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# POTENTIAL AND POSSIBILITIES

Panchayati Raj Institutions (PRIs) as a Platform for  
Addressing Intimate Partner Violence (IPV) in India

A SYNTHESIS REPORT

Priya Das, Alpaxee Kashyap, Subhalakshmi Nandi,  
Nandita Bhatla and Poulomi Pal

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#### SUGGESTED CITATION:

**Das, P., Kashyap, A., Nandi, S., Bhatla, N., & Pal, P. (2018).** *Potential and Possibilities – Panchayati Raj Institutions (PRIs) as a Platform for Addressing Intimate Partner Violence (IPV) in India: A Synthesis Report*. New Delhi: ICRW

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A Synthesis Report

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2018

# Acknowledgement

We are thankful to Bill & Melinda Gates Foundation (BMGF) for their generous support to International Center for Research on Women (ICRW) Asia Office for the project – Evidence Based Systemic Approach to Addressing Intimate Partner Violence in India: Creating a New Vision – under which this report was developed.

We are grateful toward Society for Women's Action and Training Initiatives (SWATI) for doing formative work in Maharashtra, Gujarat and Karnataka, and would like to express our gratitude to Soma K.P. for contributing the case study on Kudumbashree – Panchayati Raj Institutions (PRIs) linkage, which we have attached as an annexure.

Thanks to Shweta Bankar for her contributions toward the case study of Tanta Mukti Samiti. We would like to extend our gratitude to the advisory members of this project, A.K. Shiv Kumar, Suneeta Dhar and Yamini Atmavilas for their inputs and discussions, and specifically their valuable feedback on this report.

We would also like to extend our heartfelt regards to all the participants of the consultation on 'Engagement of Women's Collectives and PRIs' in Addressing Intimate Partner Violence', organized in New Delhi on the July 12, 2018.

Finally, we would like to acknowledge the internal team members of ICRW Kathryn Reitz and Kirsten Sherk for quality assurance and their invaluable inputs. We would also like to thank Amajit Mukherjee for operations management and supervision; Sandeepa Fanda for her excellent program management assistance, and Ketaki V. Nagaraju for her editorial support. Nirshilla Chand, Sanjana Gupta and Aditya Bala for their assistance in the project.

We are grateful to Sarah Degan Kambou and Ravi K. Verma for their support and encouragement toward this study.

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# ABBREVIATIONS

ADR	<u>Alternative Dispute Resolution</u>
ADS	<u>Area Development Societies</u>
ATI	<u>Advanced Training Institute</u>
ASHA	<u>Accredited Social Health Activist</u>
BMGF	<u>Bill &amp; Melinda Gates Foundation</u>
CBO	<u>CommunityBased Organization</u>
CDS	<u>Community Development Societies</u>
CB&T	<u>Capacity Building and Training</u>
CrPC	<u>Code of Criminal Procedure</u>
DV	<u>Domestic Violence</u>
EMRs	<u>Elected Men Representatives</u>
ERs	<u>Elected Representatives</u>
EWs	<u>Elected Women Representatives</u>
FGD	<u>Focus Group Discussion</u>
FLHW	<u>Frontline Health Workers</u>
GBV	<u>Gender Based Violence</u>
GOI	<u>Government of India</u>
GP2RP	<u>Gram Panchayat Poverty Reduction Plan</u>
GP	<u>Gram Panchayat</u>
GPDP	<u>Gram Panchayat Development Plan</u>
GPLF	<u>Gram Panchayat Levels Forums</u>
GSLP	<u>Gender Self-Learning Program</u>
HP	<u>Himachal Pradesh</u>
HRD	<u>Human Resource Development</u>
IPC	<u>Indian Penal Code</u>
IPV	<u>Intimate Partner Violence</u>
ICDS	<u>Integrated Child Development Service</u>
ICRW	<u>International Center for Research on Women</u>
JS	<u>Jagratha Samiti</u>
KDS	<u>Kudumbashree</u>
KELSA	<u>Kerala State Legal Services Authority</u>
KII	<u>Key Informant Interview</u>
KILA	<u>Kerala Institute of Local Administration</u>
LRG	<u>Local Resource Group</u>
MASVAW	<u>Men's action to stop Violence against women</u>
MASRD	<u>Mahila Aur Shishu Rakhshat Dal</u>
MGS	<u>Mahila Gram Sabha</u>
MNREGA	<u>Mahatma Gandhi National Rural Employment Guarantee Act</u>
MoHFW	<u>Ministry of Health and Family Welfare</u>
MoPR	<u>Ministry of Panchayat Raj</u>
MPV	<u>Mahila Police Volunteer</u>
MRA	<u>Mahila Rajsatta Andolan</u>
MS	<u>Mahila Samakhya</u>
MSK	<u>Mahila Shakti Kendra</u>

<u>NCBF</u>	<u>National Capacity Building Framework</u>
<u>NGO</u>	<u>Non-Governmental Organization</u>
<u>NHG/NG</u>	<u>Neighborhood Groups</u>
<u>NIRD</u>	<u>National Institute for Rural Development</u>
<u>NPW</u>	<u>National Policy for Women</u>
<u>NRHM</u>	<u>National Rural Health Mission</u>
<u>NRLM</u>	<u>National Rural Livelihoods Mission</u>
<u>OSC</u>	<u>One Stop Center</u>
<u>OtC</u>	<u>Opportunities to Capacities</u>
<u>PMMSK</u>	<u>Pradhan Mantri Mahila Shakti Kendra Scheme</u>
<u>PPC</u>	<u>People's Plan Campaign</u>
<u>PRIs</u>	<u>Panchayati Raj Institutions</u>
<u>RMNCH</u>	<u>Reproductive, maternal, newborn and child health</u>
<u>RD</u>	<u>Rural Development</u>
<u>RP</u>	<u>Resource Persons</u>
<u>SCRIA</u>	<u>Social Centre for Rural Initiative and Advancement</u>
<u>SIRD</u>	<u>State Institute for Rural Development</u>
<u>SDG</u>	<u>Sustainable Development Goals</u>
<u>SHGs</u>	<u>Self-Help Groups</u>
<u>SJC</u>	<u>Social Justice Committee</u>
<u>SPEM</u>	<u>State Poverty Eradication Mission</u>
<u>SRCW</u>	<u>State Resource Center for Women</u>
<u>TMA</u>	<u>Tanta Mukti Abhiyan</u>
<u>TMS</u>	<u>Tanta Mukti Samitis</u>
<u>UN</u>	<u>United Nation</u>
<u>UNDP</u>	<u>United Nation Development Program</u>
<u>UNESCO</u>	<u>The United Nations Educational, Scientific and Cultural Organization</u>
<u>UP</u>	<u>Uttar Pradesh</u>
<u>VAW</u>	<u>Violence Against Women</u>
<u>VCFS</u>	<u>Village Convergence and Facilitation Services</u>
<u>VDP</u>	<u>Village Development Plans</u>
<u>VHND</u>	<u>Village Health and Nutrition Day</u>
<u>VO</u>	<u>Village Organization</u>
<u>WCD</u>	<u>Women and Child Development</u>
<u>WCP</u>	<u>Women's Component Plan</u>
<u>WHO</u>	<u>World Health Organization</u>



# INTRODUCTION

One in three women globally have experienced intimate partner violence (IPV) at least once in their lifetime (WHO, 2013). IPV – or the sexual, physical, economic, emotional, psychological violence or harm committed by a partner or ex-partner – is one of the most common forms of violence experienced by women. In India, findings from the Masculinity, IPV and Son Preference study conducted by ICRW and UNFPA (2014) show that 52 percent of women surveyed had experienced violence during their lifetime, and 60 percent of the male respondents said they had acted violently against their wife or partner.

**Evidence-Based Systemic Approach to Addressing IPV in India:** Creating a New Vision, a project undertaken by the International Center for Research on Women (ICRW) with funding from the Bill & Melinda Gates Foundation (BMGF), aims to build evidence and synthesize lessons learned across three community-level platforms that offer the most potential for sustained efforts to address systemic challenges related to IPV. These three platforms include: (1) women's collectives, (2) Panchayati Raj Institutions (PRIs – a three-tier system of governance), and (3) health systems, including frontline health

workers (FLHWs). The project seeks to collect, synthesize and advance lessons emerging from reviews, evaluations, model documentations, stakeholder workshops and expert reviews. The ultimate goal is to deepen the body of knowledge on strategies and approaches within each platform and to identify what has worked, and what could be strengthened to address IPV. The resulting syntheses will be used to inform innovative pilot strategies that can be tested and potentially scaled for maximum effectiveness and sustainability. This paper synthesizes the learnings on PRIs.<sup>1</sup>

PRIs are units of local government comprised of locally elected representatives. They are constitutionally mandated statutory bodies, authorized and responsible for the regulatory, administrative, and social and economic development of their constituencies at the local level.

PRIs operate at three levels:

- Gram Panchayats (GPs) are established at the level of a village;
- Panchayat Samitis operate at the block level; and
- Zilla Parishads operate at the district level.

<sup>1</sup> In India, the Panchayati Raj now functions as a system of governance in which GPs are the basic units of local administration. The system is characterized by PRIs at three levels: GP (village level), Mandal Parishad or Block Samithi or Panchayat Samithi (block level), and District Panchayat or Zila Parishad (district level).

In rural India, PRIs, especially the GPs, are the closest and most accessible governmental institution to women experiencing violence. As units of local governance, PRIs can potentially offer a systemic response to spousal and IPV experienced by women in rural India. This paper, drawing on primary and secondary research, pulls together the evidence from several states on how PRIs respond to women experiencing violence and the dispute resolution platforms and policy spaces that could be leveraged to address violence against women (VAW). It also synthesizes the learnings from the brief studies conducted with ongoing government and non-government initiatives to engage PRIs in addressing issues of VAW. Based on the evidence, the paper provides a realistic assessment of the possible roles PRIs can play in responding to IPV, given their current capacities, mandates, constraints and the socio-cultural and political contexts within which they operate. Much of the evidence is drawn from interventions and actions at the GP level, i.e. in villages, and less from the administrative block and district level. The paper concludes with a broad set of recommendations for enabling PRIs to play a more critical and effective role in addressing IPV.

More specifically, the synthesis is based on secondary review of literature on gender-responsive governance, the structure and mandate of the Indian Panchayati Raj Institution, literature on VAW addressed by local governance in Asia and South-Asia, review of policy, programs and schemes to address violence specifically through PRI. Apart from this, secondary review and primary documentation of large-scale government models of Kudumbashree in Kerala and Tanta Mukti Abhiyan in Maharashtra that work with PRI to address violence has also been conducted.

Through this project, ICRW has also commissioned and conducted formative studies in the state of Maharashtra, Gujarat and Karnataka led by Social Welfare Agency & Training Institute (SWATI) to gather empirical evidence with the primary focus on GPs as a community-based systemic platform and with the objective of understanding the attitudes, mechanism and status of GPs with respect to IPV and VAW, in general. To do this, In-depth Interviews (IDIs) were conducted with women who approached the Panchayat, Focused Group Discussions (FGDs) were conducted with the Panchayat and also separately with EWRs. Key Informant Interviews (KIIs) were conducted with sarpanchs (the head of the Panchayat), Civil Society Organization (CSO) representatives and government representatives using the snowballing method.

ICRW has also conducted Formative work in two districts of Benaras and Pratapgarh in UP. The study focused on all the three platforms: the GPs, FLHWs and women's collectives and also looked into linkages between the platforms. IDIs were conducted with women who approached either one or more of these platforms, FGDs were conducted with all the three platforms and KIIs were conducted with CSOs, sarpanchs, Auxiliary Nurse Midwifery (ANMs), the leaders of the collectives and others recommended through the snow-balling method.

The first two sections of this piece are mostly drawing from the existing literature, the third section is drawing from the review and documentation of large-scale government models and the forth is from the primary data collected through the formative work.

## 1.

## GENDER-RESPONSIVE GOVERNANCE: PRIs AND VAW

In considering the potential role of GPs to address IPV it is important to understand the operative contexts of PRIs and their ability to be gender-responsive. In practical and actionable terms, achieving gender-responsive governance according to ICRW and UN Women (2012b) involves:

a process that embodies measures, attitudes and practices of different stakeholders, both men and women, at different levels of governance, with a clear purpose of impacting issues that foster women's empowerment and promote gender equality and social justice. It is a process that promotes and sustains the ability of women to fully participate in the governance and development process, enhances their ability to raise critical questions about inequity and collectivize without fear and pressure and ensures gains from the services.

The 73rd Constitutional Amendment, 1993, in recognition of the fact that women need to have greater voice and agency in the local governance,

mandated that 33 percent of all seats at all levels of the PRIs be reserved for women. In the recent years several States have increased this mandate to 50 percent. The impact of reservation for women on engendering panchayats – i.e. enabling more gender-responsive governance through PRIs, is at best mixed and scattered,<sup>2</sup> (Joyal, 2003; Chattopadhyay & Duflo, 2004a; Chattopadhyay & Duflo, 2004b; Gajwani & Xhang., 2014; ICRW & UN Women, 2012a). As the three-state study on 'gender equality and local governance' by ICRW & UN Women (2012a) points out from their review of the literature – “examples of panchayats being forums that address and challenge the violation of women's rights, gender inequities and different forms of violence and discrimination are few”.

As we learn from the secondary reviews and evidence on the ground in the following sections, PRIs' understanding of their mandate and willingness (or the lack thereof) to deal with issues of VAW – especially domestic violence (DV) and IPV – is firmly rooted in the divide of the 'public' and 'private'. As most studies on PRIs dealing with VAW conclude, “the large number of GP members who do not raise DV in panchayat meetings report

<sup>2</sup> There are several strong cases to be made for empowered EWRs, asserting their political rights and effectively executing their roles -including addressing issues of alcohol and violence -like in parts of Maharashtra, Rajasthan, Odisha, Karnataka- among others. However, these initiatives are yet to see a statewide transition or impact.

that they consider this to be a private issue and not one that should be raised in public meetings” (ICRW & UN Women, 2012b). Thus, the reason why local governance, despite increasing numbers of elected women representatives (EWRs) has been slow in meeting the strategic needs of women, is because the idea of governance embodied in PRIs effects a ‘public-private divide’, with PRIs being ‘public institutions’.

This notwithstanding, as this paper discusses, the PRI system as well as other institutional frameworks, allow adequate policy and functional spaces for GPs to be responsive to VAW/IPV. Further, the existing mechanisms and frameworks for capacity building of PRIs offer promise and potential for elected representatives (ERs) to address IPV /VAW as an integral function of governance.

### 1.1. Building Capacity for PRIs to Address IPV/VAW

It is widely acknowledged by the government bodies that capacity building and training of PRI representatives and functionaries in India is both complex and challenging due to the sheer volume of the target group. Most states are unable to complete even the foundational training on the basic roles and responsibilities to all its elected representatives (MoPR & UNDP, 2011). In addition, the quality of training continues to be an issue of concern (MoPR, 2014). Under these conditions, states are scarcely able to provide the needed equitable and need-specific capacity building for EWRs or include any substantive training towards sensitization and perspective-building on gender (ICRW & UN Women 2012b; UN Women, 2018, unpublished). However, the intent of governments to enable PRIs to be more gender-responsive is evidenced in initiatives taken by them (See the UNDP and MoPR initiative below)

as well as the scope articulated in the National Capacity Building Framework 2014.

### The National Capacity Building Framework Mandates Gender-Responsiveness Among PRIs

The National Capacity Building Framework (NCBF) (MoPR, 2014) that is meant to guide National and State Institutes of Rural Development (the nodal agencies responsible for capacity building and training (CB&T) of PRIs) is expanding the outreach and enhancing the quality of their capability-building initiatives. The NCBF 2014 explicitly recognizes the need to mainstream gender into PRI trainings and work. It does not, however, explicitly recognize the need for capacity building of PRIs to address issues of VAW, though given the broad scope and recognition of social justice, gender equality and empowerment, the potential to build capacity for PRIs to address VAW is available to tap and develop. One of the seminal mandates of NCBF 2014 reads:

Mainstreaming of inclusive and gender sensitive ethos among all PRI functionaries is of prime importance to inculcate the work culture of social inclusion and gender responsiveness in the day-to-day working of PRIs. There is a strong need to integrate at least two special thematic sessions – (i) on gender issues in development planning and local governance and (ii) on social inclusion and elimination of all forms of discrimination against the disadvantaged categories, in every type of training i.e., Foundation Course, Thematic Sectoral Training and refresher courses, for bringing the desired attitudinal change among PRIs.

It is encouraging to note that, that the Ministry of Panchayat Raj (MoPR) has taken steps in collaboration with UN Women MCO, to actualize the mandate. Through its project “From Opportunities to Capacities: A Multi-Sectoral Approach to Enhancing Gender Responsive Governance (2015-2018),” UN Women MCO has worked with the National Institute of Rural Development (NIRD) and the State Institutes of Rural Development (SIRD) of six states to introduce training modules to enable ‘gender friendly panchayats’ and GP Development Plans to create a scope for more gender-responsive governance.

### **Capacity Building and Training (CB & T) Initiatives Focus on Women and Men**

From the review of literature, we find two key approaches to enabling PRIs to address the issue of women’s strategic empowerment in general, and VAW more specifically:

- (I) Focusing on building capacity of EWRs for more substantive participation in PRIs, and to lead the charge in addressing issues of VAW, and
- (II) Sensitizing Elected Men Representatives (EMRs) to create an enabling environment for issues related to VAW to be raised in Panchayats.

Enabling effective participation of EWRs and strengthening their voice and agency in PRIs has been carried out through focused and intensive capacity building efforts supported by donors, international NGOs, and MoPR in collaboration with civil society and non-

governmental organizations (THP & UN Women, 2011; MoPR & UNDP, 2011). The efforts have focused on building technical knowledge, skills and capacity of EWRs, as well as on gender sensitization of both EMR and EWR. This has helped create an enabling environment for EWRs to exercise their powers freely and facilitate linkages with government departments. Several of these initiatives, especially the 10-state initiative by UNDP and MoPR between 2003-2008, seemed to successfully enable EWRs to assert their rights and recognize the importance of their participation in Panchayats (MoPR & UNDP, 2011).

Initiatives to build capacity of EMRs to take up issues of VAW have been few and far between (Pande, et al., 2017). The most documented of these initiatives has been that of MASVAW<sup>3</sup> (Men’s Action to Stop Violence Against Women). The project ‘Engaging Men’ by MASVAW engaged local male panchayat leaders and community members in parts of Uttar Pradesh (UP) using advocacy workshops and community campaigns to enhance awareness among boys and men about gender norms and the consequence of VAW. A review of the program revealed that the “young men’s groups formed and exposed to intensive gender sensitization training during the program sometimes took it upon themselves to pressure panchayats to respond to an act of IPV and other gender issues, thus engaging panchayats in addressing GBV” (Pande, et al., 2017).

Figure 1 highlights three key lessons resulting from these capacity-building initiatives addressing gender and VAW with EWRs and EMRs.

<sup>3</sup> MASVAW is an alliance of men and organizations working on gender issues, committed to reacting to and reducing incidents of VAW. Through cultural and advocacy campaigns, MASVAW raises awareness and recruits new network members who will work for institutional changes in gender relations. MASVAW is primarily active in the state of UP. Retrieved from <http://www.chsj.org/masvaw.html>



Figure 1. Enabling Strategies for Capacity Building &amp; Training

**Lesson 1 Utilize a multi-pronged approach**

In addition to elected representatives of GPs, undertake capacity building and training and campaigns with communities, men and boys, youth groups and other institutional actors of the PRI system, including local administrative and other government bodies.

**Lesson 2 Build networks and collectives for associational power for ERs /EWRs**

UNDP and MoPR and the MSM initiative point out that 'building networks of community women, women's collectives and collectivizing of EWRs are an important strategy to enable GPs to take up issues of VAW in the formal platform. Collectives offer associational power to EWRs and act as a pressure group for GPs.

**Lesson 2 Focus capacity building & training on ERs' responsibilities related to VAW**

Gender sensitized CB &T on effective execution of roles and responsibilities does not naturally progress into EWRs /ERs willingness or ability to address issues of VAW. What has succeeded is focused training on VAW in the context of roles and responsibilities for local governance.

**1.2 Policy, Programs and Schemes: Enabling Levers for GPs to Address VAW and IPV**

While there are no policy directives that explicitly articulate the role of GPs in addressing VAW or IPV, there are policy spaces that can be leveraged to create opportunities within GPs to address these issues. Several policies, schemes and programs across different ministries and departments of the central and state governments offer entry points for capacity building, institutional building, community engagement and planning for GP development. These opportunities are divided into three broad categories outlined below.

**GP Committees and Development Planning Processes Provide Opportunities to Integrate VAW/IPV Issues**

Two areas that offer the most potent opportunities to enable GPs to respond to VAW/

IPV are the Social Justice Committees and the GP Development Plans (Figure 2) since they are part of the core structure and mandate of GPs. The specific ways in which these two can be taken forward include:

- The States and GPs can be held accountable for establishing the Social Justice Committees (SJC). The SJCs provide a legitimate platform within GPs to take up issues of VAW as a core mandate of social justice and, in turn, that of governance by GPs;
- The SJCs offer an opportunity to integrate the mandate of eliminating VAW at state level institutions like the State Commission for Women, lending them the required legal support and other linkages to offer services required to redress violence;
- GP Development Plans (GPDs) are the most concrete instruments to plan and budget for required mechanisms and support to deal with VAW. Its participatory nature and

the engagement provided through CBO-PRI linkages enable women to have greater voice and agency in planning;

- A handbook developed by MoPR to operationalize SDG 5 provides a clear road map for GPs to address VAW.

### 1.3 Policies and Schemes with a Focus on VAW Provide Frameworks for PRIs to Engage with the Issue

PRIs, especially GPs, can play a role in policies and schemes that focus on VAW, including IPV. The National Policy for Women and the Nirbhaya Fund and Mahila Police Volunteer Scheme (Figure 3) offer an underpinning of a law enforcing mechanism and legal framework for seeking intervention for VAW in the community. This offers the GP a firm basis to counter the normative resistance to dealing of VAW through a public platform.

The policy and scheme included this category are important because they are intentional in the recognition of VAW and offer concrete strategies to address the issue, as well as offer a clear mandate for involving GPs. For example, the draft National Policy for Women (NPW) recognizes governance institutions and Mahila Police Volunteer (MPV) outlines a clear mandate for the chairperson of GPs in the CBOs to be set up to deal with VAW. Additionally, by focusing on issues of nutrition, social protection, reproductive rights, and monitoring of law enforcement agencies, the NPW 2016 provides a wider scope for addressing the less visible forms of VAW/IPV, including servicing schemes for the benefit of women experiencing IPV/VAW. While there are reasonable grounds to critique MPVs, it is a formally mandated role – thus offering an additional platform at the community level that women can directly access without needing to access the police, who are often found to be intimidating and corrupt.

**Figure 2. Schemes and Provision within PRIs to address VAW /IPV**

#### Social Justice Committees

- The Social Justice Committee is a mandated (Panchayat Raj Act 1994) statutory standing committee of GPs responsible for the implementation of social protection scheme and issues of social injustices, welfare of women and children and other marginal communities like Scheduled Tribes and Scheduled Castes (ST and SC).
- The issues of VAW and IPV should be concerns of these committees.

#### Gram Panchayat Development Plans (GPDP)

- GPs are mandated to develop their Annual Development Plans with the participation of communities and with funds available as per the recommendations of the 14th Finance Commission.
- There are guidelines and capacity building and training for GP members to develop GPDP.
- UN Women MCO has attempted to influence the process to create gender friendly Panchayats.
- GPDPs also have a clear mandate to integrate and operationalize the achievement of SDGs, including SDG 5 – ‘Achieve gender equality and empower all women and girls’.

**Figure 3. Policies for Empowerment of Women that Directly Address the Issue of VAW****Draft National Policy for Women (NPW), 2016**

- The mission states the need to create policies, programs and practices to ensure equal rights and opportunities for women in family, community and workplace and in governance.
- Its core objectives include: i) developing a gender sensitive legal-judicial system and ii) elimination of all forms of VAW through strengthening of policies, legislations, programs, institutions and community engagement.
- Put in place strict monitoring of response of enforcement agencies to VAW.
- Ensure efforts for speedy /time bound trial of heinous crimes against women.
- Setting up alternate dispute redressal systems such as family courts, Nari Adalats etc., will be strengthened.

**Nirbhaya Fund and Mahila Police Volunteer (MPV) Scheme**

- An MPV will serve as a public-police interface to fight crime against women. The broad mandate of MPVs is to report incidences of VAW such as DV, child marriage, dowry harassment and violence faced by women in public spaces.
- Create awareness of the existing services available for women and children for example, One Stop Centers (OSC), Short Stay Homes, Shelters, Police Helpline 100, Women's Helpline 181, Childline 1098, Mobile Application for Emergency (Himmat App).
- Mobilize and facilitate Mahila Aur Shishu Rakshak Dal (MASRD).

#### **1.4 Policies and Schemes Focusing on Women's Access to Entitlements and Economic Opportunities Represent Potential Avenues for Addressing VAW, with PRI Involvement**

Women's economic empowerment and improvement in the Reproductive, Maternal, Newborn Child Health (RMNCH) indicators are among the priority areas where women are concerned. There are some schemes and policies in place to facilitate the effective implementation of programs related to these areas that also offer a window of opportunity to take on VAW. The two main initiatives include Pradhan Mantri Mahila Shakti Kendra (MSK) and the National Rural Livelihoods Mission (NRLM) (Figure 4).

These two initiatives do not focus on VAW directly, but by focusing on empowering women, they provide opportunities to include VAW. They can also play an enabling role for women and GPs to address issues of IPV/VAW in key ways. For example,

- Although the main emphasis of MSK is on RMNCH, they have provided by way of a Nari Chaupal to discuss women's issues and thus can be designed to include VAW;
- MSK can provide the much-needed alternative platform to Gram Sabha's for women to raise issues of VAW without compromising the role that GPs can play in redressing this;
- MSK can potentially become the first point of response for women to receive services

**Figure 4. Schemes for Women to Access Services, Entitlements and Economic Opportunities****Pradhan Mantri Mahila Shakti Kendra (MSK) 2016**

- Setting up of Village Convergence and Facilitation Services (VCFS) - Mahila Shakti Kendras - one stop center to enable women to access all programs and schemes for women.
- VCFS will be provided at GP level in selected gender critical/high burden districts to generate awareness on issues related to women, regarding various schemes/programmes of the Central/ State Government and mobilize the community to create demand and access/avail such services.

**Community Based Organization (CBO)-PRI Convergence:  
National Rural Livelihoods Mission (NRLM)**

- With Kudumbashree as National Resource Organisation, the State Rural Livelihoods Mission (SRLM) in select states are facilitating a formal linkage of GPs with village and GP level SHG collectives to access schemes, benefits and entitlements.

related to IPV; and they can also become the nodal center for providing the necessary linkages with other platforms to provide the required services to redress IPV;

- The CBO-PRI linkage offers the necessary formal space where women can legitimately hold the GP accountable to take up issues of VAW (see details in Annexure 1). When PRIs take up VAW through this formal mandate, it accords legitimacy that VAW issues are issues of public domain and integral to the governing process.

The policies discussed here highlight the spaces and the possibilities that exist within them to enable GPs to be more responsive to VAW. This is, however, not to deny or ignore the multiple implementation challenges to realizing these possibilities. The main challenge continues to be the unwillingness to take up VAW as an aspect of governance, as an issue of the public domain,

and as a right for women to live a life without violence. There are other challenges as well, such as the fact that in most states GPs do not function effectively and thus Social Justice Committees are never operationalized. Similarly, MPVs and the CBOs formed under them can be reduced to moral vigilante groups that reinforce the patriarchal norms that govern the understanding of VAW and expected gender roles.

As an overarching instrument, the draft NPW 2016 can be brought to work in conjunction with the provision of all schemes to deliver on VAW. To that end, the Ministry of WCD has a greater role to play in enabling the operationalization of the available spaces in the schemes and programs of the Ministries of Panchayat Raj and Rural Development. Content and quality of capacity building and training that enables the redress of VAW with a rights-based approach will also be essential.

## 2.

## DISPUTE RESOLUTION AND SOCIAL JUSTICE FORA: IMPLICATIONS FOR VAW AND IPV

In several states in India, PRIs provide social justice through fora and platforms available for dispute resolution. The dispute resolution function of PRIs derives from a long-standing constitutional directive to make justice accessible to all.<sup>4</sup> The aim is to make justice available at the local level that is accessible, cost-effective, participatory, and aligned with the local cultural and social context. This is expected to reduce the burden on the judiciary and enable faster access to justice. The fora under PRI provision have taken different shapes in different states and vary in their mandate, the powers invested in them and their operating mechanisms<sup>5</sup>. In addition, dispute resolution forums have also been established at the GP levels, and other tiers of the Panchayat that operate under the jurisdiction of the Panchayats but are established by Departments other than that of Rural Development and Panchayat Raj.

ICRW reviewed three such fora using both primary and secondary research to understand their scope, practice and potential for gender justice, especially in responding to VAW in general and IPV specifically. The fora include Jagratha Samithis in Kerala, Nyaya Panchayats in Himachal Pradesh and Tanta Mukti Abhiyan in

Maharashtra. The three selected fora, although established at the Panchayat level and involve the Panchayat members, have been formed under different statutes and nodal agencies. They also vary in how they represent women's interest and gender justice (see Figure 5).

Annexure II provides additional details regarding the composition and effectiveness of the Tanta Mukti fora. For the purposes of the study, we have focused on the effectiveness of these fora from the perspective of addressing IPV. Outlined below are some of the overall lessons concerning their responsiveness to IPV.

### 2.1 Dispute Resolution and Social Justice Fora Offer Significant Opportunities for PRIs to Help Women Who Experience Violence

- **Statutory bodies and mandated forums for resolution of disputes are available within the jurisdiction of PRIs and involve the engagement of local communities:** All three bodies can formally operate as dispute resolution mechanisms and are regulated by available statutes and government orders. Hence, they can be accessed for the resolution

<sup>4</sup> Directive Principle 39A

<sup>5</sup> In Bihar, the GPs has a separate body, called 'gram kutchery' that, though formed under the Bihar Panchayat Raj Act 2006, operate as a separate body from the administrative body – the GP. See Upadhyay (2011).



Figure 5. Dispute Resolutions, Judicial Functions and Social Justice Committees of PRIs

Tanta Mukti Abhiyan Maharashtra	Jagratha Samithi Kerala	Judicial Function of Panchayats/Nyaya Panchayats Himachal Pradesh
<ul style="list-style-type: none"> <li>• Launched under Tanta Mukti Scheme initiated by the Home Department of the Administration of Maharashtra on August 15, 2007.</li> <li>• Under this scheme every village forms a Tanta Mukti committee, which provides alternate dispute resolution (ADR).</li> <li>• The Tanta Mukti Abhiyan at the GP level has its <i>adhyaksh</i> as sarpanch and <i>up-sarpanch</i>.</li> <li>• The TMAs are awarded by the Ministry of Home Department if majority of the cases at the village are resolved by TMA and do not go to the police or courts.</li> </ul>	<ul style="list-style-type: none"> <li>• Jagratha Samithis were formed at the ward and Panchayat levels under the aegis of the Kerala State Women's Commission in 2004.</li> <li>• At the GP level it operates as a panchayat committee that has the sarpanch as the president.</li> <li>• Main function is to coordinate the efforts for women's empowerment by redressing the issues of social development through awareness raising and redressing complaints, including that of cases related to VAW.</li> </ul>	<ul style="list-style-type: none"> <li>• The Nyaya Panchayat that operated separately from GP was merged into GP in 1977 Panchayat Raj Act of HP as Judicial Functions in HP PRA 1994.</li> <li>• Main function is to resolve disputes related to non-criminal, limited civil issues</li> <li>• The Judicial functions are meant to be conducted through convening a bench with <i>pradhan</i>, <i>up-pradhan</i> and another member.</li> <li>• Comprised only GP elected member.</li> </ul>

of IPV cases – as a formal mechanism – where compliance can be enforced on the perpetrators. They offer the advantage of providing solutions through mediation, without inviting the involvement police and courts, but have the authority to bring both mechanisms to bear in the case of non-compliance. In the rural context this works to the advantage of women, as in most cases women wish to end violence and get the required justice without the intervention of police or courts.

- **Justice is local, accessible and cost-effective:** Fora located at the GP level can be easily accessed by women at no cost. More importantly, they are structured to offer ease of access and create greater acceptability of resolutions owing to the involvement of local people and communities. In the rural context, the sanction of the local communities lends great legitimacy to the actions women may take to prevent the occurrence of violence.

- **Legal services and strong linkages with the police and other state level departments are available:** Even when accessible and cost-effective, these fora have the wherewithal to deal with cases from a rights-based approach as all three forums can access legal services as and when required and can prevent the arbitrary settlement of cases. They have strong linkages to the police, and as seen in the case of Tanta Mukti Samitis (TMS), it serves the interest of the police to offer supervision to ensure justice without the filing of formal cases. With legal services and police linkages available, these fora can ensure that VAW are settled as per the available laws and rights. Due to the linkage to the State Women Commission, the Jagratha Samithi also can seek free legal aid for women in need.
- **Women experiencing violence have access to services:** Jagratha Samithis are structured to access justice through committees set up at state level and the State Women Commissions; services for medical support and shelter homes may also be available.
- **These fora offer strong linkage to other systemic bodies at the local level such as FLHW and women's collectives:** All three fora have strong linkages to local police stations and, as per their mandate, the police at the local level are obligated to respond. In the case of Jagratha Samithi, provision of social justice to women involves the participation of FLHWs and the members of Kudumbashree; it is overseen by the Panchayat. In the case of TMS, the Chairperson of the GP officiates as the head.
- **These fora could provide an alternative to Gram Sabha meetings in raising issues of VAW:** The GPs are not inclined to

raise issues of VAW in Gram Sabha meetings, which are designated to discuss and take up developmental issues and implementation of schemes. Women, too, hesitate to raise issues in Gram Sabhas as they considered public and intimidating forums that are not appropriate for raising 'personal' issues - like IPV or VAW. The dispute resolution forums operate outside of the Gram Sabha. In the absence of training and gender-responsive approaches, however, the nature of discussions and outcomes around violence are colored by patriarchal views.

- **There are existing mandates to address some forms of VAW:** There are provisions within all three fora that are aimed directly at resolving issues related to women's rights, including VAW. The Judicial Functions of the Panchayat in Himachal Pradesh allow for the Judicial Bench to decide the application for maintenance under section 125 of the Criminal Procedure Code, 1973. The GP can also grant a maintenance allowance. They are deputed to deal with offenses relating to insulting the modesty of women. Similarly, the duties of the TMS include prevention of dowry deaths and child marriage and can resolve social and family problems. They are also expected to create and strengthen Women's SHGs and organize mass marriage ceremonies. The Jagratha Samithi, set up by the orders of the State Women Commission, has a mandate to address both the practical and strategic needs of women, including VAW.

## 2.2 Social Justice Fora Decisions are Constrained by Patriarchal and Privacy Norms

There are several constraints that hinder women's use of these fora to access justice for violence:

- **IPV and VAW issues are considered 'private' and 'personal' matters and do not get formally raised in these fora:** Most of the cases relate to land and property disputes and petty crimes, or the primary focus is on issues of social development – schemes, entitlements, social protection and overseeing of health and educational activities.
- **Patriarchal norms privilege the maintenance of marriages and family over women's rights and choice:** Unless there is intentional capacity building from a gender rights perspective, the forums only adopt a protectionist approach to conform to existing gender roles and expectation. The Chairperson of one of the Tanta Mukti Samiti (TMS) gave an example of addressing a case of severe wife beating where the case was resolved by holding the wife guilty of not providing hot food to her husband. As primary research on Jagratha Samithi found, its role remained restricted to becoming a palliative institutional presence rather than to assume a political and proactive role on behalf of women.
- **Fora suffer from a lack of proper monitoring, accountability and performance indicators (Subair, 2017):** Very few Jagratha Samithis are functioning effectively. In Himachal, Judicial benches are rarely convened, and the dispute resolution and judicial functions are largely neglected with the main emphasis on developmental activities. Without adequate monitoring, fora may be taken over by caste leaders and become replete with class and gender bias – an accusation against Tanta Mukti. (Ingole, 2015) The influence of caste and politics in the decision-making process was reiterated by many research respondents.
- **Women's participation in the fora is low; women find them inaccessible and unfriendly:** Jagratha Samithi, by design, mandates at least 40 - 50 per cent participation, the other two forums, however, have poor participation of women and women are not encouraged to participate. In the groups visited by the research team, only 2-3 of the 20-30 members at the GP level were women.

### 2.3 Recommendations to Strengthen the Social Justice Fora

Strengthening the enabling features of these forums is critical. The mechanisms are in place for the right kind of capacity building and training to enable the forums to be more effective and intentional in their responsiveness to IPV, but they do not currently meet their potential. Suggestions to improve these forums, and therefore women's access to justice, include:

- Reserving more space for women – both as forum members and position holders;
- Increasing political will and interest of the administration to support these forums – as seen in the case of Tanta Mukti Abhiyan – considered a flagship program that has received national and international attention; (Chothe, 2015)
- Providing training and capacity building for members on rights-based approaches to address violence;
- Monitoring performance with measurable indicators to assess the effectiveness of these forums in dealing with issues related to women and cases of VAW;
- Incentivizing the forums to deal with VAW cases;
- Building strong linkages with local women's collectives and enabling them to participate in these forums.

## 3.

## EXPLORING PRI LINKAGES WITH COMMUNITY-BASED ORGANIZATIONS TO ENHANCE RESPONSES TO VAW/IPV

There are opportunities for linkages between community-based organizations (CBOs) and PRI that may enhance the role of GPs to address VAW. The two main models we look at are the Kudumbashree Model and the CBO-PRI Convergence programs under NRLM.

### 3.1 Kudumbashree in Kerala

Kudumbashree is the poverty eradication and women empowerment program implemented by the State Poverty Eradication Mission (SPEM) of the Government of Kerala. Set up in 1997 it follows a three-tier structure: Neighborhood Groups (NHGs) are at the lowest level (i.e. groups within the wards – each group is comprised of 10-20 members); the NHGs are federated at the ward level to form the next tier – the Area Development Societies (ADS); The ADSs are federated at the Panchayat level to form the Community Development Societies (CDS) at the local government level<sup>6</sup>. Kudumbashree is also known for its convergence with all three levels of PRIs. The three-tier community based organizational structure of Kudumbashree is complementary to the Panchayat structure.

Kudumbashree developed a strong gender rights program and identified the need to address gender from a strategic standpoint through the introduction of a gender self-learning program and has been engaged in responding to different forms of gender-based violence, including IPV. Formal linkages between Kudumbashree programming and Panchayats have successfully enhanced the role of GPs in addressing VAW.

One of the key take-away lessons has been that GPs engagement with IPV is enhanced and more effective when members of CBOs with a strong emphasis on reducing VAW become members of the GP, occupying positions of the chairpersons. The political empowerment and collaborative arrangement between Kudumbashree and Panchayats is much more in evidence where the Panchayat president is an erstwhile CDS member or office bearer and leverages her position of authority within the Panchayat to empower the CDS in its work with the Panchayats. The CDS serves to prepare women in leadership and to nurture them to assert their authority as an elected

<sup>6</sup> In March 2017 the Kudumbashree had a total membership of 4,306,976 women. Kudumbashree is also recognized as State Rural Livelihoods Mission (SRLM).

representative on behalf of women. An assertive Panchayat woman president can be more accessible to the CDS chairperson and is herself aware of the nature of the cases that the program is dealing with. This becomes especially important when it comes to responding to cases of IPV, as the Panchayat president can call upon the ICDS Supervisor to convene the Jagratha Samithi meeting quickly, and coordinate with the police and other departments to ensure quick and efficient follow-up. She is also able to influence the allocation of resources to address issues of GBV and can flex her authority to bring about greater accountability in the government response and ensure that the intervention addresses the woman's need for support as well as follows through on the culpability of the perpetrator.

### 3.2 CBO-PRI Convergence Program: NRLM<sup>7</sup>

The CBO-PRI Convergence Program under the National Rural Livelihood Mission (NRLM) has been initiated in several states in India<sup>8</sup> under their respective State Livelihood Missions, with direct facilitation by Kudumbashree. The PRI-CBO Convergence project helps PRI and Self-SHG Network to work together in strengthening the poor's access to entitlements and enhance the public's participation in local governance (Kudumbashree, 2017).

The program consists of developing a cadre of trained community workers, referred to as Local Resource Groups, as primary facilitators between the SHGs and PRI. Local Resource Group members and SHGs work with PRI members at the GP to create an overall village development

plan to meet the development needs of women and the village. The village development plans are pulled together at the GP level to create the Gram Panchayat Poverty Reduction Plan (GP2RP). This is done in collaboration with the PRI members and office bearers. Since this is an initiative of the PR Department, the PRIs are mandated to continue the process of working with the CBOs.

Below are some of the key take-away points from this experience.

- The CBO-PRI convergence enhances women's participation in Panchayats significantly with the potential to make Gram Sabhas more 'women friendly spaces.' The initiative facilitated the access of women to entitlements and schemes through direct interaction with GP members. This enhanced the capacity and interest of the CBO members to attend Gram Sabha regularly. The presence of large numbers of women (150-200) could help to change the male-dominated space of Gram Sabha into a woman friendly space, thus mitigating the hesitation of women to raise issues of IPV in GP meetings.
- CBO-PRI convergence occurs with formal and official sanction of the Department of Rural Development and Panchayati Raj and thus obliges the engagement of PRIs with CBOs – this can be leveraged to get GPs to officially respond to issues of IPV within its formal forum: The GP members are part of every CBO meeting and are officially obliged to respond to needs raised by CBOs.

<sup>7</sup> This section draws entirely from the (unpublished) report on UN Women MCO (2018).

<sup>8</sup> Similar initiatives have been piloted in Assam, Jharkhand, Karnataka, Maharashtra and Rajasthan.



- There is an opportunity for capacity building on gender issues and gender-based violence: The emphasis of the program is on receiving entitlements and on service delivery and not on DV or VAW. However, LRGs and SHG members are keen to receive training on issues related to laws and women's rights, ways to address discrimination in homes, VAW and more. They also expressed the need for gender sensitization of men. The Gram Panchayat Levels Forum (GPLF) are financially robust: with GPLF support, the program can be layered with more gender justice and inclusive governance - including addressing issues of IPV.
- CBO-PRI Convergence offers an opportunity to integrate IPV and other gender issues within the GP Development Plan: If CBO capacities are built and there is awareness to address IPV/GBV as a woman's right, then concrete measures to address IPV/GBV, including the allocation of resources could very much become a part of the GP Development Plan through the GP2RP process.

## 4.

## GRAM PANCHAYATS' RESPONSE TO VAW/IPV: EMPIRICAL FINDINGS

As mentioned in the introduction, this section on 'Empirical Findings' draws on evidence and data gathered through various smaller studies conducted and commissioned under the project between 2016 and 2017.

The empirical research studies focused primarily five key areas:

- i) Evidence of panchayat involvement on IPV, including the nature of involvement, the enablers and the limitations;
- ii) Survivors and community women's perception and experience in approaching the Panchayats for redress and response related to IPV and VAW, including their expectations and demands of Panchayats;
- iii) The roles GPs can be expected play with respect to IPV, given their mandate, tasks and current resources, including the feasibility of these expectations and its desirability;
- iv) The linkages between GPs and other community or formal institutions (women's collectives, health, judicial system), and the extent to which they do or can influence GPs response to IPV; and
- v) The strategies that can enable GPs to respond to IPV more effectively, both in terms of prevention and redress.

The summary findings of these studies are presented below primarily with a view to understand what works for GPs in responding to IPV and VAW.

### 4.1 GP Members' Attitudes Toward and Perceptions of VAW and IPV

It is evident that among GP members (both men and women), perceptions on what constitutes violence is shaped by their normative understanding of IPV within the institution of marriage and the primacy of maintaining the family. The inevitability, acceptance and social shame associated with discussing IPV emanates from deeply entrenched patriarchal value systems, where women are accorded a lower status, and from socially expected gender roles. IPV and DV are normalized as an integral part of familial and marital relations. The reasons for the occurrence of IPV is largely externalized, primarily put down on the adverse socio-economic conditions of the families and 'social evils' like alcoholism and addiction. Certain dominant notions around IPV resonate with most panchayat actors: 'IPV is private matter,' 'not all fights between husband and wife should be deemed as violence,' 'IPV is uncommon,' and 'women experiencing violence are best placed to improve their situation,' etc.

- **GP members acknowledge multiple forms of violence:** Elected panchayat members have reported different forms and degrees of violence such as beating, verbal abuse, mental torture, physical abuse due to drinking and abuse suffered due to desertion by a husband after extra-marital affairs. Women identified their socially enforced gender roles as a form of violence as well. Lack of economic support, care work even when a woman is ill, the drudgery of household chores was also seen as forms of violence by the elected representatives.
- **GP members were largely silent about sexual violence:** The studies from the states of Maharashtra, Karnataka and Gujarat do not mention sexual violence within intimate relations at all. It is possible that the research in this state did not explore the issue. However, from the study conducted in UP, it was evident that although women experience different forms of sexual violence – forced sex, unconventional sex, marital rape etc., these were not mentioned in the discussion with EMRs who did speak of spousal and DV. Among the EWRs, even when pointed discussions were initiated on the prevalence, there was discomfort and hesitation in discussing it. When EWRs did discuss the prevalence of sexual violence, they acknowledged that there are components of violence involved but saw it as an obligation of the wife and that women had to bear it rather than speak about it.
- **IPV and DV is normalized in marriage and the expected roles of wife:** In Karnataka GP members also seem to see domestic abuse as an everyday, normalized phenomenon which women must tolerate as part of family life. EWRs in the focus group discussion pointed out that that “domestic abuse is difficult to escape because of their position as a wife.” In Gujarat, the male members tended to normalize IPV as a part of life – a common occurrence if two individuals share a space. Most men underplayed the extent or seriousness of violence by saying that now women refuse to suffer and fight back. Normalizing DV and IPV as an inevitable part of a marital relationship: ERs in Karnataka tended to reiterate the phrase – “if there are two vessels together, they are bound to strike with each other.”
- **IPV and DV (spousal violence) is considered “private” or “personal matter,” open discussion of which invites shame:** When asked about the prevalence of IPV in her area, an EWR from Varanasi stated that it was not high because “household issues remain in the house only” (ghar ki baat ghar mein hi rehti hai). Women who choose to talk about the “private matters” of their households to others are often shamed. A male *ex-pradhan* of Varanasi, noting what society thinks of women who speak about their fights, said “if a woman was to go and tell people about her situation then people will say that she is a shameless woman.” Some of the EWRs also suggested that such a woman would be considered a “betrayal” for letting her husband down. Across states, ERs were comfortable talking about DV in the context of “fights between mother-in-law and daughters-in law (saas-bahu ke jhagde) rather than that between husband and wife. They also were less hesitant in acknowledging violence in public places like rape and sexual harassment, or even trafficking, than they were about IPV.

- **There is denial of the prevalence of IPV and “othering” of occurrences:**

Across study sites, but especially in UP and Gujarat, the EMRs were much more hesitant in acknowledging the prevalence of IPV or even VAW in their communities. They acknowledged that IPV/DV exists but in “other” villages and places. Among those who acknowledged it in their communities, they spoke of its prevalence in the range of 5 - 15 per cent and were quick to follow up with the fact that there has been a drastic reduction over the years. They believed that now IPV and DV occurred among families that were uneducated or poor.

- **Alcohol is identified as the chief cause of IPV/DV, lending them both legitimacy and normalcy:**

Across study sites, alcohol was perceived to be the prime cause of IPV and DV. As an EMR from Karnataka pointed out, “Most of the fights are due to drinking liquor so if liquor is banned, everything will be solved. They drink and fight with ladies in the house and harass them.” Attributing the cause to alcohol also normalizes and legitimizes IPV as “trouble-making under the influence of alcohol;” “bickering between husband and wives when the husband comes home drunk.” In Varanasi some ERs justified that some men, given the drudgery and physical exertion their work demands “do need to drink” and expected that the wives must find ways of avoiding conflicts when their husbands are drunk. In Maharashtra, there was near complete concord in opinions expressed by elected men and women representatives across GPs in attributing the reason for violence mainly to addiction,

particularly drinking of liquor. Even the occurrence of suicide by women because of extreme forms of IPV was attributed to the drinking problems of the husband. A woman representative summed up the belief that alcohol is the sole cause of IPV by stating that “...only women whose husbands might have drinking problems think of suicide.”

- **Women are expected to tolerate violence to a “certain degree”:**

EMRs in Maharashtra believed that only “about 10-15 per cent husband –wife violence” exists and that “it should be tolerated because there is more trouble in the house if the dispute goes out.” In UP, members concurred with the fact that women should be able to ‘tolerate a little bit’ (*thoda bahut to jhel lena chahiye*) and not always have to make an issue of it. EWRs in Varanasi told us that one hears of these cases more now because, “...the new generation of girls don’t keep quiet. They also shout so the voices do come out of the house.”

The beliefs that members hold on IPV and DV have clear implications for GP’s willingness, ability and capacity to respond to IPV at an institutional level. It may be noted that, even though Panchayats have a mandate for social justice and there is an expectation that GP members should be dealing with these issues, the capacity mandate and activities (as previously discussed) do not build gender perspectives nor offer gender sensitization to elected representatives. To assume that the position of the office will somehow progress to enabling members to respond to IPV from a rights-based and gender equality framework may not be realistic.

## 4.2 GP Interventions in IPV and VAW Disputes

Notwithstanding the perception and attitudes towards violence, owing to their statutory status and as authorities of power at the local level, women still tend to seek intervention, help or redress from the GPs. Drawing across study sites we outline some of the ways in which GPs have engaged with IPV.

- **Cases of IPV are rarely heard in the formal convening of the GP:** Evidence across the states confirm what has been established in other literature of GPs' engagement with VAW, issues of IPV or DV are rarely brought up in the formal convenings of the GPs – be it gram sabha or the monthly meeting of GP executives. The explanations to account for these include:
  - Gram Sabhas are convened primarily to address economic and social development issues related to services, schemes and entitlements, and thus neither have the mandate nor consider it appropriate to discuss issues pertaining to IPV/DV
  - Given that IPV is considered a personal and private matter and men dominate panchayat forums, women are not inclined to take their IPV issues to the formal meeting of GPs and make their affair “public.”
  - Panchayat members /chairpersons tend to deal with IPV cases privately and as confidentially as possible.
  - Because men dominate these forums, women survivors tend to side with men and often ask women to make the compromise, even if it goes against her interest and long-term safety.
- **The Chairperson of GP are the first port of call for women but mostly engage at an individual level:** Evidence from across the states confirms that, rather than a body, it is the chairperson of the Panchayat (be it a man or woman) that tends to be called on for cases of IPV and engages mainly at an individual level. In Gujarat and UP, we found that in almost all cases of IPV that either the women reported, or the GP members claimed to have addressed, had done so by approaching and engaging the chairperson individually. This primarily owes to:
  - The undemocratic fashion in which GPs tend to operate in most states. Power tends to rest with the chairperson and GPs are often led singularly by the chairperson. As an EWR in Gujarat put it – *“a panchayat is known by its sarpanch.”* This holds also for UP where the GP was effectively a one-person organization with minimal engagement of the ward members.
  - The Chairperson/Sarpanch position catapults a person to leadership status. This combined with villagers' perceptions of her/his power to resolve or influence a resolution is why chairpersons are the ones approached.
  - Even when issues of IPV are resolved by involving village elders or caste elders rather than the GP, the chairpersons are invited to be part of it in their official capacity to lend the resolutions some sense officiousness and formal sanctity.
  - Chairpersons prefer to not make what's seen as a private matter public and seek to maintain confidentiality. We find that keeping the matter “private” is given priority over stopping the violence against the woman. In Varanasi, the ex-pradhan's



repeated “talking to” a man who brutally beat his wife did not help. When asked why he did not seek external help, he explained: *“No, I thought that this was a domestic matter and so it was better to solve it here because if you take it to a third person then you will be insulted. It didn’t even reach the Panchayat. I used to go alone and talk to XYZ<sup>9</sup> so that no other person would come to know of this.”*

There were instances of IPV cases in Gujarat where the GP as a body – men and women ERs – had gone together to the husband’s house to counsel him to not divorce his wife. There are also examples from Maharashtra where a few members of the Panchayat, the chairperson, vice chairperson and panchayat secretary had worked together to mediate a case where the husband used to beat the wife after getting drunk. However, as the ERs and women in these states reiterated, the Panchayat working together as a body was more of an exception than the norm.

- **Responding informally through engaging elders in the village is common:** In Karnataka and UP we find evidence that when approached individually, the chairperson or member take the help of the community/ caste leaders in addressing the IPV cases. In Karnataka, an EMR spoke of how the involvement of a popular male leader in the area, known as Reddy, is inevitable: *“Reddy only has to come to sort it out. Even if they do not go to him they will end up as the ones who sort it out.”*

In UP, it was a common practice for the sarpanch or the chairperson of the GP to call for a “panchayat” to resolve a case of DV. Panchayat in this context refers not to the GPs but to the meeting of a council of persons related either to the husband or the wife. The council also includes the village elders of the respective villages. The *pradhans* are always part of these meetings. This response mechanism is mostly evoked by the concerned parties and their families. The *pradhans* tend to either be invited to be a part of it or facilitate its convening when the concerned parties ask for it. Review of the cases where such Panchayats had been convened suggests that they are evoked when the case involves extreme violence with a threat of divorce, separation or abandonment. Mostly they are convened to avert such outcomes.

- **Panchayat members across states have found it easier to respond to women’s complaint of public space nuisance than IPV:** In Gujarat panchayat members across states have found it easier to respond to women’s complaint of public space nuisance due to liquor and gambling. But not so much to IPV. Several cases shared by the participants of group discussions where the panchayat members had acted related to individual women’s complaints of men drinking liquor and gambling in public spaces. In many instances the women elected representatives had taken initiative to address the issue. They reported confronting the men causing the nuisance, seeking help from the police,

<sup>9</sup> Name deleted to ensure anonymity.

approaching elders from the households of men caught drinking or gambling in public spaces and threatening police action if the behavior was not discontinued. They even managed to garner support from the villagers by discussing these issues in Gram Sabha and passing resolution to fine persons caught drinking in public places. The women elected representatives were confident about their role in such situations.

It must be noted that “public” space violence removes the sanctity and sensitivity attached to private and personal space and thus offers more legitimacy and moral authority to members to intervene. ERs were found less hesitant to discuss sexual harassment, rape, trafficking and public violence between couples. Public occurrences, as the breach of the collective morality, tends to evoke collective outrage.

- **In cases of IPV, panchayat members respond only when approached:** In cases involving IPV, even when the case may involve serious injury, panchayat members prefer to respond only when approached by the aggrieved woman. This is primarily for the following reasons:
  - Since domestic abuse is considered a personal matter voluntary initiative or problem solving by the members is seen as intrusive and often backfires. The EWRs in Karnataka shared that it is necessary that women approach them in the first place for them to take any initiative. Female panchayat members themselves have restrictions from home which makes it further difficult for them. As one of the EWR pointed - “...they don’t come and tell

us in that case we cannot do anything since it is their family related matters.”

- Women tend to do a volte-face. They approach members to interfere and when they do, the back out of their complaints and “become one with their husbands.” In such situations, the members get labeled as “home breakers.”

- **GPs proactively engage in IPV only in exceptional cases or circumstances:**

Proactive engagement was seen -

- Only in cases where women experienced extreme physical violence and were either hospitalized or were on the verge of committing suicide. The evidence for this was found in the studies in UP and Maharashtra.
- When the situation of violence threatens to break down the marriage or family.
- When women approach the police directly and the police direct the case to the GPs sarpanch’s to intervene. Evidence of this was found in all four states.
- If the woman experiencing IPV was known to the chairperson of the Panchayats in a personal capacity. Evidence of this was seen in UP.
- When GP members have been trained by feminist NGOs and receive their support for this kind of work. The evidence was found in the case of Gujarat and UP.

- **Mediation and counseling are the primary modes of intervention:** Panchayat members intervention in IPV cases, done informally and mostly at an individual level, mainly involve mediation and counseling. This kind of intervention entails the panchayat member or chairperson speaking to the

perpetrator, reasoning and sometimes threatening him with social consequence and police action. Sometimes members of the panchayat may mediate between the couple, counseling both the perpetrators and the women. In UP, they referred to this mode as *samjahana bujhaha*. Mediation is done with the aim of arriving at compromise or agreement – referred to as *samjahauta*. From across the states, the following come up as the reasons for why GPs predominantly adopt this method for resolving IPV cases:

- **Mediation is a socially and culturally accepted form of dispute resolutions involving familial and marital relationship. It is done with the motive to encourage both parties to reconcile for the sake of the marriage and keeping the family together.** In Maharashtra GP members everywhere have focused on mediation. Mediation and not allowing a case to go to the police was found to be common desirable solution for most GPs. As one EMR shared- *“He used to beat and call her a sex worker...I thought we must intervene as a GP and solve it at the village level and not let it go to police level because at that level relationships break and that is not what we want...”*
- **Seeking the intervention of the authorities or adopting official processes invites repudiation from the communities and members tend to be labeled as “breakers of family.”** An ex-sarpanch of Gujarat who had been trained by the local NGO on adopting a right-based approach had encouraged a woman who had approached him for

extreme physical abuse to file a case under 498a (Section 498a of the Indian Penal Code protects women from cruelty in matrimonial homes). She did and after being jailed, the husband had refrained from any violence. He was chastised by the community members for encouraging women to break their families and he was labeled as a “breakers of family.”

- Disputes of this kind are considered matters of village honor and pride and therefore, the GPs feel obliged to prevent these matters from escalating and inviting the attention of police or any other authority.
- The patriarchal mindset that a woman is best placed in her marital home informs GPs decision making – thus they often use mediation to pressure women to stay within the marriage, even at the cost of the women’s safety. This, however, is done with the belief that they are working in the best interest of the family.

Although mediation is frequently instituted by GPs, this intervention is ineffective, ignores women’s rights, and has poor compliance. In UP and Maharashtra, there were several cases, where repeated interventions of this nature yielded no concrete outcomes. The women in these cases have either resigned to live with violence or have taken their cases to police and courts. Additionally, panchayat members have expressed inability to effect compliance as they have no real power to bring the perpetrators to justice without the intervention of the police. In the interest of keeping the family and marriage together and the reputation of the village intact, members prefer not to take the case through any formal process.

GPs do play an effective role in meeting the practical needs of women experiencing or surviving IPV, however. Economic hardships are associated with the onset of IPV experienced by the eighteen respondents interviewed in the study in UP. Among the respondents, the violence started early in their marriage and continued through the birth and growing up years of their children. Continuing economic hardships made sustenance of the family difficult, sometimes reducing them to abject poverty. For some, the situation has been compounded by the costs of medical care required to address adverse health consequences from the violence perpetrated on them. For some respondents, coping with their economic constraints tends to override any desire they may have to seek recourse from violence. Meeting immediate practical needs did not necessarily redress the violence immediately but helped mitigate their vulnerabilities in terms of sustenance and dignity. More importantly, we find that because of the support and the eventual economic stability that some of the respondents achieve, they have been able to transition into seeking effective measures to either stop or reduce the violence they face. In the studies in UP and Karnataka we found that while GPs had not been able to intervene to stop the violence, they had been able to support women in meeting some of the material and other needs to cope with the economic deprivation they faced as an aftermath of violence. GPs, especially the chairpersons were found to have enabled women to access

- Housing – facilitating women to get access to India Awas Yojana for housing
- Finding temporary and permanent jobs as cooks and helpers in school for the mid-day meals
- Job Cards under MNERGA

- Loans to support with economic activities such as buying cows
- Education support for children

### 4.3 Linkages with Community Platforms and Other Support Systems

In the state studies, the discussion on IPV has discussed several actors, including the local police, FLHWs, SHGs, dispute resolution forums and local feminist organizations. Overall the evidence suggests that the GPs, in the context of IPV have the strongest linkage with the local police and the weakest with FLHW and SHGs.

- **Police:** As discussed above, the linkage with the police is mostly one way- the police tend to call on the GP members to resolve cases that file directly with them. The GP members on the other hand tend to avoid involving the police unless necessary. The GPs mostly discourage women from approaching the police and tend to settle it through mediation, even when it fails to stop the violence.
- **SHGs:** In all four states, the GP members have been categorical in stating that they have no mandate to engage with SHGs and thus never do. The evidence from Kerala and Odisha that is featured in the CBO-PRI linkage section show a strong formal linkage between the two bodies, albeit not on the issue of violence. It is possible that in the four states where the empirical evidence was collected, the SHG movement and consolidation is yet to take place.
- **FLHWs:** The evidence from Maharashtra, Karnataka and Gujarat do not have much by way of evidence on the linkage between GPs and FLHWs. The FLHW in UP did mention

that their attempts to engage GP members in IPV/DV cases did not yield any results. In fact, the few times that some FLHW members had attempted to bring up the issue of DV in Panchayat Executive Committee or VHND meetings, the Chairperson has been categorical in stating that these forums were not the place to discuss these issues.

- **NGOs/Feminist Organizations:** In UP, Gujarat and Karnataka the presence of a local feminist organization addressing issues of VAW has facilitated willing GP members to play an active and effective role in resolving issues of IPV. The presence of local NGO of this nature can offer support in the following ways:
  - **Training and capacity building of members** on a rights-based and gender-responsive approach to resolving issues of IPV. This was evident in Karnataka, where an ex-sarpanch, trained by the local NGO had enabled a woman to file a police case under 498a, even at the cost of being labeled as a home-breaker. The local NGO in UP had federated the EWRs and had provided training on the laws related to women.
  - **Providing legal aid and support:** In both UP and Maharashtra, the local NGOs offered legal advice and support to EWRs and women of the communities they were working in. In Maharashtra, Masum NGO made a lawyer available weekly so that women who needed legal advice but could not afford it, were able to get the advice they needed.
  - **Serving as support mechanisms to address the backlash that women face:** in trying to intervene in IPV case. In

UP, strong community level workers had been supported by the local NGO when they had faced violence at the hands of their husbands for intervening in IPV cases.

#### 4.4 GP Constraints and Limitations in Engaging with IPV Cases

- Gram Sabha's are not a "women-friendly space": In all states the EMRs and EWRs reiterated that one of the prime reasons why IPV cases are not going to the Panchayats is because they are perceived to be male dominated spaces and women are uncomfortable bringing their cases there.
- EWRs are not always empowered to engender GPs for cases of IPV to come up: One of the rationales for quotas for women in PRIs is that it would enable greater access and voice for women. Consequently, a popular belief is that female-led panchayats will be able to deal with VAW more effectively. The empirical evidence on this is mixed.
  - **EWRs may have more empathy and may want to take on issues of resolving IPV cases but they often find themselves incapable of responding to IPV.** This is further compounded by their marginalization and lack of support from EMR. Most men interviewed for the study, corroborated the claims of the EWRs, believing that certain qualifications (e.g. educational status) and the social status of women should be considered as preconditions for reservation in PRIs. In the absence of these criteria, they believed women are unable to discharge their duties and 'men need to do their (women's share of) work'.

- **EWRs intervention in IPV cases were also constrained at the normative and structural level, where issues of IPV, considered a personal matter, are not encouraged to be dealt with at the GP level.** As one of the EWR in UP shared that often when they try to take up the case of a woman who has approached, their husbands stop them and discourage them from “interfering other people’s private matters.”
- **EWRs need family support and are often restricted in their capacities to act effectively as they may face resistance and restrictions at home, including violence.** In Karnataka, an EWR had individually handled 4-5 cases where women had approached her but was not allowed by her husband to engage in most GP activities.
- **EWRs tend to follow the male norm and may hold the same views as EMRs on IPV.**
- **Absence of Space for Discussing Gender Issues:** As pointed out earlier, GP meetings are not considered women friendly spaces. There is, however, no other space available within GPs to take these issues. As discussed earlier, that there is provision under every state Act to constitute a social justice committee. However, most GPs do not set up these committees.
- **The poor functioning of GPs:** The ability of a GP is also limited by the fact that the operation of Panchayat Raj Systems in the states are weak to begin with. This was evident in the case of UP. The Panchayats it seemed were largely run by the Panchayat secretary and the Chairperson of the Panchayats. The ward members had no significant participation in the activities and decision-making of the Panchayats. The EWRs were completely absent from any kind of meeting and the practice of husbands proxying for their wives was common. Except for the VHNDNC committee, which also functioned in an arbitrary way, none of the standing committees had been formed. When GPs do not function effectively, the scope of discussing issues of GBV or VAW becomes further diminished.
- **Lack of capacity and perspective on gender, gender rights and rights-based perspectives of VAW/IPV:** GP members lack capacity in both a gender perspective and gender justice. Resolutions are made that conform to the prevailing patriarchal value and traditional gender roles. Consequently, women are expected to compromise and bear the burden of maintaining families and marriages even at the cost of a lifetime of violence.
- **Perception of IPV as a ‘women’s issue’ and a social issue; outside the purview of governance:** Across all three sites, a common thread that emerged was the perception that ‘IPV is a women’s issue’ and ‘best resolved by women’. Members perceive the role of the GP as agents of development and service provision – the implementers of government schemes and services. GBV/ IPV in this context are then perceived as personal matter and social issues – outside the purview of governance.
- **Electoral politics, Party Politics and Caste Dynamics:** Electoral politics and vote bank politics also hinder GP members



from addressing issues of IPV. They feel that since most communities do not like private matters being dealt with publicly, they avoid getting involved in them as they do not want to appear “bad” to any sides. As one EWR in UP put it, “Everyone has voted for us – why should we take any one side.” Equally influential is the caste dynamics.

- **Lack of authority to effect compliance on agreements reached through mediation:** While the GP has the social sanction and some administrative authority to mediate disputes, they have no real power

to ensure compliance without engaging external authorities like the police. Thus, we find that mediation, even when favoring the woman does not result in any meaningful outcomes.

- **Schemes and policies like Tanta Mukti that approve or reward GPs for being conflict-free obstruct people from getting proper justice:** As seen in the case of Maharashtra, GPs have been declared dispute-free even when clearly some women have received no justice or reprieve from IPV.

# 5.

## CONCLUSION

This paper brought together evidence, both primary and secondary, on the potential of GPs to respond to IPV/DV in a way that is rights-based and enables women to live without violence. The paper provided a comprehensive review, focusing on all aspects relevant to the GP: institutional responsibilities, capacity and capacity building inputs for the members, available policy spaces, existing forums for dispute resolution, the role of CBOs and finally, the primary evidence on attitudes, interventions and limitations of GP members in responding to IPV. Drawing on the in-depth discussion on each aspect, the conclusion organizes the key learnings into two broad sections – what works and what does not work for GPs to respond to IPV/DV more effectively. Given what works and the identification of concrete measures (recommendations) to address what does not work, the paper concludes that PRIs, as institutions of governance responsible for ensuring social justice and development, will need to and can work towards ensuring the rights of women to live a life without violence.

In concluding this synthesis, it is important to answer the key question often raised regarding the role of the Panchayats. (See Box 1)

### 5.1 What Works for GPs as a Platform to Respond to IPV

- **At the local level, they are the only institution that offers a formal and valid platform** to address issues of IPV among its constituency.
  - GPs are local statutory bodies with state vested power and authority, mandated to ensure social justice and work on issues for the development of women and children.
  - Issues of violence raised by the GPs offer legitimacy to the issue and helps to overcome the normative barriers and taboos associated with IPV/DV.
  - The empirical evidence from the four states confirm that as the local and accessible formal authority and decision makers, the GP members are the first port of call for women. There is also ample evidence of GP members' involvement (especially the chairperson) in most IPV cases, including through community panchayats.
  - GPs can afford some measure of practical needs to women to cope with violence by

### Box 1. Potential Role of PRIs

*What is the desirable role of GPs in strategies for systemic response to IPV? Should GPs play a role in providing redress or would they be more effective in engaging in preventive measures?*

Based on the empirical evidence and the fact that the State makes little effort towards enabling ERs to engender Panchayats, the GPs in their current avatar do not have the capacity, adequate understanding of women's rights issues, nor the willingness to respond to IPV, be it redress or prevention. The fact, however, remains that GPs in rural India at the village level are the most resourced and equipped to respond to IPV. They are the first port of call. The members, albeit hesitantly and informally, are engaged in most cases of IPV. GPs are the only forum, including the Panchayat committees, that can afford some measure of practical assistance to women to cope with violence. Most importantly, at a systemic level, they are best placed to legitimize concerns around violence, evoke and receive willing support from the community-based platforms as well as from support mechanisms outside. Responding to IPV holistically with a long-term perspective and at the scale that it needs to be responded to, can only be possible by making it an integral aspect of governance. Thus, rather than throw the baby out with the bath water, there is a need to advocate for positioning GPs as an important institutional player in addressing IPV. Facilitating linkages with other services and entitlements, and creating awareness for prevention of violence, is perhaps the most crucial role they can play; but should probably not be involved in mediation which is currently informed by patriarchal values. The policy support and the institutional frameworks already exist; what is required is the political will and mandate to address VAW as being central to women's wellbeing and rights, and a core part of the PRI's development agenda.

prioritizing women experiencing IPV/DV for social security schemes and benefits like housing and job card under MNERGA.

- **GPs can be effective in creating linkages for women.**

- GPs, by their statutory position as units of local governance, have access to all relevant institutions and platforms that can enable an effective linkage for women experiencing IPV to access all the support mechanisms available within and outside the community (e.g., the shelter homes, the legal services, the support of the

police). This can potentially enable GPs to effectively facilitate the first response to IPV as well as support a woman through to the full redress.

- **The reservation for women in GPs has enabled increasing presence and representation of women in GPs.**

- As evidenced in the initiative by UNDP and MoPR, with effective capacity building inputs, EWRs are making the transition from representation to substantive participation and potentially enabling better outcomes for women.

- Intentional capacity building on VAW and gender will enable them to take a more right-based approach to IPV.
- **There are allocated resources and state mechanisms for building the capacity of GP members to execute their roles effectively.**
  - In the guiding frameworks for CB&T of PRIs, such as the NCBF 2014, there is a recognition of the capacity building needs of EWR to make them equal participants in GPs, as well as the need for gender trainings for ERs to address gender issues and social injustice more effectively.
- **There are several enabling policies and schemes that can be leveraged by GPs to take on issues of IPV within the formal platforms of GPs.**
  - The National Women's policy 2016 prioritizes the need to address VAW within the governance framework at all levels – it specifies the need to strengthen governance institutions, ADRs, local judicial platforms to address and redress VAW in both public and private spaces.
  - Within the Nirbhaya fund there are support mechanisms available to GPs by way of Mahila Police Volunteers and community-led bodies to check crime and VAW and girls.
  - The financial devolution, and untied money available to GPs through the 14th Finance commission and the mechanism of GPDPs (with an aim to achieve SDG 5), can be leveraged to plan, allocate resources and set goals to reduce VAW and girls, including IPV.
- Mahila Shakti Kendras under the PM MSK scheme can facilitate the convergence of all support mechanisms in dealing with IPV cases.
- **Within the Central Panchayat Raj Act 1994 and the subsequent State Acts, there is legislative support for designated forums and spaces within the GP structure to address disputes and judicial functions.**
  - The Social Justice Committee, a standing committee of the GPs is a statutory forum legislated to address issues of social justice related to women and other marginalized groups.
  - The judicial functions of GP in Himachal provide for convening benches to hear and decide on many civil, revenue and criminal suites as well as decide on cases for maintenance.
  - Social Justice Committees such as the Jagratha Committee in Kerala are working with a focus on women, with adequate support and a mandate to address issues of IPV more effectively within the larger institutional framework of PRI and the State Women's Commission.
  - Tanta Mukti Abhiyan in Maharashtra have demonstrated the use of these forums for dispute resolution and have mandated representation of sarpanch and SHGs. These initiatives have the required legal support and can access the support of police and other law enforcing mechanisms.
- **There are established platforms for convergence with women's collectives that can be leveraged to enable PRIs to**

**be more responsive to issues of VAW, including the opportunity to provide a women-friendly space within PRIs.**

- CBO-PRI linkage, like Kudumbashree and CBO-PRI convergence initiative under NRLM – offer GPs the associational power of women's collectives to support their action for IPV.
- These forums/initiatives offer a two-fold opportunity: a formal platform to address IPV outside of the gram sabhas and the creation of demand for redress of IPV from the GPs (who, because of the formal linkage, can obligated to respond).
- The empirical evidence demonstrates instances of **GPs as bodies that have engaged in resolving IPV cases** successfully as well as **establishes evidence that appropriate capacity building inputs can enable GP members to redress IPV from a rights-based approach and in the interest of women.**

## **5.2 What Doesn't Work for GPs as a Platform to Respond to IPV**

- **The deeply entrenched patriarchal value systems that pervade every aspect of the working of the Panchayats** and its subsequent impact on how IPV/DV is perceived, understood and dealt with by GPs. The viewing of IPV/DV as private and personal matter precludes it from being dealt with through any formal platforms. These perceptions equally inform GPs views about IPV in the context of family and marriage, leading to decisions that give primacy to keeping the family and marriage together at any cost. The patriarchal value system leads

to an environment where discussion of IPV/ DV outside the private domain is discouraged and shamed.

- **Drawing from the same patriarchal ideology – the marginalization of EWRs in GPs and in their homes.** This prevents women from taking a more proactive role in addressing IPV even when they want to. This also undermines women's efficacy to exercise their political rights effectively and thus they tend to play a subordinate role in their capacities as GP members.
- **The lack of pointed articulation of violence prevention within the broader functions of social justice and development of women and children.** Hence the GPs interventions are restricted to a very instrumental and protectionist approach confirming the socially expected gender roles for women. GP members have no clear mandate to deal with VAW as a governance issue and hence designate it socio-cultural issues that are better dealt with at the community level and in the private context. The absence of a clear mandate to deal with VAW as a governance issue also prevents GPs from planning and budgeting for them, thus failing to take advantage of policies like GPDP. The primary emphasis remains on meetings women's practical needs.
- **The lack of adequate capacity building measures both in terms of the reach and quality** and the complete absence of training on gender and perspective building in the current capacity building efforts. Also, the lack of equitable trainings of EWRs does not equip them to stake their

claims effectively or take the initiative for addressing IPV.

- **The lack of participation of women in GP and its associated forum for dispute resolution, making them male dominated and women-unfriendly spaces.** Women rarely access these spaces; thus, we find that GPs do not allow for spaces where issues of VAW and IPV can be discussed.
- **The problematic relations with the police, encouraged by flawed policies of forums like Tanta Mukti that incentivizes** GPs and dispute resolution forums to not take matters to the police. To prevent matters from escalating and inviting police action, GPs tend to force mediation and compromise, to the detriment of women.
- **The singular focus of programs like NRLM and Kudumbashree** on meeting women's entitlements, practical needs and economic opportunities do not enable these forums to become empowered to meet the more strategic needs of women. These forums do not receive any capacity building inputs on gender and gender rights and hence do not focus on issues of violence. It is a lost opportunity – these forums have the potential for serving as vehicles to bring about the much-needed norm change and transformation of the patriarchal mindsets.
- **Poor functioning of PRIs** leads to concentrating power in the hands of a few, as well as inadequate implementation of the provision of standing committees such as the social justice committees. This weakens the capacity to deal with IPV.



## 6.

## RECOMMENDATIONS

Based on the findings of the study and the conclusions drawn from the analysis of primary and secondary data, the following general recommendations are offered for consideration:

#### **Political will for addressing IPV/DV is needed**

There is little evidence to suggest that IPV/DV is being addressed satisfactorily at the Central or State Government levels. There needs to be overt acknowledgement of the extent to which the issue is prevalent, its complex dimensions, monitoring and reporting on cases, awareness building in society, emphasis on initiatives of government. It must also enter the public discourse via questions in Parliament and State Assemblies, in the media and in other public spaces. Funding must be at appreciable levels that will allow institutions (see specific recommendations below) to perform their roles to their full potential. Finally, there needs to be accountability of all institutions that demands the highest level of political will, until there is demonstrable change in the overall situation.

#### **Policy reforms must be implemented effectively**

Several policy instruments (such as Panchayati Raj Act 1994, Women Policy, 2016) exist that are noble in their intent but poor in implementation, rendering them to be of little use to women who are affected by IPV/DV. There must be a concerted effort to review policies to ensure that they are being utilized and implemented to their full intent. In addition, legal recourse and provisions of the IPC are not fully applied or utilized and need to be reviewed as well. This process will have to be led by the Central Government Ministries and then extended to State Governments. There are also several schemes of government that provide opportunities for training, capacity building, and establishment of redress forums.

#### **Training & capacity building is essential**

One of the significant reasons for IPV/DV not being addressed is lack of capacity and orientation among the office bearers of local government bodies and functionaries of state

departments, and a total lack of understanding of women's rights. While there are several personnel deployed, they lack the basic training of issues related to IPV/DV, handling of cases, measures for redress, rendering of justice, rehabilitation, uptake of schemes of government. Training institutions such as NIRD and SIRDs and others will have to review curricula of foundation courses to include aspects of IPV/DV.

The following recommendations are organized by the institutions primarily responsible for their implementation:

- **Central Government Ministries (Women & Child Development / Rural Development / Panchayati Raj)**

- **Currently, gender issues and VAW are secondary needs and subservient to the agency functions of Panchayats to provide services related social and economic development like health, education, livelihoods and other basic needs.** Thus, issues of VAW do not receive the resources nor the needed attention within the working of Panchayats. **To center VAW as a violation of rights rather than a social-cultural practice, the mandate must be received at a political level-** just as services related to RMNCH and education, etc. do.
- **In line with the draft National Policy for Women 2016, amend the provision on the role and responsibilities of ERs to clearly articulate their mandate to address issues of IPV and DV.** It would help if performance indicators and monitoring could be put in place for this role. The 14th Finance commission aid-in-grant to GPs has a 10 percent

performance-based grant – this could be harnessed in the service of VAW-free Panchayats.

- **The GPDP guidelines should also articulate a clear mandate for creating violence-free Panchayats.** The Handbook for GPDP created in collaboration with GOI, can be used as an excellent guide to enable Panchayats to plan, budget and set goals for SDG 5 which prioritizes ending of VAW.
- **Layer the CBOs built under NRLM with the agenda for social justice** and provide adequate gender training and perspective building with a women's rights-based approach. Consequently, through their sheer numbers, CBOs will be able to provide the groundswell support and demand required to enable effective gender-responsive governance.

- **State Departments (Women & Child Development / Rural Development / Panchayati Raj / Human Resource Development)**

- **Create effective space within GPs for IPV:** Mandate all GPs to institute the Standing Committees – especially the **Social Justice committee** and empower these committees to act as space and forum for women to bring issues of IPV and receive gender justice and not just norm-based mediation and counseling.
- **Engender Dispute Resolution Forums: Panchayat Raj Acts** Mandate quotas for women in forums like Nyaya Bench and Tanta Mukti Abhiyan in line with the quota in GPs and build capacity specific to exercising leadership in the resolution of VAW. The presence of women in

high numbers with the capacity to deal with VAW will make these forums more women-friendly and women can access these forums easily and willingly.

- The government's training on GDPDP needs to focus on planning and budgeting for dealing with issues of VAW, not only in the public sphere but also in the private domains of home and work places.
- Provide gender training and perspective building, especially on the strategic needs of women at all level of PRIs and PRI functionaries. It is not enough to build capacities of GP members as patriarchal value systems related to VAW are entrenched at all levels of the institutions and often pose barriers to GP members who may be willing to address issues of VAW within the private domains.

- **For NGOs/ Development Partners**

- **Capacity Building of GP members and Community Campaigns for Norm Change around IPV:** To make Panchayats more accessible to women, enable Panchayats to take on gender issues. Changes would be required not only in terms of how the platforms are organized but also at a normative level where issues like IPV stop being viewed as personal and private. To enable GP members to address IPV in a rights-based approach, without inviting the disapproval of the communities, awareness and community campaigns to change mindsets will also be necessary.

## ANNEXURE-1

# ROLE OF PANCHAYATS UNDER THE KUDUMBASHREE MISSION<sup>10</sup>

Soma Kishore Parthasarathy

The Kudumbashree (KDS) Mission, (Kudumbashree, n.d.) was set up in 1997 by the State government of the Southern Indian state of Kerala, in response to policy shift in ensuring devolution of powers to the PRIs in Kerala, and the Peoples' Plan Campaign (PPC), which attempted to democratize and decentralize planning, budgeting and overall governance. The purpose of this case study is to highlight the institutional linkages between Kudumbashree and the PRIs and the processes to address IPV. The evidence for this was gathered during the field work for the model documentation on Kudumbashree as a program that supports women's collectives and its potential and strategies to address IPV. This case study seeks to analyze the data from the ground as well as to draw insights from literature, in order to highlight linkages and make specific recommendations to strengthen them for addressing IPV and to promote gender equality in the decentralized governance

processes through the Kudumbashree Mission's approach.<sup>11</sup>

## Genesis and Institutional Location

Panchayats in Kerala have been functioning with a unique decentralized structure introduced in the mid-90s under the PPC of the State. Under this structure, the various departmental functionaries were directly accountable to the bodies of local governance, thereby empowering the Panchayats to gain an important role in the governance structure, especially in realms of development expenditures and priorities.<sup>12</sup> Kudumbashree roots lie in setting the context of the People's Plan Movement which was a state strategy for mass mobilization for bottom-up planning in the wake of the decentralization of powers. With the NHG as its base 'organized platform', historically these platforms were envisaged as local forums for planning and

<sup>10</sup> Kudumbashree is the poverty eradication and women empowerment programme implemented by the State Poverty Eradication Mission (SPEM) of the Government of Kerala. The name Kudumbashree in Malayalam language means 'prosperity of the family'. The name represents 'Kudumbashree Mission' or SPEM as well as the Kudumbashree Community Network. What is commonly referred to as 'Kudumbashree' could mean either the Kudumbashree Community Network, or the Kudumbashree Mission, or both.

<sup>11</sup> The Author draws significantly upon the notes on Kudumbashree in the unpublished ICRW Report of the meeting of the Mini Think Tank in Delhi in 2017 April.

<sup>12</sup> As part of the Peoples Plan Campaign (PPC) during the IX Five-Year Plan period, financial powers were devolved up to the GP level. The idea behind this was for local governance bodies to plan for themselves including identification of people's needs, understanding problems and development needs from the ground, assess local resources and develop schemes and programs which would be prioritized and integrated into a local Five-Year Plan document.

development action. The Kudumbashree Mission was deliberately initiated in those districts where the Panchayats exhibited a stronger governance capability.

By 2002, the primary focus of the Kudumbashree Mission had moved to micro finance and micro enterprises; however, the underlying objective of strengthening decentralized governance and women's participation therein, remained intact.<sup>13</sup> Over the years, the program gradually evolved to address women's empowerment as an articulated goal, although much of the agenda for governance and for women's empowerment evolved iteratively based on the needs expressed by women, and through the positive response to these demands by sensitive leadership and policymakers in the state.<sup>14</sup> Despite this, however the local governance institutions tended to replicate the gendered social patterns of power hierarchy wherein women seldom voiced independent opinions or participated in major decisions.

The Panchayat's decentralized processes gave opportunities for hitherto marginalized groups including women to gain space in politics and government representation through reservations at local level structures. Reservations were already a dominant national and sub-national policy strategy in India for women's political participation and leadership since the early 1990s, and 10 per cent of Panchayats' funds were meant to be dedicated

to the Women's Component Plan (WCP). The institutional structure of the NHGs and its federated structures at block/ward and district level,<sup>15</sup> had a close relationship with the three-tiers of Panchayat. The Kudumbashree structure has the CDS at the GP level; the ADS at the Ward Level and NHG at the Gram Sabha/Village level.

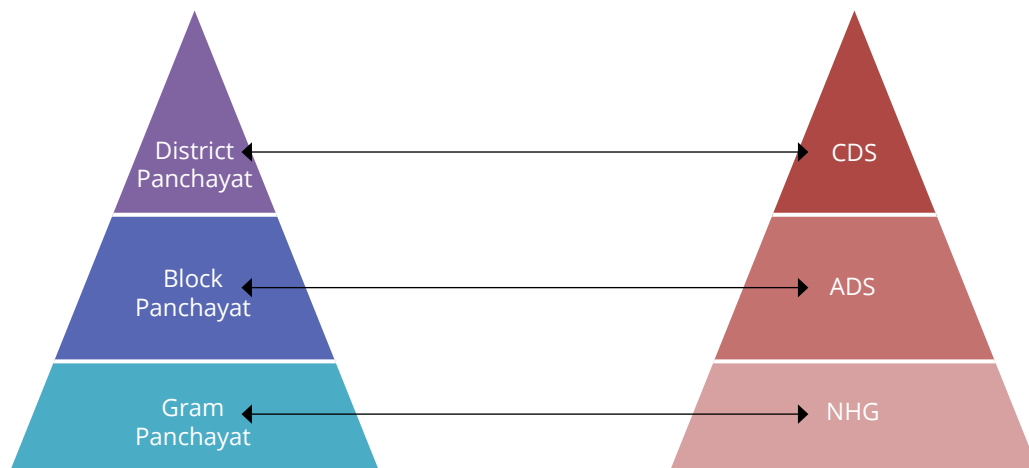
Since the WCP and forming of NHGs of women emerged from the PPC and it was meant for strengthening the Village Assembly or Gram Sabha, and for increasing women's participation in local governance processes, where they had hitherto been either completely absent or in the margins. This strengthened the process of emergence of Kudumbashree. There were a number of local developments and 'self-help' initiative experiments led by civil society organizations which already existed in different parts of Kerala. The process of strengthening decentralized governance (though the PPC) gave a much-needed fillip to these community-based development efforts. The KDS thus emerged as a synthesis of experiences from many local community-based and some state supported development efforts in the state. Kudumbashree worked assertively only in the Panchayats where women leaders from their structure had been elected as Panchayat members, or where the CDS election process had empowered the CDS chairperson to being outspoken. The three-tier community based organizational structure of Kudumbashree and its complementarity to the Panchayat structure is illustrated in the diagram.

<sup>13</sup> Bureaucrats and incumbent senior staff of the program refer to the poverty alleviation and convergence mandate of the program, this underlying aim of strengthening women's participation is referred to by Sarada Muraleedharan, earlier Executive Director of the program and was confirmed by Mr. Vijayanand, a senior bureaucrat involved in conceptualizing the program from its inception.

<sup>14</sup> Interviews with Mr. Vijayanand and Ms. Sarada Muraleedharan as part of the ICRW case study report

<sup>15</sup> In the Indian administrative systems, one or more villages make up a Panchayat; a number of Panchayats make up a ward, and multiple wards constitute an administrative block. Several blocks cumulatively make up a district.

## Institutional Linkages with Local Government



## Social Development and Gendered Subjectivities

In view of increasing recognition of incidents of VAW, Jagratha Samithis were formed at the ward and Panchayat levels under the aegis of the Kerala State Women's Commission in 2004. As a body under the Panchayat system, the committee at the Panchayat level was to be headed by the Panchayat President and members included other EWRs from the Panchayat, departmental representatives of health, education, the police and legal advisory board. The convening authority was vested in the Supervisor of the Integrated Child Development Services (ICDS) program,<sup>16</sup> which is the largest program of the Ministry of Women and Child Development (MWCD). Interestingly, the PRI Government Order that mandated the formation of Jagratha

Samithis does not mention the presence of the CDS Chairperson in the committee. However, what emerged from the field is that the Kudumbashree CDS Chairperson is an integral part of the Panchayat Jagratha Samithis, by default. The membership was particularly focused to coordinate the efforts for women's empowerment by addressing the issues of social development through awareness raising and redressing complaints, including that of cases related to VAW.

Although the Jagratha Samithi was envisaged as a focal structure for women, its role remained restricted to becoming a palliative institutional presence rather than to assume a political and proactive role on behalf of women. Social development activities were considered a gendered domain and Jagratha Samithis

<sup>16</sup> The Integrated Child Development Services (ICDS) Scheme is one of the flagship programs of the Government of India which looks at early childhood care and development. It was launched in 1975 as a response to the challenge of providing pre-school non-formal education and to address malnutrition, morbidity, reduced learning capacity and mortality amongst children in the age group of 0-6 years, pregnant women and lactating mothers (Source: <http://www.icds-wcd.nic.in/icds.aspx>)



provided the legitimate spaces for women's interactions within prevalent social norms (Devika, J., et al., 2011). The presence of the CDS Chairperson in the committee provided an opportunity for Kudumbashree's convergence with the functions of the Jagratha Samithi. Much of the functions of the committee was in fact undertaken with the support of the CDS considering their reach amongst women at the lowest level through the NHGs as part of the KDS structure. Often, the EWR members of the Jagratha Samithis were members of CDS, or even ex-CDS Chairpersons, which helped in leveraging the network to reach out to women facing violence. Interface with persons from various departments in the performance of their societal care responsibilities, and discrete provision of support to women in situations of distress were considered as the function of the CDS by rescuing survivors or attending to their counseling needs furtively rather than challenging violent husbands or family members or challenging societal norms.

CDS members feared backlash if they intervened directly and quoted examples of such attacks on them and their spouses when such incidents had been confronted more openly. Discussions in the field revealed many such instances. CDS members of one Panchayat (known to be the most pro-active in Kollam district) enabled a woman and her children to be rescued and provided shelter until the husband was counseled and threatened with legal action before they restored her to the family home, but the woman and children continued to live in the stressful situation. In another case where extreme violence had recently occurred and the husband was absconding, the CDS Chairperson was yet to act to extricate the woman and her adolescent children, and most women

members of the NHG and CDS were unaware of the problem. The strategy has been to maintain confidentiality of women whose cases were brought before them, providing them care at the Snehitha level (explained later) or in extreme cases invoking the support of the Jagratha Samithi to bring social pressure on the spouse or violent men.

Panchayat activities were considered as men's domains and Kudumbashree ADS members function under the watchful eye of the Ward Members of the Panchayat, seeking their support and patronage to resolve cases rather than attempting to resolve themselves. The CDS members consider themselves competent to deal with the women and their children but look to the Panchayat members in dealing with spouses and family members where the issues of family honor and community intervention come into play. Kudumbashree program staff at district and state levels also promote this strategy as a means of negotiating spaces for the program and its interventions with the support of the Panchayats rather than taking what is considered a confrontationist approach in dealing with cases of IPV.

Very few of the Jagratha Samithis are reportedly functioning effectively at best and need to be strengthened to redress the issue of VAW and especially IPV effectively as CDS does not consider themselves adequately empowered to undertake such interventions without the support of the Panchayat. This represents a dilemma as the Jagratha Samithi is unlikely to take a pro women stance that challenges patriarchal structures and to effectively engage with justice for women in IPV cases unless it is presided over by strong women as Panchayat Presidents or as members of the Panchayat Committee and CDS

in large enough membership to challenge the political clout of the Panchayats.

For instance, in one of the Panchayats where the study was undertaken, the CDS members have been pursuing the case of violence by the father in law against a mentally challenged woman and her spouse in one Panchayat for a while but is seeking to rescue and place the victims in the charge of her sister rather than seeking to expose the perpetrator of the violence. In another case, the woman reported repeated assault on her character by community members for exposing her husband but spoke of little support from Panchayat members in challenging such assaults, although counseling services have been offered as a solution to her problems, with no support forthcoming from the Jagratha Samithi members.

What is missing is a condemnation and public outcry and punitive action against perpetrators with public debate on the issues to provide a preventive environment even while women victims are provided shelter and support.

### **Emerging Self Reflexive Processes within Kudumbashree**

The Kudumbashree program evolved over time to incorporate the social development agenda “due to the realization that poverty eradication would not be achieved only by eradicating ‘economic’ poverty” (Parthasarathy, et al., 2018). This social development agenda became focal to the initiatives of the program as it began the Gender Self Learning Program (GSLP) in the year 2007, which aims at facilitating discussions that reflect on discrimination, violence and inequality at NHG level through discussions focusing on

some aspect of their lives that they could relate to. This “gender inclusion” into Kudumbashree programs saw a greater engagement on issues of violence and gender discrimination through demands that emerged from the NHGs. The GSLP was a participatory educative exercise that involved reflections on lived experiences of women collective members on issues of women’s work, health and mobility, all of which had an overarching dimension of VAW built in through all these modules for discussion at the collectives’ level.

The Kudumbashree program gradually undertook the orientation and training of its own cadres- CDS members, ADS and NHG members - to gender-based violence (GBV) and other issues. It also invested in the training and orientation of government officials and political representatives on these issues, which served to enhance their sensitivity and willingness to respond to issues of GBV. However, such training was a one-off event for such persons and stopped short of acknowledging the existence of IPV leaving intact the realm of violence within the household and its overall patriarchal character. The GSLP program provided training to 120 women Resource Persons (RPs) initially and thereafter to women who were selected as RPs in the districts and blocks every quarter for one day on specific themes.<sup>17</sup> Recently, since 2015, training has also been provided to the elected representatives of Panchayats and secretaries who attended two to three-days’ training camps<sup>18</sup> at Thissur, Kerala Institute of Local Administration (KILA)<sup>19</sup> campus in order to strengthen the liaison with the Panchayats to deal with GBV. These trainings were however inadequate and were conducted with only one set of Panchayat leaders and needed to be repeated with the elected members

on a continuing basis, as the leadership would keep changing.

### Gender Justice Gains Political space

In 2008, a new set of bye-laws was framed for Kudumbashree which brought in a free and independent electoral process within the three-tier Kudumbashree structure. This gave them greater political autonomy from the Panchayat, re-assigning their status in relation to the Panchayat by appointing the CDS Chairperson as the nodal authority of Kudumbashree, as a separate (but not parallel) structure at the Panchayat level. This also rendered its processes more politically aligned and gave the community structure necessary autonomy to function independently and to support the Panchayat in its development work without being subservient to it.

Another significant shift is noted in the relationship between Kudumbashree and the Panchayats in the year 2011, when a large number of women who contested for GP elections came from the ranks of the Kudumbashree network, rendering the linkage between the GP and Kudumbashree even stronger. Before this, the CDS was seen as a space where women could enter the public realm as social actors and engage with developmental activities in the realm of social activism. The transition into Panchayat leadership roles marked a subtle shift in the political status of women as leaders

and constituencies and shifted the balance from subservience to the Panchayat to one of partnership as a political force.

The political empowerment and collaborative arrangement between Kudumbashree and Panchayats is much more in evidence where the Panchayat President is an erstwhile CDS member or office bearer and leverages her position of authority within the Panchayat to empower the CDS in its work with the Panchayats. CDS serves to prepare women in leadership and to nurture them to assert their authority as an elected representative on behalf of women. In instances where women are more populist and adhere to social gender norms it can also become a disciplining space, encouraging women to present themselves as 'socially acceptable'. An assertive Panchayat woman president can be more accessible to the CDS chairperson and is herself aware of the nature of issues and cases that the program is dealing with, as we found in one instance from the field. This becomes especially important when it comes to responding to cases of IPV, as the Panchayat President is able to call upon the ICDS Supervisor to convene the Jagratha Samithi meeting quickly, (as was observed in Ummanoor Panchayat), to coordinate with the police and other departments to ensure quick and efficient follow-up. She is also able to influence the allocation of resources to address issues of GBV and can flex her authority to bring about greater

<sup>17</sup> Interview with District team in Kozhikode and Kollam and from District resource team interviews in Kozhikode district part of the ICRW Kudumbashree Model Documentation Report (Parthasarathy, S.K, et al., 2018).

<sup>18</sup> Some Panchayat members were absent attending such training during the research process on our visit to a Panchayat in Kozhikode.

<sup>19</sup> KILA is an autonomous institution functioning for the Local governments in Kerala. Ever since its inception in 1990, KILA has been engaged in myriad of capacity building interventions on local governance and decentralization; including training, action-research, publications, seminars and workshops, consultancy, documentation, handholding and information services. (Retrieved from <http://kila.ac.in/node/1>).

accountability of government response and ensure that the nature of intervention addresses the woman's need for support as well as follows through on the culpability of the perpetrator. Conversely, the situation becomes adversarial where the CDS Chairperson and other members are from an oppositional political group than the Panchayat leadership which leads to denial of support to the CDS to function effectively and to be able to channelize effective governance and convergence of resources to the women members.

### **Women's Interests in Development Governance**

Often CDS members and other KDS women participate in the process of preparation of the Panchayat annual plan to ensure that their interests are reflected therein. In fact, the CDS Action Plan which is also prepared annually through a participatory micro-planning process (reflecting needs from every NHG upwards to the ADS, which is then collated at the level of the CDS) is presented to the Panchayat. The scope of their interventions are however largely confined to convergence to allocate resources to NHGs from the Women's Component Plan allocation and other developmental schemes such as housing and rural development and pension and social justice, rather than an integration of gender issues. These are seen by the CDS Chairpersons and Kudumbashree staff as measures that will provide security and impact women's abilities to contest IPV in the long run.

Kudumbashree has also collaborated with the Panchayats to identify land for women farmers to enhance access of women farmers to fallow lands of absentee or non-practicing farmers

such that women are able to gain leases to undertake collective farming on leased lands. Land access improves the perceived status of women and provides a lever to mobilize other resources, which women claim has reduced their harassment by men in their households and enabled women to negotiate their status in other arenas of social wellbeing as well. For instance, women are not questioned in their attending public meetings or trainings, which gives them greater freedom and mobility. While the access to leased land has positive outcomes to their status in relation to their husbands, several cases were also reported where women had inherited land which was a contentious issue with spouses who tried to transfer it to their names and were given tacit support by their political representatives by ignoring the women's pleas for support in dealing with such men. In one such instance, it was the CDS who had pursued the case and helped the woman receive police and counseling support, whereas the Panchayat members had chosen to remain silent so as 'not to encourage such practices' according to the Panchayat member.

### **Linkages to address GBV and IPV**

Greater linkages between the Panchayat and Kudumbashree in relation to violence and IPV have grown over the past decade. An important program implemented by Kudumbashree in collaboration with the Panchayats has been the Nirbhaya scheme of the Department of Social Justice in 2012.<sup>20</sup> Bhoomika centers had existed as crisis centers sporadically prior to this, but the Nirbhaya scheme provided the means to address GBV systematically. The Kudumbashree program was given the responsibility for implementation of this scheme, the main thrust

of which was on protection activities and certain initiatives on prevention and rehabilitation programs. This included the process of 'Crime Mapping'—a tool developed by Kudumbashree to assess the details of violence faced by women in 74 Panchayats. The process focused on issue mapping and crime spotting. These maps were developed by women from the Kudumbashree network with support from ward members (who provided the ward maps, which were used in the crime mapping exercise), and all the completed maps were deposited in a 'crime box' at the Panchayat office. Trainings of various groups like elected representatives of the Panchayat, officials of various departments, members of the CDS and ADS, ASHA<sup>21</sup> and Anganwadi<sup>22</sup> workers were conducted by the Kudumbashree state gender team. Issues of understanding VAW, including IPV, awareness about the Nirbhaya Committees<sup>23</sup> and Jagratha Samithi were at the center of these trainings.

The crime mapping exercise led to a series of action points around addressing VAW, of which the setting up of Snehitha – the gender help desks of Kudumbashree – was one of the most significant. Snehitha was started in 2013 on a pilot basis in three districts to create infrastructure for providing a crisis and care center for women survivors of violence (including IPV) in cases that came to their notice through the Kudumbashree network rather than having to rely upon Nirbhaya centers (under the Social Justice Department) or Bhoomika centers (under the NGOs etc.). Along with this, the program also

instituted community counselors at Panchayat levels who provide services based on the support of the CDS and in the premises of the Panchayat. This is in addition to the Women Protection officers,<sup>24</sup> available at District levels whose outreach is limited. There is one community counselor for every three Panchayats (adjacent), and there is also a counselor at Snehitha level. However, often there is limited interaction between the community counsellors and the Snehitha counselors. The program provides for some amount of honorarium for community counselors and some Panchayats also support this work by supplementing such resources in the interest of building an environment for safety of women. Some Panchayats have also supported in efforts for providing training to community members and adolescent girls in self-defense and in formation of the vigilante groups.

The Snehitha gender help desk works at district level and is somewhat removed from the community, which helps to keep women survivors secure from the perpetrators, but it also isolates the service from its primary constituency. The counselors at the field level however provide vital service on an ongoing basis. Although the documentation of the functioning of Snehithas is not uniformly maintained, these institutions are providing effective services for survivors of violence. Most of the cases present in the period of this study had been directed to the Snehitha from the police rather than as intended by referral from the Kudumbashree program field

<sup>20</sup> The Social Justice Department of Government of Kerala started this scheme in 2012 for safety and security of women and girls

<sup>21</sup> The Social Justice Department of Government of Kerala started this scheme in 2012 for safety and security of women and girls

<sup>22</sup> Accredited Social Health Activist. Accredited social health activists (ASHAs) are community health workers instituted by the government of India's Ministry of Health and Family Welfare (MoHFW) as a part of the National Rural Health Mission (NRHM).

<sup>23</sup> Part of the Nirbhaya Scheme

<sup>24</sup> Part of the Protection of Women from Domestic Violence Act, 2005

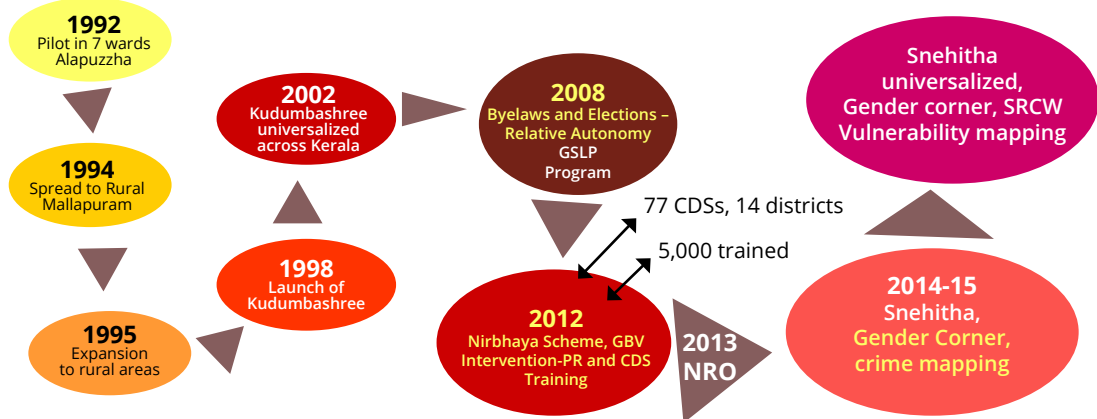
areas, pointing to the need for more rigorous engagement with IPV and GBV as a program. The Snehitha is only a recent addition to the program and with intensification of training and awareness on issues of GBV and IPV it would serve a more significant purpose.

Below is a visual rendition of the historical evolution of some of the schemes that brought targeted attention and action on GBV and IPV.

The crime mapping exercise was an innovative initiative to peg the discussions of communities on incidence of violence and of IPV, but lack of follow up and analysis of the data generated have prevented the emergence of a systematic strategy to address IPV. Elections disrupted the action on the issues identified, as a new political dispensation diverted the attention of policy makers from this important strategy, and it is important to retrieve the data to plan for addressing IPV. This should be accompanied by a process of intense perspective building among the program leadership to enhance a proactive engagement with issues of GBV, and with

systematic processes of monitoring and review instituted. The starting point for a continuous dialogue and engagement with IPV at Panchayat level are the Jagratha Samithis and there is a need to strengthen their functionality. The Jagratha Samithis do not meet in most Panchayats unless there is a case that demands its attention, and cases are dealt with more summarily than by pro women engagement, according to the program respondents. This needs to be remedied by investment in their training and strengthening linkages with women's organizations such as Anweshi and Sakhi and several others with experience in dealing with issues of IPV in a gender sensitive and pro women approach. It is also necessary to build women's collective strength and supportive network in dealing with cases of IPV. These aspects call for an intensification of learning opportunities on feminist approaches to counseling, support and preventive strategies for GBV to be addressed effectively. For IPV strategies to be effectively implemented it is necessary to have a support structure from the program such as the Gender Resource Center being established at state and district levels.

### Genesis of Kudumbashree Program: Gender-Based Violence interventions





It is also necessary for the strengthening of NHG and community leadership in a decentralized process for addressing IPV. The vigilante groups are currently being identified and provided some rudimentary training in self-defense. Much more rigorous planning is required to evolve a strategy to strengthen IPV prevention and support interventions for survivors to address this in Kerala. GBV and IPV intervention are likely to receive much resistance as they move from working within the patriarchal frameworks to challenging them. The first step to is to provide a supportive structure for the gender team and to women who emerge as RPs; vigilante groups; CDS members from their own program team of Kudumbashree across verticals, as well as Panchayat members. It would also require a supportive role for the police and court machinery. Also training and orientation as well as regular review processes of cases so that perspectives can get sharpened and strategies refined along the way. Adequate support is a precondition for the gender team to effectively implement the GBV and IPV prevention and redressal strategies. The investment in training and exposure as well as institutional support structures will have to be significantly scaled up and intensified to enable the program to address IPV in the region. A significant beginning has been made and needs to be scaled up with adequate political and financial support to the process beyond the present palliative measures.

### **Supportive Environment for Women's Empowerment**

Gender sensitization trainings are organized by the Kudumbashree Mission at State, District and Panchayat levels for Gender Resource Persons, elected representatives and CDS representatives from the network. Gender Corners have been set

up at every CDS since 2013 as a space for women and children to register grievances through a confidential mechanism of a box placed at the CDS office. Gender Corners are operated by the CDS and provide the institutional space for resolving cases locally with the support of the Jagratha Samithis of the Panchayat. While these are important measures to speed the process, campaigns are also required to raise questions against the acceptance of VAW and to challenge IPV at a societal level through public awareness campaigns, to build a social pressure against acceptance of IPV as normal and acceptable.

Since 2015, Kudumbashree has initiated theatre performances to create awareness of GBV issues in communities in collaboration with Panchayats and with other departments called 'Rangashree'— women folk theater artists selected from the Kudumbashree network were trained as master trainers through four levels of training. These theatre teams need to proliferate and to include young men and boys and orient them towards being part of the preventive process and provide a social space for discussion on issues of IPV. Discussions on decreasing age at marriage, property rights and gender-based violence need to be undertaken as public debates such that the roots of the problem in patriarchy are exposed and strategies evolved to address it at community level with women's leadership. Most recently, given the focus on inclusion, CDS's undertook Vulnerability Mapping of their Panchayats, to understand and identify vulnerabilities of communities. The vulnerability maps provide the basis for CDS to incorporate GBV issues into the Panchayat Action Plan and enable all in the empowered community to understand the vulnerabilities and chalk out solutions to tackle the same.

In terms of linkages with other institutions, Jagratha Samithi is the only structural linkage between Kudumbashree and the Panchayat when it comes to working on prevention and response to cases of IPV. However, the overall convergence between the PRI and Kudumbashree opens up the space for the CDS to seek the Panchayat's support and vice-versa in dealing with IPV cases, as is evident from the study.

Overall the Jagratha Samithi is the fulcrum for the coordination between the CDS and the Panchayat to investigate and intervene in situations of IPV in cases that have gone beyond the scope of the CDS and require a more effective societal intervention. According to one senior bureaucrat "when local solutions don't work, (the problem) gets out of hand, then the Jagratha Samithi kicks in. Ultimately all these institutions depend on the Panchayat support, ....it is driven by leadership of GP and partnership with Kudumbashree.... Except the police, all other departments fall under the GP, enabling them to command all resources towards their priorities. Panchayat takes the leadership with a 50 per cent reservation for women. Kerala is the only state where Panchayat and Kudumbashree as a women's platform work in such partnership."

The figure illustrates the current model of operational linkages and response system between Kudumbashree and Panchayats.

### Lessons Learned

The fundamentally patriarchal framework of Kerala and the social norms within which Kudumbashree is embedded causes barriers for women to address the structural inequities effectively. While spaces of awareness building,

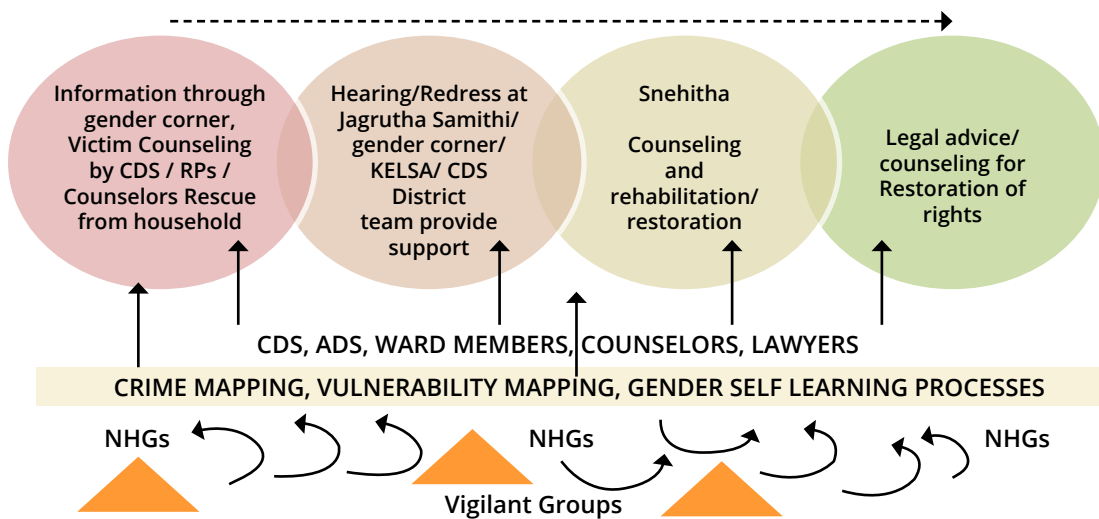
and intervention have been created through the collaborative work of KDS and PRIs, the KDS continues to have to contend with resistance from Panchayat members and have to tread the gender terrain cautiously as the Panchayat exercises significant clout in enabling or hindering the sensitive processes of the program. Nevertheless, KDS shows that the NHG/ADS/CDS platform of the Mission, can work closely with various levels of PRIs, in order to address IPV through recognition and voicing of the issue, through preventive measures and building resilience (e.g. land rights), through facilitating institutional linkages for survivors of violence, and in creating an enabling environment for making the 'private' issue of IPV a public concern, including eliciting a response from government and State policymakers.

The agenda can be significantly strengthened with women emerging as political leaders and with the CDS serving as a learning ground for women leaders, the potential to create a constituency among women and among those committed to goals of gender justice needs to be pursued as a goal of the program.

Greater resources are needed to be invested in capacity building and strategic institutional processes to empower the KDS as a sustainable institution to undertake the representation of women's interests.

The CDS should convene meetings with women within communities to ensure their understanding of women's issues is evolving as well as to play a more interventionist role. The program would do well to invest more in strengthening the gender team architecture institutionally and strengthen their entry into PRIs. Investing in PRIs is unlikely to make the

### Operational Linkages and response system between Kudumbashree and Panchayat to address GBV/IPV



change in their patriarchal mindsets, instead investing in CDS as institutions for gender empowerment and mainstreaming will bring long term dividends.

The trajectory of the Kudumbashree, represents the milestones that it has crossed from starting off as a program for decentralized governance, to poverty eradication mission focused primarily on micro-finance and women's access to rights and entitlements, to applying a gender lens in its programming with the GSLP—when the women from the network themselves raised the need to talk about gender and violence as it was a daily reality of their lives. Since then various other initiatives have been underway

to tackle the issue of IPV and GBV in general at the community level that women from the collective network work together, with support and convergence with the GP. The issues of gender and violence have not emerged systemically within the program, but rather the participatory and decentralized processes in the program (like the GSLP) over time paved the way for platforms and opportunities for the inclusion of these issues, which got translated into the initiatives particularly looking at issues of violence. An important learning for such large-scale programs is therefore to invest in creating these spaces and platforms and create the enabling environment which should be the program focus.

# MODEL DOCUMENTATION OF THE TANTA MUKTI SAMITI

ANNEXURE-2

Alpaxee Kashyap

## Introduction

The International Center for Research on Women (ICRW), supported by the Bill & Melinda Gates Foundation (BMGF) is currently undertaking a research study on - 'Evidence Based Systemic Approach to Addressing IPV in India: Creating a New Vision'. The project proposes to undertake evidence creation and synthesis learning around three community-level platforms that offer the most potential as responsive points of influence for primary and secondary prevention, redress and support for IPV: Women's collective, PRIs and FLHWs.

As a part of the larger synthesis paper on the role of PRI in addressing IPV, ICRW has worked on a short exploration of the Tanta Mukti Samiti (TMS) in Maharashtra. The state of Maharashtra instituted Mahatma Gandhi Tanta Mukti Samiti (TMS) to ensure that there is a dispute resolution body at the village itself. Since the TMS is constituted at the Gram Sabha and the Gram *pradhan* is the chairperson of the group, ICRW wanted to understand the current and potential role of Tanta Mukti Samiti in addressing IPV.

This model documentation particularly aimed to develop an understanding on the key features, systemic linkages, enablers and propose

recommendations for the model of Tanta Mukti to address IPV.

The methodology involved reading the detailed government mandate on Tanta Mukti Abhiyan, review of the formative research conducted as a part of this study in Maharashtra and other literature available online. After reading the mandate, Key Informant Interview (KII) was held with the head of Mahila Rajsatta Andolan (MRA), a Maharashtra based NGO who works on training EWRs and making more EWRs part of the Tanta Mukti Samiti.

KII was also held with the head of Yashada, a Pune based research organization who conducted an evaluation of the TMS for the government and the report is still waiting to be approved and published by the government. Their evaluation is based on data collected from 30 villages.

2 days field visit was also conducted to the Ambegaon district of Pune which was facilitated by MRA. Two FGDs were conducted with the Tanta Mukti Samiti of the Avasari GP and the Nagpur GP. Informal discussions were also held with the field facilitators of the MRA who have been working with the TMS for many years now. One of the facilitators was also an ex-sarpanch of the TMS for 10 years of another district.

Informal discussions were also conducted with a senior police official of the Mancher Police Station in the Ambegaon district.

### Overview- Tanta Mukti Samiti

Tanta Mukti Scheme is a village level dispute resolution mechanism that aims to make villages dispute-free by **preventing, responding and providing linkages** to disputes that arise at the village level and rewarding villages that are 'dispute free'. The Home Department of the Administration of Maharashtra has launched this innovative plan for Alternative Dispute

Resolution vide GR MIS:1007/ CR-238/POL-8 dated July 19, 2007 and this was implemented from August 15, 2007. Under this scheme every village forms Tanta Mukti committee, which provides alternate dispute resolution (ADR) to reduce the burden on the judicial system. It was believed that certain disputes can be tackled at the village level and prevented from becoming a very serious issue through people's participation. This would ensure fast delivery of justice with fewer expense from the people.

Findings and enablers of the model of the Tanta Mukti Samiti to address IPV:

About the Model	Tanta Mukti Samiti																																						
<b>Geographical Focus</b>	Rural																																						
<b>Anchor Point</b>	Police Patil and Gram Panchayat																																						
<b>Process of selection</b>	Tanta Mukti Samiti comprises of around 36 members. Members are selected as per the mandated designations. They are discussed and selected in Gram Sabha on every August 15. The <i>pradhan</i> announces the list of final selected members.																																						
<b>Jurisdiction</b>	One TMS per village																																						
<b>Who Constitutes the TMS</b>	As per the official documents the following members are to be selected: <table> <tr> <td>Representative selected by Gram Sabha</td><td>Chairman</td></tr> <tr> <td>Sarpanch (Village Head) of the Gram Panchayat</td><td>Member</td></tr> <tr> <td>Deputy Sarpanch of the Gram Panchayat</td><td>Member</td></tr> <tr> <td>Representative of the Sant Gadge Baba Gram Swachata Abhiyan Committee</td><td>Member</td></tr> <tr> <td>Representative of the Nirmal Gram Yojana Committee</td><td>Member</td></tr> <tr> <td>Representative of the Rural Water Supply and Sanitation Committee</td><td>Member</td></tr> <tr> <td>Representative of the Rural Education Committee</td><td>Member</td></tr> <tr> <td>Retired Judge</td><td>Member</td></tr> <tr> <td>Representative of Ex-servicemen</td><td>Member</td></tr> <tr> <td>Representative of Lawyers</td><td>Member</td></tr> <tr> <td>Graduate Arbitrator (ADR)</td><td>Member</td></tr> <tr> <td>Representative of Doctors</td><td>Member</td></tr> <tr> <td>Representative of Journalists</td><td>Member</td></tr> <tr> <td>Representative of Retired Police Officers/Personnel</td><td>Member</td></tr> <tr> <td>Representative of Businessmen / Traders</td><td>Member</td></tr> <tr> <td>Representative of Women's SHGs (Bachat Gat)</td><td>Member</td></tr> <tr> <td>Representative of Minorities</td><td>Member</td></tr> <tr> <td>Representative of People from Backward Classes</td><td>Member</td></tr> <tr> <td>Representative of Students</td><td>Member</td></tr> </table>	Representative selected by Gram Sabha	Chairman	Sarpanch (Village Head) of the Gram Panchayat	Member	Deputy Sarpanch of the Gram Panchayat	Member	Representative of the Sant Gadge Baba Gram Swachata Abhiyan Committee	Member	Representative of the Nirmal Gram Yojana Committee	Member	Representative of the Rural Water Supply and Sanitation Committee	Member	Representative of the Rural Education Committee	Member	Retired Judge	Member	Representative of Ex-servicemen	Member	Representative of Lawyers	Member	Graduate Arbitrator (ADR)	Member	Representative of Doctors	Member	Representative of Journalists	Member	Representative of Retired Police Officers/Personnel	Member	Representative of Businessmen / Traders	Member	Representative of Women's SHGs (Bachat Gat)	Member	Representative of Minorities	Member	Representative of People from Backward Classes	Member	Representative of Students	Member
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About the Model	Tanta Mukti Samiti
	<div>Representative of Nehru Youth Centre Member</div> <div>Representative of the Youth Member</div> <div>Teacher representative from the colleges/ secondary schools/primary schools of the village, one each Member</div> <div>Other influential people from the village 3 to 5 Members</div> <div>Representative of the Electricity Distribution Company Member</div> <div>Special Police Officer Member</div> <div>Beat Officer Member</div> <div>Chief of Village Security Force Member</div> <div>Gram sevak / Rural Development Officer Member</div> <div>Village Talathi Member</div> <div>Police Patil Convener</div> <div>Of the above, the Committee shall be constituted by only those who fall under the purview of the Gram Panchayat.</div>
<b>Membership Eligibility Criteria</b>	Although designated eligibility is described in the mandate, the Gram Panchayat looks for men and women who are proactive, vocal, sensitized and willing to work for wellbeing of the community. They are generally the 'respected' men and women of the community. There is no reservation for women and the only exclusive position for women is the member of SHGs. Otherwise, if the <i>pradhan</i> is a woman or a woman is a representative of the other samitis then there are other women in the group. Therefore, in a group of 36 members, there are only 2-3 women. Membership to the committee is permanent in nature, however the decision to replace any members if necessary can be taken by recruiting new members with the approval of the Gram Sabha.
<b>Inclusion and Representativeness</b>	There is a compulsory representative of the backward class but although that member is a part of the group it was observed that he/she does not have any decision-making power. This was the same condition for the women representative as well- the women hardly spoke in the discussions as the space was male dominated.

- **Important linkage to the institution of Police and Panchayat:** The support from the platforms like police and Panchayat proved helpful to roll out the model on the ground.

**Role of the Police Patil:** The Police Patil is the convener of the TMS and plays an important role in calling for meetings, bringing cases from the Police station to the TMS and taking important decisions on behalf of the TMS. This can be seen as an important enabler as this position proves to be a connecting link with regards to disputes between the village and the police station. The Police Patil also

maintain records of the cases that goes from the police station to the TMS and that comes from the TMS to the police station.

**Role of the Panchayat Pradhan:** The Panchayat *Pradhan* is the chairperson of the TMS and therefore TMS gets the support of the local governing body, the Panchayat. However, in the interview with the external evaluator of the TMS it was mentioned that there are times when the position of the chairperson is offered to the person who lost in the elections to hold the office of the Panchayat *Pradhan*. In other words, the losing candidate is offered the position of



the chairperson of the TMS as a consolation. In such situations the losing candidate is the chairperson and the winning candidate is a member and therefore, there are times when these dynamics create a disconnect and divide between the PRI and the TMS.

It is crucial to address such divides to ensure that the relation between the PRI and the TMS creates an enabling environment to address IPV.

- **TMS implemented in all 28000 villages of Maharashtra by 2012:** The Police and the Panchayat both had their interest in implementing this scheme – the police because it would reduce their work load of dealing with so many pending cases as well as the newly arising ones and the Panchayat because if they could prove themselves to be ‘dispute-free’ they would be awarded with money which they can use for development of the village. This helped the mandate of Tanta Mukti be taken up actively in the Gram Sabhas for discussion and this resulted in Tanta Mukti Committees being set up in every GP of Maharashtra by 2012.
- **Worked for prevention, redressal of already submitted dispute and redressal of newly arising disputes:** TMS is mandated to work across the spectrum of addressing disputes from prevention, response to providing linkage. The objectives of the Scheme which are listed below can help create an enabling environment to address issues of violence, especially IPV. The role of prevention can also help recognize IPV as a form of violence. Under implementing programs for social security, the duties mentioned are to prevent dowry deaths, **to resolve social problems of women**

**and family problems**, to resolve issues of senior citizens, to create and strengthen Women’s SHGs, organize mass marriage ceremonies and take efforts to see that there are no child marriages taking place in the village. However, it has been mentioned in an interview with the external evaluator of the model that prevention activities are not proactively happening. This needs to be worked upon. Other objectives mentioned in the mandate which can help create an enabling environment are:

1. To organize activities at the village level to prevent dispute formation,
2. To resolve and reduce the number of already filed disputes and newly arising disputes,
3. To create a system in the village, for the village through people’s participation, to make settlements that are immediate and agreed upon by all,
4. To instill caste and religious harmony, social and political cordiality and a sense of security in the citizens of the village,
5. To improve the public image of the police by bringing about transparency in their operations so that they gain reputation as ‘Public Servants,’
6. To prohibit and eradicate illegal businesses with the help of the public,
7. To strive to lessen corruption and corrupt tendencies at the village level,
8. To create awareness among people to destroy ill practices and customs.

- **The interpretation of the term ‘dispute’ did not explicitly include IPV /GBV faced by women:**

The Tanta Mukti Samiti is mandated to work on civil, revenue, non-compoundable criminal, and compoundable and resolvable

criminal disputes/crimes. However, it was understood that the Committee will not be able to resolve the compoundable criminal cases.

Regarding the kind of cases that they addressed, in the interview with the evaluator of the model, it was mentioned that the highest number of cases that they deal with are criminal and revenue disputes. They deal the least with civil disputes. In the FGD with the groups, they also mentioned that the maximum number of cases that they deal with are around land disputes and property issues. Many expressed that this is not a forum to deal with women's issues. Even the police officer was of the same opinion. Patriarchal mindsets like violence should not be made a public issue prevailed in the groups.

- **Creating a safer space to discuss women's issues:** Women members have however mentioned that they were separately approached by women, but they never got those issues in front of the group. At best there are times when the *pradhan* was consulted as the Chairperson of the TMS. When asked to the women members if it will be helpful to have more women in the group to address such issues they responded positively.
- **Absence of any component of capacity building:** The government mandate mentioned about the need for TMS to organize training camps, but it does not mention about any form of compulsory training that selected members of the TMS need to go through. This results in dealing of the cases with the socially accepted mindset that exists in the community, often reiterating social norms. This also results in

not recognizing VAW or IPV as an issue to deal with.

As per the discussion with the groups, it was understood that only the *pradhan*'s received training which was imparted by the Superintendent of Police. The training was mainly on the administrative functioning of the group, the need to document cases and deal with cases at the village level- how to deal was not discussed. In one of the FGD groups of the TMS, the *pradhan* was newly elected and therefore he has never been given any training.

In the conversation with the Police representative he spoke about village dynamics like interpersonal relations, caste dynamics and others that come into play. Hence there is a grey area in the settlements/ addressing of issues at the TMS level without rigorous training.

In another FGD with another group of TMS, the *pradhan* (who has received training from the Superintendent of police in 2007) who is also the chairperson of the group gave an example of addressing a case of severe wife beating. The *pradhan* intervened and explained the wife how she was guilty of not providing hot food immediately after her husband came home reiterating socially accepted roles for women. Therefore, a strong capacity building component if added could prove to be an important enabler to deal with IPV.

- **Structural linkages of the village level committee to the state government:** The official mandate, mandated the formation of subsequent committees at the taluka, police station, district and state level to look into the functioning of the samitis. The Chief

Minister is also listed as the chairman of the state level committee. The composition and function of the committees at each level is also mentioned in the mandate. However, these committees are still not completely functional.

Once formed and active, these committees can play an important role to help identify 'VAW' as a form of dispute that needs to be addressed. They can also provide support in building capacities of the village level committees. The function of the state level committee also lists that they can change or amend the Government Resolution as per requirement, after reviewing the implementation of the campaign / scheme every year.

#### **Linkage with the Protection Officer (PO):**

In the discussion with the external evaluator of the TMS it was mentioned that under the Protection of Women from Domestic Violence Act, 2005, Protection Officers have been appointed in Maharashtra. However, there is no systemic linkage established between the POs and the TMS. Such a linkage could prove to be very effective for TMS to address IPV.

#### **Linkage with the Mahila Gram Sabha:**

Maharashtra also has the provision of mandatory Mahila Gram Sabhas (MGS) before the Gram Sabha meetings under the PRI. There is also no structural linkage established between MGS and the PRI.

#### **Linkage with the Maharashtra Legal**

**Services Authority:** The mandate mentions that to resolve disputes, assistance should be taken from Maharashtra Legal Services Authority, District Legal Services Authority and Taluka Legal Services Authority. The mandate also mentions that the Dispute-

Free Village Committee should consult with the free of cost Legal Aid Committee or expert lawyers wherever required. This linkage has not yet been established on the ground but could be an effective enabler to address violence if this is made.

- **Rewarding the Tanta Mukti:** There are marks and criteria associated with the number of prevention activities undertaken and percentage of the number of disputes solved. The criteria being that higher the number of disputes resolved, more the marks. Based on the marks, the evaluation team identifies the dispute-free village. All the dispute-free villages are felicitated in a ceremony at the State level with cash prizes, on the basis of the population, and an award trophy from the government. The cash prize is then handed over to the Gram Sabha and can be used for developmental activities in the village.

However, what has translated in the ground is that when there are no reported cases with the Police then the village is 'dispute-free'. This leaves scope for the members of the TMS to exercise power to control reporting of cases.

An ex-TMS *pradhan* who served as a chairperson for 10 years shared incidents where he was forced to suppress cases by the Police Patil and where he had to force people to take it back as otherwise the entire village will suffer and not get the money.

#### **Lessons Learnt:**

IPV clearly needs to be listed as a mandate under 'dispute resolution': VAW, especially IPV needs to be recognized as a dispute under the civil cases of the TMS.

There is a need to include more women in the group: To address issues of IPV, the group should be a space where the women feel easy to discuss issues involving their partner. Therefore, the space should not be male dominated and should have an equal representation of women if not more.

**Role of TMS to address IPV:** TMS composed of 'respected' people in the village and therefore can play a vital role in prevention. The list of preventive activities mentioned in the mandate of the TMS can act as an important enabler to address IPV. They can play a very important role in helping to recognize issues of IPV as violence. Since they have strong linkage with the Panchayat and the Police, they can play an important role to sensitize these platforms or work with these platforms to sensitize the community and create an enabling environment to address IPV.

They can also provide linkage to the Police or free legal services or other services as per what is required by the women. Since they have all the important positions of the village listed as a member, they should be able to provide linkages easily. One of their listed mandate is also to strengthen women's groups or SHGs. They can play an important role to provide referral to respond to such cases to these

groups. The SHG member present in the TMS can also play a role to link up to the women's groups.

In the absence of a rigorous training, it will be most effective if such groups play a role in prevention and provide linkages to other groups who are constituted/ have experience of responding to issues of violence.

**There is a need to include a strong component of capacity building:** There is a need to include a strong component of capacity building which will better equip the TMS to deal with cases. This was even expressed by the external evaluator of the model who felt that TMS is an important body as it helps identify and deal with issues in the community and also provides important linkage with the police and panchayat. The only suggestion was that it would be useful to build rigorous capacities of these groups to address the various issues.

Similar opinion was also expressed by the Police Inspector who shared that it is a very good structure and if objectively implemented can be an effective mechanism. Being available at the grassroots level, it is an easy means to resolve issues without going to the Police or the lawyer as some matters does not need to be exaggerated or taken that long to deal with.

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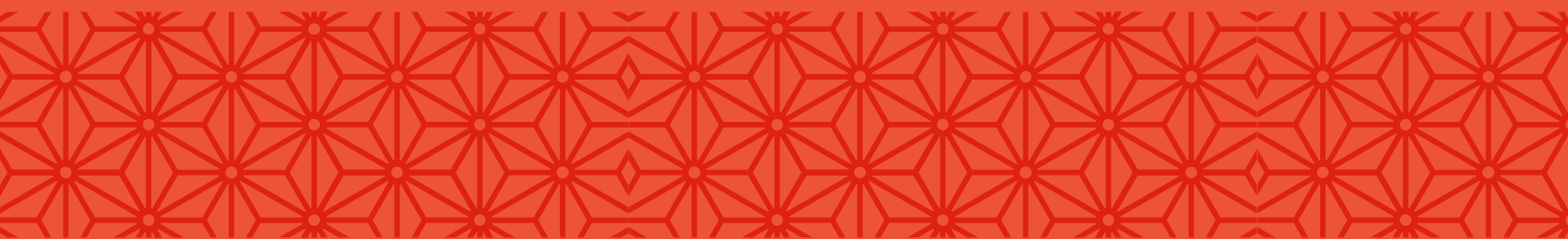
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