

12 & 13. WOMEN DEVELOPMENT PROGRAMMES

Development of Women and Children in Rural Areas (DWCRA) (1982)

The need for introducing specific programmes for the development of poor women was felt. Many programmes were launched for them. One such programme formulated and launched since September 1982 in DWCRA.

It aims at motivating and assisting women to engage themselves in a productive activity for earning a substantial income as well as to improve the quality of their own and children's life. Thus, though the economic activity is the priority, the social betterment of the women and their children is also aimed at. It is partly supported by UNICEF and is jointly financed by Union and State Governments. It operates in conjunction with IRDP and TRYSEM. The main features of this programme are:

- (i) Women of identified poor families are organised into groups of 15-20 each for taking up income generating activities suited to their skills and aptitude.
- (ii) Group members are given training usually under TRYSEM.
- (iii) One time grant of Rs.15, 000 is provided for each group as revolving fund for purchase of raw materials, marketing, child care etc. This amount is shared equally by Union and State Government and UNICEF.
- (iv) Each group selects one of its members as group organiser who is to help women in the selection of economic activities suited to their skills and aptitude, procurement of raw materials etc.
- (v) Besides engaging in economic activity, each group is expected to be recipient of benefits of other development and welfare programmes.
- (vi) Multi-purpose centre are being set up to serve as the central place for the working of women groups.

The list of income-generating activities undertaken under the scheme are: tailoring, embroidery, ready-made garments, pickle making, papad making, bakery, candle making, soap making, chalk making, envelop making, match box making, knitting, weaving, basket making,

agarbathi making, poultry, dairy, piggery, goat rearing, bee keeping, mushroom production, fruit and vegetables processing, etc.

Integrated Child Development Services (ICDS) Scheme

Launched on 2nd October 1975, today, ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

1. Objectives: The Integrated Child Development Services (ICDS) Scheme was launched in 1975 with the following objectives:

- i. to improve the nutritional and health status of children in the age-group 0-6 years;
- ii. to lay the foundation for proper psychological, physical and social development of the child;
- iii. to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- iv. to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- v. to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

2. Services: The above objectives are sought to be achieved through a package of services comprising:

- i. supplementary nutrition,
- ii. immunization,
- iii. health check-up,
- iv. referral services,
- v. pre-school non-formal education and
- vi. nutrition & health education.

The concept of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services.

| Services | Target Group | Service Provided by |
|---------------------------------|--|--|
| Supplementary Nutrition | Children below 6 years: Pregnant & Lactating Mother (P&LM) | Anganwadi Worker and Anganwadi Helper |
| Immunization* | Children below 6 years: Pregnant & Lactating Mother (P&LM) | ANM/MO |
| Health Check-up* | Children below 6 years: Pregnant & Lactating Mother (P&LM) | ANM/MO/AWW |
| Referral Services | Children below 6 years: Pregnant & Lactating Mother (P&LM) | AWW/ANM/MO |
| Pre-School Education | Children 3-6 years | AWW |
| Nutrition & Health Education | Women (15-45 years) | AWW/ANM/MO |

Three of the six services namely Immunisation, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

2.1 Nutrition including Supplementary Nutrition: This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.

Growth Monitoring and nutrition surveillance are two important activities that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.

2.2 Immunization: Immunization of pregnant women and infants protects children from six vaccine preventable diseases-polio, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.

2.3 Health Check-ups: This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by anganwadi workers and Primary Health Centre (PHC) staff, include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

2.4 Referral Services: During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

2.5 Non-formal Pre-School Education (PSE)

The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in every village in the country. In pursuance of its commitment to the cause of India's Children, present government has decided to set up an AWC in every human habitation/ settlement. As a result, total number of AWC would

go up to almost 1.4 million. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the anganwadi centre - an activity that motivates parents and communities. PSE, as envisaged in the ICDS, focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. **Its programme for the three-to six years old children in the anganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development.** The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and offering substitute care to younger siblings, thus freeing the older ones – especially girls – to attend school.

2.6 Nutrition and Health Education: Nutrition, Health and Education (NHED) is a key element of the work of the anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families.

1. **Funding Pattern:** ICDS is a Centrally-sponsored Scheme implemented through the State Governments/UT Administrations. Prior to 2005-06, 100% financial assistance for inputs other than supplementary nutrition, which the States were to provide out of their own resources, was being provided by the Government of India. Since many States were not providing adequately for supplementary nutrition in view of resource constraints, it was decided in 2005-06 to support to States up to 50% of the financial norms or to support 50% of expenditure incurred by them on supplementary nutrition, whichever is less.
2. From the financial year 2009-10, Government of India has modified the funding pattern of ICDS between Centre and States. The sharing pattern of supplementary nutrition in respect of North-eastern States between Centre and States has been changed from 50:50 to 90:10 ratio. So far as other States and UTs, the existing sharing pattern of 50:50 continues. However, for all other components of ICDS, the ratio has been modified to 90:10 (100% Central Assistance earlier).

3. Population Norms

The revised Population norms for setting up a Project, Anganwadi Centre and Mini-AWC are as under:

Projects:

- (i) Community Development Block in a State should be the unit for sanction of an ICDS Project in rural/tribal areas, irrespective of number of villages/population in it.
- (ii) The existing norm of 1 lakh population for sanction of urban project may continue.

Further to this, for blocks with more than two lac population, States could opt for more than one Project (@ one per one lac population) or could opt for one project only. In the latter case, staff could be suitably strengthened based on population or number of AWCs in the block. Similarly, for blocks with population of less than 1 lac or so, staffing pattern of CDPO office could be less than that of a normal block.

Type of Supplementary Nutrition

Children in the age group 0 – 6 months: For Children in this age group, States/ UTs may ensure continuation of current guidelines of early initiation (within one hour of birth) and exclusive breast-feeding for children for the first 6 months of life.

Children in the age group 6 months to 3 years: For children in this age group, the existing pattern of Take Home Ration (THR) under the ICDS Scheme will continue. However, in addition to the current mixed practice of giving either dry or raw ration (wheat and rice) which is often consumed by the entire family and not the child alone, THR should be given in the form that is palatable to the child instead of the entire family.

Children in the age group 3 to 6 years : For the children in this age group, State/ UTs have been requested to make arrangements to serve Hot Cooked Meal in AWCs and mini-AWCs under the ICDS Scheme. Since the child of this age group is not capable of consuming a meal of 500 calories in one sitting, the States/ UTs are advised to consider serving more than one meal to

the children who come to AWCs. Since the process of cooking and serving hot cooked meal takes time, and in most of the cases, the food is served around noon, States/ UTs may provide 500 calories over more than one meal. States/ UTs may arrange to provide a morning snack in the form of milk/ banana/ egg/ seasonal fruits/ micronutrient fortified food etc.

4. Registration of beneficiaries: Since BPL is no longer a criteria under ICDS, States have to ensure registration of all eligible beneficiaries.

The ICDS Team

The ICDS team comprises the Anganwadi Workers, Anganwadi Helpers, Supervisors, Child Development Project Officers (CDPOs) and District Programme Officers (DPOs). Anganwadi Worker, a lady selected from the local community, is a community based frontline honorary worker of the ICDS Programme. She is also an agent of social change, mobilizing community support for better care of young children, girls and women. Besides, the medical officers, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) form a team with the ICDS functionaries to achieve convergence of different services.

Role & responsibilities of AWW, ANM and ASHA

Role and responsibilities of AWW, ANM & ASHA have been clearly delineated and circulated to States/UTs under the joint signature of Secretary, MWCD and Secretary, MHFW, vide D.O. No. R. 14011/9/2005-NRHM –I (pt) dated 20 January 2006.

Status of Anganwadi Workers and Helpers

Anganwadi Workers (AWWs) & Anganwadi Helpers (AWHs), being honorary workers, are paid a monthly honoraria as decided by the Government from time to time. **Government of India has enhanced the honoraria of these Workers, w.e.f. 1.4.2008 by Rs.500 above the last honorarium drawn by Anganwadi Workers (AWWs) and by Rs.250 of the last honorarium drawn by Helpers of AWCs and Workers of Mini-AWCs.** Prior to enhancement, AWWs were being paid a monthly honoraria ranging from Rs. 938/ to Rs. 1063/- per month depending

on their educational qualifications and experience. Similarly, AWHs were being paid monthly honoraria of Rs. 500/-

In addition to the honoraria paid by the Government of India, many States/UTs are also giving monetary incentives to these workers out of their own resources for additional functions assigned under other Schemes.

ICDS Training Programme:

Training and capacity building is the most crucial element in the ICDS Scheme, as the achievement of the programme goals largely depends upon the effectiveness of frontline workers in improving service delivery under the programme. Since inception of the ICDS scheme, the Government of India has formulated a comprehensive training strategy for the ICDS functionaries. Training under ICDS scheme is a continuous programme and is implemented through 35 States/UTs and National Institute of Public Cooperation and Child Development (NIPCCD) and its four regional centres.

During the 11th Five Year Plan, the Government of India has laid much emphasis on strengthening the training component of ICDS in order to improve the service delivery mechanism and accelerate better programme outcomes. An allocation of Rs. 500 crore has been kept for the ICDS Training Programme during the 11th Five Year Plan.

Financial norms relating to training of various ICDS functionaries and trainers have been revised upwardly with effect from 1 April 2009.

Types of Training Courses: Three types of regular training are imparted to AWWs, AWHs, Supervisors, CDPOs/ACDPOs and Instructors of AWTCs and MLTCs, viz.:

- Induction Training (*on initial engagement/appointment*) mainly to AWWs
- Job/Orientation Training (*once during service period*)
- Refresher Training (*in-service, once in every two years*)

Also, specific need based training programmes are organized under the 'Other Training' component, whereby the States/UTs are given flexibility to identify state specific problems that need specialized issue based training and take up such training activities.

Training Infrastructure: There is a countrywide infrastructure for the training of ICDS functionaries, viz.

- *Anganwadi Workers Training Centres (AWTCs)* for the training of Anganwadi Workers and Helpers.
- *Middle Level Training Centres (MLTCs)* for the training of Supervisors and Trainers of AWTCs;
- *National Institute of Public Cooperation and Child Development (NIPCCD)* and its Regional Centres for training of CDPOs/ACDPOs and Trainers of MLTCs. NIPCCD also conducts several skill development training programmes.

[Govt. of Tamil Nadu has established a State Training Institute (STI) at the State level for the training of Trainers of MLTCs and CDPOs/ACDPOs]

Based on the needs, State Governments identify and open up AWTCs and MLTCs after due approval by the Government of India. As on 31.3.2009, 490 AWTCs and 31 MLTCs were operational across the country. About 80% of the AWTCs and 70% MLTCs are run by State/District based NGOs.

Monitoring & Supervision of Training Programme: A separate ICDS Training Unit within the Ministry of Women and Child Development headed by a Director/Dy. Secretary level officer is responsible for overall monitoring, supervision and evaluation of the training programme. The following measures are undertaken for monitoring and supervision:

- *Physical and financial progress are captured through Quarterly Progress Reports (QPRs) in a standardized format, that are submitted by the States/UTs to GoI at the end of every quarter;*
- *A detailed analysis of the QPRs is carried out by the ICDS Training Unit and based on the same, quarterly review meetings are organized with the States at the central level;*

- *Monthly/quarterly review meeting with the Training Centres at the state level;*
- *Necessary feedback and guidelines are issued to the States after each of the review meetings;*
- *Field visits to AWTCs/MLTCs by Nodal Officer or the District Programme Officers (DPOs)/CDPOs; and also by the officials from the Ministry of WCD and NIPCCD.*
- *Annual meeting of State Training Task Force (STTF) for the approval of STRAP and review of past performance and chalking out future actions.*

Recent Initiatives: The Ministry has recently initiated a process of consultations with the States and other stakeholders to review and identify gaps in the existing training system and make suggestions to strengthen the ICDS Training programme including its contents/syllabi, training methodology and the existing monitoring mechanism under ICDS training programme. Three regional workshops have since been organized in collaboration with NIPCCD and with technical support from USAID/CARE INDIA during July-August 2009 at three Regional centres of NIPCCD at Bangalore, Lucknow and Guwahati.

Existing Monitoring System under ICDS Scheme:

Central Level

Ministry of Women and Child Development (MWCD) has the overall responsibility of monitoring the ICDS scheme. There exists a Central Level ICDS Monitoring Unit in the Ministry which is responsible for collection and analysis of the periodic work reports received from the States in the prescribed formats. States have been asked to send the State level consolidated reports by 17th day of the following month.

The existing status of monitoring of these six services is as under :

(i) Supplementary Nutrition : No. of Beneficiaries (Children 6 months to 6 years and pregnant & lactating mothers) for supplementary nutrition;

(ii) Pre-School Education : No. of Beneficiaries (Children 3-6 years) attending pre-school education;

(iii) Immunization, Health Check-up and Referral services : Ministry of Health and Family Welfare is responsible for monitoring on health indicators relating to immunization, health check-up and referrals services under the Scheme.

International Partners

Government of India partners with the following international agencies to supplement interventions under the ICDS:

- i. United Nations International Children' Emergency Fund (UNICEF)
- ii. Cooperative for Assistance and Relief Everywhere (CARE)
- iii. World Food Programme (WFP)

Rashtriya Mahila Kosh (RMK)

Concept and Features of Micro-Finance

Micro-finance, as is being practiced by the **National Credit Fund for Women** or the **Rashtriya Mahila Kosh (RMK)**, could be defined as a set of services comprising the following activities:

| | | |
|----|---------------|--|
| a) | Micro-credit | Small loans; primarily for income generation activities, but also for consumption and contingency needs. |
| b) | Micro-savings | thrift or small savings from borrowers' own resources. |

The main features of the micro-finance services being provided by **RMK** are :

1. It is a tool for empowerment of the poorest; the higher the income and better the asset position of the borrower, the lower the incremental benefit from further equal doses of micro-credit is likely to be.
2. Delivery is normally through Self Help Groups (SHGs).
3. It is essentially for promoting self-employment; the opportunities of wage employment are limited in developing countries - micro finance increases the productivity of self-employment in the informal sector of the economy - generally used for (a) direct income

generation (b) rearrangement of assets and liabilities for the household to participate in future opportunities and (c) consumption smoothing.

4. It is not just a financing system, but a tool for social change, specially for women - it does not spring from market forces alone - it is potentially welfare enhancing - there is a public interest in promoting the growth of micro finance - this is what makes it acceptable as a valid goal for public policy.
5. Because micro credit is aimed at the poorest, micro-finance lending technology needs to mimic the informal lenders rather than the formal sector lending. It has to : a) provide for seasonality (b) allow repayment flexibility (c) eschew bureaucratic and legal formalities (d) fix a ceiling on loan sizes.

Microfinance approach is based on certain proven truths which are not always recognised. These are :

- That the poor are bankable; successful initiatives in micro finance demonstrate that there need not be a tradeoff between reaching the poor and profitability - micro finance constitutes a statement that the borrowers are not 'weaker sections' in need of charity, but can be treated as responsible people on business terms for mutual profit -
- That almost all poor households *need* to save, have the inherent *capacity* to save small amounts regularly and are *willing* to save provided they are motivated and facilitated to do so -
- That easy access to credit is more important than cheap subsidised credit which involves lengthy bureaucratic procedures - (some institutions in India are already lending to groups or SHGs at higher rates - this may prevent the groups from enjoying a sufficient margin and rapidly accumulating their own funds, but members continue to borrow at these high rates, even those who can borrow individually from banks) -
- 'Peer pressure' in groups helps in improving recoveries.

Reasons for Focus on Poor Women

The National Credit Fund for Women or the **Rashtriya Mahila Kosh (RMK)** is working exclusively for poor women. Its loans are available solely and entirely to this target group. The reasons for this are several :

- Among the poor, the poor *women* are the most disadvantaged - they are characterized by lack of education and access to resources, both of which are required to help them work their way out of poverty and for upward economic and social mobility -
- The problem is more acute for women in countries like India, despite the fact that women's labour makes a critical contribution to the economy - this is due to low social status and lack of access to key resources -
- Evidence shows that groups of women are better customers than men - they are better managers of resources - benefits of loans are spread wider among the household if loans are routed through women - mixed groups are often inappropriate in Indian society - record of all-male groups is worse than that of all-women groups, everywhere -

RMK - its profile, aims & objectives, roles

It has been felt for some time in India that the credit needs of poor women, particularly in the unorganised sector, have not been adequately addressed by the formal financial institutions in the country. The vast gap between demand for and supply of credit to this sector established the need for a National Credit Fund for Women.

The National Credit Fund for Women or the **Rashtriya Mahila Kosh (RMK)** was set up in March 1993 as an independent registered society by the Department of Women & Child Development in Government of India's Ministry of Human Resource Development with an initial corpus of Rs. 310,000,000 - not to replace the banking sector but to fill the gap between what the banking sector offers and what the poor need.

Its main objectives are:

- To provide or promote the provision of micro-credit to poor women for income generation activities or for asset creation.
- To adopt a quasi-informal delivery system, which is client friendly, uses simple and minimal procedures, disburses quickly and repeatedly, has flexibility of approach, links thrift and savings with credit and has low transaction costs both for the borrower and for the lender.
- To demonstrate and replicate participatory approaches in the organisation of women's groups for thrift and savings and effective utilisation of credit.
- To use the group concept and the provision of credit as an instrument of women's empowerment, socio-economic change and development.
- To cooperate with and secure the cooperation of the Government of India, State Governments, Union Territory administrations, credit institutions, industrial and commercial organisations, NGOs and others in promoting the objectives of the Kosh.
- To disseminate information and experience among all these above agencies in the Government and non-government sectors in the area of microfinance for poor women.
- To receive grants, donations, loans, etc., for the furtherance of the aims and objectives of the Kosh.

The office of the Kosh is situated in New Delhi. The Kosh does not have any branch offices.

The Executive Director is the chief executive officer of the Kosh. The Executive Director functions under the overall supervision, direction and control of the Governing Board.

The Governing Board comprises 16 members consisting of senior officers of the Government of India and State Governments, specialists and representatives of NGOs active in the field of microfinance for women. The Governing Board is chaired by the Minister in charge of the Department of Women & Child Development in the Government of India.

The General Body of the Kosh consists of all members of the Board, institutional members and individual members.

The Kosh has three main roles:

Wholesaling Role -

it acts as a wholesaling apex organisation for channelising funds from government and donors to retailing intermediate microfinance organisations (IMOs).

[The Kosh has so far received only a one-time grant from government and has not needed to raise funds from any other sources].

Market Development Role -

It develops the supply side of the micro finance market by offering institution building support to new and existing-but-inexperienced IMOs by structures of incentives, transfers of technology, training of staff and other non-financial services -

[The Kosh realises that it can play a value adding wholesaling role only when a sufficiently large and well established micro finance sector already exists - this depends on the number of IMOs and the sustainability of IMOs - subsidised institution building increases the equity of any IMO as much as grants do - large and premature disbursement of funds to the IMO can reduce the effectiveness of any institution building effort].

Advocacy Role - whereby RMK acts as an advocate or agent for influencing development and micro-finance policy and creating a more enabling policy and legal environment for spread of micro-finance activities in India. Being a creation and a representative of the government, RMK has a particular advantage in this area.

Mahila Samridhi Yojana (MSY)

For empowerment of minorities, maximum emphasis is required to be given on empowerment of women because they are the weakest link among the minorities. The most effective strategy to reach the women and strengthening them should include:-

- i. capacity building through increasing income generating skills/activities;
- ii. encouraging them to form SHGs and provide them micro credit support;

- iii. setting up of production based activity suitable to women. Based on the above framework, NMDFC introduced the Scheme of Mahila Samridhi Yojana which links micro-credit to the women after training. During the training, the group is formed into a Self Help Group.

The scheme has been made broad-based to cover all the trades and activities practiced by women. The limit of micro-credit to each member of the Group is Rs.25000/- and the rate of interest to be paid by the women beneficiaries has been reduced to 4%. The details of the Scheme are as given below:-

Scope of the Scheme

A group of 20 women of minority communities at any location are given training in any production/service activity, most suitable for them. During the training, the group is formed into a Self Help Group practicing thrift & credit. After the training, the group is provided credit, jointly or individually, for pursuing the activity of training.

Implementing Agencies

The scheme will be implemented through the SCAs of NMDFC as well as NGOs.

Eligibility criteria for the beneficiaries

- Women candidates belonging to minority communities with preference to widows and destitutes.
- Preference to women already having some knowledge of the trade.
- Age 16-30 years
- Fulfill income criterion of below double the poverty line.

Duration of the training

Need based subject to maximum of 6 months duration.

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No.of candidates in a group for training

A group of 15-20 women to be given training at one location. The group will be transformed into Self Help Group (SHG) during the training.

Training fee: Subject to a maximum of Rs.400 per months per candidate.

Training material cost: subject to a maximum of rs.100 per candidate per month.

Stipend: rs.250/- per month per candidate to be deposited in the bank account of the beneficiary or the shg.

Micro-credit: needbased subject to a maximum of rs.25,000 after completion of the training.

Estimated cost per group of 20 number of beneficiaries

- i) On training - Rs.90,000/-
- ii) On Micro-credit - Needbased, subject to maximum of Rs.25,000/- per beneficiary.

Pattern of financing

- i) On Training
 - NMDFC (Grant) - 85% to SCAs 100%toNGOs - SCA & Training Institute - 15%
- ii) On Micro-Credit
 - NMDFC (Loan) - 90%
 - SCA/NGO of beneficiary - 10%

Rate of interest

- i) From SCAs/NGOs to NMDFC 1 %
- ii) From beneficiaries to SCAs/NGOs 4 %

Period of repayment

- i) Beneficiaries are required to repay the loan to the SCA/NGO over a period of 3 years after a moratorium of three months from the date of disbursement of the loan in monthly instalments.
- ii) SCA/NGO will repay the loan to NMDFC over a period of four years after the utilization of funds, in quarterly instalments.

Eligibility criteria for training agency

- i) Must be running similar training at least for three years.
- ii) Should have sufficient space for seating and working of 20 women.

iii) Should have necessary training equipment and tools sufficient for 20 trainees. iv) Should have trained and experienced instructors.

Implementation details

i) SCAs/NGOs may identify locations having potential for engaging women in any production/service activity for their income generation.

ii) SCA/NGO will also identify a competent training agency having necessary manpower equipment and competence.

iii) At each location, group of 20 women fulfilling the eligibility criteria will be identified by the SCA/NGO.

iv) SCAs/NGOs may form a proposal on the lines of Mahila Samridhi Yojana and send the same to NMDFC for approval. Format of the proposal is at Annexure-VI.

v) Once the approval is accorded by NMDFC, SCAs/NGOs will ensure proper conduct of training and keep NMDFC informed.

vi) The SCA would intimate NMDFC the list of beneficiaries indicating their name, address, age and qualification, the details of training agency and the date of starting the programme. NMDFC will release 50% of the grant on account of training on receipt of this information.

vii) During the initial stage of training, the SCA/NGO will arrange to give education to the members of the group in the concept of forming and working of Self Help Groups, the strengths of self help groups, operation of thrift and credit activity, running production activities jointly or individually, working together in solving common problems, helping each other in solving individual problems, maintenance of accounts, repayment of loan etc. For this purpose, services of outside expert can also be availed if required. The objective is that the group of women selected for training should start functioning as Self Help Group (SHG) in production and marketing of their products.

viii) After three months, the SCA/NGO would approach for drawal of remaining training grant alongwith the progress report of the training conducted by them.

ix) Stipend of the trainees may initially be deposited in the bank account of the SHG. Its subsequent use may be decided by the SHG itself.

x) SCA/NGO would complete documentation of papers relating to micro-credit to each woman during the period of training.

xi) After completion of the training, SCA/NGO would provide need based micro credit to each woman. Fixed assets should preferably be given to the beneficiaries in kind instead of cash.

xii) After a moratorium of three months, SCA/NGO will collect repayment every month from each woman towards repayment of loan, over a period of 36 months. The repayment to NMDFC will be on usual terms and conditions and repayment period as mentioned earlier. NMDFC sends the dues statement every quarter for making repayments.

Post training follow ups

i) The SCA/NGO as well as the training agency should extend all assistance to the trained candidates in developing backward forward linkages. They should particularly ensure participation of these candidates in marketing events. It would be convenient to do so if the candidates are formed into a Self Help Group and it is with this objective so much emphasis has been given on promotion of Self Help Group in this scheme.

ii) The SCA/NGO as well as the training agency would maintain record of self employment or wage employment of the trained candidates. The assistance provided to them from time to time should be documented for the purpose of reference and reporting.