

## **Gender Mainstreaming**

**(Training of Trainers)**

**Phase I**

**26 April to 30 April 2004**

**Ahmedabad**

**Coordinated**

**By**

**Gender Resource Centre,**

**Ahmedabad**

LOGO

**Supported**

**By**

**UNFPA**

**(United Nations Population Fund)**

LOGO

**Organised**

**By**

**Unnati**

**Organisation for Education**

LOGO



## **Abstract:**

The first phase of the training of trainers to build the capacity of a pool of trainers on Gender Mainstreaming was carried out during April, 26-30, 2004 at Ahmedabad. This training was formally inaugurated by Shri. S.C. Sanehi (IAS), Secretary Department of Women and Child Development (WCD), Government of Gujarat. The other dignitaries present were Shri. P. H. Sarvakar, Director GRC and Joint Secretary,

WCD; Smt. Namita Piyadarshani, Joint Coordinator, WCD; Shri. Arvind Pullikar, Regional Coordinator, UNFPA; Smt. Dhanashri Brahme, UNFPA, New Delhi. The key facilitators for the training were Shri. Binoy Acharya, Director Unnati, and Smt. Renu Khanna, SAHAJ Baroda.

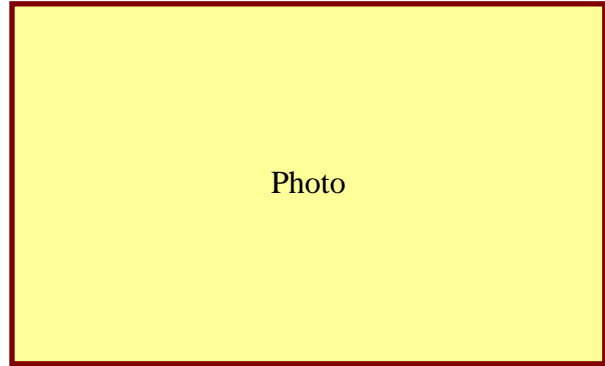
In his inaugural speech, Shri. S.C. Sanehi (IAS), Secretary WCD shared his opinion on the need for building the capacity of grass-root functionaries to enable them cope with the changing situation. He said, "The nature of problems is changing according to the context and the environment. To cope with these newly emerging problems we need to have greater capacities".

Shri. P. H. Sarvakar, Director GRC and Joint Secretary, WCD shared his views about the proposed training in his introductory speech. He said, "With broad vision of mainstreaming Gender in government and other programmes, Gender Resource Centre was established in July 2003. The proposed training of trainers is the beginning of an intensive process in future."

Shri. Arvind Pullikar, Regional Coordinator UNFPA, shared the rationale for this training. He said, "It is important that policy makers and implementers of such policies develop an understanding on the concept of gender mainstreaming as well as the techniques and tools for the effective implementation of strategies. 'Training' of officers, administrators and village level people involved in implementing programmes on 'gender mainstreaming' is considered as an effective strategy to ensure 'gender just' service delivery system. It is essential to develop a resource pool of skilled trainers to undertake several training programmes at the district level so as to reach to maximum number of officials."

In this training 21 trainees from NGOs, various government departments and individuals committed to the issue of gender mainstreaming participated along with District Project Officers of the Gender Resource Centre from five districts- Sabarkantha, Kutchh, Dahod, Surendranagar and Banaskantha.

Shri. Binoy Acharya, stated that, "The focus of the two-phased training programme was to sharpen the existing skills of selected prospective trainers who had some background of training and theoretical understanding of gender".



The training was coordinated by GRC, supported by UNFPA and organised by Unnati, Ahmedabad. A five days' training programme focused on...

- Concept of Gender Patriarchy
- History of Women's Movement
- Gender Analysis, Planning
- Women's Right and related laws
- Application of Gender based concept
- Application of various tools and techniques.

The programme was facilitated by a team comprising of Shri. Binoy Acharya from Unnati, Ahmedabad and Smt. Renu Khanna from SAHAJ, Baroda. Various other resource persons were invited to take sessions on focus areas like 'Legal perspective', 'historical perspective of women's movement' and 'local example/cases of Gender Mainstreaming'. Five films were screened to generate better understanding of concepts and their relevance with current issues. Participants shared their feedback on the last day of the training. It was perceived as an enriching experience. The training was satisfactory. The content and methods learnt in this training would be experimented in the field by the participants during the two months' gap before the second phase. The second phase of the training is scheduled in July 2004. This report is an outcome of an intensive process that has been undertaken during the programme. The present document is developed for reference of the perspective trainers and therefore includes the process, methodology and outcome of each session.

We hope that this report will help new trainers in their 'experimental training programmes' prior to the second phase of training.

#### Objectives of the training

- To build the capacity of participants on the application of the concept of gender in key development sectors
- To equip the participants to use appropriate training methods for strengthening gender mainstreaming initiatives at the grassroots
- To create a resource pool for providing ongoing support to field functionaries for planning, monitoring and evaluating activities from gender lens

Unnati: Organisation for Development Education, Ahmedabad



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## Inauguration

The first phase training programme for prospective trainers on 'Gender Mainstreaming' was formally inaugurated. Mr. S.C. Sanehi (IAS), Secretary WCD, graced the function with his presence as Chief Guest. The other dignitaries present on the dais were Mr. P. H. Sarvakar, Director GRC and Joint Secretary, Department of Women and Child Development, Mr. Arvind Pullikar, Regional Coordinator, UNFPA, Mr. Binoy Acharya, Director Unnati, and Ms. Renu Khanna, SAHAJ Baroda.



Mr. P. H. Sarvakar, Director GRC and Joint Secretary, Department of Women and Child Development welcomed Mr. S.C. Sanehi (IAS), Secretary and Commissioner WCD, Mr. Arvind Pullikar, Mr. Binoy Acharya, Ms. Renu Khanna, and all the participants. In his introductory speech, he explained the context of the training. While explaining the vision of GRC, he said, "With broad vision of mainstreaming Gender in government and other programmes, Gender Resource Centre was established in July 2003. The proposed training of trainers is the beginning of an intensive process in future."

Mr. Arvind Pullikar introduced the facilitators after welcoming all the guests from his part. While sharing the relationship between UNFPA and State Government of Gujarat he said, "UNFPA is an UN agency working on the issues of 'Population and Development'. According to its mandate, the organisation supports the Government of all countries with financial aid to implement development programmes. A significant decision to work with state governments was taken during its previous country programme thus responding to a long time demand from the state governments. UNFPA began its programmes in partnership with six states in India. Gujarat is one of them, where the organisation has made significant achievements such as the establishment of GRC, the framing of the Population policy of Gujarat (considered to be one of the best policies) and the Gender Equity Policy (perhaps it is the only policy in India).

**The Rational:** Mr. Arvind Pullikar, Regional Coordinator UNFPA, shared the rational for this training. He said, "It is important that policy makers and implementers of such policies develop an understanding on the concept of gender mainstreaming as well as

the techniques and tools for the effective implementation of strategies. 'Training' of officers, administrators and village level people involved in implementing programmes on 'gender mainstreaming' is considered as an effective strategy to ensure 'gender just' service delivery system. It is essential to develop a resource pool of skilled trainers to undertake several training programmes at the district level so as to reach to maximum number of officials. For the present training, around 28 individuals from five district locations were selected by GRC as perspective trainers in the area of Gender Mainstreaming". He expressed his view on the strategy of training. According to him, "Training is an investment and not expenditure. It is essential to make this investment to generate effective resource pool within the scope of programme. Such resource pool helps programme to keep it alive with fresh ideas and energy capsules." He expressed his belief, "teaching is not possible but learning is possible. Learning is continues process. A good facilitator is also a good learner. Therefore it is expected that the prospective trainers would develop adequate skills to learn from the filed and translate that knowledge into capacity building component of other personnel in the programme." Mr. Binoy Acharya, Director, Unnati and one of the key facilitator of the programme, shared his thoughts and pedagogy of the training. He said that, "It is a great privilege and moment of great pride to be in this training programme. It is an inspiring step by Government indeed." He appreciated the State of Gujarat for framing the state level policy on 'Gender Equity'. Mr. Acharya highlighted the changing scenario of efforts related to gender mainstreaming. He said, "There was a time when women's organisations and movements were struggling hard to make Gender as agenda of government programmes. Today the Government is taking initiative for mainstreaming gender. Such efforts demonstrate the possibility of collaborative efforts between Government Organisations (GOs) and Non Government Organisations (NGOs)". He acknowledged the efforts made by other key facilitator Ms. Renu Khanna, Mr. .... Tiwari, Ms. Ritaben Tiotia (IAS), State Officers of UNFPA, officers from GRC and his colleagues in making a comprehensive training design and shared the pedagogy of the training.

**Pedagogy of the Training:** He said, "The design of the proposed training programme is a step behind finalisation. It is purposefully kept incomplete in order to revive and finalise it with feedback of participants." He believes that the participation of trainees in the process of planning is very important. However to give a broader idea of the training schedule, he portrayed the skeleton of the programme. He explained, "It is challenge to design a Gender Training Programme. However good the facilitator is doesn't matter



because every individual carries some amount of prejudices. Therefore developing a design for such programme is also a struggle within. It is a process of self-analysis and introspection. The design includes three dimensions A) Professional Enhancement, B) Better individuals and C) Reforming institutions.” He further explained these dimensions, “Being a good professional you can practice your skills wherever you get an opportunity. The attitudinal change within you can make you better individuals. Percolation of this knowledge and skills may bring changes in the institutions.” He further explained the flow of the programme.<sup>Ref flow diagram on pg.</sup> “The training is divided into two phases in the view of availability of resource persons and provision of field experiences. Two months, well thought, gap between two phases help participants to conduct couple of training programmes in the field to identify unforeseen problems, which can be addressed in the next phase. In both the phases, equal focus will be given on concepts, application and methodology”.

Mr. C.H. Senehi, (IAS), Secretary Department of Women and Child Development (DWCD) shared his thoughts. He said that “It may appear to be good and exciting to have new programmes and initiatives but one must realise that it is still insufficient to cater the need and therefore we can’t rest with the feeling of excitement”. He threw light on the differences between rural and urban middleclass society and said that, “the nature of problems is changing according to the context and the environment. To cope with these newly emerging problems we need to have greater capacities”. He extended his best wishes to the participants and expressed his interest in attending the programme.

The inaugural session was concluded with vote of thanks given by Ms. Merra Veluydhan, Policy Analyst, GRC.

Day-I

Session: I

Introduction to Training

Facilitator:

Mr. Binoy Acharya

Time: 1130 hrs.

## Introduction

The session began with an introduction. All the participants were asked to make two parallel queues and to stand opposite each other. They were asked to introduce themselves to the partner opposite to them and move in a clockwise direction. The cycle keeps moving till the first pair gets formed at the other end of the original line.

Facilitator explained that other such exercises could also be used for introduction of participants such as 'Buses'.

### **Who are we?**

In order to have better understanding about the background of participants quick analysis was done. Facilitators made four broad categories and announced them one by one. Participants raised their hands according to their categories. The group comprised of...

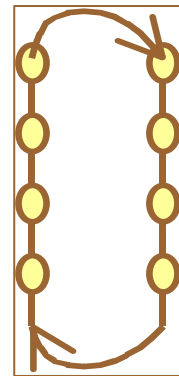
7 government officials

11 NGO representatives

7 government Project staff

4 independent consultants

Bicycle Chain 1



### **Ground Rules**

Ground rules were set in consultation with participants for entire training period.

- 1) No hierarchy: All participants are colleagues and friends.
- 2) No censorship on opinions: All participants have equal right to share their opinion without analysing/ criticising it.
- 3) Confidentiality: All participants would respect the principle of 'confidentiality'. Personal feelings, experiences shared in the discussions will be kept confidential. Provision of a parking board and sharing box was made for those who wanted to share something or even suggest something without revealing their identity, can pin their written notes either on a soft board (named as parking board) or post in the suggestion box.
- 4) Respect of other's feelings: The group would respect the feeling of every individual. Statements made in the group will not be personalised. Arguments and disagreements

will be accepted in the spirit of learning. The group will work in the common interest of developing perspective on 'gender' and acquiring skills of training.

5) Time Management: The group will adhere to set time schedules.

Training Programme is not meant to grind participants but to generate an opportunity to develop skills and perspective...

Slide shown by Binoyji  
A cartoon showing grinding something...

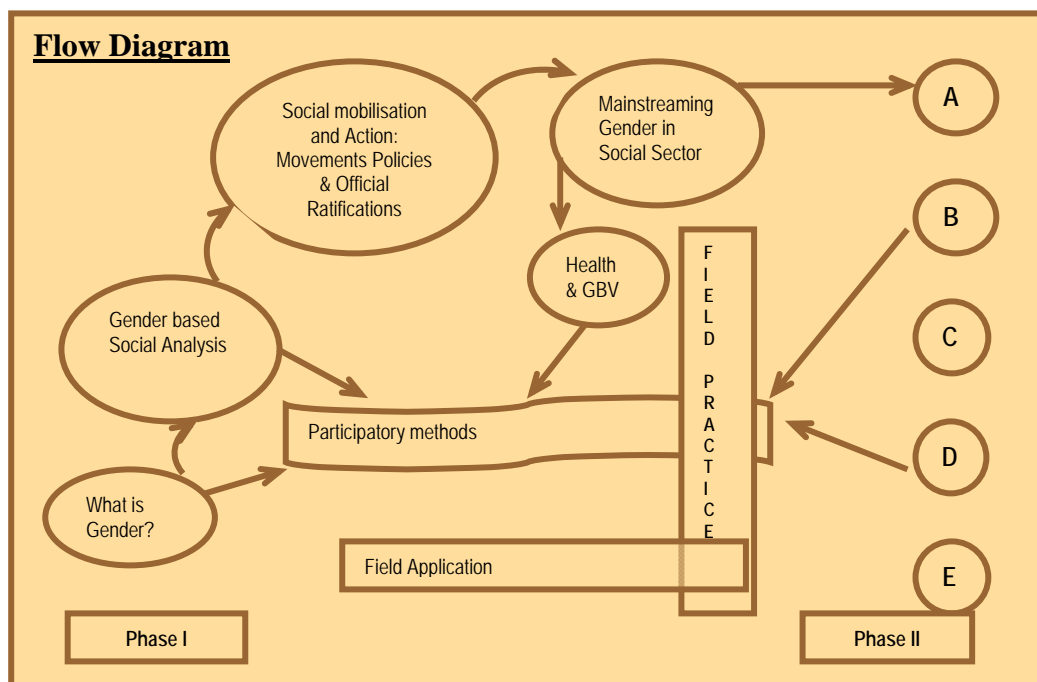
**Formation of Committees:**

In order to ensure time-to-time feedback on the training content, methodology and logistic arrangement and to respond to immediate health requirements of the participants, three committees were formed with voluntary support from the group.

- 1) Health committee: Dr. J.L. Meena, Mr. Arvind patel and Ms. Nepa Thakkar
- 2) Steering committee: (To give feedback on logistic arrangements) Ms. Jyotsna Shah, Ms. Gayatri Giri and Mr. Prashant
- 3) Documentation Committee: Ms. Shreshtha Roy and Ms. Neela Patel

**Training Design:** The training design was explained to all participants through presentation on a flip chart. A flow diagram of the design made it easier to understand the planning process.

- A= Governance,
- B= NRM (Natural Resource Management)
- C= Education,
- D= Gender based Planning & Monitoring,



## Training Design

Day	Sn. No	Time	Content	Resource Person
26/04/04	-	0900-1000	Registration	-
DAY I	-	1000-1100	Inauguration	-
		1100-1130	TEA	
	I	1130-1230	Introduction to Training	Mr. Binoy Acharya
	II	1230-1330	What is Gender? - Biases towards Men and Women - Definition of Gender - Towards developing a common understanding	Mr. Binoy Acharya Ms. Renu Khanna
		1330-1430	LUNCH	
	III	1430-1600	Gender Analysis Framework	Mr. Binoy Acharya
		1600-1615	TEA	
		1615-1830	Gender Analysis Framework Continue... - How do biases work?	Mr. Binoy Acharya
		1830-2130	Close	
	IV	2130-2300	Understanding Practical and Strategic Gender Needs	Film (Janani)
27/04/04	V	0930-1100	Gender Analysis: Use of Participatory Tools and Methods	Mr. Binoy Acharya
DAY I		1100-1115	TEA	
	VI	1115-1330	Gender Justice Issues: Looking at the History of Women's Movement in India	Ms. Trupti Shah Ms. Malika Singh
		1300-1415	LUNCH	
	VII	1415-1600	Mobilisation and Action on Gender Issues (I) - Local Examples/cases	Ms. Mirai Chatterjee
		1600-1615	TEA	
	VIII	1615-1830	Mobilisation and Action on Gender Issues (II) - Local Examples/cases	Ms. Trupti Shah
		1830-2100	Close	
	IX	2100-2230	Mobilisation Strategies on Gender Issues	Film (When Women unite)

Day	Sn. No	Time	Content	Resource Person
28/04/04	X	0930-1100	Gender Analysis of Health: Biological and Social (Disease pattern, Prevalence, manifestation, Causes)	Ms. Renu Khanna
DAY III		1100-1115	TEA	
	XI	1115-1300	Gender Based Analysis for Planning (Health)	Ms. Renu Khanna Mr. Binoy Acharya
		1300-1400	LUNCH	
		1400-1600	Gender Based Analysis for Planning (Health) Continue...	Ms. Renu Khanna Mr. Binoy Acharya
		1600-1615	TEA	
	XII	1615-1830	Other Tools and techniques	Mr. Binoy Acharya
		1830-2130	Closed	
	XIII	2130-2230	Roles of Care givers and Service providers	Film on ANM workers
29/04/04	XIV	0930-1100	Gender based violence: Forms and Consequences	Ms. Renu Khanna
DAY IV		1100-1115	TEA	
	XIV	1115-1300	Role and Quality of Health Care Systems	Ms. Renu Khanna
		1300-1400	LUNCH	
	XV	1400-1600	Rights and Entitlements of Women and Men: Whose Rights are violated	Ms. Sophia Khan
		1600-1615	TEA	
		1615-1830	Laws that Protect The rights of Women and Redressal Systems and Gender Issues	Ms. Sophia Khan
		1830-2130	Close	
	XVI	2130-2300	Violence against Women-Laws	Film
30/04/04	XVII	0930-1100	Evaluation: Recapturing and feedback of all participants	Mr. Binoy Acharya
DAY V		1100-1115	TEA	
	XVIII	1115-1300	Follow up planning- How to work with District team	Mr. Arvind Pullikar

Day I

Session II:

What is Gender?

Facilitators:

Mr. Binoy Acharya

Ms. Renu Khanna

Time: 1230 hrs

## What is Gender?

The session began with an exercise of identifying images in terms of Male or Female that occur spontaneously with the uttering of some words by the facilitator. A chart was prepared to keep records of the response of the participants. Bi-colour cards were distributed and different codes were given to denote whether the traits uttered were for men or for women according to the participants- for example, blue represented 'men' while pink represented 'women'. Participants were asked to indicate particular

colour to note their image. Around 14 words related to gender specific roles and identity were uttered such as 'Beautiful', 'Strong', 'Gossiping', 'Tailor', 'Caring', 'Cooking', 'Farmer', and 'Emotional' etc. Responses of the participants were noted on the chart kept for the purpose. Words like 'Emotional', 'Caring', and 'Beautiful' were mostly indicated 'female' images while words like 'Strong', 'Farmer', 'Head of household' indicated Male images.

After the exercise, the group itself realised the depth of gender-biases in their mind? In spite of having some background of gender-related work experience and sensitivity towards the issue, sub-conscious biases were reflected in the group.

The exercise was followed by a discussion on the whereabouts of these biases, and their consequences?

Participants related these biases to culture, religion and the existing social system. Some of them also articulated their explanations and related them to patriarchy. The discussion was summarised by the facilitators. A small lecture on roles that are assigned to males and females was given to further explain the concept of Gender. An exercise on the identification of gender-related roles through the various activities performed in a day was also explained so that participants in rural areas could easily understand the issue.

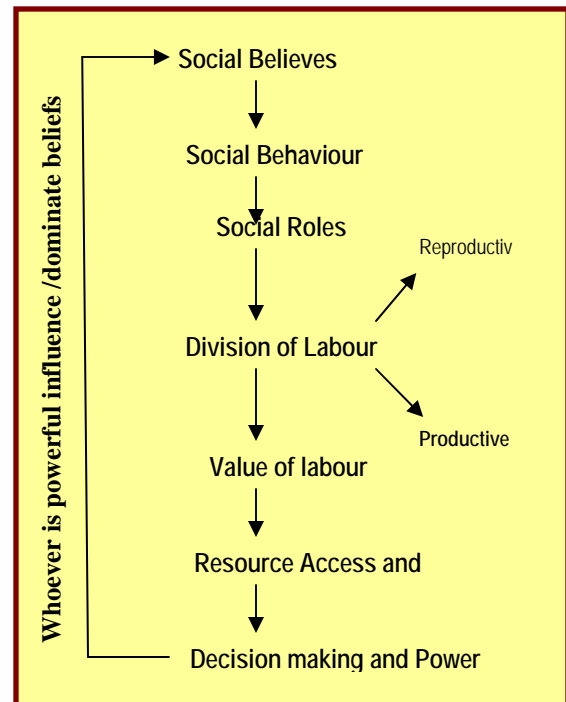
Gender is not just about men and women. It is also about role and relation that are shared by them.

Discrimination between men and women is based upon power. A slide presentation, on the cyclic nature of patriarchal power relations that originates from social beliefs and eventually reflects in access and control over the resources, was

Gender is a social assumption, which reflect in different identities.

displayed. <sup>Annexure1</sup> The correlation between the importance attached to labour and assigned gender role, was explained with an example from Russia.

In Russia, the profession of surgery was undervalued when the surgeon comprised of maximum number of women. At this, participants shared their views on the changing situation of women as compared to their previous generation. However it was also added that in spite of the changing socio-economic scenario their status remains the same. This is the difference between sex and gender. Sex never changes but gender changes according to context.



**Outcome:** Gender is a broad concept beyond sex. It deals with the biases, social concepts that discriminate women either directly or indirectly and visibly or non-visibly. The subject 'gender' is more to internalise and practice in both personal and professional life than to understand theoretically. Therefore it is a challenging for every person to learn, internalise and practice 'gender'.

#### Method Capsule I:

Objective: What is Gender?

- Distribute Double colour cards to all participants
- Ask participants to show one colour for Men and Other for women
- Shout out one Role or attribute
- Record the Responses on Chart
- Discuss about the trends
- Small lecture on Social Construct on Gender
- Consequences of the construct in terms of differential identity, Division of Role, Value to Work, Control, Social Status
- Open Discussion

#### Method Capsule II:

Objective: to understand the power relations

Trainers can make cards with different statements related to power and ask participants to arrange cards in sequence from high powerful to powerless people. Discuss the outcome

<sup>1</sup> cyclic nature of patriarchal power

Day I

Session III:

Gender Analysis

Facilitators:

Mr. Binoy Acharya

Ms. Renu Khanna

Time: 1430 hrs.

## Gender Analysis

The Session began with an exercise. Participants were divided into five groups. Two cases were distributed.

Case I: One Woman's Battle <sup>annexure2</sup>

Case II: In Cause of human Dignity <sup>annexure 3</sup>

One case story was given to three groups while another was given to the remaining two groups. They were asked to read, discuss and identify the following points in 20 minutes...

- a) Who is the victim?
- b) What are the biases?

c) Who are the perpetrators?

Case I: One Woman's Battle

Case II: In guise of human Dignity

Presentations: All five groups made their presentations on flip charts. Different views were shared in both the cases.

Case I: One Woman's Battle

a) Who is the victim?

All three groups identified Bhanwaridevi as the core victim. They also identified her husband in the category of victim. Some also identified her children and one group articulated that the entire society is a victim of the patriarchal system.

b) What are the biases?

The groups identified behavioural biases, biases related to traditions and biases related to the victim's financially weak condition.

c) Who are the perpetrators?

Groups identified the Police dept., the feudalistic people of higher caste, the silent society, the Dept., of health and the legal system as perpetrators in the case.

Case II: In guise of human Dignity

a) Who is the victim?

All participants identified mentally challenged girls as

All the existing institutions such as family, education, health, marriage, religion etc. differentiate between Men & Women and their access to justice, resources, knowledge and support. The roles of Men & Women are set in such institutions with prejudice. All such institutions are patriarchal in nature. Unfortunately these institutions are spread all over in high numbers.

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<sup>2</sup> Case I: One Woman's Battle

<sup>3</sup>Case II: In guise of human Dignity



victims.

b) What are the biases?

- Mentally challenged people, especially girls are unproductive (useless to society)
- Menstruation Cycle is considered as dirty event
- Mentally challenged girls are not proficient to teach hygiene

c) Who are the perpetrators?

Groups held doctors, the chief minister, the director of the organisation for mentally challenged girls and the media responsible for the unethical act of sterilisation.

The facilitators briefly shared their views on the presentations. “All the existing institutions such as family, education, health, marriage, religion etc. differentiate between men and women and their access to justice, resources, knowledge and support. The roles of men and women are set in such institutes with prejudices. All such institutions are patriarchal in nature. Unfortunately these institutions are spread all over the society and in large numbers”.

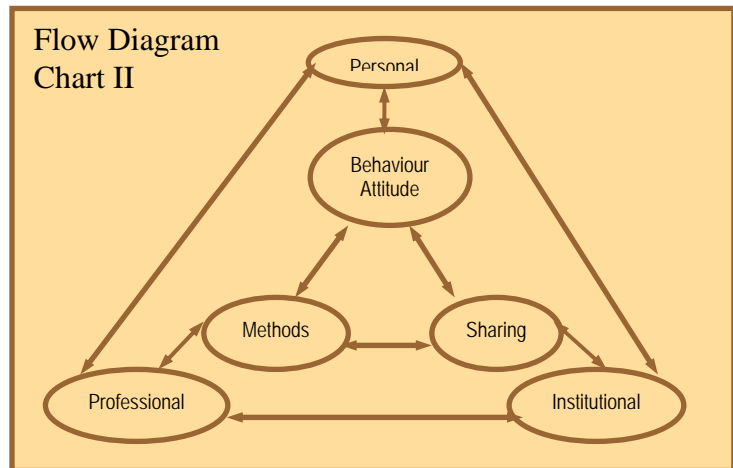
**Outcome:** Discrimination happens with both ‘men’ and ‘women’ but there are specific types of discrimination and violence that occur only with women. Mainly women are victims of widespread violence. Irrespective of class, caste, race, religion and nationality they get secondary status in society. It is not ‘Men’ who are necessarily perpetrators but both men and women, social institutions, government, social support systems and other organisations who function under large patriarchal influence are responsible gender inequality.

**When did it start?**

Gender analysis is to find out invisible factors lying in the social institutions that are responsible for unfair discrimination between Men and Women.

A question posed before the participants generated a discussion on the historic overview of gender discrimination. Some gave reference of the ‘Manusmriti’ some went back to the vedic period and some articulated ‘Kaliyug’ as being responsible for the origin of discrimination between man & woman. Facilitator explained, “It all began when a woman got pregnant for the first time. The roles assigned to men and women in groups in the Stone Age gradually differed, as women were unable to participate in hunting and generating resource for the group.

The important question is not when did it begin? But whether is it justified or not? If it is not justified then one has to find an answer to the basic question of who is perpetuating such gender discrimination. It is not men or women who are solely responsible for such discrimination but there are several invisible factors existing in our social institutions, which are responsible to compel society to differentiate between men & women in a particular fashion”.



Gender analysis is to find out such invisible factors lying in the social institutions that are

**Method Capsule: I**

**Objective:** Gender Analysis

**Target group:** Educated, experienced, managerial staff

- o Divide participants into five groups
- o Distribute Cases (3 groups- First case) (2 Groups – Second Case)
- o Ask participants to identify Gender Biases, who are enforcing those Biases (20 Minutes)
- o Presentations by Participants
- o Discuss about institutions of patriarchy, How Gender biases are perpetuated
- o Ask participants if they can develop such cases, it can be used as role play in training situations

**Method Capsule: II**

**Objective:** Gender Analysis

**Target group:** Grass root community workers

- o Divide participants into five groups
- o Distribute Cases
- o Ask participants to identify Gender Biases, who are enforcing those Biases (20 Minutes)
- o Perform a role play
- o Generate discussions

responsible for the unfair discrimination between men and women.

A flip chart presentation on analysing methods at different levels was displayed for the participants.

Gender analysis is a critical component of gender training for the community. People cannot and are not expected to understand theoretical terminologies. However, it is important for them to develop an insight into analysing systems and institutions through the ‘gender’ lens. Facilitators provided a method capsule to undertake gender analysis in communities or with grass roots workers.

The group was asked to prepare a role-play on the above cases or on an incident based on their field experience and perform the following day.

## How do biases work?

In order to understand how biases are working, participants were divided into five groups. Each group was asked to select any sector they prefer. The groups selected the following five sectors:

- a) Education
- b) Religion
- c) Health
- d) Nutrition
- e) Political participation

Gender analysis is nothing but to understand the way we look at life with respect to 'Gender'.

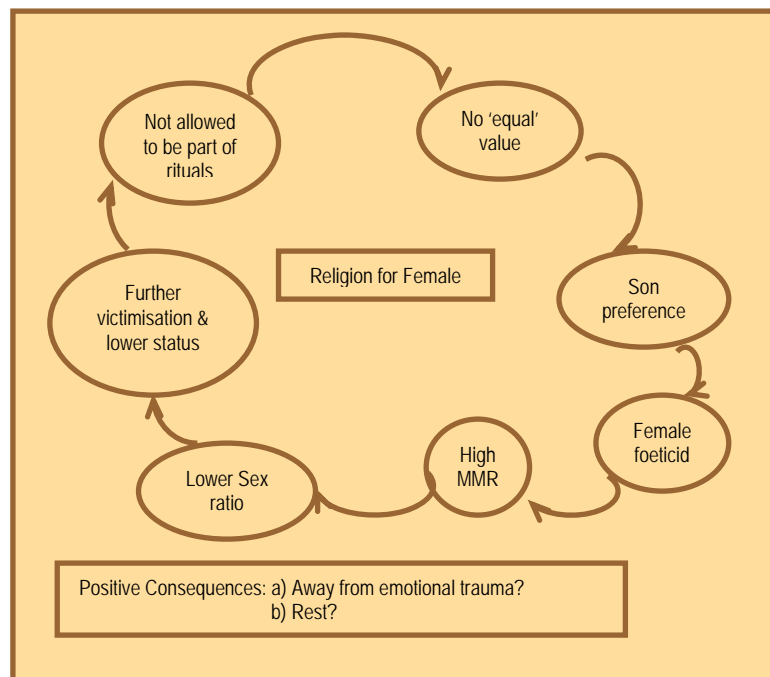
Groups were asked to discuss the beliefs for men and women and to identify the positive and the negative consequences of them in the sector that they had selected. They were asked to develop a flow diagram in 30 minutes.

Presentations: All groups came out with analysis in context to the sector they had selected. A group that had selected 'Religion' as sector made their presentation on 'consequence of religion on women' in the following way:

Groups also made similar flow diagram to show consequences on men.

The facilitator presented his views on discrimination and its patterns in all sectors. It was realised that discrimination exists not only in these few sectors but there are many that have not been discussed. Women are discriminated at every step and in every sector, irrespective of their caste, class, race, religion and nationality.

Facilitators ended the session with method capsules for perspective trainers to undertake such sessions in the field. The day was closed with a quick wrap up of activities and learning...



**Outcome:** ‘Gender Analysis’ is important to develop a perspective to understand implications of gender inequality in different social sectors, such as health, education, livelihood etc. Different methods can be adopted for gender analysis, however while working with communities one should refer simplified methods so that community can participate.

#### **Session IV: 2130 hrs.**

#### **Film Show: - ‘Janani’**

Theme: Gender based roles and Control

Story line: A poor family is shown doing their daily routine of activities. Man of the family was shown to be powerful, dominant and enjoying all liberty sanctioned to him by society. On the contrary his wife is shown to be submissive and engaged in house hold activities the whole day. She is not only doing reproductive activities but also shares a role in productive activities too!

##### **Method Capsule: I**

**Objective:** Gender Analysis of Social Sector

- Divide the participants in 5 groups
- Ask them to identify one sector
  - Health, Education, Irrigation, Political, Participation, Religion
- Ask them to list out prevailing practices for Men and Women
- Facilitate to develop flow diagram
- Group Presentation
- Discuss about the consequences for Men and Women
- Discuss about how equal, how just...
  - How long Indian Women Live (State)
  - Why do baby girls die
  - Right to Health –Anaemia
  - Maternal mortality
  - Gender gap in literacy
  - Freedom to participate in decision making

##### **Method Capsule: II**

**Objective:** Gender Analysis of Social Sector

- Arrange separate groups of Men and Women
- Discuss the biases and consequences
- Men's groups will present for Women's groups and vice-a versa
- Select non-sensitive issues, that are easy for you to handle

Discussion: The next day began with discussion over the film. Participants reflected their understanding on the division of roles for men and women and the significance of such divisions in the context of access and control over resources. A role of a woman was set in house hold activities like cooking, cleaning, collecting milk etc. on the contrary her husband was privileged to sell the milk and earn money. The woman had no control over that money. Participants also pointed out occurrence advantageous situations for women due to biases. Women, as they had shown in the film were not allowed to climb up on the roofs of their houses. Therefore it was mandatory for men to maintain the roof, as it was a risky to assign this work to women. Participants discussed the similar examples like ‘prohibition to cook during menstrual period’, which gives some rest to women in

crucial time. However, they concluded that gender biases exist in all communities irrespective of caste, class and religion. Such biases work against the growth of women as human being. Such biases reflect in roles assigned to Men and Women.

## Day II

### Session V:

#### Gender Analysis: Use of Participatory tools and methods

#### Facilitator:

Mr. Binoy Acharya

Time: 0930 Hrs.

The day began with the sharing of the plan of activities. The facilitator displayed the chart of sessions and asked participants to comment on the same.

Some of the participants shared their concerns during presentation by the documentation committee that they expected to learn more tools in the training design than theories. However, the facilitator explained that the selection of participants for this training programme presumes that the participants have some theoretical background on the subject and some amount of skills. This training programme was meant for sharpening the tools

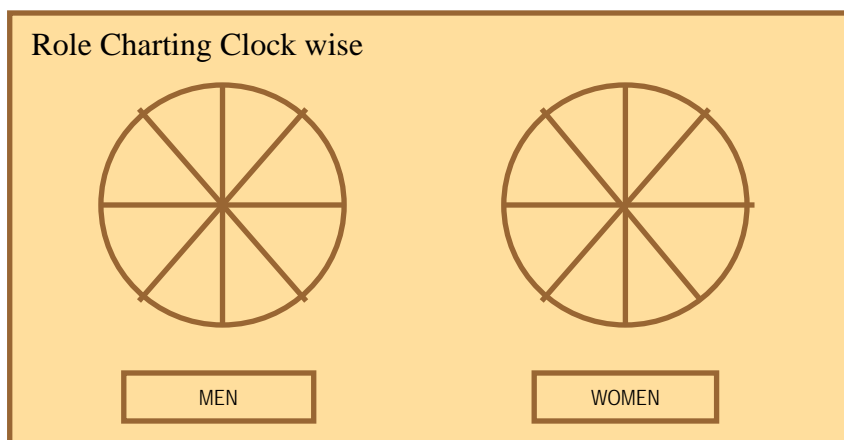
that are being used.

The facilitator began with the formation of new committees for documentation and steering for the day with a quick recap of the previous day's learning.

One cannot bring sensitivity and inject...it emerges through continues process of self-reflection.

### Gender Analysis: Use of Participatory tools and methods

Mr. Binoy Acharya shared his experience of organising Gender analysis in communities in Orissa. The exercise commenced with organising two separate groups of men and women. Both were asked to list out their tasks and roles for the entire day. Men were asked to present analysis of their women's roles. While presenting, male members of the group learnt that women undergo severe palm injuries while doing agricultural work. The injuries were so severe that women were not even



able to eat food with their hands. One of the men was so touched and embarrassed at this, that he immediately turned to his wife and took her hands in his and closely observed her palms. He could not stop his tears...

The facilitator had similar experience in Assam, where the community had promised to change all hazardous agricultural tools that women were using. The facilitator ended by

Gender Analysis is a holistic analysis and not sectoral analysis.

saying that sometimes-participatory methods bring in more sensitivity among people.

Role charting is an important exercise that trainers could practise in the community. It is possible even on the floor. Roles are noted down in a clockwise diagram with minute details and the risk factors involved to do them, for eg. If there is a role to fetch water from the well, there is a risk of falling down in the well.

Activities listed down in the above charts can be analysed in a tabular format as given below...

The Facilitator then shared his experience in 'Ramanhalli' village near Mysore in Karnataka where he observed that women were involved in productive as well as household activities. In a favourable social environment they also had spare time for social activities but they never get time for themselves. The capacity of women to perform multiple roles also gives them strength to manage their social initiatives on their own. In this context, facilitator shared his observation. It has been observed by the facilitator from his experiences in the field that

Productive		Household		Social		Time for Self	
M	F	M	F	M	F	M	F

Social Norms for...		Men	Women
Activities related to life cycle	Birth		
	Education		
	Service		
	Marriage		
	Divorce		
	Remarriage		
Activities which are forbidden			
Decision Making Process			
Enforcement of Punishment in the case of violation of rules.			

when women have organised, they formed an organisation and never allowed men to control it.

The groups were asked to develop another matrix of analysis based on social norms that control the behaviour of men and women. One of the groups presented their analysis as below...

**Day II**  
**Session VI:**  
**Gender Analysis: -**  
 -Access and Control  
 -Some more methods  
**Facilitator:**  
**Mr. Binoy Acharya**

**Access and Control:**

The facilitator explained the significance of understanding the access and control over resources.

Control is power to take decision without consent.

He said, “The roles assigned to women are reproductive in nature and not valued in the society. Their services are taken for granted in return they are deprived from having control over their own resources and services.” He further explained the tabular format that can be used to understand the access and control over

various services that are available for men and women in the family and outside the family.

Personal gesture, which creates terror, is not personal but social problem...

List of Services	Men		Women	
	Access	Control	Access	Control
Example: Rolling of Bed				
Expenditure on entertainment				

**Some more methods:**

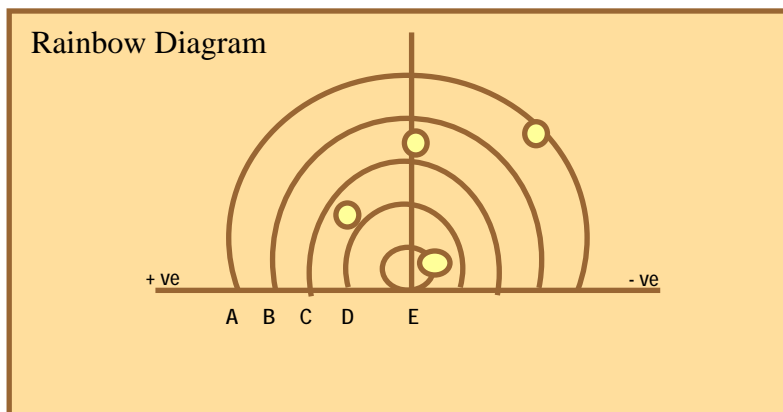
The facilitator shared different methods and tools that can be applied in the field for gender analysis.

Venn (Chapatti) diagram:

- Make separate diagrams for men and women
- Draw all institutions related to men and women separately in each group
- Rate all the institutions in a range of highly powerful to less powerful
- Show powerful institutions through bigger chapattis and less powerful through smaller chapattis.

### Rainbow diagram:

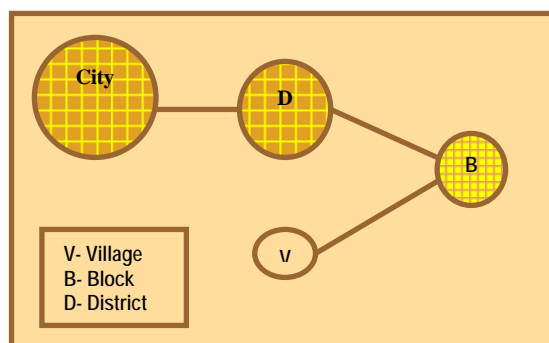
- Develop a diagram like a rainbow and show positive and negative poles
- Ask participants to identify institutions that are related to their routine life for eg. Transport, PHC (primary health centre), panchayat, Fodder Bank etc.
- Rate them either positive or negative depending upon impulsive feelings of the community. (These feelings are generally based upon the quality of service these institutions offered)
- Plot them on the diagram



The letters 'A' to 'E' are indicated for particular institutions. The plots in yellow colour indicate the positive or negative consequences and its intensity for a particular institution.

### Participatory Rural Appraisal (PRA): Mobility Mapping

A method of PRA can also be used for gender analysis. The facilitator gave an example of PRA that he had organised in Idar (a place in Gujarat), in which people presented the factor of mobility for men and women in a pictorial form. On account of having access and control over mobility, the team found that maximum number of boys went to Ahmedabad, Surat or Baroda for education but not even 10% of total girls went out of Idar or even to Himmatnagar (Taluka) for their studies.



Needs for Men and Women to perform their assigned roles are different as their roles are different.

### Gender Based Analysis: Practical V/s Strategic Gender Needs

Men and women have specific needs to perform their assigned social roles. These needs differ, as their roles are also different. An analysis of these needs could also reveal the different



dimension of gender analysis. Some of the role-specific needs of men and women were shared. For example: - women need a cycle without middle bar, as their clothes are different than men (generally women wear sari). This need is a Practical Gender Need (PGN), however the need of suitable clothes for women, like trousers and shirts, which would be comfortable with bicycle with middle bar is Strategic Gender Need (SGN). SGNs basically stand against irrational preconceived notions in society that forbid women to perform any role with equal participation.

Outcome: Participants were contented with the understanding of different tools and

**Method Capsule: I**  
**Objective: Gender Analysis: Use of Participatory tools and methods**

- Sharing of previous experiences of how use of participatory methods overcome gender barriers, promotes men-women participation (Orissa –Koraput, Assam Exmpl.)
- Transferring into chart in matrix
  - Productive
  - Reproductive/ Household activity
  - Social Activity
  - Activity for Self Leisure
- Discuss about biases, discrimination
- 24 hour diagramming on Roles – Men and Women
- Share with each other (Men-Women)
- Identify Issues
- List out social norms for Men and Women
- List out forbidden activities for men and Women
- Enforcement norms
- Venn Diagram for Men and Women – Link and relations with institutions

innovative ideas to carry out gender analysis in the field. Some of them also felt that they could express their concerns only after some experimentation in the field. The facilitator

wrapped the entire session in a capsule form for easy understanding of the participants.

## History of Women’s movement

**Day II**  
**Session VII:**  
**History of Women’s movement**  
**Facilitators:**  
**Ms. Trupti Shah**  
**Ms. Mallika Singh**  
**Time: 1230 hrs.**

The facilitators explained the context and significance of this session through a presentation. History is an important factor of human development. Historical analysis is nothing but a record of the past that directs future process with conscious thoughts. The process of social change is slow and therefore it is difficult to observe significant changes in a lifetime, while historical analysis helps in understanding such changes through a sequence of events. Historical analysis is also important since it helps to place the present situation in the context of

history, by which one can estimate the time required for desired change. Participants were asked to elucidate their concept of 'movement'. The facilitator listed out the concepts given by participants such as 'demand', 'social awareness', 'large reach-out', 'mobilisation', 'issue', and 'collective effort'. The facilitator explained the concept of 'movement' by compiling the meaning of all these words. A movement is a struggle for desired change. It is a consistent and collective effort by people mobilised, who adhere to the ideology of their struggle.

Transparency on rational for looking at history

History of women's issues is a movement—a movement that has passed through different phases. At one point of time this movement was at its peak when revolutionary reforms took place not only on papers through legal action but also in social behaviour and there was a time when this movement witnessed a cold phase. Facilitators divided the history of women's movement in five phases and traced it back to 200 years ago.

#### 1) Social Reform movement (1820-1920)

"The Women's cause is man's  
They rise or sink together,  
Dwarfed or God Like;  
bound or free"  
- Srimati  
Hardevi Roshanlal  
Bharat bhagini, 1892

The social reforms were introduced by progressive Men like Raja Ram Mohan Ray, Mahatma Jyotiba Phule and Maharshi Karve on the issues of Sati, Women's Education and Widow remarriage. The reforms were continued till early 20<sup>th</sup> century and many women contributed later on. The women's institutes for education and their participation in the independence struggle made it all time high in building environment for their development. Rani Laxmibai and Pandita Ramabai emerged as role model for other women.

- Law banning SATI in India (1817 in Bengal)
- Widow Remarriage
- Child Marriage
- Education of Women (1<sup>st</sup> Generation of Women Doctors, Social Workers etc.)
- Mahila Manadals (Arya Samaj and Brhma Samaj, Arya Mahila Samaj)

Social Movement is a continues and consistent struggle made by mobilised people, who believe and promote certain ideology, and make collective efforts to change existing social system.

#### 2) Emergence of women's organisations and independence struggle (1920-1950)

The impact of social reforms and progressive movements in the country reflected in the second phase. 1920 onwards women received their own

leadership in the form of Sarojini Naidu, Kamaladevi Chatopaddhaya, Aruna Asf Ali and Saraladevi Ghashal. The women's participation in the independence struggle also highlighted the issues of co-education, Marriage and Divorce, Inheritance, Right to husband's property and right to abortion. All India Women Congress (AIWC) emerged as single largest voice of different women's groups across the country. It was important to note that during this phase women were not only instrumental in their own mobilisation and independence struggle but they also played significant role in the disaster situations for larger community interest. Vijayalakshmi Pandit set up new organisation in the name of 'Save the Children' during 'Great Bengal Famine' to ensure livelihood of affect people.

The important events of the phase are...

- Non-Cooperation movement (salt)
- Civil Disobedience Movement (non-payment of taxes Programmatic reforms and New equal rights Approach)
- All India Women Congress (AIWC) 1924
- Bengal Famine: Role of Women's Movement.

### 3) Post-independence period (1950-1965)

After attaining the peak of the activities and mobilisation, women's movement experienced slow downfall in the post-independence period. Independence was one of the main motives, that driving the force of women's movement. After achieving it, movement became silent in nature. Another theoretical argument states that it was a natural relaxing period for any movement after consistent struggle for many years. Due to its silent nature this phase is also recognised as 'cold phase'. Even though the movement was considered as silent, some significant changes were made in law. However, those changes were not adequate enough to address all the issues. Therefore new demand of 'Uniform Civil Code' was emerged. The period was mainly marked for...

- Independence –Women's movement forefront, 1947
- Some of the most progressive laws for women, 1955
- Women's Movement relaxed
- Activism to development of institution and Organisations.

### 4) Emergence of people's movement (1965- 1985)

1960 onwards another wave of unrest developed in the country. The roots of this unrest were concealed in the movements of 1940s. Telangana movement of Andhra Pradesh, Tibhaga Movement of West Bengal had stored immense energy, which

turned the unrest of 1960 into different movements. The period of 1960 to 1970 is known for movements of farmers with different ideologies.

- Radical Maoist movement, Muzaffrapur, Bihar
- Naxalbad movement, Midanapur, Burdaman, West Bengal and Srikakulam of Andhra and Kerala
- Bhil Adivasi and Shramik Sanghatan Dhuliya Maharashtra
- Anti Alcohol Movement

Along with farmers movement some issue-based movement also emerged during this period. Chipko movement on the issues of deforestation became famous for its innovative strategy of embracing trees. Two women leaders, Gauradevi and Zhikaridevi who were left out in the records of history, evolved this strategy. Chipko movement was successful in making effective policy changes. Anti-price rise movement of Gujarat turned out to be a foundation of Navanirman Abhiyan. The movement had demonstrated its strength and the then state government had to quit. The movement led to National Level demonstrations in the leadership of Jayprakash Narayan. A demand of 'Sampoorna Kranti' (Absolute Insurgency) came up and to the effect of it Central government declared emergency. Women's leadership and their contribution to the issue-based movements gave them strength to mobilise themselves to take up some serious issues of gender discrimination and violence against women. Series of rape cases during 1977 to 1990 evoked the women's organisations across the country. Each case and followed proceedings could show the limitations of law.

- 1977 Mathura Case - 14 year old
- 1978 Ramilabi - Hyderabad, 26 people died in police firing
- 1980 Maya Tyagi - 23 year old well off woman, Bagpet UP
- 1986 Guntaben - Tribal Woman Bharuch
- 1992 Bhavaridevi - Rajasthan

1980 was the time when women's movement raised their voice at its peak. National conference- Forum against Rape – and Forum against Oppression of Women, demonstrated their protest on streets of Mumbai. Anti dowry campaign was also

#### Method Capsule

**Objective:** Understanding Social mobilisation and Action from the history of Women's movement

- o Ask participants what do we mean by Mobilisation
- o Publish in a chart (Issues, collective awareness, Demand, Goals, Organising, Leadership, Ideology/Perspective)
- o Presentation of Movements in Pictorial, slide form
- o Small Lecture (Reform, independence, People's Movement, autonomous Women's movement, international conference, government ratifications)

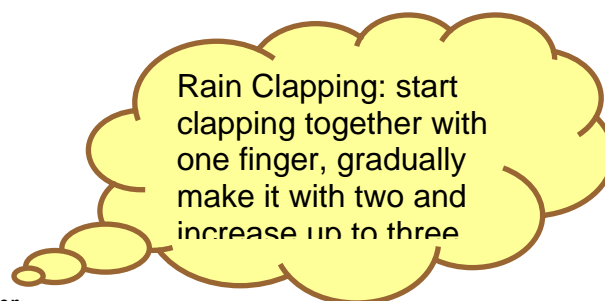
launched during this time. Different women groups set up their offices to handle the cases of domestic violence, wife beating, sexual harassment on the streets and at work, Women's degrading portrayal in media, Sex determination and abortion of female foetuses and Sati.

5) 1985 onwards...

The strategy of dealing with women's issues and approaches changed after 1985, when more and more women joined hands to take up the tasks with life-long commitment and immense talent. The right-based approach became sharp and multi sectoral. It was a time when many women were holding good positions in different sectors such as health, judiciary, media, governance, education, development, IT and Administrative services. Such women also came forward to support the movement with knowledge and talent. The focus was also given on policy change and legal amendments. Modest success was also achieved in the areas of women's reservations in Panchayats and legal provisions. Few pro-women amendments were also made in Hindu marriage Act related to property rights. However, a lot needs to be done and struggle is still continued...

A pictorial presentation on transparencies on this session is enclosed. <sup>Annexure 4</sup>

Outcome: It is important to trace the history to track bright future. History of women's movement reveals that the reforms on the issue of gender are not adopted from western society but they are outcomes of struggle Indian women. History also shows that the struggle of Indian women is not only the struggle of their issues but it has also contributed in other issues of development. The ideology and perspective of the movement has gradually transformed and adopted different dimension according to the context and situational change.



Energiser:

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<sup>4</sup> History of Women's Movement a pictorial presentation

## Day II

### Session VII:

#### Understanding Social Mobilisation and Action from the Local examples/cases

Facilitator:

Ms. Mirai Chatterji

Time: 1430 hrs.

## Understanding Social Mobilisation and Action

This session focused on the basic question 'how is gender mainstreaming possible'?

To help understand the significance of the session, it was divided into two parts. The first part consisted of the narration on SEWA's experience and the second part was an open forum to help participants to respond, ask questions or to comment.

Self Employed Women's Association: (SEWA) of Ahmedabad is an internationally renowned example of mainstreaming gender. The session helped participants to

bring clarity on the contemporary applications of gender mainstreaming processes in the field. Ms. Mirai Chatterji has been associated with SEWA over the last twenty years in various ways and presently holds the position of Coordinator. It was the only experiment of its kind in India. Ms. Chatterji shared that the struggle began long back in 1972, when Ilaben Bhatt conceptualised the dream of SEWA.

After preliminary processes of organising women informally, she strived for formal registration of SEWA as a trade union. Her application was abruptly refused, as nobody was ready to accept the concept of a women's trade union. It took two years

'Gender Mainstreaming' is possible only when women at grass root level get organised and make effective efforts for influencing policies.

of consistent efforts to convince government officials for registering of a women's trade union. History was repeated once again in 1974 when SEWA moved to the banking sector. Two more years were again invested in order to gain acceptance of the concept and the establishment of an independent women's bank. The biases were deep rooted not only among common people but also among scholars and academicians. None of them could perceive women with independent entrepreneurship in the sector of economics. The struggle continued and finally resulted in the establishment of a government body named as Women Economic Development Corporation (*Mahila Arthik Vikas Nigam*).

Mobilisation means also challenging decisions.

The international recognition that SEWA received helped sometime later, to influence policy makers in India. The organisation witnessed major milestones in the journey of women's development on the International front. Some of them were:

- 1975, International Conference of Women at Mexico. The year was celebrated as international women's year and later 8<sup>th</sup> March was institutionalised as International Women's Day.
- 1985, Forward Looking Strategies, Nairobi. The Indian representation in this conference was profoundly visible.
- 1994, International Conference on Population & Development (UNFPA) Egypt-Cairo. A strong monitoring group emerged through this meet in the name of 'Health Watch'. This had a positive impact on the population policy.

After this initial sharing, the forum was made available for open discussion, as has been mentioned above.

Outcome: The questions asked by the participants reflected their level of interest and understanding developed on 'gender mainstreaming'.

- 1) Is there any movement on the issue of 'Devdasi'?
  - Yes there are movements in Maharashtra and Karnatak active on this issue.
- 2) As democracy is the common system of governance in both developed and developing countries. Does it help in influencing international policies?
  - No, a common system of governance gives freedom of speech and expression but not necessarily helps in influencing international policy makers. She also said that in some cases government of India and Indian organisation join hands to influence policies at international forum.
- 3) What are the implications of privatisation on banking sector with special reference to access and control?
  - Privatisation will certainly impose a tough competition. The power of huge capital would give an advantage to private multinational banks. However, Indian banking sector has potential to reach remotest possible place where other banks cannot reach. Women have strength to stand by this competition and demonstrate progress.
- 4) What could be the mechanism to reach banking at the doorstep of deprived women?
- 5) Involvement of maximum women in the small income programmes as well as their education help banking to reach the doorstep of deprived woman.

A question on the issue of '*Devdasi*' was thought provoking. Some of the participants were of the view that an example of SEWA is a matter of pride but there are issues that have not been adequately touched.

Another question was based on privatisation and its implications on banking sector with respect to Access and Control over the resources. The facilitator responded to both the questions simultaneously. She expressed her views over privatisation that the potentials of women is still unrecognised and increasing competition can also be considered as an opportunity for showing this potential. She added that a common system of Governance sometimes makes it easy to understand each other's problems and gives scope to put forward ones views. However it does not give assurance to expedite action. The facilitator summed up the session in a capsule...

#### **Method Capsule**

**Objective:** Understanding Social mobilisation and Action from the Local examples/cases

- Experience sharing on mobilisation for mainstreaming
  - Women's access to Banking, Insurance,
  - Protection of Women's rights in Population policy – Cairo Conference, Health watch
- Exercise on Issue Articulation: Identify the issue in 15 chances!
- Sharing of mobilisation Strategies and public engagement on local Issues
  - Neighbourhood mobilisation on home based violence
  - Public engagement on Mid-Day meal
  - Community mobilisation on water issues
  - Private engagement to improve health care services
  - Government involvement on training for women farmers
- Conceptualisation (Framework) on Issues and forms of Mobilisation. 'Our' Participation and 'Their' Participation
- Issues on mainstreaming – 'benefits and losses'

#### **Day II**

#### **Session VIII:**

#### **Understanding Social Mobilisation and Action**

**Facilitator:**

**Ms. Trupti Shah**

**Time: 1615 hrs**

### **Understanding Social Mobilisation and Action**

This was the third part of the same topic, in which Ms. Trupti Shah shared some experiences from Baroda.

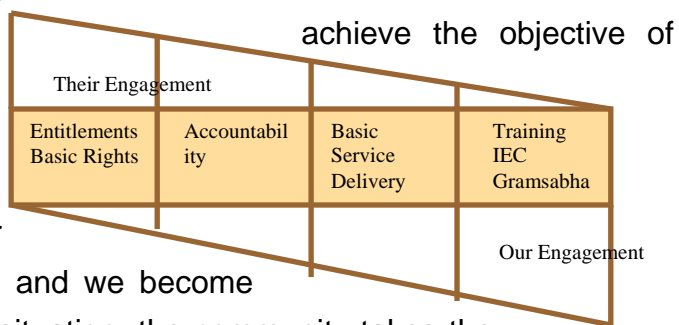
Participants shared their views and experiences on mobilisation process that they attempted in the field. One of the participants, Dr. Meena shared his experience related to his first posting. The posting was located in one of the remotest areas of Gujarat. The situation of the health clinic there was bad. He began his intervention through a health checking camp for children and gradually developed a beautiful campus with the support of the

community.

The facilitator explained the process of mobilisation and its link with the identification of the right issue. He said that in the process of mobilisation, it is most important to understand the point of view of the community. The project objectives or framework may



differ from the priorities of the community. In such a case, one needs to have the skill of demonstrating the programme to the community, without compromising basic framework of the programme. In the beginning we as change agent get more attached to the process but later on community becomes more attached and we become detached from the process. In an ideal situation, the community takes the lead in driving the force.



Up scaling is an essential component in mainstreaming and therefore it is a challenge to keep people engaged in up scaling.

Various Studies show that the graph showing the level of participation and up scaling goes in the reverse direction. When an issue is at the grass root level, the level of participation is high but when the same issue is scaled up, the level of participation

/STREE pr  
taYA JO

becomes slow. The Session was important not only from the point of view of trainers but it was also thought provoking for social mobilisation processes in the field. A quick wrap up by the facilitator in the form of a method capsule helped the participants to understand the use of these methods.

The Session was closed with an inspiring song, which is also one of the effective tools for mobilisation...

TaoD toD ke b2.noko deqo bhene  
Aatl hE

Cases for analysis was given before the last session began. As per the requirements of the next day's work, groups were formed according to background of the participants.

Role Play as effective tool for gender Analysis

Based on the case analysis on the first day the groups were asked to do role-plays or chose an e.g. from the field and do a role-play to understand gender biases.



Performance I

Group I performed a play based on the preference of male-child. The title given was 'Ladki nahi chahiye'. A joint family was shown where two girls have already taken birth and 'Laxmi', a daughter-in-law is expecting for the third

time. Family pressurises her for the sex determination of the unborn child and when it was found that it was also a girl, she was neglected in all aspects.

Individuals and family members are woven in one social system and therefore total social awareness is required to expect change at level of family...

After a minute or two the facilitator initiated a discussion. He started with asking the actors (in the play), how they felt about it. The same question was posed to the audience. People felt agitated and also helpless.

The facilitator then shared his views over the theme and pointed out the limitation that the information shared in the play was not adequate enough to give complete message on health consequences of abortion. Thus it is important to share correct and adequate information on the issues of health, law and other such issues.

### Performance II

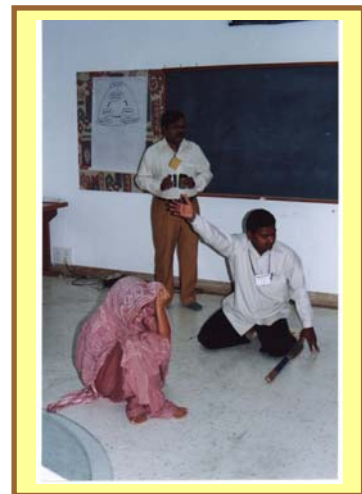
A role-play should reach the conscious of community...

Group II performed a play based on 'the use of superstitious beliefs of the society to reject widow's rights over property' It was named as 'Hun

#### *Dakan Chhu'*

The play was based on a true story, in which relatives of a widow forced her to be mentally upset by enforcing their beliefs and torturing her with the help of a witch doctor.

A small discussion followed. The facilitator shared that in reality, people have feelings similar to the ones that the



audience had while watching the role-play. People feel angry, agitated, nervous, ashamed, guilty, etc. but neither do they dare to express such feelings nor do they take action accordingly because of social pressures.

Tips to apply role-play as a method:

- Select an issue on which the team is confident to handle reactions from the community...
- Perform a play in the shortest possible time
- Document facts and feelings
- Relate them to the experience of participants
- Analyse reactions
- Prepare an action plan

## Film Show: ‘When Women Unite!’

**Time: 2130 hrs.**

A film based on ‘Anti-Alcohol movement in Nellor district of Andhra Pradesh’ was screened during the night. A small literacy programme of government gradually turned into a power threat to the state. The issue was up scaled to the extent that it became an issue for election. The power in the state was changed. It was also the story of a poor illiterate woman who was an activist of this movement and became a Sarpanch of the village. The film was not only inspiring but also reflected the theoretical inputs given in the sessions during the day.

### Day III

Session IX:

Gender Analysis of Health

Facilitator:

Mr. Binoy Acharya

Ms. Renu Khanna

Time: 0930 hrs.

They were asked to develop a matrix of the developmental stages of human life and the correlated health condition/ problems of

#### Method capsule:

**Objective:** Stock taking

- o Distribute one card to one participant
- o Ask to write one thing that you have learnt
- o Participants State and Place on the ‘Sticky Board’
- o Cards/ Responses are classified as
  - Mobilisation strategy
  - Gender Analysis
  - Training Methods (Role Play, Story telling, Case analysis)
  - Personal attitudinal change

### The Day began with prayer and...

- Steering and Documentation Team Report
- Formation of New Teams for Day-III
- Stock taking for two days

### Gender Analysis of Health

The session began with group work. Participants were divided into three groups separately for men and women.

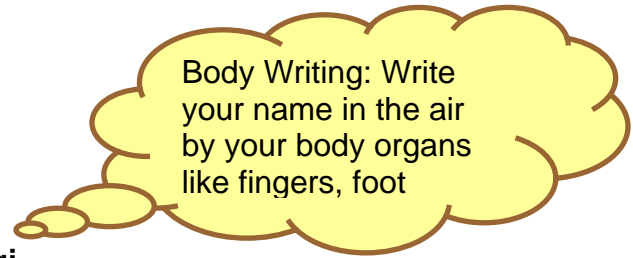
Life Stages	Male		Female	
	Health prob.	Gender issues	Health prob.	Gender issues
Prenatal	No major health problems.	Proper care, Immediate treatment etc.	Female foeticide Low immunity, Diarrhoea, Infection, URI, Accidental death	Male Child Priority, Lack of Nutrition, Delayed treatment, Lack of cares
Postnatal			Female infanticide, Diarrhoea, Infection, Low IQ	Lack of Care, negligence lack of nutrition
Childhood			Uterus Infection, injuries, Tetanus, no immunisation, prone to catch disease	Sexual abuse, Lack of nutrition, House hold work, no scope for play no love
Adolescent	Addiction, prone to accidents, STDs etc	Liberty to enjoy leisure time with peer group and explore curiosity	Uterus Infection, injuries, Tetanus, no immunisation, prone to catch disease	Sexual abuse, Lack of nutrition, House hold work, no education on MC, no scope for play no love
Young	Addiction, prone to accidents, Mental Depression, Tension, STDs etc	Liberty to enjoy leisure time with peer group and explore curiosity	Early motherhood, acute pain, headache, Malnutrition, death	Heavy workload, Acute tensions, Rape, Domestic violence etc.
Old	Cancer, TB, Mental depression etc.		Anaemia, Mental depression, Suicide, RTI, Breast cancer, Diabetic etc.	Insecurity, No support, No property rights, Dependency on others, etc.

men and women and what were the gender issues that were influenced by these problems. The time allotted for the group discussion was half an hour.

Presentation: All the groups presented their work on flip charts.

A discussion on these presentations revealed the fact that our health system is designed for 'mothers' rather than 'women'. The facilitator summarised the session with an exercise. The facilitator asked to point out all diseases mere for men and women in different developmental stages of life. On classifying these diseases it was found that there were three types of health problems...

- Reproductive health problems;
- Productive health problems; and
- Occupational health problems.



**Energi**

Song: TaU ijNda heE to  
ijNdglkl Jalt pr Yakln Kr

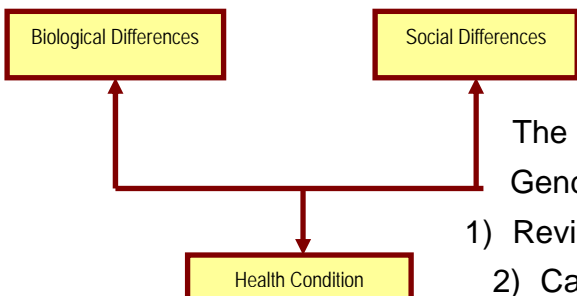
**Day III**  
**Session X:**  
**Gender based analysis for planning (Health)**  
**Facilitator:**  
**Mr. Binoy Acharya**  
**Ms. Renu Khanna**  
**Time: 1115 hrs.**

### Gender based analysis for planning (Health)

Facilitator explained that 'Gender based sectoral analysis is not a new concept' It covers specific analysis of a particular sector including the administration, policies and related laws, implementation practices, etc. in the perspective of gender. Such an analysis helps in developing plans for mainstreaming Gender. In this training programme, the 'health sector' has been strategically selected for Gender based analysis, as it is a priority area for GRC to initiate its work in partnership with UNFPA.

UNFPA.

This is the area in which sex also matters along with gender unlike other sectors such as education, livelihood etc. The concept of 'women's health' and the 'origin of



differences between health and illness' were explained with the help of two transparencies.

The facilitator stated that there are three steps to Gender based Health analysis

- 1) Review of secondary data
- 2) Causes of illness

### 3) Responses to illness

The facilitator explained the tools for gender analysis that were used in Surendranagar district and added that reading material on this has been incorporated in training manual. (Ref. Pg. No. 200)

Following this, an exercise was given to the participants. Case stories were distributed and participants were asked to identify the biological and gender factors that affect health. The facilitator pointed out that an interesting exercise on this issue has also been given in the manual, (Ref. Pg. No.12) in which some statements have been listed and readers are expected to identify whether the statement given is sex based or Gender

#### Method Capsule

Gender based analysis for planning (Health)

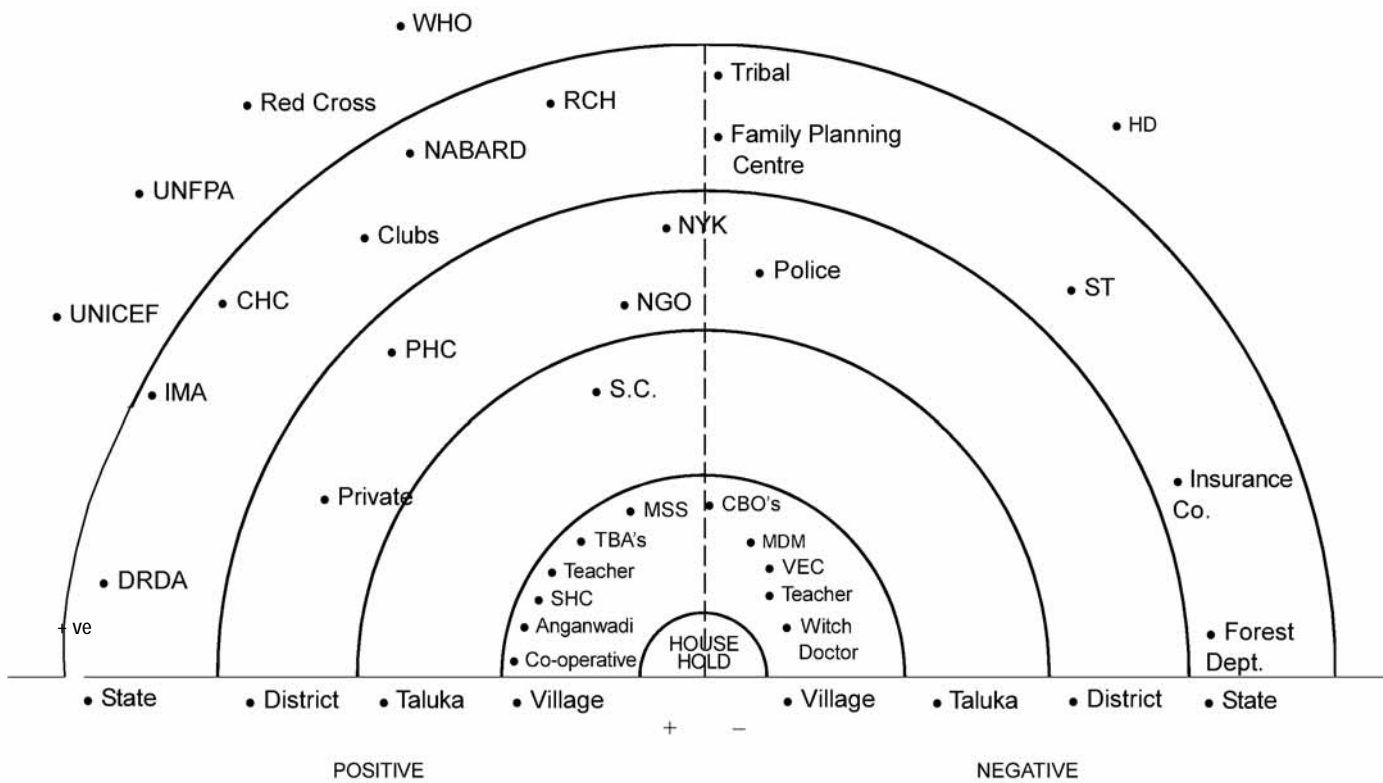
- Ask participants what are the gender aspects need to be taken into account for planning
- Recap of lessons derived from case work and gender as a system
- Explain the framework in terms of
  - Level: House hold, community, State, Market, International
  - Patterns of illness
  - Factors affecting who gets ill-Gender and Biological
  - Responses to treatment
- Distribute 3 cases in 3 groups to apply framework
- Presentation and discussion

based.

#### **Making Plan for District:**

Participants were divided according to the districts from where they had come. They were asked to develop a plan for their respective district.

However, before they started, they were asked to make a list of all institutions that existed at the district levels. Participants listed at least 30 different institutes. A copy of their plans is annexed.



**Outcome:** Some health affecting factors appear as biological but over the period get converted into gender-based factors. For e.g. Breast feeding appears as sex-based factor but has gender link, when people use it to show it as indicator of male strength.

Gender Equality is to help each other to be human rather than man or woman...

**Day III**  
**Session X:**  
**Other Tools and Techniques**  
**Facilitator:**  
**Mr. Binoy Acharya**  
**Time: 1615 hrs.**

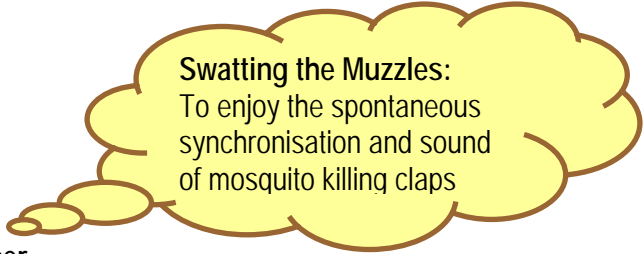
**Other Tools and Techniques:**

Sex and gender Quiz:

On the basis of statements given in the training manual <sup>Ref.</sup> Page 12 participants were asked to identify whether the statement was gender biased or sex biased.

Rainbow Charting: The list of institutions identified by the groups was used for institutional analysis. All participants were asked to plot each institute in a rainbow diagram. <sup>Ref.</sup> Page 18.

Who knows everybody's name?  
 Game to learn names of all participants. Start with one and then add your name in the list...



Snake and Ladder:

Two separate groups of men and women were made. A game of snake and ladder was played with it's the standard rules with some theme based additions. Each group was asked to convince the opposite group on the theme given in the concerned cell on its every

**Energiser**

	25	26	27	28	29	30
		Boys and men should eat desi ghee		Reduced psychological stress		Prevent HIV-AIDS/STDs
	24	23	22	21	20	19
Biological and Gender understanding on health			Biological changes of men-women addressed	Choice for male baby		Blamed women for infertility
	13	14	15	16	17	18
		Social norms on nutrition Discrimination in health care practices	Will be strong	Planned pregnancy	Husband-Wife share about their health needs	Low women's status
Addresses health needs equality	12	11	10	9	8	7
		Social prejudices towards health care		Over caring protection of boys		
	1	2	3	4	5	6
		Mental Health Anaemia	Women's freedom	Bad Habits exposed to injuries		Anaemia maternal Mortality

promotion or demotion, and their co-relations.

Outcome: Participants were clear about the theoretical understanding of analysis and its application in the process of planning. Institutional analysis with the help of Rainbow Diagram was found to be very useful and a simple way to understand stakeholder participation.

Session XI:

**Film:**

**Time: 2030 hrs.**

Story Line: An intensive process of sensitisation was planned with ANM (auxiliary nurse mid-wives) workers of Mumbai Municipal Corporation. It was observed that after 18 months of intervention, there was positive change in their behaviour and work. On the basis of their interaction with the women in the community they developed a small skit portraying specific issues related to women's health. Later this skit became an effective tool for advocacy.

Outcome: The issues and their dimensions raised in the film through different characters offered a scope for discussion on various important subjects that were not in the scope of the design of this particular training. These were issues related to sex workers and their health, exploitation, legitimacy etc, issues related to women's sexuality, child trafficking of girls and the third gender.



## Day IV

Session XI:

Gender Based Violence

Facilitator:

Mr. Binoy Acharya

Ms. Renu Khanna

Time:0930 hrs.

Day four began with prayer and reports presented by the Steering committee and the Documentation committee. The steering committee shared its views over time management and quality of participation in the group. They found that all the participants were not attending all the sessions that affect participatory exercises like group work. Organisers responded to the concern saying that it has been decided that the next phase would be organised out

of town to ensure 100% participation in all the sessions. Committees were formed for the fourth day...

A concept of 'community participation' needs to be redefined. It is 'we' who need to participate in 'their' agenda.

### Gender based violence:

The facilitator initiated a discussion on violence against women and it was realised that the issue was not new. Although participants were aware about the nature of such violence and its consequence, analysis of such violence from the perspective of gender was comparatively a new subject to them. Following this, a film 'Nasreen o` Nasreen' was screened. The film was a visual documentary of women who were the victims of domestic violence, and their struggle. The film depicted some who had shown great amount of strength to come out of their own problems and helped others in a similar situation. They also shared their views about the support gained from the legal system and their parents and relatives.

After the film the participants were silent for a while. They expressed their anger, agitation, embarrassment and sympathy. Later the facilitator then helped the participants to articulate and classify the types of violence that had been discussed in the film in the plenary.

#### Types of violence

Physical	Sexual	Mental	Social
Beating	Marital Rape	Ignorance	Torture
Burn	Incest	Humiliation	Harassment
	Sexual Abuse	Jokes	Denial Rights

## What is violence?

Violence is basically an exertion of power that has been given to men by unfair patriarchal system.

Violence has been defined from different dimensions such as social, legal, political etc. However, in order to understand violence in a simplified form, it can be defined as an intentional destruction of one's feelings, health, mental state and social rights in any form that includes the above-mentioned types of violence and the denial of basic amenities and needs in the process.

## Who are the victims?

The responses of participants can be compiled to say that women are the victims irrespective of their age, social status, financial status, nationality, religion, educational background and political status.

## Who are the perpetrators?

There are two types of perpetrators.

Active	Passive
Husband	Customs
In-laws	Religion
Senior colleague	Parents
	State
	Community

The facilitator shared that there were certain myths related to violence and about people working on issues of domestic violence. Therefore, it is important for trainers to be aware about such myths. A basic myth that prevails in society to take proactive step against

the perpetrator is that 'violence in the family is a personal matter'. Violence is basically an exertion of power that has been given to men by the unfair patriarchal system. Therefore the exertion of such power through domestic violence cannot be a personal matter. It has to be a social issue.

People working on the issue of 'Gender' are often called family destructors. However, sensitive people can understand that people working on 'gender' issues, value relationships based on principles of equality, mutual respect, dignity and love. They make all efforts to sustain these relationships. At the same time they do not hesitate to take needful action against violence and such other issues related to gender that often take refuge under such relationships.

As 'Gender' trainers we need to work not only on rational thinking but also on feelings and emotional turmoil too!

## Health consequences of Violence

Participants were asked about the health consequences of violence shown in the film. Their responses were classified as...

Direct	Psychological	Reproductive	Psycho-somatic
Injury	Frustration	Abortion	Wait loss
Burn	Depression	Ruptured Uterus	Aging
Scratches			Body-ache
			Vomiting

The consequences can also be differentiated between fatal and non-fatal.

The facilitator explained that in the case of violence it is important for a counsellor to be patient and to listen to the victim carefully. The counsellor should ask questions gently and should have the ability to understand the reality from the victim's facial expressions and non-verbal cues of the victim. The role of the counsellor becomes crucial in such cases as they should not be judgmental and should not impose their own thoughts/decision. In such case, priority should be given to the client's security and support systems.

### Method Capsule

Gender Based violence

- o Film (Nasreen O Nasreen)
- o Elicit the feelings of participants
- o Generate discussion on
  - Types of violence
  - Who are the victims
  - Who are the perpetrators
  - Health consequences
- o Discussion on different types of health consequences, Role of family, Community, Service providers, Media
- o Role play on role of family, community, service providers, with reference to different types of victims of Gender based violence seeking health care
- o Discussion and Lecture on role of health care providers

## Day IV

### Session XII:

### Role of Health Care Service

#### Facilitator:

Mr. Binoy Acharya

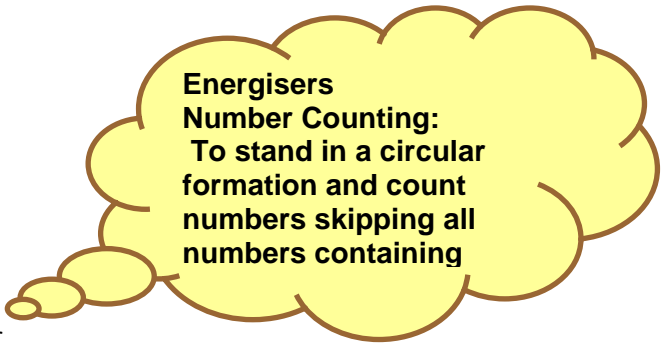
Ms. Renu Khanna

Time: 1115 hrs.

## Role of Health care system

The facilitator was of the view that the Health Care System (HCS) has an opportunity to play a crucial role in 'gender' issues in the community as facilitating this was the only system easily approachable for women in culturally rigid communities. It is difficult for women to share their problems with their schoolteacher or with panchayat members but with health workers such as the nurse or the doctor at the PHC, they find it easier.

Dignity, Respect, Sensitivity and Confidentiality are the principles and values to deal with cases of violence.



Energiser

**Quality of Health Care Service:**

It was shared that more than the infrastructure and extravagant equipments, people need a sensitive and responsive Health Care System. In order to understand the parameters of 'quality' it is important to understand the perspective of the service takers i.e. patients and clients, the service providers i.e. the doctors and the nurses, and the administrators. In many cases, service providers follow only their perspective and not of the other two groups mentioned above. Such an attitude eventually affects the efficiency of HCS.

**Method Capsule**  
Quality of Care

- o Discussion on perspective of service provider, receiver manager
- o Card Shorting on nature of care, where people go, why do they prefer a particular type of service provider, identify issues from Service provider's/ client's point of view
- o Discussion on what need to be done to improve quality of service

**Session XII: Legal issues on violence: a gender perspective**  
**Facilitator:**  
**Ms. Sophia Khan**  
**Time: 1430 hrs.**

**Gender based violence: Legal perspective**

The facilitator shared his views on the legal issues related to women. He started with stating that the State has the prime responsibility to protect the fundamental rights of its citizens. Judiciary is one of the important pillars of the democratic system that specify the provisions made in the constitution with regard to basic rights. It provides a system for protecting these rights and decides punishment in case of violation of such rights. It is important for trainers to understand the provisions available for women through the legal system. It is equally important to be aware of the biases that the system still carries and the various problems that women face due to the patriarchal society. Although all citizens (men and women) are subjugated by criminal offences against them, there are certain offences that subjugate only the women. With this overview, the participants were asked to identify all criminal offences against men and women and then classify those that affect especially women. To make the process of identification easier, participants were asked a simple question: 'what type of fear do

they carry while going out during odd hours at night?’ The responses given by women participants reflected the mirror image of our society. One of them shared that she would be more afraid of men than even the stray dogs.

A hollow sphere of insecurity has always been maintained between men and Women.

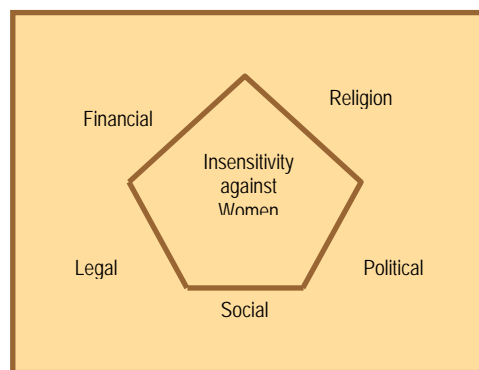
Following this, a small presentation was made on the different dimensions, definition and constitutional provisions related to violence. <sup>Annexure 5</sup>

It was highlighted that constitutional provisions were made under the IPC (Indian penal Code), the IEA (Indian Evidence Act) and the CrPA (Criminal Proceedings Act).

The Indian constitution has made specific provisions for women that cater to their special needs. Article 15(3) states that no State shall promote/ tolerate disparity on the basis of caste/class/religion/ race/ nationality and sex.

However the State has the powers that favour women. Various specific provisions that were available to women in cases of molestation, rape,

violence was explained. However, it was said that the focus of the session was not to develop a legal knowledge base but to develop a insight on legal aspects so that the trainers could be aware of ground realities.



### Group work:

In this session, two cases of violence against women were distributed in three groups. <sup>Annexure 6</sup> Case one was ‘who is responsible?’ It was a story of a girl who has been raped by her closed friend. She wants to commit suicide. She needs support.

Law is like a weapon without sharpness, therefore requires legal strategy for effective exercise.

The other case, ‘worry of every home?’ was based on a story of a woman who has been married for last ten years. She is a victim of domestic violence and feels extremely insecure to continue staying in the same house.

Each of these groups was assigned the role of family members, NGO and the police respectively. All three groups were asked to read the cases given and to advise the victim accordingly.

<sup>5</sup> constitutional provisions related to violence

<sup>6</sup> two cases of violence against women

It was observed during the presentations that participants tended to be advised in an ideal situation although, they were aware about the fact that ground realities are different. The post presentation discussion highlighted facts that women face in the police station, in the family and in the society. In spite of harassment due to the social and legal support system, a victimised woman remains alone and ends up sharing her pain with herself. Eventually, she becomes tired of bearing the pain and faces psychological depression.

Law is not proactive one has to make it active in the interest of the victim

The support systems available make efforts to find satisfactory solutions. It was said that the term 'solution' has also been interpreted with a bias whereas 'solutions' should always be interpreted in the honour of victim. If the victim finds herself insecure in the family and wishes to get out of it, her separation would be the solution.

Outcome: Participants found this session extremely important and showed further interest to know about the legal aspects related to gender. A booklet on legal provisions distributed after the session was found to be extremely helpful in this regard.

**Method Capsule:**  
 Legal issues on gender based violence: a gender perspective

- List out forms of violence on men and women that we read in news papers every day
- Who is the victim-Women, men, Share secondary data (transparency)
- Examine who faces more violence
- Divide the participants into 3 groups. Distribute 2 caselets
- First group to discuss the usual response of Family
- Second ----- NGO
- Third----- Police

**Ajay's Elephant**  
 Participants were asked to form a circle. A person in middle was to indicate any body in the circle and the person who was indicated should act as an elephant. Along with that the people standing besides him/her were asked to catch their ears. Whoever misses

Energiser

## Day V

### Session XIII:

#### Evaluation

Facilitator:

Mr. Binoy Acharya

Time: 0930 hrs

**Evaluation:** The day began with recapturing all the content and methods of training in last four days. The facilitator displayed the charts containing content and methods of training. Facilitator wrapped each of the contents and methods adopted from day one. Participants perceived it as a training view at a glance. After recapturing, house was made open for questions and answers.

While appreciating the efforts made by the organisation in conducting the training programme, one of the participants asked about the preparation made for the training in terms of time, resource, energy and curriculum designing. The facilitator explained the conviction that the organisation and its staff have for the work that was involved in. He said, "It was a strong believe in the work that gave us strength to develop such training programme. It was team effort. Continuous meetings with senior staff at GRC, meetings with Resource persons and meetings with Ms. Rita Tiotia IAS helped in giving shape to the proposed training programme. Personal meetings with all the resource persons were ensured so that each speaker would have better idea about the objectives of training and profile of trainees. The inputs given by resource persons were incorporated in the training design. Sincere thought has been given while selecting cases, reading material and other material for the training. The staff members of Unnati were engaged in logistic arrangements to ensure comfortable working environment."

Before the session ends evaluation charts were pinned on the wall to record the feedback of all participants. The analysis of the charts reveals the following facts.

#### Chart analysis

S.N.	Parameters for evaluation	Very good	Good	Average	Below Average	Poor
<b>A</b>	<b>Level of Understanding</b>					
a	Gender Analysis	5	13	4	0	0
b	Gender analysis of Health	2	11	7	2	0
c	Social Mobilisation	4	11	6	0	0
d	Gender based violence	6	10	4	1	0
e	Methods of training	5	14	2	0	0

S.N.	Parameters for evaluation	Very good	Good	Average	Below Average	Poor
B	Appropriateness and applicability of Methods	2	17	2	0	0
C	Level of Participation	0	8	13	0	0

D		Encouraging factors	Discouraging factors
	<u>Participants Comments</u>	<ul style="list-style-type: none"> <li>• Strong aspiration to learn</li> <li>• Wish to deliver a training</li> <li>• as</li> <li>• Training facilitator and scholars continues participatory process</li> <li>• Affectionate environment</li> <li>• Simple presentation</li> <li>• Simple explanation</li> <li>• Acceptance from all</li> </ul>	<ul style="list-style-type: none"> <li>• Location of venue close to office</li> <li>• Language and long duration of the sessions</li> <li>• Family and children's ill health</li> <li>• Institutional limitations</li> <li>• Venue too far</li> <li>• Language and timings</li> <li>• Prior engagements of work hurdled in attending all sessions</li> <li>• Timings, especially night sessions</li> <li>• Venue is close to residence and office place</li> <li>• Short of time to complete exercises</li> </ul>

S.N.	Parameters for evaluation	Very good	Good	Average	Below Average	Poor
E	Usefulness of Material provided	2	17	2	0	0
F	Logistic Arrangements					
	a   Hall of the training	11	6	0	0	0
	b   Food	11	8	2	0	0
	c   Stay	7	5	3	0	0
	d   Environment	9	9	2	0	0



## Day V

### Session XIV:

### Planning

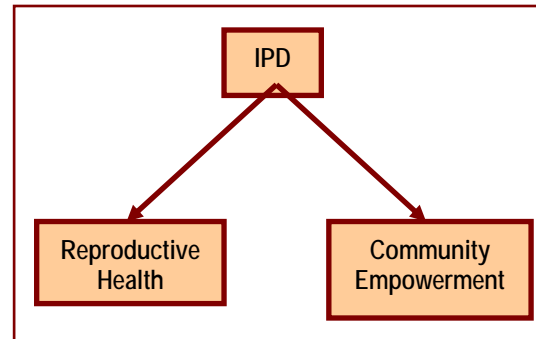
### Facilitator:

Mr. Arvind Pullikar

Time: 1115 hrs.

## Future Plans:

Mr. Arvind Pullikar, regional Coordinator, UNFPA shared the information on Integrated Population Development Project (IPD). He said, "There are two sections of IPD project. One on Reproductive Health that deals with the health system and the other is Community empowerment, which works with communities.



The Health status statistics in Gujarat is alarming. Irrespective of having 1000 PHC, 250 CHC and 7000 sub centres the MMR and IMR rate are increasing. Therefore it is essential to improve the efficiency of the services. The efficient supply of

services depends on the demand from the community. Therefore it is essential to work on both the dimensions i.e. quality of health services and community empowerment. IPD project has been designed to work on these dimensions.

There are four components under reproductive health section.

- 1) To arrest the MMR attending severe cases of pregnancy (CMoC)
- 2) Develop Follow up Mechanisms on RTI / STD / HIV
- 3) Quality of Family Health Care Services, which includes sterilisation and IUD
- 4) Quality of Care

Gender sensitive approach can ensure efficiency in all the above components. The other dimension of generating demand has been incorporated into 'Community based Quality Assurance Programme'. Three factors that influence decision of people while taking decision to avail health services i.e. 'Wish', 'Preparedness' and 'Money'. It is important to generate demand in the view of these factors." Mr. Pullikar further explained the components of 'Demand'.

- 1) How to generate demand?
- 2) Gender Based Analysis
- 3) Adolescent Issues (ASRH)
  - a. Information
  - b. Life Skill Education
  - c. Multi Purpose Youth Group Family Services

Participants shared their views on the areas where this training would help such as ICDS, ANM, Teachers, Panchayat, CBOs, women's groups/ SHG and other community members. They expressed the need to involve these village level systems into their programme. The participants working under the wing of IEC said that, they needs to be effective on media sensitisation

The district level plans are as follows...

District	Plan
Dahod	<p>Two days' training programme for SASU group on...</p> <ul style="list-style-type: none"> <li>• Gender / Gender Role and Norms</li> <li>• Implications on Health</li> <li>• Technical session on RTI and STD</li> <li>• Better Quality of Services</li> </ul> <p>Two Days' training programme for CBOs Detail plan not yet ready</p>
Kutchh	<p>Two days' workshop with opinion leaders on...</p> <ul style="list-style-type: none"> <li>• Gender Perspective</li> <li>• Gender and reproductive Health</li> <li>• Community Action Plan</li> </ul>
Banaskantha	<p>One day workshop with panchayat Members and Talathi on</p> <ul style="list-style-type: none"> <li>• Gender perspective and their role</li> </ul>
Sabarkantha	<p>Workshop with women at village level on...</p> <ul style="list-style-type: none"> <li>• Health</li> <li>• general Awareness</li> <li>• Action plan</li> </ul> <p>Workshop with Panchayati raj members at Taluka level</p> <ul style="list-style-type: none"> <li>• Gender perspective building</li> </ul>
Surendranagar	<p>Two days' workshop with Panchayati Raj Institutes involving both men and women</p> <ul style="list-style-type: none"> <li>• Perspective building</li> <li>• Puppet show and folk media</li> <li>• Action plan</li> </ul>

**List of Annexure:**

- 1) cyclic nature of patriarchal power
- 2) Case I: One Woman's Battle
- 3) Case II: In Guise of Human Dignity
- 4) History of Women's Movement a pictorial presentation
- 5) constitutional provisions related to violence
- 6) Two cases of violence against women