chronicles the exemplary determination and courage of the people on ground.



# HARYANA IS WITNESSING THE BEGINNING OF A NEW NARRATIVE OF HOPE IN A PREDOMINANTLY AGRARIAN SOCIETY

The PMs Beti Bachao Beti Padhao (BBBP) Campaign in Haryana gave a new fillip and purpose for the implementation of PC&PNDT(Pre-Conception and Pre-Natal Diagnostic Techniques) Act.

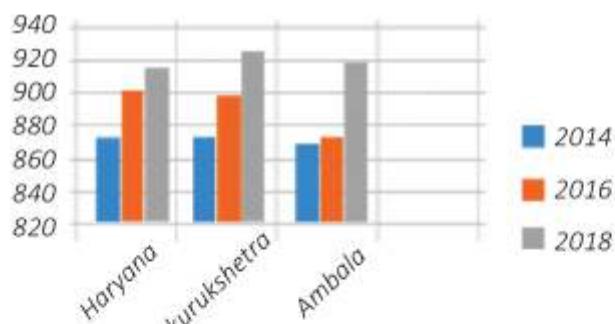
A well-conceived, holistic strategy delivered through a 24x7 technology based communication network, and the direct involvement & unshaken commitment of the Chief Minister, concerned civil servant and grassroots workers of the state, made a near impossible target possible.

This case study maps out the progressive strategies adopted by the state; the courage and conviction to the cause shown by the government functionaries, especially medical practitioners and auxiliary health workers, and a systematic and strong day-to-day surveillance to save the girl child. The study records this turnaround by documenting the field experiences in the two districts of Kurukshetra and Ambala.



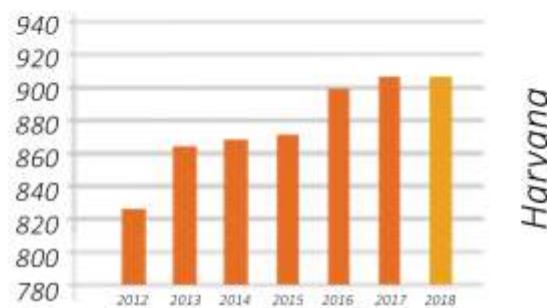
Since the launch of the programme, the Sex Ratio at Birth displayed an upward trend in all districts of Haryana (fig.1a and 1b).

*Changing trends in Sex Ratio at Birth in 2014, 2016 & 2018 for the State Haryana; district Kurukshetra & Ambala*



[Source: Women and Child Department / Health Department, Haryana].

*Sex Ratio at Birth in Haryana 2012-2018*



[Source: Records of Women & Child Department / Health Department, Haryana].

## OBJECTIVES:

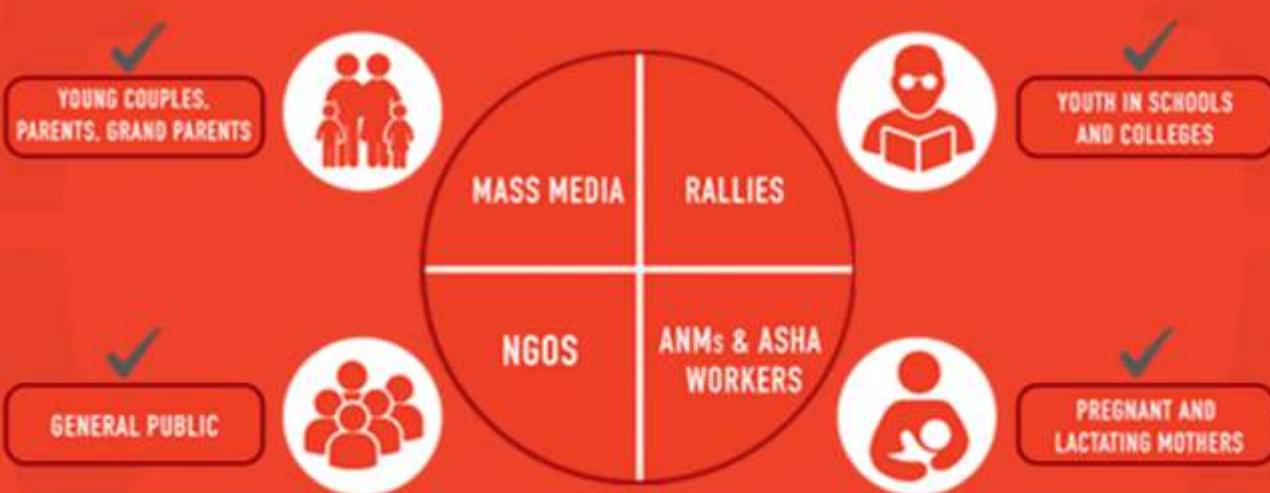
The core objectives of the PC&PNDT Act-BBBP campaign in Haryana is to ensure the survival of every girl child by protecting her rights from womb to tomb.

In this regard, the prerequisite is to ensure strict surveillance from the pre-natal stage to prevent any misuse of pre-conception and pre-natal diagnostic techniques.

# KEY STAKEHOLDERS OF THE PC&PNDT-BBBP CAMPAIGN



AWARENESS CAMPAIGN TO SENSITIZE STAKE HOLDERS



## KEY STAKEHOLDERS

The PC&PNDT Act implementation under Beti Bachao Beti Padhao campaign confronts the age-old patriarchal belief that daughter and family lineage are antithetical to each other.

To begin with the government aggregated the various functionaries of Ministry of Women and Child Development, Ministry of Health and Family Welfare and Ministry of Human Resource Development [in case of Haryana, Education Department fulfils the role of HRD], under this flagship programme of Prime Minister of India.

The collective (multi-stakeholders) endeavor of all these departments saw the campaign spread across villages, gram panchayats/ward levels, tehsils, districts, and the entire state to save, empower, and include the participation of each girl to ensure her safety, security with equality.

## IMPLEMENTATION STRATEGY



The campaign is the result of convergent action between the CMO, Deputy Commissioners, Women and Child Development, Health and Education departments. The CM communicates with the HODs of concerned departments to keep a check on - the child sex ratio, cases on PCPNDT and the health of neo-natal, post-natal and infant mortality rate (IMR).

Besides, on the CMs instructions, the HODS also track the changing mindsets through local level community engagements, training and sensitization of functionaries and community members.

Accordingly a multi-pronged strategy was devised to counter deep-rooted patriarchal mindsets and orthodoxy by organizing gender sensitization drives.

For the campaign, the state govt initiated a multi-pronged strategy to counter deep-rooted patriarchal mindsets and

Foremost was an awareness campaign aimed at sensitizing various stakeholders.

- Young and newly married couples were sensitized and counseled through mass media and NGO's.
- Pregnant and lactating mothers were closely monitored by ANMs (Auxiliary Nurse and Midwife) and ASHA (Accredited Social Health Activist) workers.
- Parents and grandparents to be were imparted cultural sensibilities through radio talks, advertisements on public hoarding.
- Youth in schools and colleges were involved in rallies.
- The medical fraternity along with medical institutes, educational authorities, and policy implementers, religious organizations - all played an important role to achieve the vision of safe and inclusive society for girls.

- The Deputy Commissioner (DC), who led the programme implementation, is given a specific set of guidelines for conducting coordinated Interstate raids.
- DCs regularly debrief stakeholder departments and officers from Beti Bachao Beti Padhao, CM Secretariat.
- The campaign is reviewed through a video conferencing by the Chief Minister on a regular basis.
- The CM has established a BBBP Secretariat at his office. An advisor and a project coordinator for the effective implementation of the campaign have been appointed.
- A WhatsApp group is moderated by the Additional Principal Secretary with policy implementers like Deputy Commissioner, Commissioner of Police, SP along with the office bearers from CMO keeping a close watch.

MEDIA HOUSES & LAW ENFORCEMENT AGENCIES CREATED  
LEGAL AWARENESS ON THE PC&PNDT ACT AND MTP ACT



SEX-SELECTIVE DRUGS &  
SALE OF MTP KIT (WITHOUT  
PRESCRIPTION ) BARRED



INCENTIVES PROVIDED TO  
INFORMERS FOR DECOY  
OPERATIONS

## EXECUTION



## IMPACT

### INFANT MORTALITY RATIO



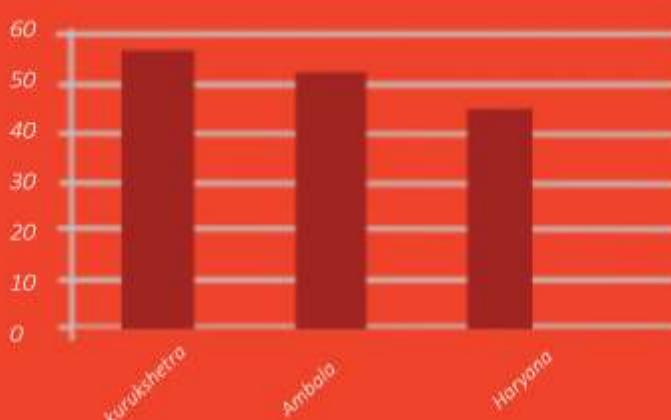
At the inception of the BBBP campaign in 2015, the Sex Ratio at Birth (SRB) was 876 girls per 1000 boys.

In the year 2016 it swiftly glided up to 900 girls per 1000 boys.

In the year 2017, it reached the mark of 914 girls per 1000 boys. The figure was sustained in 2018.

In district Kurukshetra in Nov 2018, Sex Ratio at Birth, recorded 1033 female per 1000 male infants as compared to 743 females per 1000 male infants in the year 2012!!

The IMR was 36 per 1000 infants in 2015 also came down to 33 per 1000 infants in the year 2017.



Increase in the SRB from 2014 to 2018



To further strengthen the surveillance mechanism, the DG General Police addresses the Commissioner of Police, Inspector General of Police and Superintendent of Police of all districts of Haryana through video-conferencing.

- Regular meetings at Panchkula, (HQ for the State) are organized for implementation of BBBP campaign.
- Awareness rallies are conducted at village, block and district level.
- A strong emphasis is being placed on changing social customs. Kuan Pujan, Lohri, Ahoi Ashtmi, which were earlier celebrated on the birth of a male child are now being encouraged on the birth of a girl child too.
- Supporting the social change are the media houses and law enforcement agencies who work in tandem to create legal awareness on prohibited and punitive acts under the PC&PNDT Act and MTP Act.
- Decoys were incentivised to help raid clinics that were practising illegal sex determination and abortion. Raids were also conducted in liaison with the administration of neighboring states to trap quacks and doctors who ran, cross-border ops for sex determination practice.
- Also, through Anganwadi workers, ASHA workers, ANM/Lady Health Visitors (LHV), village coordinators and district coordinators, the surveillance was/is further strengthened. This involves closely monitoring expecting mothers by way of home visits to check on their overall health and wellbeing and

reasons for medical termination of pregnancy, if and when. This monitoring by the government authorities ensures that the expectant mother and the unborn child are safe and well protected.

- Efforts continue to involve district media for advocacy by following a 360-degree approach, with a focus on positive reinforcement of girl child and sustained local level engagement with the community.
- The state government has instituted an award of rupees one lakh for any person who reports of any practice of prohibited act as prescribed under Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.
- The State has barred the sale of Sex-Selective Drugs and sale of MTP kit without the prescription of Registered Medical Practitioner (RMP). The state of Haryana has also booked the first ever case of online sale of gender kits in the country

## RESOURCES UTILIZED



PC&PNDT-Beti Bachao Beti Padhao campaign has a proposed allocation of Rs. 280cr (FY 2018-19) vs GOI allocation of Rs.135.71cr(2017-18) (Source: Statement of Sh. Virendra Kumar, Union Minister of WC&D). In addition, finances were mobilized through Corporate Social Responsibility at the State level.

In Haryana, available financial, human, and technical resource are used beyond the concerned departments. Therefore, it has received widespread exposure across the state through mass media, IEC material like signage and slogan captioned on public transport and goods carrier on national and state highways.



"I have three daughters and expecting my fourth child.... I volunteered as a decoy customer to assist a raid on a clinic in UttarPradesh to protect girl child....I want daughters should be educated and empowered."Jyoti, Decoy Customer and mother of three daughters for PCPC&PNDT, Ambala.



**"IF WE CAN ERADICATE POLIO, WE CAN ERADICATE GENDER DISPARITY."**  
**DR. BALWINDER KAUR DEPUTY CIVIL SURGEON, KURUKSHETRA**



"Kurukshetra was known for Mahabharata War, now we have initiated a war to save the girl child on this land. Consequently, blocks in Kurukshetra like Ismabad, Durhaha, Shahabad, and Jhansa which had low in CSR in the year 2016-2017, now in the year 2018-2019 have crossed the mark of 900+ CSR."Dr. R.K Sahai, Deputy Civil Surgeon, Kurukshetra



"One reason of sex preference among people was right of the son to light his father's pyre for 'moksha'. Now in Haryana girls too are lighting the pyre of the deceased member of their family. Earlier people were also not aware that sex determination was illegal but stern and punitive action by the government to stop sex determination brought a change in the society. Awareness drives by the government

**"CREATE POLIO, WE CAN  
DISCRIMINATION TOO."**  
DISTRICT CIVIL SURGEON, AMBALA.



"....I have twice acted as a decoy customer to raid the clinics where the prohibited act of sex determination was practiced.... we ASHA workers aim to bring 'ASHA' (hope) to the government campaign of BBBP." Ms. Suman Lata, Block-coordinator, Shahabad, District Kurukshetra.



"I and my wife, Sarojni are expecting our first child and we just want our child to be normal and healthy. Earlier people were concerned if their horoscope reveals any possibility of a male child, but now there is a change in the trend. People are just concerned about a normal child who is healthy. If I am even asked now, I would not want to answer a question on sex preference of a child.Mr. Girish Chandra, Astrologer (Expecting father), Ambala.

## KEY CHALLENGES



The stakeholders in the campaign came across diverse challenges in the implementation. Some were even threatened for life. But this inspired them all the more to nab the offenders who practiced sex determination/sex-selective abortion.

- While there were legal penalties laid by the government it was evident that unless the mindset of the people was changed, the problem would recur.
- Sometimes cases became jurisdictional or territory barred, while sometimes non-cooperation of the other states delayed the operation or raids. Accordingly inter-departmental, and even interstate linkage to address the problem became essential.
- Pre-existing workload on the courts also interfered in timely delivery of justice. Special courts to help the process of courts timely and effective could help here.
- Pressure on expecting mothers by the family members in a matrimonial home too sometimes jeopardizes her, so to identify such homes are another challenge in the implementation of the scheme.
- It's important to remember that a change in the current political, administrative, and local leadership without a robust system, can also derail the current success of the campaign.

## REPLICABILITY & SUSTAINABILITY



Haryana has moved up rapidly from the lowest position among the States/UTs on the parameters of CSR. Today it is one of the top five states in India with an SRB of 914 (2017/18).

By 31st March 2019, 682 FIRs were registered against a

1000 plus culprits under the PC&PNDT Act and MTP Act (Source: Health department, Haryana)

Today the daughters of Haryana are excelling in both education & sports. More girls enroll in schools, and many excel in sports - even sports like wrestling, cricket, hockey, sports which were once considered 'male' sports.

While this is evidence of the success of BBBP in the state what makes it sustainable is

- the proactive monitoring of health of women in their first trimester. This helps to foil sex determination practices and termination of pregnancy without valid medico-legal reasons.
- Many districts, wards and blocks today are following the best practices adopted by successful districts like Kurukshetra to monitor and surveillance quacks, illegal medical practitioners, and sex-selective practices.
- At the grass root, Anganwadi workers, ASHA workers, ANM to the Chief Medical Officer, District Attorney, Child Programme Officer, Deputy Commissioner till Chief Minister office continue to resist the pressures of political patronage and the money power of quacks and unethical doctors.
- ASHA workers ensure no sex determination practice happens in their district by routinely and diligently tracking ante-natal checkups of expecting mothers even in the deep interiors.
- Collaborative action of the health department, police and law implementers to conduct intra-state and inter-state raids.

# IN CONCLUSION

For a just and equitable society, the girl child must be valued. And for a world that seeks sustainability it becomes even more imperative.

Evidently this needs an attitudinal correction for our largely patriarchal society as well as legal intervention. While the former takes time, systemic changes can reap quicker and encouraging returns.

This case celebrates the correct implementation of the Medical Termination of Pregnancy Act, 1971 and PC&PNDT Act, 1994, leading to a hugely improved Sex Ratio at Birth (SRB). The state which was once languishing at the bottom of the heap with a poor SRB has shown a dramatic improvement. Going forward, the resounding success of this leads us to some very encouraging best practices.

1. When the state commits to a cause it will achieve it unfailingly. That the CM, Additional Principal Secretary to the CM and DC of Districts were at the forefront of the campaign, ensured that all plans were successfully implemented.

2. The experience of Ambala and Kurukshetra proves that involvement of various stakeholders and an integrated approach and coordinated action can reap rich dividends.

3. To make the plans comprehensive it is imperative that all stakeholder's are repeatedly sensitized plus legislative changes and law enforcement are carried out effectively. Such a comprehensive action makes it sustainable and replicable.

4. Yet none of this would have been possible without the ceaseless efforts of village & block representatives and ward & district coordinators. It was their sincere and hard work that arrested the declining CRB and SRB to put it on an upward curve. It's clear now. The responsibility of protecting the girl child rests with one and all.

## Theme

Prevention from Sex Selective Elimination of Girl Child and Educate the Girl Child

## Nodal Implementing Agency

Women and Child Health Department, Department of Health and Family Welfare,

## Geographical Coverage

All Districts of Haryana State

## Target Group

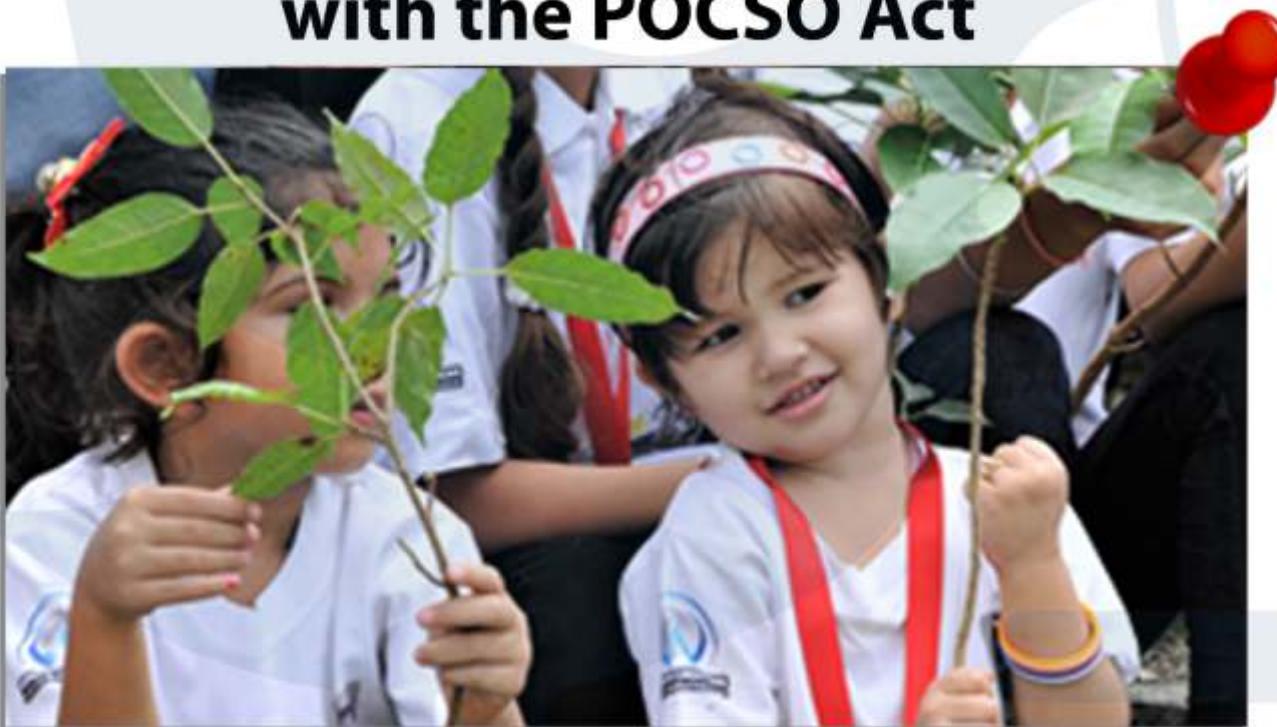
Additional Principal Secretary, Deputy Commissioners, Commissioner of Police, Superintendent of Police, CMO's along with the office bearers from Chief Minister Office, village coordinators and district coordinators Anganwadi workers, ASHA workers, ANM/ Lady Health Visitors (LHV), Doctors, Protection Officers, School Teachers, Parents, Young married couples, Girls of marriageable age & Adolescent Girls.

## Years of Implementation

2015 to present date



## **Protecting the young ones with the POCSO Act**



**TRANSFORMING HARYANA THROUGH SDG IMPLEMENTATION**

**SDG 16 : Peace, Justice and Strong Institutions**



**SDGCC**

SUSTAINABLE DEVELOPMENT GOALS  
COORDINATION CENTRE

# POCSO ACT AND COMMITTED ENACTMENT PROMPTS SAFE CHILDHOOD IN HARYANA

## *An Abstract*

To check the heinous crimes of sexual abuse and sexual exploitation of children, the Ministry of Women and Child Development devised and applied stringent legal actions under the Protection of Children from Sexual Offences Act. Protecting its children is on priority for Haryana and the government was able to use the provisions of IPC, 1860 effectively. The Act defines a child as any person below eighteen years of age, and regards the best interests and well-being of the child as being of paramount importance at every stage, to ensure the healthy physical, emotional, intellectual and social development of the child.

Major constraints in the past had been low outreach of the legislation, harassment of the victims, low conviction rate and poor interdepartmental coordination in follow up of cases

But, the recent innovative implementation of strategies by the state has been a welcome change. Time-bound investigations, trial and disposal of appeals, restrictions on bail, new fast-track courts, and special forensic labs, have all given teeth to the law.

These tactics and their results are what this case study chronicles. But their true impact can be witnessed in the smiles of the young ones of Haryana.



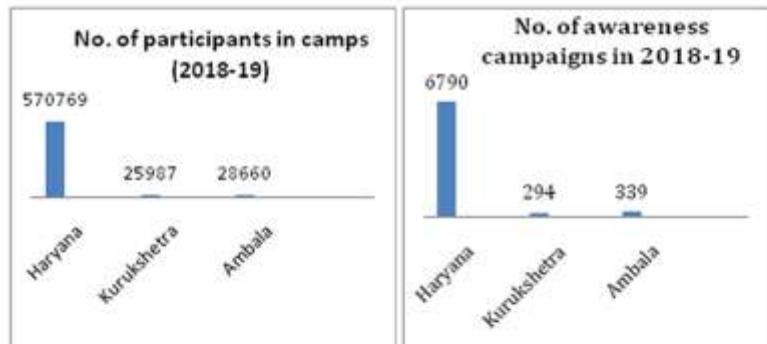
# PROTECTING THE CHILDREN OF HARYANA FROM 'BAD-TOUCH-UNCLES'.



India is a signatory to the United Nations Convention on the Rights of Children to ensure that no child is coerced into any sexual activity. Yet because of the social stigma attached to sexual abuse, family prestige, and often a delicate relationship between victim and perpetrator", victim children don't share their plight and the offenders go scot free or even if they crime is reported the acquittal rate remains high.

Haryana Government enforced the POCSO Act 2012 to address the issue. Experience was that enforcing the Act brought the spotlight on the child sexual abuse and therefore the media attention it deserved. But the social stigma attached to sexual abuse, family reputation, and the often-seen delicate relationship between victim and perpetrator put pressure on victims to keep quiet about the abuse. Consequently, despite progressive law and active agencies, cases of child sexual abuse went unreported and acquittal rate of the culprits remained high.

The state government implemented victim-friendly strategies to address the above issues. It also initiated pilot projects in 18 districts, i.e. Panchkula, Kurukshetra, Karnal, Yamunanagar, Hisar, Sirsa, Fatehabad, Rohtak, Bhiwani, Jind, Kaithal, Rewari, Mahendragarh, Ambala, Gurgaon, Faridabad, Palwal and Mewat to create awareness.



Source: WCD, Haryana

The Women and Child Development Department took the lead and appointed a nodal officer to ensure regular reviews with the District Headquarters. The Chief Minister Office too personal interest and conducted monthly meetings to receive timely updates on the project. Consequently, in 2018 the state observed an increase in conviction (32%) and appeal (25%) rate from up from 15% conviction and 10% appeal rate in 2017.

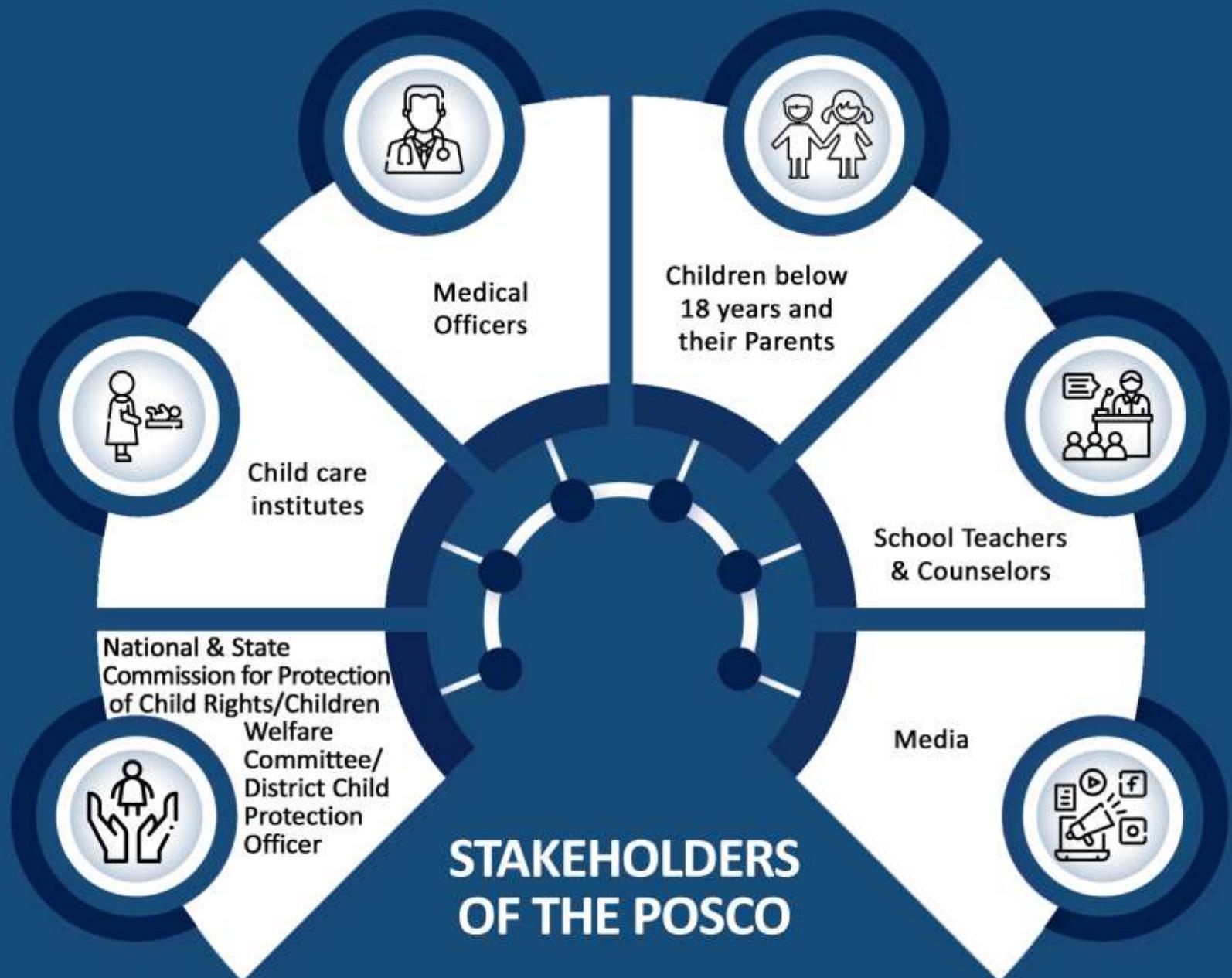
## OBJECTIVES



The overarching objective of the Government was to provide the protect the children of Haryana a healthy childhood by protecting them from sexual violence. A three-pronged strategy was devised to achieve this goal.

One, to educate stakeholders. Two, to give the law teeth by well defined by-laws. And three, an integrated action by the judiciary, police and woman & child development departments.

# KEY STAKEHOLDERS OF POCSO ACT, 2012



## KEY STAKEHOLDERS



The most important stakeholders are individuals that a child looks up to such as the parents, teachers, counsellors, coaches and extended family. Accordingly these stakeholders were sensitized about sexual abuse of children from predators; about good touch and bad touch, and were encouraged to share the same with their children/wards.

Haryana State Commission for the Protection of Child Rights, Haryana Woman and Child Welfare Department, Children Welfare Committee, District Child Protection Officer, special juvenile Police unit, Child-friendly special courts, Special Prosecutors, Judicial officers, Medical Officers, Educational Institutes, childcare institutions were the other stakeholders that played an integral role.

Media too was educated and played a vital role in creating awareness.

## IMPLEMENTATION STRATEGY



To provide swift justice and to protect the anonymity of the abused child the Government of Haryana put into place various initiatives:

- Appointment of the nodal officer to monitor/review & track every POCSO case.
- The Chief Medical Officer along with District Attorney and Superintendent of Police conducted joint meetings every month with the Chief Minister for reviewing these cases.
- The Woman and Child Development department intensified awareness campaigns in schools and communities of all districts of Haryana. For instance, in Ambala,

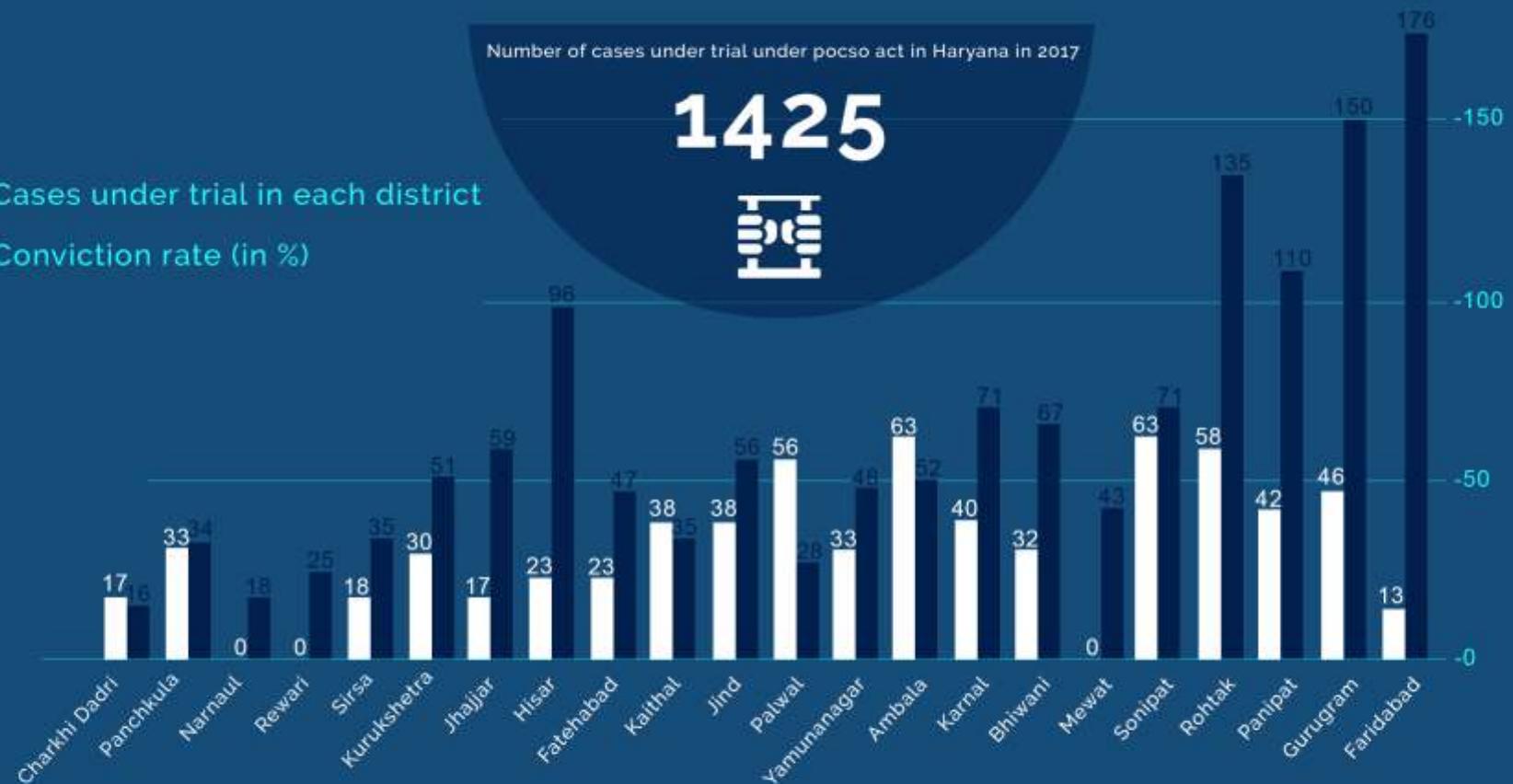
a total of 339 awareness camps were organized with 25987 participants. Similarly, in Kurukshetra, 294 camps were organized with 28660 participants for the awareness of the POCSO Act, 2012.

- 'The Sakoon (peace) Centres', introduced by the Women and Child Development Department of Haryana Government, within the civil hospital premises played a critical role in identification, counselling and redressal of survivors of child sexual abuse and their family.
- Additionally, 'Child Helpline-1098' provided round the clock telephonic outreach for the distressed children.
- Various child-friendly creative methods were employed to develop Information Education Communication (IEC) material for awareness generation. For instance, a snakes & ladders board was devised which playfully sensitizes the child to distinguish between a friendly touch to that from a violating touch. Furthermore, teachers and school staff were instructed on how to counsel vulnerable children too.



- The government of Haryana also set up special courts at the district level for the trial of cases under the POCSO Act, 2012. Special video conferencing rooms were arranged in the court for direct communication of the victim with the special judicial officer or magistrate, to reduce any public scrutiny the victim or the victim's family might face.

# NUMBER OF CASES UNDER TRIAL UNDER POCSO ACT IN HARYANA IN 2017



## RESOURCES UTILIZED



Besides the budget provided under centre and state sponsored schemes to the Women and Child Development department of Haryana, the following resources were put to use:

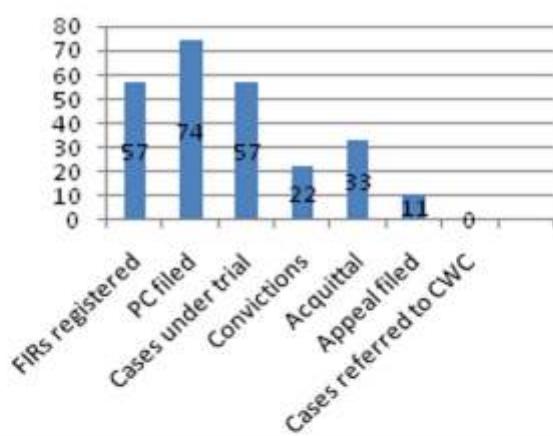
- All concerned human resources from various departments (WCD, Police, Hospitals, Shelter Homes, Judiciary, Schools, CM office, SakoonCentres) were at disposal.
- Special homes with multi-departmental facilities under one roof comprising of counselling, education and medical facilities for survivors were made.
- Interim relief in terms of Medical fee and Legal Services incurred by the victim.

## IMPACT

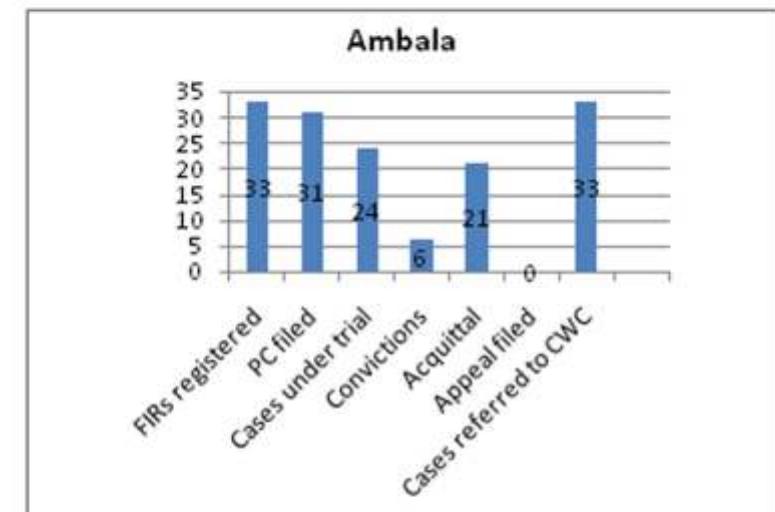


There was a significant growth in conviction rate from 15% (2017) to 36% (2018).The acquittal rate too dropped from 25% in 2016-2017 to 14% in 2017-2018. Two districts that stood out were Kurukshetra and Ambala.

**Kurukshetra**



Figures 2 and 3 : Progress in implementation of POCSO Act in 2016-17 in district Kurukshetra & Ambala (which were visited for the study)



Through 'SakoonCentres' many cases were addressed where the victim was identified by the Medical Officers and counsellors in the Civil Hospitals and later, the cases were reported to the police and CWC.

In many cases, the counsellors successfully redressed the grievance and helped the survivors to overcome trauma. Counsellors in 'Sakoon' centre also counselled the affected family by providing them with adequate help.

Doctors and counsellors today feel empowered to promptly attend the cases of child sexual abuse and report the issue to police and Child Protection Officer as soon as it is brought into the light.

The police investigate the cases and report within 24 hours to the special magistrate & child welfare committee.

Haryana has seen an increase in the number of FIR lodged over the years from 1008 in 2016-17 to 2107 (2018-19) FIR's have been registered respectively.



"A girl, age 16 from Ambala was abused by her local guardian. We, at Sakoon centre got a zero FIR registered against the accused and did counselling of the girl. With the help of Sakoon centre and her family, she was able to recover from the trauma and continuing her study".

District Social Worker, Sakoon Center, Civil Hospital, Ambala.



"We are putting in our efforts to protect children from sexual offences ...running awareness camps in schools on good touch and bad touch...I along with the District Attorney, Chief-Medical-Officer and DSP, hold a monthly joint meeting to monitor the implementation of the act and plan out strategies for protection of children."

District Protection Officer



**"WE ARE ORGANIZING MANY TRAINING  
DISTRICT OF HARYANA ...INTRODUCED  
LADDERS BASED ON POCSO ACT AND A B  
ZIMEDARI' TO SENSITIZE CHILDREN  
PROGRAMME MANAGER (TRAINING, IEC &  
P**

"Prior to the implementation of the POCSO Act, 2012, the incidences of child sexual abuse were high but most of the time they went unreported. After the implementation of the POCSO Act, the cases are reported and are decreasing in number due to the fear in the mind of wrongdoers. In addition to this, the firm implementation of the POCSO Act, stern action and deterring punishment under the act, prevent the predators to commit sexual offences against children."

Deputy Director of Women and Child Department, Panchkula.





"Ambala is very stern in action for any offender who commits an offence of child sexual abuse. Recently, an owner of a hotel in Ambala too was nabbed for concealing an act of sexual abuse of a minor girl by an adult man who took a room in his hotel and sexually abused the girl. The offender was arrested along with the hotelier who concealed the fact of child sexual abuse in his hotel. Under the POCSO Act there is a mandatory reporting of the offence by any person who is aware of any occurrence of child sexual abuse."

**District Attorney, Ambala**

**"WE HAVE CONDUCTED TRAINING & AWARENESS PROGRAMS IN EVERY DISTRICT. WE HAVE ALSO INTRODUCED A GAME OF SNAKES AND LADDERS FOR CHILDREN. WE HAVE ALSO PUBLISHED A BOOK CALLED 'MERI SURAKSHA MERI KAMLA' TO EDUCATE CHILDREN TO KEEP THEMSELVES SAFE."**  
**(DCPO, DCCP (Child Protection & Advocacy), PANCHKULA, HARYANA.)**



"It's been seven years since The POCSO Act has been implemented. Earlier rarely any case of child abuse was registered, the cases of child abuse were hidden or ignored. Now, parents get the cases of POCSO registered, and if the family of the survivor of child sexual abuse is not supportive, we ensure proper counselling and convince them to support zero tolerance for child sexual abuse.  
**DCPO, Yamunanagar.**



"Increase in reporting and monitoring of the cases has strengthened the POCSO Act. Courts are deciding cases of POCSO within a year. The conviction rate under POCSO Act has increased in the district Kurukshetra. The appeals against the acquittal too has improved in Haryana."

**District Attorney, Kurukshetra**

## KEY CHALLENGES



Children are a vulnerable community, who are often not aware of the intention or act of offenders. Under the guise of well-wishers many prey on the innocence of the victims.

To add to this the complexity of our social fabric where the culture of silence prevails over the issue of sexual offences. And there are other systemic issues too.

The key challenges in the implementation of Protection of Children from Sexual Offences (POCSO) Act, 2012 are

1. Several cases go unreported that allow these heinous predators roam freely in society.
2. In many cases, victim/witnesses turn hostile due to pressure/threat made by the offender.
3. Children are sometimes too naive/timid to report the issue.
4. Fewer appeals are preferred by the State government in referring the matter to Higher Courts on the pretext of insufficient evidence.
5. There is a huge workload on Special Courts.

## REPLICABILITY AND SUSTAINABILITY



Successful implementation of POCSO Act in a socio-culturally complex context sets an example for other states to explore systemic changes and approaches that have been applied in Haryana.

The biggest factor that brings systemic response against Child Sex Abuse in Haryana is direct and regular involvement at the highest level.

The process provides an opportunity for the frontline workers to remain prompt and motivated as their work gets deserving recognition.

Care and attention provided through psychological, legal, medical, financial means like "Sakoon Centres" Shelter Homes, Special Courts, and Schools leave the victims a sense of reassurance.

The strength of implementation of POCSO Act in Haryana lies in providing a timely remedy to the survivor and the survivor's family.

A statistical rise in the number of reported cases, increased conviction and appeal rate communicates a rising confidence among victims for justice; and fear in the hearts/minds of the perpetrators.

# IN CONCLUSION

Safe and healthy childhood is a basic prerequisite for a strong nation. We are at a time in our country's history, where serious open discussion on child abuse can and is taking place. Central laws and their level of enactment by the sub-national governments portray the real picture on the ground.

Haryana's commitment to protecting its children by building strong institutions is an example as to how law can be given sharper teeth to bite into the underbelly of the societies ugly side.

The three best practices that stand out are:

1. It was evident that many cases of child sexual abuse were unreported in the past due to various socio-cultural and economic factors. However, integrated and coordinated efforts emanated because of involvement at the highest levels in state.
2. The success of the scheme is a result of multi-pronged strategies and efforts. The strategy to move forward with an integrated approach involving all concerned departments was key.
3. The committed involvement of all concerned government departments also went a long way in making this a best practice. The nodal department, Women and Child Development, was empowered and monitored all coordination with individual grassroots authorities and departments, i.e., police, judiciary, shelter-homes, and hospitals.

The road ahead maybe long but the trends are encouraging. The replicability and sustainability of the scheme augurs well for a safe and happy childhood for all in the state in the near future.



## Theme

Protection of Children from Sexual Offences Act, 2012

## Nodal Implementing Agency

Women and Child Development, Judiciary Nodal Implementing Agency

## Geographical Coverage

All Districts of Haryana State

## Target Group

Children below the age of 18 years

## Years of Implementation

2015- present



## A State Free From Open Defecation!



TRANSFORMING HARYANA THROUGH SDG IMPLEMENTATION

SDG 6 : Ensure availability and sustainable management of water and sanitation for all

# HARYANA IS NOW OPEN DEFECATION FREE THANKS TO THE SWACHH BHARAT ABHIYAN

## *An Abstract*

On the 2nd October 2014 the Government of Haryana launched the Open Defecation Free (ODF) Haryana scheme under the flagship programme of Government of India -

'The Swachh Bharat Abhiyan.' The goal was to eradicate the practice of open defecation by December 2017. At the beginning of the ODF scheme, only 72% of the total household in Haryana had toilets, but by June 22, 2017, Haryana proclaimed itself as an Open Defecation Free (ODF) state. In just about 32 months an additional 8,00,495 household in Haryana were using toilets.

The game-changer was the state's decision to not view this as a toilet construction scheme but instead bring about a behaviour change. This decision when followed by innovative approaches at the ground level resulted in extraordinary measures that are today folklore.

The entire machinery of the Government of Haryana, down to the PRIs, was sensitized and involved in the scheme's implementation and monitoring. Being a community-led initiative the scheme was quick to receive wide-spread acceptance. This case study provides a deep dive into best practices that could help achieve a goal well before the deadline despite deeply entrenched community practices.

The Haryana implementation of ODF is a lesson in implementing a sustainable community behavior- change programme.



## LUXURY OR A BASIC NECESSITY?



Increasing access to sanitation in a country by 50%, while controlling for income leads to more than 9 years of additional life expectancy\*.

High-income countries have close to 100% sanitation with zero open defecation practices. With such better sanitation practices there is a 60 per cent drop in the number of water and sanitation-related diarrhoea cases being treated by antibiotics.

Almost a quarter of all children under five years of age who died of diarrhoea in 2012, lived in India. India also has the largest number of stunted children in the world (approximately 61 million) and a reason cited for the same is open defecation.

With the successful implementation of the scheme, the ground-level situation completely changed in 6205 Gram Panchayats of 22 districts of Haryana. We often fail to distinguish between necessity & luxury. Beneficiaries at the community level expressed what it meant to have a toilet in their house. For 42-year-old Sushma, luxury meant the ability to use the toilet whether she had her periods or not, whether in the rain or cold or fog or the burning Sun. For newly married Ankit, luxury was to provide his wife with a toilet in the home with running water at all times.

For 86-year-old Nirmala Devi bent with age, a toilet within walking distance meant retaining her independence as she could hobble over with her sprained foot causing trouble to none. Such were the accounts of over 8 lakh houses who did not have toilets in Haryana before the scheme's implementation. It is children, women & old people who bear the heaviest burden of poor sanitation & open defecation.

Open defecation is a menace which affects the masses in every community and every village of Haryana. And this case study is about how to influence behavioural changes so people could use toilets to make the state ODF.

\*Source: London Review of Anit-Microbial Resistance 2014

### OBJECTIVES



#### Open Defecation Free Haryana

The Swachhta Abhiyaan was initiated by the Prime Minister on 2nd October 2014. Common targets were set for each state of the nation. But Haryana stood out in achieving its goal and turned out to be an exemplary story. The success of the state is not due to the 8,00,495 toilets that were constructed, or the amount of money spent towards the cause, but the behavior it changed.

The Haryana Government understood that unless the root cause was addressed it would be a short- lived fix. Studying this scheme and how it was rolled out brought to fore the multi-pronged strategies that focused on the behaviour change. This preceded everything else. Innovative strategies, which were suitable to the local context, were then put in place. This case study records the initiatives and practices that helped achieve this on how did the possible happen.

Rooted in religious beliefs, and sometimes even superstition, Open Defecation (OD) is an age-old practice in India. Unfortunately it has adverse implications on the individual's and the community's health. The most important goal of the Swachh Bharat or Clean India Mission was to end open defecation forever in all villages by 2 October 2019 – the 150th birth anniversary of Mahatma Gandhi. The strategy for making the villages ODF was by adopting community-based approaches.

## KEY STAKEHOLDERS OF THE CAMPAIGN

Campaign held at the villages

4am rounds by the members of Nigrani Samitis, AWW and ASHA workers

Dusk rounds in the community to check for those going for open defecation

Visiting their homes to counsel them and motivate them to build toilets

Identifying the people defecating in the open

Continuation of the process even after declaration of ODF status to ensure sustainability

School Children carrying out rallies

## PROCESS OF THE CAMPAIGN

## KEY STAKEHOLDERS



The scheme was implemented effectively because it sought a buy-in from all involved stakeholders. It was this integration that resulted in the sincere and committed efforts from Elected Representatives of Panchayati Raj Institutions, Anganwadi workers, ASHA workers, School children and teachers, Nigrani Samitis, social leaders, social organisations, Government officers and the people of the entire community.

UNICEF India was also a key partner in the Government's flagship programme to achieve the target of making villages ODF through the Swachh Bharat Mission (SBM).

## IMPLEMENTATION STRATEGY



The implementation was done in campaign mode – intensive work spread out over a short duration. Discussion with various people in the community, the beneficiaries of the scheme as well as government staff brought out the best. From school children who conducted rallies for awareness, to government officers who were actively involved for ground-level monitoring. As also the Anganwadi workers (AWW), ASHA workers along with motivators who went house to house to teach people the importance of using the toilets. Everyone pitched in.

In the first stage, the individuals who didn't have toilets in their homes were requested to use the toilets of the community like in the Anganwadi or School so that they could familiarize themselves with the use and importance of toilets. In the process they understood the severe harm, they were causing themselves & their community by open defecation.

This education was an eye-opener for them. Soon with regular usage the target groups also became comfortable using the toilets. At a later stage, they build the toilets at their homes making the scheme sustainable.

### Approach

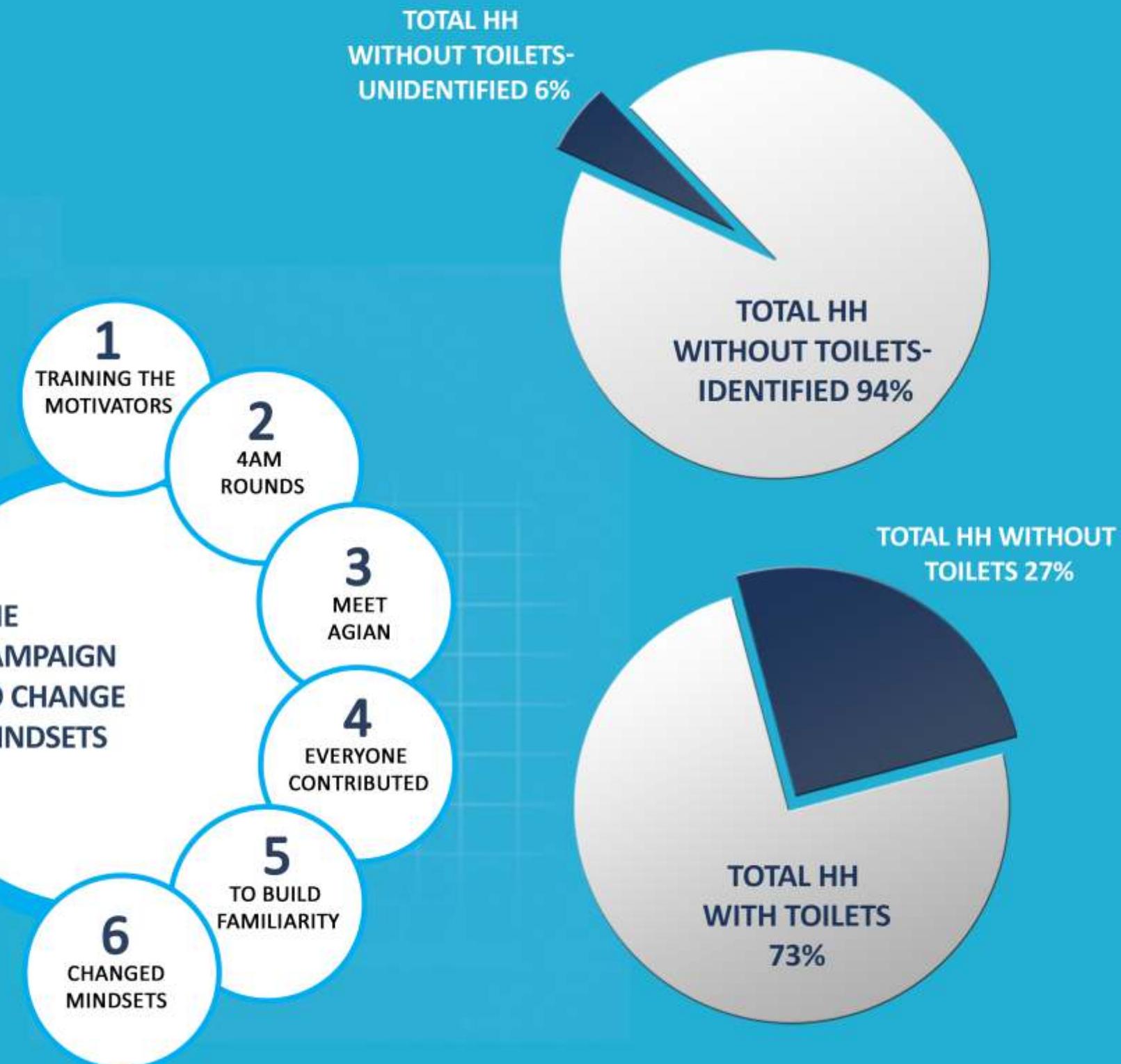
A State-Level Two-Day training program on Community-Led Total Sanitation (CLTS) approach was organized with the following objectives:

1. Understanding the factors that contribute to the practice of open defecation (OD)
2. Conceptual understanding of Socio-Ecological Model (SEM) & Social and Behaviour Change Communication approaches (SBCC)
3. Knowledge of Community Approaches to Sanitation (CAS) to achieve effective and sustainable sanitation and hygiene outcomes
4. Ability to map key stakeholders & develop communication capacity development plans
5. Understanding of IEC guidelines of SBM (G) and how to develop comprehensive district IEC/ BCC plans
6. Understanding of the importance of integrated district level IEC/BCC planning within the District Swachhta Plan for effective implementation of SBM (G)

With this approach the following activities were conducted.

- At 4 am when people would wake up to go outside to answer nature's call, they would be met by the ODF campaign staff. They would advise them to not go outside. While they could not prevent them from going outside they noted their names and then did household visits to motivate them during the day to use a toilet.

# TOTAL HH WITHOUT TOILETS IN HARYANA = 7,17,351



## IMPLEMENTATION STRATEGY



- Morning and evening follow-ups by the Nigrani Samitis and PRIs in which the social workers and ASHA workers went from house to house to motivate the people and tell them the importance of having and using toilets at home. They maintained records for each contact.
- School children and school teachers conducted Swachhata rallies to teach people how to use toilets.
- Social mapping was done to help officials understand the mind-sets of the people so that they could plan appropriately.
- Deputy Director Panchayat of Haryana State provided insights to make it a community campaign in which the whole state of Haryana was involved.

## KEY SUCCESS FACTORS



1. Sanitation – Sanitation schemes had been introduced several decades back in Haryana with the Total Sanitation Campaign (TSC). This helped the staff to set the wheels rolling when Swachhta Abhiyaan was declared.
2. Technology – The growth of technology, as well as media, allows information to reach each village and villager very fast. People would have realized that they are part of a huge movement and would have contributed.
3. Economic Edge – The people of Haryana are economically better off. Hence, they are willing to get the toilets made once they understood the importance of having one.
4. Eligibility to become the Sarpanch – Two integral changes were made in the eligibility criteria that helped too. i) The education requirement was raised up to 10th Standard. ii) The quota for woman Sarpanch meant that the scheme reached out to women as well.

5. Grassroot Movement – It was a scheme that was a community-led movement. District, block, cluster coordinators were actively engaged along with the motivators which were selected at the village level. To achieve ODF status it necessitated not only access and utilization of a toilet but also its safe disposal as well as hygienic practice of washing hands after defecation with soap.
6. Micro Planning at the Village Level – The district's social maps provided a bird's eye view of focus areas. This map helped to plan the required actions.
7. Campaign Mode – The scheme was rolled out in a fortnight-long campaign at the village level. This was assisted close monitoring and follow up by the Government machinery.
8. Verification of ODF Status – ODF verification was done by the termination of faecal-oral transmission, defined by a) no visible faeces found in the environment/village b) every household as well as public/community institutions using safe technology option for disposal of faeces

## RESOURCES UTILIZED



Haryana Government allocated a budget of 41, 104 lakh rupees from 2014 to 2017 under SBM-G scheme. The expenditure on the ODF scheme was Rs. 21,960 lakh. The scheme continues even after 2017 as ODF+.

A well-designed stepwise strategy was crafted to roll out the scheme and an NGO selected by the Government trained officials.

The motivation was provided at multiple stages. The initial set of trained trainers such as Motivators, Anganwadi Workers, ASHA workers, Religious Leaders, and School Teachers. These trainers then trained and involved housewives, students and villagers.

“Everyone contributed, right from the elected representatives of panchayati raj institutions, anganwadi workers, asha workers, school children & teachers, nigrani samiti, & government workers – everyone!”  
- Deputy Director, Panchayat, Haryana State



**“BECAUSE IT WAS DESIGNED AS A SCHOOL OF BEHAVIOUR CHANGE THE COMMUNITY CONSTRUCTION”**

**- CHANCHAL SHARMA, BLOCK COORDINATOR, PINJORE, HARYANA**

The officials asked people to come for a meeting along with their excreta. This was compulsory. Left with no choice, people turned up with their excreta. This was then put to one side. The government official

"I would like to thank the Govt. of Haryana for the reward of Rs. 1,20,000 to our village for sanitation efforts."

- Chanchal Sharma, Block Committee Member, Pinjore, Haryana

**"A MEETING WHERE PEOPLE HAD TO SHOW  
THEIR EXCRETA DID NOT VIEW THIS AS A TOILET  
CONSTRUCTION SCHEME."**

**BLOCK COMMITTEE MEMBER,  
HARYANA**

also had a box of sweets. This was kept to one side open. As the meeting progressed, the excreta attracted flies, which sat everywhere, including on the sweets. This proved to be an eye-opening session

## IMPACT



Haryana has a long list of achievements to its credit.

It was the first state in the country to achieve 100% rural electrification in 1970. First in the country to link all villages with all-weather roads. First in the country to provide safe drinking water facilities throughout the state.

On the 22nd of June 2017, Haryana was declared as the 5th Open Defecation Free (ODF) state of India under the Swachh Bharat Mission Gramin. Poor sanitation is also correlated with poorer hygiene practices, therefore greater chances of infection which again is a contributory factor for increased antimicrobial resistance. With Haryana, becoming open defecation free and change in behaviour, the health impacts are multifold besides the increased life expectancy for its people.

The success of this campaign will result in better health of the children of Haryana, who will now grow up in cleaner surroundings, observe better hygiene practices and have access to a safe clean toilet facility.

## KEY CHALLENGES



The state was faced with two challenges: Sustainability and Solid Waste Management. For Haryana to maintain its status as an ODF state, there needed to be integral behavioural change in the state. So although there was round the clock system to convince people to use the inside toilets, primal changes needed to be made in the way people think.

The second problem was Solid Waste Management. Haryana needed better ways to manage its solid waste so that it does not harm the environment in any other way. They needed solutions that would make Haryana an eco-friendly state.

Hence it then moved from Open Defecation Free Haryana to ODF Plus Haryana which is an extension of ODF. The ODF Plus aims at solid waste management in the villages, along with the collection and transportation of biodegradable and non - biodegradable waste.

## REPLICABILITY & SUSTAINABILITY



As behaviour change was the focus, sustainability comes automatically. The toilet construction in Haryana was looked at as a means to an end of making Haryana open defecation free. And this behaviour change will make it possible for these best practices to continue for long.

- The fact that the community whole-heartedly participated, including opening its resources to make change happen, contributed to the sustainability.
- Certain community members became motivators who volunteered to go around the village to convince people to use toilets.
- The members of the community were made to use the toilets in Anganwadi centres or schools to make them comfortable and aware of the concept of toilets.
- Sarpanchs and influential families of the village helped those who could not afford to pay for the construction.
- Since toilets were not provided, maintenance of the toilets was the responsibility of the household, and so; the formation of Nigrani Samiti assisted with close monitoring.

# IN CONCLUSION

In the process of making the scheme a success, the state of Haryana beheld a social change. The policy for implementation at a ground level could be witnessed. This certainly is not just an example of a great roll out of the ODF scheme but has exhibited several good practices not only for replication but for the roll-out of any Government scheme. They are:

## 1. The Correct Strategy

Government rightly implemented the scheme as one for behavioral change, and not toilet building.

## 2. Grass Root involvement

Involving and encouraging all stakeholders to participate was one strong reason for success

## 3. Planning: Mapping

the community and then taking deliberated actions was another mainstay of the case.

## 4. Innovation

The innovative ways the issue was approached on the ground is now folk-lore

## 5. Use of technology

A Google application which is part of the toilet locator on which public toilets of Haryana are shown and rated for their cleanliness.

## 6. Third-party verification

Verification via Quality Council of India ensured transparency of ODF status.



### Theme

Protection of Children from Sexual Offences Act, 2012

### Nodal Implementing Agency

Women and Child Development, Judiciary Nodal implementing Agency

### Geographical Coverage

All Districts of Haryana State

### Target Group

Children below the age of 18 years

### Years of Implementation

2015- present



## Health gets an ally in ANMOL Tab!



**TRANSFORMING HARYANA THROUGH SDG IMPLEMENTATION**

**SDG 3: Good Health & Well Being**



**SDGCC**  
SUSTAINABLE DEVELOPMENT GOALS  
COORDINATION CENTRE

# BETTER HEALTH CARE WITH TECHNOLOGY IN THE 21ST CENTURY

## *An Abstract*

Suman, one of more than 2,000 Auxiliary Nurse Midwives or ANMs in Haryana, walks miles each day to attend to expecting mothers and newborns. However, instead of an unwieldy bundle of papers, she carries a remarkably simple piece of technology called ANMOL.

ANMOL is a tablet that helps ANMs like Suman with not only data capture and record-keeping, but also a range of other tasks including beneficiary validation, health monitoring, and even counseling.

Today, 3 years since its inception, ANMOL has proven its mettle and has become an indispensable part of the ANM's life. It has given a new fillip to health-workers' efficiency and revolutionized the state of pre- and post-natal care in rural Haryana.

The Haryana government's focus on infusing technology into otherwise manpower-intensive healthcare activities has already started showing results with a drastic reduction in data errors and improved quality and timeliness of various healthcare services from preconception to postnatal stages.

This case study charts the progress made with ANMOL, its impact on the state of healthcare, and various strategies adopted by the state government to further improve the program's efficacy.



# USING TECHNOLOGY FOR BETTER HEALTHCARE

In 2017, the Government of Haryana launched ANMOL (ANM Online), a tablet-based software built to eliminate redundancy, automate data processing, and empower healthcare personnel for improved throughput.

An auxiliary nurse midwife is a village-level healthcare functionary, each catering to between 3,000 and 5,000 mothers and newborns. ANMs play a crucial role in rural Haryana's maternal healthcare, and data collection plays a crucial role in their activities. Gathering and recording data on around 200 key indicators involved a mountain of paperwork, and was prone to human error.

This is the niche ANMOL was conceived to fill. Putting the power of technology in the hands of grassroots-level healthcare workers was key to making them not only more efficient and accurate but also free for other allied activities such as counseling and education on subjects like family planning, nutrition, immunization, etc.

An initiative with such a direct positive impact on the health and longevity of millions of mothers and infants all over the state was no mere luxury, it was a moral imperative. With the diligence and incredible policy will of the Ministry of Health for Haryana, this initiative wasn't just conceived but also executed. The result was ANMOL.

This case study endeavors to map out the inspiring journey of ANMOL from idea to implementation, the multiple ways it's benefitted the state of maternal healthcare in rural Haryana, and the impact it's had on

the typical ANM's daily life. It also lays out how the interface has been carefully designed for quick adoption with minimal training.

## OBJECTIVES



The core objective of the ANMOL initiative in Haryana is to improve the quality of pre- and postnatal healthcare in rural populations by empowering first-line functionaries with technology.

The program aims to streamline ANM activities by:

1. Reducing redundancy — The centralized nature of digital technology enables us to reduce, rather eliminate, all kinds of data capture at all levels. There simply isn't any need to copy the same pieces of health information for different stakeholders because everything is available for perusal off a central server with the click of a few links.
2. Reducing paperwork — Digital storage of data also means elimination of heavy, unwieldy paperwork that weighs down an ANM the most. Reduced redundancy further eliminates paperwork that would've been involved in multiple photocopies and manual copying of data. Essentially, the system takes most recordkeeping overheads off the ANM's and other personnel's shoulders. This also means near-instant data update and retrieval for a more time-critical action.
3. Minimising input errors — Elimination of redundancy in data capture also improves data integrity because fewer the steps, fewer the input errors. And even if errors do creep in, they're easier to fix due to a single point of entry.

# KEY STAKEHOLDERS

## Funding agencies



Govt. of Haryana



UNICEF



SWASTHYA



PHFI

## Beneficiaries



ANMs



Ministry of Health



Pregnant women



Newborns & mothers

## KEY STAKEHOLDERS



ANMOL is an ambitious project, with close hardware-software integration being key to its success. Being a major paradigm shift, the program necessitated a comprehensive training campaign to ensure wider adoption.

To begin with, the government huddled with the various functionaries of the Ministry of Health and Family Welfare, UNICEF, SWASTHYA, and the Public Health Foundation of India (PHFI) under the flagship program of the Chief Minister of Haryana.

The program was jointly funded by the state government, UNICEF, SWASTHYA, and PHFI for two key beneficiaries: the ANMs, and women and children of Haryana. The collective endeavor of all these stakeholders lent the program a smooth streamlined implementation in some of the most vulnerable communities across the state.

## IMPLEMENTATION STRATEGY



The campaign is the result of convergent action between the Ministry of Health and Family Welfare, UNICEF, SWASTHYA, the Public Health Foundation of India (PHFI), and more than 2,000 Auxiliary Nurse Midwives across Haryana. The initiative was jointly funded by the state government and UNICEF.

The entire operation - including device provisioning, troubleshooting, training, and maintenance - was outsourced via an open tender to Datamini Technologies, a fully Make-in-India compliant business. Per the agreement, Datamini manufactures the proprietary hardware (officially named Jannuti Pad) which is then rented out to the Haryana Government for ₹1,800 a month. Datamini is also entrusted with ensuring the seamless availability of these devices in every ANM's area of work.

To that end, Datamini has appointed several Block Data Officers whose job includes on-ground support and maintenance services for all Jannuti Pads in their respective areas. These tablets run the ANMOL app and come pre-installed with state-of-the-art security features such as barcode and magnetic card readers, along with an Aadhaar-approved fingerprint scanner. Jannuti Pads sport an ergonomic rugged form factor with extensive field use in mind.

Approximately 2,735 Jannuti Pads were distributed to the ANMs in 60 locations across 22 districts statewide in 2 phases. Of these, 600 were distributed in the first phase while the remaining 2,135 in the second phase. In total, this comes to a gross annual expenditure of about ₹6 crore towards rentals. On-site Block Data Officers provide training on these tabs and also answer troubleshooting calls from ANMs in case of any problems.

The initial product training was extensive and lasted as long as 18 months in order to ensure thorough absorption and comprehensive practice.

Before first use, the Jannuti Pad needs to be installed with the ANMOL app, the heart and brain of the entire workflow. Once installed, the tablet is ready for field use. Before each use, the ANM needs to login to their account using their login credentials.

Each Jannuti Pad comes with setup helpline numbers printed on the back. ANMs can call these numbers for any emergency or servicing issues. These calls are answered by Datamini's Block Data Officers who provide not only repair and replacement services but also training and refreshers for existing and new ANMs. All BDOs work under close government supervision to ensure smooth and lapse-free functioning.

# IMPLEMENTATION



A screenshot of the 'Work Plan' section of the mobile application. It features a 3x2 grid of icons and labels: Sub Center Wise (building icon), Village Wise (house icon), Service Wise (syringe and pills icon), ANM Wise (woman carrying a child icon), ASHA Wise (person walking icon), Beneficiary Wise (group of people icon), High Risk Pregnant Woman (warning sign icon), and LBW Child (babies icon).

A screenshot of the 'Counselling' section. It displays a 3x2 grid of icons and labels: Video Counselling (play video icon), Audio Counselling (music note icon), eBook (book icon), eTutorials (laptop with play button icon), User Manual (person reading book icon), and Beneficiary Wise Counseling (two people icon).

A screenshot of the dashboard. At the top right is the user profile of 'Gkoteswaramma' with mobile number 9849873812 and ANM ID 11962. The dashboard header includes fields for Hierarchy (Amaravathi), Block (Amaravathi), Sub Center (ATTALURU), and Village (Attalur (20937)). Below the header is a 3x3 grid of icons: Dashboard (file icon), RCH Register (book icon), VHND (person with brain icon), Eligible Couple (couple icon), Pregnant Women (pregnant woman icon), Child Care (child icon), Counselling (people icon), Work Plan (document icon), and Update (document icon). At the bottom, there are status indicators for Data SYNC Status (green arrow), Total Record (57), Record Updated (9), and Pending (48).

## IMPACT



The impact of ANMOL has been immense and lasting. ANMOL is only one in a series of initiatives reflecting the Haryana Government's commitment to digitization. And it certainly isn't the last.

The most striking impact of this initiative is visual and emotional. An ANM handles multiple villages and had to carry around a dozen data registers to record more than 200 health indicators along with other administrative paperwork. Not only was this a lot of weight to carry around (ANMs walk miles across villages each day), it was also a tedious job involving a lot of duplication and redundancy, not to mention room for manual errors.

With ANMOL, the ANMs now not only feel modern and empowered, but they're motivated to deliver more, better, and with a lot more motivation. With continued adoption, this program has the potential to further revolutionize the way healthcare is delivered in rural India — reduced maternal mortality rates, improved postnatal care, intensive counselling, and better immunization adherence are just a few positives.

These tabs also help greatly cut down on administrative overheads. Now, things like ANM's attendance, schedule, activity plans, etc. can all be monitored with better oversight and much less paperwork.

Major impact areas are in control of both data entry and planning. Previously, the ANM was dependent on Block Entry Officers (BEOs) for this work. Now she has complete control over data entry and rectification. No more physically rushing to the center to submit data written on pieces of paper, no more making copies and

introducing unexpected errors, no more wasting time tracking the individual responsible for errors, and no more carrying around heavy registers and misplacing key documents. The ALM is accountable for everything recorded by her as there's no tampering of data once uploaded to the server.

## RESOURCES UTILIZED



There are a total of 2,735 ANMs in the state of Haryana. The program stipulates one ANMOL device (Jannuti Pad) for each ANM across the state. For now, these devices are being procured on rent rather than outright purchase. The state government has commissioned a fully Indian hardware company, Datamini Technologies for the job.

These tablets have been distributed in two phases, both complete, with phase 1 accounting for 600. Each device comes at a monthly rental of ₹1,794 which translates into ₹21,528 annually. All 2,735 devices put together, the budget comes to slightly below ₹6 crore.



"Direct uploading of data saves us time by reducing our workload. It also auto-generates a list of pending jobs helping us provide timely services. ANMOL also helps provide audio/video counselling for pregnant women."

— Suman Kumari, ANM, Sub Center Mallah, PHC Pinjore



"OUR ANM AND ASHA WORK FOR THE COMMUNITY. THEY ARE THE BACKBONE OF HEALTHCARE BECAUSE THESE ARE THE ONES WHO HAVE DIRECT CONTACT WITH THE PEOPLE."

— Dr. Sunita Mangal, ANM, Sub Center Rathpur, PHC Pinjore



"ANMOL tab is the solution to our problems."

— Sunita, ANM, Sub Center Rathpur, PHC Pinjore



"The tab has helped the ANMs immensely. It has simplified reporting at district level, enhanced data accuracy, and enabled timely action."

— Harsh Kumar, District Program Manager, Panchkula

KERS ARE THE BACKBONE OF  
ARE THE FIRST PEOPLE TO MAKE  
FAR-FLUNG AREAS."

, Doctor, PHC Pinjore



Anmol can also do Aadhar enabled identification  
of beneficiaries – anytime/anywhere

## KEY CHALLENGES



Every new piece of technology that aims to so drastically change the way things have traditionally been done comes with its own set of challenges. ANMOL was no different. Grassroot-level functionaries are used to doing things manually, even if at the cost of efficiency. Yes there's tedium, but there's also confidence in knowing every aspect of the process that's ingrained in them with years and years of repetition. Any change to this is bound to face mental resistance.

The first challenge to ANMOL came from training. There's over 2,000 ANMs spread across some of the most far-flung parts of the state. These ANMs are not always as tech-savvy or even computer-literate as we'd like them to be. Hence training them on the new process was a work of patience and perseverance. Given the distances, it was also a logistical challenge.

However, with smartphones becoming more ubiquitous by the day, the task turned out to be significantly more doable than we had initially thought. The training and servicing expertise of Datamini also played a key role in streamlining the process. One important step in that direction was ensuring the user-interface is as noob-friendly as practically possible.

## REPLICABILITY & SUSTAINABILITY



The ANMOL app is easy to replicate and scale as is the case with any software-driven program. The installation process is quick, easy, intuitive, and straightforward. With a robust 18-month training program in place, the program can expect wide adoption without glitch. Age does seem to play a role

in the learning process too as younger ANMs, being more comfortable with newer technologies, can make the switch relatively quicker. With good language capabilities, the program can be easily replicated in other states as well.

The benefits of this program are not easy to dismiss and as more ANMs start getting comfortable with this new way of doing things, their counterparts in other states will also start demanding similar upgrades from their respective governments. Portability alone is the most compelling argument in favor of wider adoption. Carrying a lightweight device that fits in one's palm is always preferable to a mountain of registers and papers that are not only bulky but also prone to errors and being misplaced.

The benefits aren't limited to front-line functionaries and ANMs alone. The state benefits too. The most direct advantage is improved logistics as data is all centralized and accessible from anywhere anytime. Not just accessed but also processed and analyzed, thanks to almost real-time updates.

Given the Haryana State Government's impetus, Digital Haryana is an idea that isn't going anywhere anytime soon. While the rest of the country is coming to terms with this new 21st century reality under the Indian government's strong leadership, Haryana is striving to spearhead the campaign and ANMOL is just one step in that direction.

Not only does this program streamline healthcare administration, it also improves the quality of training and awareness being imparted to our mothers thanks to the meticulously crafted IEC materials that come loaded on each ANMOL device. These and many other advantages make ANMOL a highly scalable, highly sustainable program with immense potential.

# IN CONCLUSION

Healthcare is time-critical where there is no room for errors. Even the most insignificant of lapses here could translate into far-reaching potentially unpleasant implications. That's why this area of governance warrants more vigorous modernization than any other. There is one challenge though. While technology is an enabler, many fear and resist it.

This case study illustrates the need to

- Consistently scan the environment for innovations that improve the health workers' output
- Upgrade/Embrace technology, if it helps to achieve (1)
- Get a buy-in from the user(ANMs).
- Innovative financing of such technology

As a pioneering project of Digital Haryana, ANMOL is the state's first in a series of steps towards healthcare optimization and is set to transform the rural healthcare landscape in the most radical manner. Not only does this place Haryana at the forefront of India's digital revolution, it also ensures visible improvement in the community's overall health and well-being.

**Theme**

Technology to assist in health care

**Nodal Implementing Agency**

Ministry of Health & Family Welfare

**Geographical Coverage**

All Districts of Haryana

**Target Group**

ANMs, Pregnant women, Newborns & mothers

**Year of Implementation**

2017 – Present



## Join Hands to Skill the Youth



**TRANSFORMING HARYANA THROUGH SDG IMPLEMENTATION**

**SDG 17: Partnerships for the Goals**



**SDGCC**  
SUSTAINABLE DEVELOPMENT GOALS  
COORDINATION CENTRE

# MAKING HARYANA YOUTH FUTURE-READY THROUGH CENTERS OF EXCELLENCE

## *An Abstract*

Currently, there is a significant mismatch between industry needs and available talent, and a massive need to bridge this gap. In order to address this issue, the Department of Technical Education, Haryana has mobilized the CSR (Corporate Social Responsibility) funds of various corporate houses in Haryana. This endeavor aims to achieve the following:

- A. Establish centers of excellence — These state-of-the-art centers are meant to impart training on the latest technologies in active vocation and are set up on campus at various educational institutes to benefit students studying there.
- B. Provide free soft-skills training — These trainings are meant to improve the students' communication and interpersonal skills and make them interview-ready. So far, more than 5,000 students have benefitted from these training sessions at 21 polytechnic institutes all over Haryana.

This endeavor has been launched with ambitious objectives in mind. If it works — and feedback from all quarters indicates it does — the plan is to replicate the system in other areas of development and even other states. Less than two years in, the program has already started showing promise and placement statistics are the biggest indicators in that direction.



# USING CSR FOR BETTER WORKFORCE OPTIMIZATION

The current gap between industry needs and available talent is a result of several factors:

1. Paucity of requisite technical expertise,
2. Limited finances, and
3. Lack of hands-on training.

A lack of soft-skills training Lacking soft-skills training in various technical institutes adds to the problem at hand. Studies have estimated that 75% of students with technical degrees in India are unemployable.

To tackle this problem head on, the Haryana Government's Department of Technical Education came up with an innovative solution: the setting up of technical training programs called "centers of excellence" at various institutions. To fund this program, corporates were involved and signed up to commit their CSR corpus towards this exercise.

With 45 government engineering/polytechnic institutes and more than 200 autonomous and semi-autonomous institutes within its ambit, this was a daunting project and called for a lot of concerted efforts by several stakeholders.

This case study endeavors to map out the inspiring journey of this project from idea to implementation, the multiple ways it's benefitted the talent pool in Haryana, and the impact it's had on the employability of Haryana's technical graduates. It also lays out how the program has been optimized for scalability, replicability, and sustainability.

The core objective of this scheme is to impart technical and soft skills training to the students enrolled in



Image 1: Center of Excellence by Maruti Suzuki India Ltd. at Government Polytechnic, Manesar

## OBJECTIVES



various polytechnic and engineering institutes across Haryana and foster sustained quality improvement in the delivery of education.

The scheme involves setting up of the following:

1. Centers of excellence, and
2. Soft skills training programs

The centers of excellence aim to bridge the skill-gap between industry demands and available manpower with advanced technical training, and also soft skills programs for personality development, personal grooming, business etiquettes, and interview skills. This two-pronged approach is crucial in an ever-changing business and industry landscape. Training our human capital to be properly prepared and flexible calls for both ideas to work in tandem.

These training programs will be held at various polytechnics across Haryana to help students develop confidence for interviews, and also to overcome hesitation in speaking English, as well as foster awareness of social issues.

# KEY STAKEHOLDERS

## Nodal Agency



The Department of Technical Education, Haryana

## Implementing Agencies



Polytechnic/Engineering Institutes

## Funding Agencies



## Beneficiaries



Students



Parents/Guardians



Prospective Employees



Community

## KEY STAKEHOLDERS



Upskilling the youth is an ambitious exercise and calls for a concerted effort from several stakeholders. These stakeholders include:

1. Government department or nodal agency — This area is represented by the Department of Technical Education which envisioned and operationalized the whole scheme.
2. Implementing agencies — This includes the various polytechnic institutes and engineering colleges of Haryana.
3. Funding agencies — Funding for this scheme comes from various corporations through their respective CSR and training funds.
4. Beneficiaries — This ambitious endeavor benefits the community at large, i.e. students, parents, guardians, and prospective employers.

Upskilling our youth is a critical aspect of social development and all involved stakeholders ought to work in tandem to make the program a success.

## IMPLEMENTATION STRATEGY



Implementing a campaign of this size is a daunting exercise and calls for much patience, diligence, and perseverance. It takes a team bestowed with immense focus, caliber, and team-spirit.

### Centers of Excellence

The strategy around executing this part involved two steps:

The first step was to identify corporate partners interested in setting up centers of excellence in technical education institutions in the state, and signing agreements with them. To this end, the Department of Technical Education organized a mega I-Tech event on May 2, 2018 at Government Polytechnic, Manesar. This event was attended by representatives of over 50 corporate houses and was a major success. MoUs were signed to set up six centers of excellence in six polytechnics of Haryana to which end, the signatory corporate houses committed a cumulative investment of ₹8.67 crores. Modalities around infrastructure, technical expertise, and areas of specialization were chalked out too.

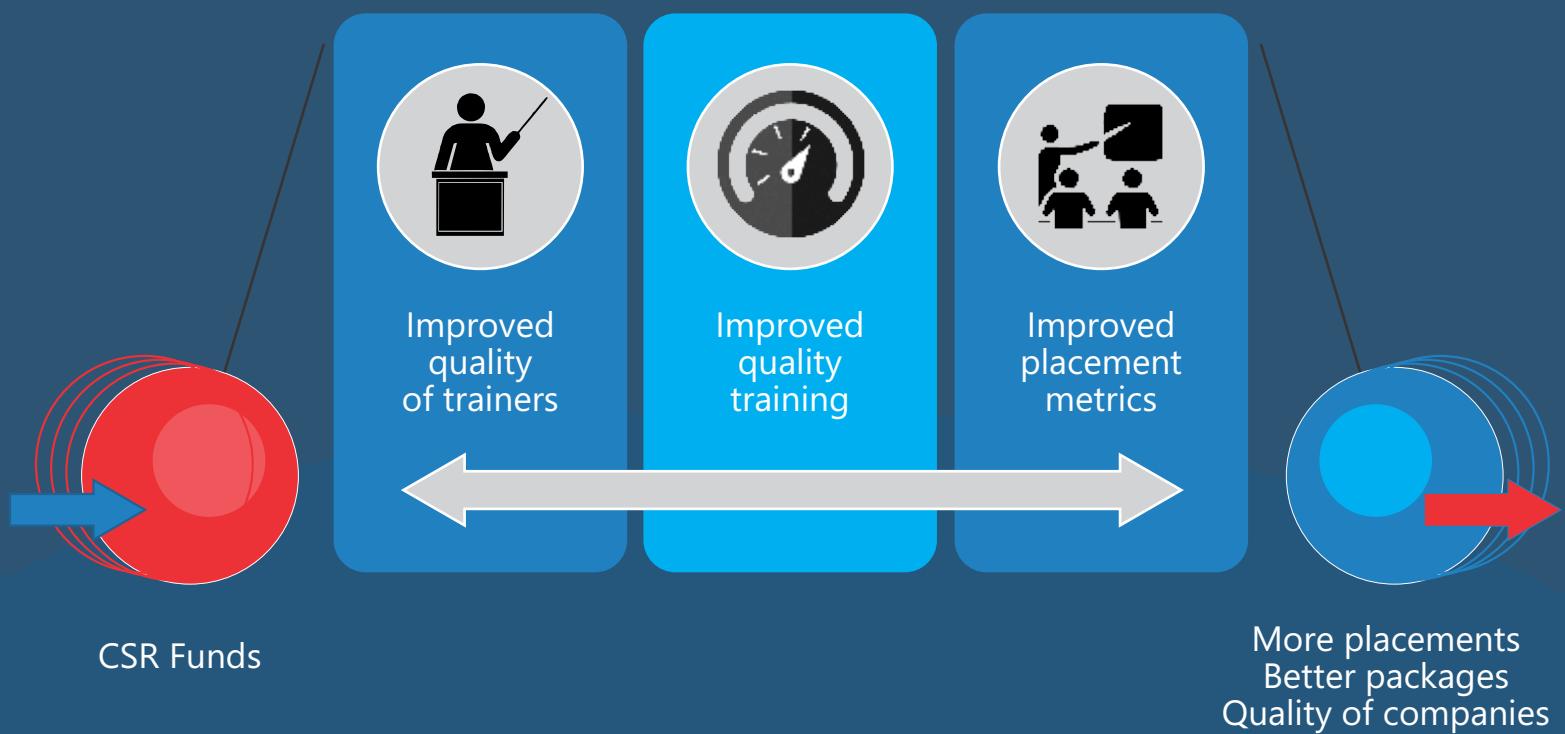
Step two was setting up the physical infrastructure and commissioning equipment. This also involved training of faculty members and staff on simulators and other advanced technologies. The hands-on student training started in April 2019. This training was provided in three steps:

- A. Classroom/computer training
- B. Simulator training
- C. Hands-on practice

Opportunities for interdisciplinary collaborations on projects and research relevant both locally and globally were also provided to the students.

# impact

## Training : Soft skills, technical



## Soft Skills Training

To implement this, the Department of Technical Education, Haryana reached out to corporate houses willing to partner with the government to mobilize their CSR/training corpus. This was done to offset the high cost of implementation.

An MoU was also signed with Naandi Foundation, the CSR arm of Mahindra Group, to impart soft skills and behavioral training to polytechnic/engineering students. Before training the students, skilled trainers were recruited through a rigorous hiring process. Selected trainers were then trained in three "Train the Trainer" programs held in Mohali.

Once the trainer team was ready, Mahindra Pride Classroom was launched in September 2018. The feedback to these training sessions has been very encouraging and remarkable behavioral and attitudinal improvements have been reported.

### IMPACT



Mobilizing CSR funds from the corporates into providing technical and soft-skills training to polytechnic and engineering students was an innovative initiative with very encouraging feedback. The impact this scheme has created can be categorized under three distinct areas:

1. Improved quality of trainers — Faculty and staff members from all over the state were trained by industry experts on latest welding/turning technologies and simulators. This training was conducted at various centers of excellence and also corporate houses. Furthermore, all the 91 trainers selected to train the students in soft skills were given a rigorous three-day "train the trainer" program to ensure only the best was put to use.

2. Improved quality of training — Both the technical and soft skills training delivered under the scheme have received impressive feedback from all stakeholders. Institution heads have reported improvements in not only confidence levels but also technical competence, employability, spirit, and attitude. Participants have reported improved personality and better more thorough familiarity with business etiquettes and interview skills. Throughout 2018-19, 5,219 students at 21 polytechnics have successfully gone through soft skills training. The center of excellence at Government Polytechnic in Manesar alone reported successful training of 1,074 students via 34,266 man-hours of sessions. In all, 46 programs were conducted.

3. Improved placement metrics — The biggest improvement has been seen in placement numbers. These improvements have been reported from all centers of excellence as well as institutes where soft-skill training sessions were conducted. Improvement has also been noted in average packages and quality of companies. Overall, the program has delivered on this most important parameter of employability. Students are more industry-ready and productive.

### TRAINING EFFECTIVENESS

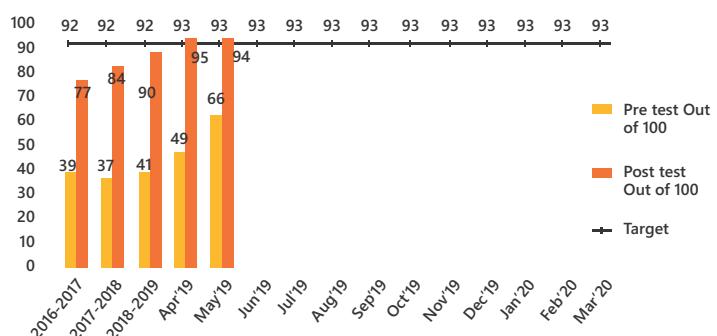


Image 3: Training effectiveness as captured from Area Control Board at the Center of Excellence, Government Polytechnic, Manesar



"After joining Government Polytechnic, Manesar, not only our technical skills but our personal development skills have improved too which in turn will help in our placements."

— Neetu Negi, Student, Government Polytechnic, Manesar



FOR UTILIZING THE CSR FUNDS OF  
ESTABLISHING CENTERS OF EXCELLENCE  
TEACH THE STUDENTS THE SKILLS

— A Sreenivas, Director and Special Secretary



"The centers of excellence have helped achieve three-pronged benefits: Superior quality of training, better quality of instructors, and improved placement statistics."

— Hitesh Kumar, Deputy Secretary, Department of Technical Education, Haryana



"It is going to change the skills which are imparted to our trainees, our students, and even training of our trainers."

— Krishan Kumar Kataria, Director (Technical Education), Haryana

OF THESE CORPORATIONS, WE'RE  
EXCELLENCE WHERE THE CORPORATES  
SKILLS REQUIRED IN THE INDUSTRY."

y (Higher Education), Government of Haryana



"The technical training provided at our center of excellence has made our students technically competitive. The training has significantly promoted student achievement."

— Bobinder Kumar, Principal, Government Polytechnic, Manesar, Haryana

## RESOURCES UTILIZED



State-of-the-art training is an expense government institutions' limited finances can't afford. Hence the DoTE roped in companies to commit their CSR funds. While the DoTE provides the physical infrastructure, other expenses like operations and training area deferred to partnering businesses.

A total of ₹8.67 crore has already been pledged by various corporate houses so far towards this project. The government of Haryana expects to save about ₹1.3 crore per annum as a result of this initiative.

## KEY CHALLENGES



The biggest challenge in a project of this scale is funds. In order to address this, the DoTE involved profit-making corporate houses with CSR funds at their disposal, as program partners. This helped finances as well as brought industry leaders into the program for quality training and guidance.

Finding quality trainers was another challenge. To that end, trainers were sourced through a rigorous selection process and put through various "Train the

Trainer" programs by industry experts to make them program-ready.

## REPLICABILITY & SUSTAINABILITY



The Department of Technical Education has planned to make the scheme self-sustaining within the next 3-5 years with help from international partners and collaborators.

This successful utilization of CSR funds can be replicated in other areas like healthcare and sanitation too. And not only in Haryana but also in other states. Centers of excellence can also be instituted to research and develop technologies that address issues like waste disposal, water supply, smart cities, etc.

It should also be noted that while the state of Haryana was the first to sign an MoU with a corporate house to deliver soft skills training to polytechnic and engineering students, this model was later replicated in two other Indian states, Uttar Pradesh and West Bengal. This proves not only the scheme's practical viability and success but also its potential for replication across disparate geographical regions. With time, many more states should be able to reproduce similar success with this program in their respective contexts.

| Name of Polytechnic             | Associated Corporate House      | Approximate CSR Investment by the Corporate House (in INR crores) |
|---------------------------------|---------------------------------|---|
| Government Polytechnic, Manesar | Maruti Suzuki India Ltd.        | 5.00  |
| Government Polytechnic, Sonepat | Hero Moto Corp Ltd.             | 1.16  |
| Government Polytechnic, Hisar   | Daffodil Softwares              | 0.31  |
| Government Polytechnic, Ambala  | Power Grid Corporation of India | 1.0   |
| Government Polytechnic, Jhajjar | NTPC Joint Venture – APPCL      | 1.0   |
| Government Polytechnic, Moham   | Voltaic Power                   | 0.2   |

# IN CONCLUSION

Soft-skill and technical training is a cost-intensive exercise where training expertise is as much a bottleneck as budget. This training, however, is indispensable and must form an integral part of state policy in order to ensure our human resources are industry-ready and employable. An exercise of this scale warrants concerted efforts from multiple stakeholders both from government as well as the industry.

This case study illustrates the need to:

- Mobilize training and CSR funds available with various corporate houses at large
- Upgrade training methodologies and environments by setting up Centers for Excellence
- Get a buy-in from the various stakeholders including educational institutions
- Source quality trainers from various industries

As a pioneering CSR mobilization project of the Government of Haryana, this is the state's first in a series of implementations towards not only technical education but also other developmental areas. Not only does this help us realize the full potential of optimal CSR funds utilization, it also helps open up new avenues of development in areas like irrigation, agriculture, waste management, etc.



## **Government Department/Nodal agency**

The Department of Technical Education envisioned and operationalised the scheme

## **Implementing Agency**

The Scheme is implemented by polytechnic / engineering colleges of Haryana

## **Funding agency**

The Scheme is funded by corporate houses through their CSR or training funds

## **Beneficiaries**

The Scheme benefits students, parents / guardians, prospective employers and community at large



SDG 5: Child Sex Ratio On  
The Rise



Case Writer: Dr. Rakesh Thakur  
Punjab University

SDG 16: Protecting the young ones  
with the POCSO Act



Case Writer: Dr. Rakesh Thakur  
Punjab University

SDG 3: Health gets an ally in  
ANMOL Tab!



Case Writer: Prof. Keerti Bhusan  
Pradhan, Chitkara University

SDG 6: Open Defecation Free  
Haryana



Case Writer: Prof. Dr. Preethi  
Pradhan, Chitkara University

SDG 17: Join Hands to Skill  
the Youth



Case Writer: Prof. Dr. Namrata  
Sandhu, Chitkara University





*Empowered lives.  
Resilient nations.*

