Local Feminist Perspectives as Transformative Levers: Women's Health and Climate Action in India

Sreerupa Sengupta

Divya Singhal

Ananya Chakraborty

Local feminist perspectives as transformative levers

Women's health and climate action in India

Sreerupa Sengupta

Divya Singhal

Ananya Chakraborty

Sreerupa Sengupta is Associate Professor at the Centre for Social Sensitivity and Action, Goa Institute of Management.

Email: sreerupa@gim.ac.in

Divya Singhal is Professor and Chairperson at the Centre for Social Sensitivity and Action, Goa Institute of Management.

Email: divyasinghal@gim.ac.in

Ananya Chakraborty is a Senior Research Specialist with the World Resources Institute (WRI).

Email: ananyafc@gmail.com

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

JRF
MEMBER Johannes-Rau-
OF Forschungsgemeinschaft

Acknowledgements

Contents

Appendix

Figures and Tables in the Appendix

Figures

Tables

Abbreviations

AIDWA	All India Democratic Women's Association
AIWC	All-India Women's Conference
ART	Assisted Reproductive Technology
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga, and Naturopathy, Unani, Siddha, and Homeopathy
BfA	Beijing Declaration and Platform for Action
BMCs	Biodiversity Management Committees
CO2	Carbon dioxide
CBO	Community-based organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COP	Conference of the Parties
CSW	Commission on the Status of Women
CSWB	Central Social Welfare Board
CSWI	Committee on the Status of Women in India
CSO	Civil society organisation
DAY-NRLM	Aajeevika-Deendayal Antyodaya Yojna-National Rural Livelihoods Mission
DMSC	Durbar Mahila Samanwaya Committee
DWCD	Department of Women and Child Development
DWCRA	Development of Women and Children in Rural Areas
EDCs	Eco Development Committees
FPOs	Farmer Producer Organisations
GAD	Gender and Development
GCF	Green Climate Fund
GDI	Gender Development Index
GHG	Greenhouse gas
GIM	Goa Institute of Management
GSNI	Gender and Social Norms Index
ICASC	International Campaign for Abortion, Sterilisation and Contraception
ICPD	International Conference on Population and Development
ICDS	Integrated Child Development Services
IDOS	German Institute of Development and Sustainability
IPCC	Intergovernmental Panel on Climate Change
IHMP	Institute of Health Management Pachod
IWMP	Integrated Watershed Management Programme
JFMC	Joint Forest Management Committee
JSSK	Janani Shishu Suraksha Karyakaram
KII	Key informant interview

KUSUM	Pradhan Mantri Kisan Urja Suraksha evam Utthaan Mahabhiyan
LGBTQ	Lesbian, gay, bisexual, transgender, and queer and/or questioning
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
LPG	Liquefied petroleum gas
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MKSP	Mahila Kisan Sashaktikaran Pariyojana
MMU	Mobile medical unit
MoRD	Ministry of Rural Development
MTP	Medical Termination of Pregnancy
NABARD	National Bank for Rural and Agricultural Development
NALSA	National Legal Services Authority
NAP/NAPCC	National Action Plan/National Action Plan for Climate Change
NBA	Narmada Bachao Andolan
NCDs	Non-communicable diseases
NCW	National Commission for Women
NDCs	Nationally Determined Contributions
NGO	Non-governmental organisation
NHP	National Health Policy
NFDW	National Federation of Dalit Women
NFHS	National Family Health Survey
NHM	National Health Mission
NITI Aayog	National Institution for Transforming India Aayog
NMSA	National Mission for Sustainable Agriculture
NRHM	National Rural Health Mission
NRLM	National Rural Livelihoods Mission
NTFP	Non-timber forest product
PBRs	People's Bioversity Registers
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PHC	Primary health centre
PMKSY	Pradhan Mantri Krishi Sinchai Yojana
PMUY	Pradhan Mantri Ujjwala Yojana
POCSO	The Protection of Children from Sexual Offences
PWDVA	Protection of Women from Domestic Violence Act
PRI	Panchayati Raj Institution
RKSK	Rashtriya Kishor Swasthya Karyakram
RTI	Right to Information
SABLA	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls

SAPCC	State Action Plans on Climate Change
SC/ST	Scheduled Caste/Scheduled Tribe
SDG	Sustainable Development Goal
SEWA	Self-Employed Women's Association
SHG	Self-help group
SHINE	Self-worth, human rights, integrity, non-violence, and empathy
SNDT	Shreemati Nathibai Damodar Thakersey Women's University
SRBs	Self-Regulatory Boards
STEP	Support to Training and Employment Programme for Women
STI	Sexually-transmitted infection
UN	United Nations
US	United States
UN	United Nations
UNFCCC	United Nations Framework Convention on Climate Change
UNSD	United Nations Statistics Division
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, sanitation and hygiene
WCP	Women Component Plan
WHO	World Health Organisation
WID	Women in Development
WSCs	Women's Studies Centres
YRCs	Youth Resource Cells

Executive Summary

At a time when global frameworks like the Beijing Declaration and Platform for Action (United Nations, 1995) and Sustainable Development Goals (SDGs) are calling for a renewed commitment to gender equality, India stands at a crossroads. The country's feminist discourse has been shaped by both historical milestones, such as the Towards Equality Report (1974) which exposed entrenched gender disparities, and the ongoing struggles of grassroots women's movements confronting caste, class and religious oppressions. However, despite progress in education, political representation and public health, India is ranked 129th out of 146 countries in the Global Gender Gap Report 2024 (World Economic Forum, 2024), reflecting persistent disparities in economic participation, agency and health outcomes.

Drawing on insights from critical feminist theory and diverse women's and social movements, this project explores the transformative potential of local feminist perspectives in addressing systemic gender inequalities in India. The study selected two themes: women's health and climate action (given their interconnectedness and impact on multiple dimensions of human development) to understand how community-based organisations (CBOs) working on women's issues have challenged patriarchal norms and built agency and decision-making capacities for their communities, particularly women. The study also analyses various strategies adopted by these organisations informed by the lived realities of women, to address the intersectionality between oppressions that shape women's experiences in both health and climate action.

Using a qualitative, multi-method approach, this study integrates primary and secondary data sources to ensure depth and comprehensiveness. A thorough literature review informed the research framework, analysing global and national policy documents, gender-related interventions and intersectional analyses. Primary data collection encompassed 31 key informant interviews (KIIs), comprising 12 discussions with experts in gender, health and climate action and 19 interviews with representatives of grassroots organisations. Additionally, a stakeholder dialogue with 40 participants was organised to gain insights into the discourse of feminisms in India and about their contribution towards challenging systemic inequalities. The event included NGOs, CBOs, feminist collectives and academia who provided insights into localised knowledge creation on gender, the formation of grassroots women's leadership and the development of innovative strategies to address the intersectionality between oppressions women face.

Key findings

Local feminist praxis: The feminist landscape in India is characterised by its diversity, shaped by a multiplicity of feminisms that reflect the lived realities of a heterogeneous society. Indian feminisms are deeply rooted in local contexts, addressing the intersections of caste, class, sexuality, religion, disability and environment. The distinct strands of feminisms (such as Dalit feminism, queer feminism, eco-feminism, sex worker's movement and others) collectively form a pluralistic and adaptive framework that address the country's sociocultural and political complexities.

Women's movements in India have played a transformative role in challenging patriarchal structures (at the level of household, community and state) and amplifying marginalised voices. Organisations like Khabar Lahariya (News Wave), a women-led rural media collective, challenge traditional media paradigms by enabling rural women to narrate their own stories and build agency. By reclaiming narratives, using digital technology and fostering community-driven solutions, such organisations enrich feminist advocacy frameworks with locally rooted insights. The formation of women's groups, women's networks and alliances with other social movements (including Dalit, queer and sex workers) have enriched and expanded local feminist

perspectives in the country. The institutionalisation of feminism in India's higher education has created a discursive space for engaging with various forms of inequalities, especially gender.

Women and health inequalities: The intersection of caste, class, sexuality and disability significantly amplifies health inequities for women in India, creating systemic barriers that extend beyond access to healthcare services. Despite policy advancements, deeply ingrained gender norms, societal biases and structural inequalities continue to constrain women's decision-making power and right to their body, particularly in areas like reproductive, sexual, mental and menstrual health. These compounded challenges demand an intersectional approach to health equity. In addition, women are still considered as a homogeneous entity in health policy and programmes. This narrow approach to women's health dismisses the heterogeneous identity of women (shaped by class, caste, religion and other forms of social markers). There is an urgent need to adopt a multi-dimensional approach while designing policies and programmes for women's health that address systemic discrimination and social norms alongside service delivery.

Organisations like MASUM (Mahila Sarvangeen Utkarsh Mandal) exemplify participatory health education models, conducting menstrual hygiene workshops that empower women to advocate for their own health needs. CBOs, such as the Durbar Mahila Samanwaya Committee (DMSC) (a sex workers' collective), address not just health but situate health within societal dynamics influencing health-seeking behaviour and access to healthcare. Government interventions in the form of self-help groups (SHGs) and Accredited Social Health Activists (ASHAs) have also emerged as good models to combat health inequities, bridging gaps in rural healthcare delivery and improving immunisation coverage, maternal care and access to health information.

While India's health policies, such as the National Health Mission, have made strides in service delivery, they often adopt a narrow technocratic focus that prioritises measurable outcomes through behavioural interventions over structural and cultural dimensions of health equity. To achieve transformative health outcomes, policy frameworks must embed gender-sensitive and intersectional approaches that recognise health as a collective and social concern rather than an individual issue. Additionally, greater collaborations between CBOs working on gender and governmental initiatives are essential for catalysing social change.

Women and climate action: Climate crises disproportionately impact women, particularly those in rural and economically marginalised communities. Women's roles as primary caregivers and contributors to agriculture amplify their exposure to climate-related risks. As key providers of water, fuel and food for their households, women face increased burdens due to resource depletion caused by droughts, erratic rainfall and land degradation. Traditional gender norms further relegate women to unpaid or low-wage labour, limiting their access to adaptive technologies, resources and decision-making opportunities. Despite their heightened vulnerability to climate hazards, women remain underrepresented in climate policies and governance structures, highlighting the critical need for inclusive, gender-sensitive approaches that centre women's experiences and leadership.

Community initiatives demonstrate the transformative potential of women-led climate action, fostering resilience and driving sustainable development. For example, solar technician training programmes empower rural women to assemble and install solar energy systems, simultaneously addressing energy needs and providing sustainable livelihoods. In Uttarakhand, women farmers have championed the cultivation of climate-resilient crops like millets, enhancing food security while promoting sustainable agricultural practices. Community-led water management projects, such as the restoration of traditional water sources, have also enabled women to mitigate the impacts of water scarcity and droughts. These localised interventions highlight how empowering women as active participants in climate solutions not only addresses their vulnerabilities, but also positions them as agents of transformative change.

India's climate policies, including the National Action Plan on Climate Change (NAPCC) and State Action Plans on Climate Change (SAPCC), largely adopt a gender-neutral approach, failing to address the differentiated impacts of climate change on women. While these policies recognise women's vulnerabilities in principle, they often exclude women as active contributors to climate adaptation and mitigation efforts. To address these gaps, policy reforms must integrate intersectional analyses, prioritise women's leadership in climate governance and allocate resources for gender-responsive actions.

Learnings and recommendations

Integrating intersectionality in policies and programmes: To address systemic inequities in health and climate action, cross-sectoral policy reforms must integrate intersectional frameworks that acknowledge overlapping oppressions of gender, caste, class and disability. Embedding intersectionality in programmes ensures that marginalised groups receive tailored support to overcome barriers and participate in transformative change. Gender-responsive governance should actively include women, particularly from marginalised communities, in decision-making processes across sectors. Since the last two decades, "intersectionality"[1] has been a part of the discourse of global and local feminisms; however, a similar approach has neither been a policy priority nor has it been adopted while designing interventions for achieving gender equality.

Community-led approaches and collaborations with community members: For fostering ownership and long-term impact, interventions must be co-created and led by the community to reflect the lived realities of those most affected by systemic inequities (e.g., the dictionary of violence by Nirantar, women's federations, and health interventions led by DMSC). Engaging women as partners – not just beneficiaries – in designing initiatives, such as climate-resilient agricultural practices or community health plans, ensures that programmes are context-specific and culturally relevant. Investing in strengthening leadership of grassroots women through training programmes will enhance their decision-making capacities, financial literacy and advocacy skills. These competencies will help them form networks and amplify their influence in both community and policy settings.

For making policy contextual, intersectional and intersectoral, it is essential to include community representatives within the process of planning. All government initiatives should be designed in collaboration with the community to address both behavioural and structural changes.

Innovation of process and product: Innovations must prioritise technologies and investment strategies that align with the needs of marginalised women. Health-tech and climate-tech innovations, such as mobile-based health platforms and solar energy training programmes, can address systemic barriers while creating sustainable livelihoods. These technologies must be designed with accessibility in mind, particularly for women with limited literacy or digital skills. Donor collaboration is crucial, but the funding model needs to be revamped. The funding model requires a shift from short-term, outcome-driven funding to a long-term investment that prioritises community engagement, resilience-building and capacity development

Finally, **capacity building and awareness** efforts must focus on social norms, especially patriarchal norms and their harmful impacts within communities and households, as well as the

---

1   The term "intersectionality" was coined in 1989 by Kimberlé Williams Crenshaw. Intersectionality focuses on uncovering and understanding the experiences and challenges faced by individuals who occupy multiple and intersecting group identities. The central ideas of intersectionality have long historic roots – black activists and feminists, as well as post-colonial, queer and other scholars have all produced work that reveals the interdependent complex social norms and systems that shape human lives.

consequential focus on behavioural shifts, using innovative pedagogies that connect with lived realities. The content of learning should demystify gender-related myths and adopt an equity perspective. Capacity building programmes for local leaders, NGOs and government officials should address the interconnected challenges of gender, health and climate, fostering cross-sector collaboration and equipping stakeholders with intersectional, gender-sensitive strategies. To address patriarchal norms, targeted awareness campaigns should engage all members of the family and communities, challenging deep-seated cultural biases and normalising women's participation in public and private decision-making spaces.

Conclusion

Local feminist perspectives provide a transformative lens for addressing systemic inequities in health and climate action, centring the need for intersectional, community-led and collaborative approaches. These perspectives illuminate how grassroots movements can dismantle entrenched social norms, amplify the agency of marginalised women, and develop scalable, context-specific solutions that challenge structural barriers. Realising this vision requires sustained collaboration among women's federations, women's movements, women's advocacy groups, policymakers, and donors, as well as long-term financing models, sustained capacity building and different metrics to measure impact. Through these concerted efforts, India can contribute to a future that transcends national boundaries, championing equity and justice as foundational principles for sustainable development.

1   Introduction

The year 2025 marks a significant milestone in the sphere of feminism, both globally and within India. The Fourth World Conference on Women adopted the Beijing Declaration and Platform for Action (BfA) in 1995.[2] BfA remains one of the most comprehensive global policy frameworks for the realisation of gender equality and human rights of women and girls (UN [United Nations] WOMEN, 1995). The ensuing three decades has seen significant global achievements on women's health, education and political participation. However, barriers to women's empowerment continue to remain in the form of gender-based violence, disproportionate burden of unpaid care work, discriminatory social norms and legal frameworks, and challenges in labour force participation (UN Women [United Nations Entity for Gender Equality and the Empowerment of Women], 2024a). As governments and civil society gears up to commemorate 30 years of BfA in 2025, it is an apt time to reflect on the achievements and barriers to accelerate the achievement of gender-related targets enshrined in the Sustainable Development Goals (SDGs).

India recently marked the 50th anniversary of the Towards Equality Report published in 1974. It was prepared by the Committee on the Status of Women in India (CSWI) and is considered to be a historic benchmark that marked a watershed moment for feminism in India. The report provided a reality check about the status of women in India and provided a detailed description about the systemic discrimination and constraints faced by women (S. Chakraborty, 2015; Sharma, 2017).[3] It flagged issues like falling birth rates of females, women's economic exclusion and marginalisation in agriculture, and their increasing concentration in the informal sector, lack of electoral representation, and other social and economic barriers (Sharma, 2017). The Towards Equality Report highlighted areas of social engagement for the women's movement and has been a major driving force to recalibrate perspectives and engagement for women's issues in public policy.

Over the last 50 years, India has made significant improvements in improving women's education, health outcomes, and representation in electoral bodies. Despite major gains, gender-based disparities in employment and incomes, limited agency and decision making, and gendered social norms continue to reinforce inequality (Ministry of Statistics and Programme Implementation, 2019; World Economic Forum, 2024).

Against this background, the Goa Institute of Management (GIM) undertook a one-year study in 2024 to explore how local feminist perspectives can be leveraged to improve gender equality in India. This is part of a multi-country study involving Ukraine and Ghana, generously supported by the German Institute of Development and Sustainability (IDOS).

---

2   The Beijing Declaration and Platform for Action was adopted by 189 countries in Beijing in 1995. The Declaration has become a landmark document for advancing women's rights and gender equality worldwide. The unique contribution of the Declaration was to promote gender mainstreaming as a strategy in all policies and programmes at international and national levels. The Platform for Action gave a clarion call to all governments to work on 12 critical areas of concern for promoting development and human rights of all women and girls. The areas of concern identified by Beijing Platform for Action included: (1) women and poverty; (2) education and training of women; (3) women and health; (4) violence against women; (5) women and armed conflict; (6) women and the economy; (7) women in power and decision-making; (8) institutional mechanisms; (9) human rights of women; (10) women and media; (11) women and the environment; and (12) the girl child.

3   The Towards Equality Report (1974) raised questions on the state-led model of development that made women invisible from the public arena and development policies. The critical contribution of the Report has been to shift the perspective from women as mere beneficiaries of development towards focusing on women's active participation in economic development.

This report is both reflective and exploratory in nature and is divided into three main segments. The first segment consists of this introduction. This is followed by Section 2 which discusses the conceptual framework and then Section 3 which elaborates on the objectives and methodology of the study. Section 4 provides an overview of local feminist perspectives and the women's movement in India, their nature of engagement with the national government, and contribution towards mainstreaming gender in government policies, programmes, laws and institutions. It also discusses the role of the women's movement in challenging patriarchy and entrenched gendered social norms as well as raising awareness about multiple and concurrent forms of oppression and discrimination arising from caste, class and ethnicity (in addition to gender) faced by women and men in India. Section 5 includes perspectives from experts associated with the women's movement, women's network and schools of gender studies on feminisms in India.

The second segment deep dives into two thematic areas of health and climate action to explore the role of local organisations in India in addressing and challenging the interlocking forms of oppression and discrimination. Section 6 focuses on women and health and Section 7 on women and climate change, exploring how local organisations engage and interact with various forms of oppression such as gender, caste, class and ethnicity. This section also locates the strategies used by local organisations to raise awareness about gender inequality in their respective areas of work, interact with and negotiate entrenched social norms within the communities they work, and address power dynamics to create impact through their initiatives.

In the third segment, Section 8 discusses the role of local feminist perspectives as levers of social transformation and provides recommendations for achieving greater gender equality in India and beyond.

2   Conceptual framework

India, with a population of over 1.4 billion people, is a country of immense geographical, political, cultural and religious heterogeneity. This heterogeneity is one of the largest systemic challenges towards achievement of gender equality. Additionally, the extant literature has shown that women in India face multiple forms of oppression arising from caste, class, religion and ethnicity, which interact with gender to create a complex web of inequalities, exacerbating various forms of inequities (A. Chakraborty & Sengupta, 2023).

According to the Global Gender Gap Report 2024 (World Economic Forum, 2024), India ranked 129th out of 146 countries after managing to close over 64 per cent of its gender gap. However, India's achievement saw a decline in comparison to its position in 2015, with a rank of 108 among 145 countries (World Economic Forum, 2024). Another report on the Gender Social Norms Index (GSNI) (UNDP [United Nations Development Programme], 2023) underscores India's ongoing struggle and incremental progress in addressing gender biases and achieving gender equality. Mirroring global patterns, the report finds that the majority of India's population continues to hold at least one bias against women, demonstrating a deep-seated societal resistance to gender equality (UNDP, 2023).[4]

---

4   Despite significant global and local advocacy for women's rights, the GSNI indicates that biased gender social norms remain deeply entrenched in India, significantly hindering women's economic empowerment and leadership opportunities.

These two reports indicate that empowerment of women and girls hinge on addressing two kinds of needs – practical and strategic.[5] While there have some achievements with regard to basic capabilities of women through sensitisation, alliance building and access to resources, progress has been comparatively slow regarding the enhancement of women's capabilities, such as improving voice, agency and decision-making power (UNDP, 2023).

This report, thus, emphasises the need to move beyond a narrow "economic case" approach towards women's equality. Undeniably, economic, educational and political empowerment are necessary, but they are not sufficient to overcome entrenched structural impediments such as discriminatory patriarchal norms, lack of legal protection, limited mobility, and decision-making capacity. An instrumentalist and individualist approach towards gender equality glosses over the lived realities of women. It is evident that there are "hidden" dimensions of gender inequality beyond the data which is measured. These are structural in nature and exist in the form of social norms and other social systems, such as caste, class and religion. Thus, this study argues the need to reassess the measures adopted by governments and international community to ensure the rights of women and gender equality.

First, there is an urgent need to address social norms,[6] especially gender norms[7] which are a subset of social norms. Gender social norms are influenced by other factors of social categorisations, such as religion, culture, class, race, sexuality and age, among others, and shape attitudes, social relationships and power dynamics in society (UN Women, 2024b).

Second, it is important to note that both gender and other social categorisations form various axes of power and interact with each other to produce intersecting forms of discrimination and oppression faced by women and girls. Therefore, it is essential to adopt an intersectional lens in policy and programmes on gender equality which will help us to better understand how various forms of discrimination interact and exacerbate inequality. Since the last two decades, "intersectionality"[8] has been a part of both the discourse of global and local feminisms; however, a similar approach to "intersectionality" has neither been a policy priority nor has it been adopted while designing interventions to achieve gender equality.

---

5   The notion of practical and strategic needs was conceptualised by Caroline Moser in 1989 and informs the gender analysis framework. Practical gender needs refer to the needs of women and men to make everyday life easier, such as access to water, better transportation, childcare facilities and so on. While practical gender needs of women and girls can be addressed through sensitisation, capacity building, providing resources, infrastructure and making investments, for addressing strategic gender needs, it is necessary to question the prevailing gender norms which create structural inequalities, hindering access to resources and the participation of women in decision making. Strategic gender needs refer to the needs for society to shift gender roles and relations, such as gender-based violence laws, equal access to credit, equal inheritance and others. Addressing both practical and strategic needs should alter gender power relations.

6   Social norms are informal, shared beliefs which define appropriate and acceptable action within groups and society and thus, govern human behaviour. Social norms act as a binding force for a community, but they can also reinforce unequal power relations, leading to discrimination, oppression and marginalisation. Social norms also strongly influence the power dynamics in a society and are thus an important lever towards advancing or hindering progress of women and girls in a society (UNDP, 2023).

7   Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time. (WHO, n.d.)

8   The term "intersectionality" was coined in 1989 by Kimberlé Williams Crenshaw. Intersectionality focuses on uncovering and understanding the experiences and challenges faced by individuals who occupy multiple and intersecting group identities. The central ideas of intersectionality have long historic roots – black activists and feminists, as well as post-colonial, queer and other scholars have all produced work that reveals the interdependent complex social norms and systems that shape human lives.

3   Objectives and methodology

The purpose of the study is to analyse local feminist perspectives in India, explore how local women's organisations and actors challenge patriarchal norms, build agency and decision-making capacities for their communities, and suggest ways of strengthening capacity, visibility and alliances between local women's organisations and government policies and programmes. With few years left to achieve the SDGs, the motivation for this study stems from how to revamp our current strategies for addressing gender inequality and move away from an exclusive focus on practical gender needs to integrate strategic gender needs in government policies and interventions in the development sector. In short, the focus is on how to go beyond the provision of basic survival services towards the redistribution of gender roles in both policies and programmes for social transformation.

The specific objectives of this study are to:

- Analyse how existing socio-cultural norms and practices influence the creation and implementation of sustainable, gender-transformative[9] policies in the domains of health and climate change.

- Investigate and describe local feminist perspectives on health and climate action, identifying strategies to promote greater gender equality in India.

- Document successful practices of local women's organisations that challenge patriarchy[10] in health and climate change and explore their contributions to social change.

- Provide recommendations to donors as well as to policymakers to strengthen local feminist organisations, making them key drivers of transformative social and gender-responsive[11] policies.

---

9   Gender transformative refers to programmes and policies that transform gender relations to achieve gender equity. The term refers to an understanding that when society invests in women and girls, there is a multiplier effect for the individual, household and community, leading to sustainable development.

10   Patriarchy refers to a social system in which men hold the greatest power, leadership roles, privilege, moral authority, and access to resources and land, including in the family (UNICEF [UN International Children's Emergency Fund], 2017).

11   Gender responsiveness refers to outcomes that reflect an understanding of gender roles and inequalities and encourage equal participation, including an equal and fair distribution of benefits. Gender responsiveness is accomplished through gender analysis that informs inclusiveness.

As discussed earlier, the BfPA identified 12 critical areas of concern for the advancement of women and realisation of women's rights. Drawing from these areas of concern, our study focuses on two themes – women and health and women and the environment. The selection of these thematic areas is determined by several factors: a) contemporariness of the issues; b) interrelationships between the themes and their implications for gender equality;[12] and c) gender data of the country. Under the selected themes of women and health and women and climate action, the research team proposed to understand and contextualise local feminisms in India and explore how local women's organisations and actors challenge patriarchal norms and build agency and decision-making capacities for their communities.

4 Methodology

This study is qualitative in nature, drawing on both primary and secondary data sources. As detailed below, the research utilises methods such as literature review, key informant interviews (KIIs) with experts in gender, health and climate action, in-depth interviews with organisational heads, and stakeholder dialogue to gather insights into local feminism at the level of discourse and action in India. We discuss the tools in more detail below.

4.1 Literature review

A broad review of both published and unpublished literature was conducted. This included policy documents, legislation and data on gender inequality in India, as well as interventions implemented by various stakeholders, including government bodies, national and local NGOs, and CBOs.

The literature review focused on themes, such as women's health and climate change, examining global and national policies, as well as the dialogue between health and climate discourses.

---

12 Gender powerfully shapes all aspects of health and wellbeing for both men and women. Gender norms determine roles and opportunities for all people, affecting their health behaviours and access to and quality of health and social services. In fact, restrictive and harmful gender norms result in inequalities in health and wellbeing that extend across the life course and across generations (Binder et al., 2020). In addition, lack of access to healthcare facilities also impacts women's education and labour force participation. Women and men also experience the impact of climate change differentially. The lack of decision-making agency for women in the country impacts their ability to lead healthy and flourishing lives, especially when faced with newer challenges like intensified climatic risks. Women are less likely to be able to adapt to climate impacts due to their lower levels of literacy, restrictions on mobility, and limited opportunities for employment (A. Chakraborty & Sengupta., 2023). Gender impacts of climate change have been identified as an issue requiring greater attention by the Commission on the Status of Women (CSW). There are also interrelationships between climate change, health and gender inequality. Climate change significantly influences health outcomes and threatens to widen health disparities. The impact of climate change is not gender neutral. It often exacerbates existing inequalities, particularly affecting women and marginalised communities. Hence, there is an urgent need to address the intersections of climate action, gender equality and health (WHO, 2014).

Gender mainstreaming[13] efforts, particularly in relation to health and climate change, were a key focus. The roles of government bodies, NGOs and local organisations in addressing gender issues were also explored.

Topics such as intersectionality, social norms, and strategies for adaptation and mitigation in climate action were examined. A scoping review was conducted to identify strategies employed by CBOs in addressing the lived experiences of women, men and other genders (LGBTQ).[14] The review informed the development of gender-responsive interventions aimed at addressing gender inequalities in health and climate change.

4.2 Key informant interviews

As part of the study, KIIs were conducted with two distinct groups: a) experts and b) local organisations. These interviews were designed to elicit detailed information about perspectives and practice of local feminisms in India.

KIIs with experts:[15] A total of 12 KIIs were conducted with experts working on gender, health and climate action to collect information about perspectives on feminisms in India, the role of different actors in the women's movement, gender discourse in India, the influence of women's movement on policy and legislation, existing gender norms and structural inequities, and high impact interventions. The experts were selected based on their expertise on gender and their engagement with global as well as national women's movements, national women's networks, and local NGOs working on gender-related issues and national policies These interviews helped the team develop the research instrument for conducting in-depth interviews with local organisations from across the country. Additionally, KIIs helped the team select and connect with local organisations throughout India working on gender, health and climate action. The interviews were conducted as per the availability of the experts, either virtually or in-person.

KIIs with local organisations:[16] We conducted interviews with 18 organisations working on women, health and climate change at the community level. A total of 19 interviews were conducted from the selected organisations (for details, refer to Tables A2 and A3 in Appendix 1). An interview schedule was developed to conduct the KIIs which captured information on gender norms and inequality, the role of local organisations in changing patriarchal norms, the changing landscape of social norms, women's roles in decision making, social and behavioural change interventions, community engagement, and partnerships with governments and other institutions. The topics included in the interview schedule were based on insights from the literature review and KIIs carried out with the domain experts.

---

13 Gender mainstreaming was established as a major global strategy for the promotion of gender equality in the Beijing Platform for Action from the Fourth United Nations World Conference on Women in Beijing in 1995. Gender mainstreaming is defined as: The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality. (UN [United Nations], 2002)

14 LGBTQ stands for all persons who have a non-normative gender or sexuality. LGBTQ stands for lesbian, gay, bisexual, transgender, and queer and/or questioning. Sometimes a + at the end is added to be more inclusive (UNICEF, 2017).

15 Refer to Table A1, Appendix 1 for the list of experts. For the interview schedule, refer to Appendix 2.

16 Refer to Tables A2 and A3, Appendix 1 for the list of organisations. For the interview schedule, refer to Appendices 3 and 4.

Selection of organisations

Our choice of organisations for both themes was influenced by various factors such as experience, reputation, rural-urban setting as well as the extent to which organisations include diverse categories of women (such as women from lower castes, religious minorities, sexual minorities and others).

Additionally for the theme on women and health, we focused on organisations working in reproductive health, sexual health, mental health, menstrual health and non-communicable diseases, thereby aligning with priorities identified by the World Health Organisation (WHO), Goal 3 in the SDGs, and the national health agenda. For the theme on women and climate action, we interviewed organisations working on mitigation and adaptation aspects of climate change.

Stakeholder dialogue

Another significant tool of data collection in this study was a stakeholder dialogue organised by the research team in Delhi in August 2024. The purpose of the stakeholder dialogue was to have a wider consultation with national and regional organisations working on gender, health and climate action and to document their journey, challenges, victories and future expectations. The stakeholder dialogue included 40 participants from organisations such as Nirantar, Chambal Media, Development Alternatives, Ecosavera, Charkha, Self-Employed Women's Association (SEWA), UN Women, Tarshi and others.[17]

The events consisted of three segments: a) panel discussion on local feminisms in India. This panel was organised to gain a comprehensive understanding about the adaptation of feminism to the local context and the emergence of various strands of local feminisms in the country; b) "voice from the field" which highlighted innovative initiatives undertaken by organisations to address sticky social norms and empower women; and 3) harnessing the collective consciousness on charting out a future pathway for a gender transformative society.

4.3 Data analysis

The data from KIIs were analysed using thematic analysis, with an intersectionality framework (Bowleg, 2012) guiding the exploration of how diverse women face multiple layers of oppression. Thematic analysis was also applied to the transcriptions from the stakeholder dialogue. Based on the findings, the study developed case studies documenting best practices and successful grassroots initiatives that have challenged patriarchal social norms and designed gender-responsive interventions in health and climate action.

4.4 Ethical considerations[18]

The team received informed consent for all KIIs (with experts and organisations). A consent form was prepared as part of the study. Prior to interviewing organisations, the team explained the purpose of the study and with due permission conducted the interviews. All case studies were developed with prior permission of the organisations and credit has been given to the respective organisation.

---

17 People who participated in the stakeholder dialogue were not part of any KIIs conducted for this study. These participants formed a separate cohort from which data were collected on suggestions for creating a gender transformative society along the lines of capacity building, resources, collaborations and policy support. Refer to Table A4, Appendix 1 for speaker details and the agenda.

18 Refer to Appendix 5.

5 Local feminisms in India: an overview[19]

India has a long history of engaging with women's issues through a highly diverse set of women's movements, committees and organisations (Kalpagam, 2002). Historically, the women's movement in India can be broadly categorised into two phases: a pre-independent and post independent era.

5.1 Pre-independence

Between 1820 and 1850, many upper class women were drawn into the reform movement as "subjects of change". In the reform discourse, the question of women was raised by men with the purpose to create "new women" to sustain men's novel roles (Sen, 2000). Many of these organisations were set up by elite urban men who also challenged ritualistic atrocities faced by upper caste Hindu women.[20] The education of upper class women also led to their visibility in public spaces, bolstering their political participation and leadership.

Such social reformers have often been criticised for prioritising issues of upper-caste women. The nationalistic phase of the Indian women's movement between the 1920s and 1940s focused on two channels for gaining equality: forming associations and becoming active in politics through alliances with the nationalist movement. These organisations worked closely with the government to solve women's problems. It is important to note that women who led this new wave of organisations were influenced by western feminists, especially liberal feminists

By the 1940s, women's organisations emerged who allied with the left leadership and addressed concerns of women who were not included in nationalist movements, like peasant and working-class women.[21] Independence in 1947 brought changes to the country's politics, law and education which influenced the future course of women's movement in India.

5.2 Post-independence

1970-1980s

The 1970s was a watershed moment as both global and national events shaped this phase of the women's movement. Globally, the World Conferences on Women[22] which led to the declaration of the United Nations Decade of Women (1975-1985),[23] influenced the movement. In the 1970s, the first attempt was made to collect gender-related statistics on the status of women by the United Nations Statistics Division (UNSD) for designing gender sensitive policies. The international conferences on women significantly influenced the mobilisation of women in

---

19 Refer to Tables A5 and A6, Appendix 6 for more details on feminism in India and the influence of global feminism. Refer to Appendix 7 for good practices of local feminisms from India.

20 Abolition of *sati* (widow immolation), encouragement of widow remarriage and the prohibition of child marriage were some positive measures undertaken by male social reformers in that era.

21 The left created women's organisations of its own like the Mahila Atmaraksha Samiti (Women's Self-Defence League), but could not gather a critical mass nor address gender issues.

22 The United Nations (UN) organised four world conferences on women in Mexico City (1975), Copenhagen (1980), Nairobi (1985) and Beijing (1995).

23 The International Decade of Women shifted women from being an "invisible majority" towards gaining visibility and their voices being acknowledged. The biggest contribution of the United Nations Decade was that it made feminism a common phrase in national and international speeches and reports.

India. Taking cue from global efforts, the Towards Equality Report published in 1975 forced a reconceptualisation about the discourse on women's issues (Sharma, 2017). A new feminist consciousness marked by an understanding of patriarchy, family, religion, community, marriage and women's labour emerged in India (Arya, 2024). Feminist scholars like Kumar's History of Doing (1993), Ray's Fields of Protest (1999) and Omvedt's Reinventing Revolution (1993) showed the interconnectedness between issues of class and gender. This phase addressed practical gender needs, such as health, education and employment, as well as focused on structural issues like cultural norms, patriarchal ideology governing family and state, dowry deaths, domestic violence and custodial rape.

Local and regional women's groups were formed. There were broadly three kinds of groups: a) women's groups critical of the development processes which mobilised women living in urban slums as catalysts of change; b) politically affiliated women's groups; and c) grass root level women's groups.[24]

The decade also witnessed the institutionalisation of feminism within academics. Women's Studies Centres (WSCs) were established after 1975 within universities which reenergised the movement. This also mainstreamed gender issues within academic disciplines and acted as a bridge between academics and activists instead of seeing the movement as subjects for research (Banerjee et al., 2012).[25]

Starting in the 1970s, global feminists had started questioning the paradigms of development, moving from a spectrum of Women in Development (WID) to Gender and Development (GAD). In the 1980s, "gender" began to replace the "women" in feminist thinking. The global movements focused on how unequal power relations influenced the design of public policies, making them skewed in favour of men. In the Indian context, the 1980s also saw extensive discussions on unpaid work of women, their lack of agency within the household and violence against women in private and public spaces.[26] This decade spearheaded discussions on diversity of women in the country and their different experiences of oppression and marginalisation. While women's issues figured prominently in government policies, laws and programmes (refer to Appendix 6), the focus was on addressing their practical gender needs rather than on structural change.

1990 to today

The 1990s, influenced by the Beijing Declaration and Platform for Action (1995), introduced new topics and gave rise to newer forms of feminism in India. **Dalit**[27] **feminism** emerged as a powerful response to the unique and systemic oppression faced by Dalit women at the intersections of historical marginalisation on the basis of caste, along with class and gender.

---

24 Organizations like SEWA and the Saheli Women's Resource Centre played pivotal roles in advocating for women's labour rights and addressing violence against women (Mehrotra, 2002).

25 The emergence of Women's Studies in academia impacted discourses on development and public policy. WSCs also served as critical levers for engagement and inquiry with state politics and development interventions (Sharma, 2017).

26 The Shram Shakti report of 1988 upheld the conditions of poor women in India and argued for the adoption of an intersectional approach to understand the interrelationships based on caste, class and employment activities (SEWA, 1988).

27 The term "Dalit" is derived from the Sanskrit root verb *dal*, meaning "to crack" or "split", which reflects the oppressed status of those at the lowest rungs of the caste hierarchy (Andharia & ANANDI Collective, 2008). Historically, the caste system in India has been the primary social structure that subjugates Dalit communities, subjecting them to both economic and social marginalisation. The Dalit women's movement arose as a critical response to these multi-faceted oppressions (Sabharwal & Sonalkar, 2015).

The Dalit feminist perspectives challenged the dominance of upper caste women in the feminist movement, highlighting the need for a more inclusive feminist movement.

The **sex worker's movement** is another example of mobilisation and collectivisation of grassroots women around issues of body, labour and dignity – issues that had been otherwise excluded by feminist movements. The formation of sex worker collectives in India began in earnest in the late 20th century, with organisations like the Durbar Mahila Samanwaya Committee (DMSC) based in Kolkata, which is leading the charge. Founded in the 1990s, DMSC is one of the largest sex worker's organisation in India, advocating for decriminalisation and the recognition of sex work as work.

The other two significant movements which challenged the mainstream women's movement are the LGBTQ movement (hereafter, referred to as queer feminism) and the activism of women with disabilities. Both these movements foregrounded the intersectionality of oppressions and the marginalisation of women's issues within patriarchal notions of family, gender binary and ableism (Arya, 2024). The biggest contribution of queer feminism was arguing that heteronormativity not only marginalises LGBTQ individuals, but also reinforces rigid gender roles for all people. Queer feminism, therefore, advocates for a coalition-building approach that addresses multiple forms of oppression simultaneously.

Disability was major factor which created inequalities for both men and women. Women with disabilities faced multiples forms of intersectional marginalisation based on gender, caste, class as well as ableism. **Disability feminists** raised the issue of the range of inequalities and oppression faced by women with disabilities within social institutions, such as family and marriage. Similar to Dalit and queer feminism, disability feminists have been critical of the mainstream women's movement, as it glossed over the concerns of women with disabilities, exacerbating their vulnerability, experiences of abandonment, domestic violence and exclusion from mainstream social life.

This brief review of the trajectory of the women's movement in India highlights that post-independence movements have addressed the complexity of multiple forms of patriarchies and structural inequalities and pushed their boundaries to acknowledge the diverse experiences of women according to their social location.

6   Perspectives from the experts[28]

This section delves into the reflections about the nature of the women's movement in India, drawing from KIIs with 12 experts (see Appendix 1, Table 1). We spoke to feminist scholars, academicians and practitioners to harvest their views about the nature of the feminist movement in India and the contribution of local perspectives of feminisms. Broadly, most experts agree that India did not have one singular notion of feminist action. Instead, the feminist discourse was shaped by different identities of women who engaged with these movements. Experts also shared that feminism has evolved in the country and has contributed towards providing a lens to understand the complex, interlocking forms of oppression faced by women, as well as created grassroots women leadership and contributed towards the creation of local feminist knowledge. Using a thematic analysis, we present some of the key findings below.

---

28 See Table A1, Appendix 1 for the list of experts.

6.1   Localising global ideas on feminism

Paromita Chakravarti, Professor at Jadavpur University, Kolkata, India, believes that India has always had local perspectives on feminism. The Indian women's movement has been able to reclaim colonial and global ideas about feminism to localise and reconstitute them within the Indian context by engaging with Dalit ideology, tribal knowledge and queer identity politics, among others. Sunita Purty, an Adivasi feminist scholar working in central India, finds that the Indian understanding of feminism diverges from global western frameworks. Feminism in India is grounded in indigenous and locally rooted approaches to emancipation and equality, reflecting issues and challenges of local women. The initial discomfort with the western origins of feminism was countered by building community-centric strategies, addressing gender-based inequalities along with issues of identities such as caste and tribe, and blending it with concerns of livelihoods and environmental sustainability.

Many women-led movements in India emerged not from the question of gender equality, but rather revolved around issues of land rights or securing local livelihoods. Manjula Bharathy, a professor at a social sciences university in western Indian observes that although social movements like the Chipko movement were not explicitly labelled as feminist movements, they were led by the efforts of local women and intertwined with issues of addressing gender equity. In her work on Dalit women in governance in India, Bharathy emphasises that such movements were crucial for rural and tribal women, who often found themselves fighting for both land rights and gender equity, even though they did not consciously adopt the feminist label.

6.2   Lived realities influence feminist ideas

Chakravarti critically engages with the idea of the "feminist gaze" or the question of how to "look at the local". She unpacks the idea of what qualifies as "local feminism" and who has the authority and right to build and contribute to the Indian feminist discourse. She observes that local feminism in India cannot be seen as a monolithic entity. Instead, there is a need to pluralise the concept to reflect the country's varying social, cultural and regional contexts. Indian society is multiethnic, multi-cultural, follows different faiths and religions, and is geographically diverse. The diverse struggles and lived experiences of Indian women necessitate acknowledging the existence of multiple feminisms, each shaped by its unique environment and identities which defines their standpoint.

Local feminisms are highly adaptive, emerging from the lived realities of women in rural, tribal and economically disadvantaged regions. This diversity creates space for various feminist practices, grounded in different regions and led by grassroots organisations. These movements emphasise community-led initiatives, focusing on collective decision-making, economic empowerment and environmental sustainability, blending these aspects in response to the complex socioeconomic challenges faced by women.

Indira Pancholi, an activist working with rural women's collectives in northern India, notes that these forms of feminisms are often born out of necessity. Women organise around immediate concerns, such as land rights and access to resources, where movements are often shaped by their intersectional identities. Protim Ray, a health and gender practitioner who works with DMSC, finds that the Indian feminist movement is a plural and fragmented movement, rather than a unified front. This diversity creates space for various feminist practices, grounded in different regions and led by grassroots organisations. These movements emphasise community-led initiatives, focusing on collective decision-making, economic empowerment and environmental sustainability, blending these aspects in response to the complex socioeconomic challenges faced by women.

Despite these local nuances, Paromita observes that the Indian feminist movement has had to struggle with issues of inclusivity, particularly regarding caste-based identities, class and sexuality. For instance, Dalit women have often expressed that felt marginalised within the broader feminist discourse in India, which led to the rise of separate movements which addressed their specific struggles.

6.3 The role of non-state actors in organising women

Paromita finds that the influence of neoliberal economic policies since the 1990s has also influenced the landscape of feminist activism within India. Instead of engaging with political and local issues, NGOs which engaged with women had to depoliticise their agenda and strategies to align with donor-led agendas. Zeenat Niazi, a practitioner at an Indian NGO working in northern India, reflected on her experience to explain how the rise of NGOs and their dependence on external funding changed the landscape of feminist activism. While NGOs have been essential in addressing gaps left by government policies, their donor-driven agendas often fail to align with the priorities of grassroots communities. Niazi notes that this has diluted the radical edge of the women's movement, shifting the focus from collective action to service delivery.

The NGO-isation of feminism, also highlighted by Ruchira Goswami, a faculty of West Bengal National University of Juridical Sciences and a member of one of the oldest women's network in Kolkata, has introduced competition for limited resources, further fragmenting solidarity among feminist organisations. Local feminist movements have emerged as counterbalances, emphasising community-led and context-specific solutions. These initiatives often struggle to maintain momentum and scale due to limited funding and lack of political backing. Larger feminist organisations sometimes overshadow grassroots movements, co-opting their narratives without giving due recognition to the local voices that fuel them.

6.4 Strategies and tools for women's movements

Collectivisation

Women's movements in India have used strategies like collectivising women based on their different identities. This was officially adopted by the Indian state by creating self-help groups (SHGs) to meet the needs of women's financial empowerment. Similar strategies have been pursued by non-state actors like NGOs and CBOs to prioritise the immediate needs of women, such as economic opportunities, while also enabling them to engage in political decision-making processes within their communities.

Despite the influence of NGOs, India has managed to carve out its own variations of feminisms through a strong, strategic collectivisation and intersectionality as demonstrated through Dalit feminism, queer feminism, eco-feminism and the sex worker's movement. Collectivisation has emerged as a vital strategy for women, particularly in rural settings, to address socioeconomic disparities and entrenched gender inequities. The process often begins informally, with groups of women uniting around shared challenges, such as economic hardship, lack of healthcare or gender-based violence.

In urban settings, the process of collectivisation often revolves around issues like wage disparity, access to public services or reproductive rights. Swaja Saransh, who focuses on inclusive feminist spaces, explains that urban women's collectives are often more engaged in advocacy and activism, focusing on broader social justice issues, such as labour rights, housing inequities and gender-based violence. Collectivisation in both rural and urban contexts allow women to

recognise their shared experiences of marginalisation and to forge collective strength to challenge systemic inequities.

Bharathy highlights how collectivisation is also strategically employed by organisations with a common feminist agenda, influenced by factors like funding, impact metrics and policy contributions. This strategic approach often involves networking between collectives and organisations, thus amplifying their political influence and the potential for systemic change.

Local women leaders building feminist knowledge

Local feminist movements have led to the co-creation of knowledge on gender with marginalised communities. Ruchira Goswami, a gender activist and practitioner from eastern India, emphasises the importance of projects, like the Dictionary of Violence, which have been initiated by organisations like Third Eye (part of Nirantar, a Delhi-based organisation working on gender). The Dictionary of Violence involves frontline workers – predominantly women – as authors of their own experiences and also enables grassroots feminist leaders to document their encounters with gender-based violence. Over the course of the project, local feminist leaders have captured local terminologies like *samjhota* (compromise), unpacking their multiple meanings for women experiencing gender-based violence. Such grassroots-driven documentation projects by local women leaders challenge traditional narratives about feminist law-making and draw on lived realities of women to expand the understanding of gender-based violence from a local perspective.

Similarly, another organisation, Khabar Lahariya which engages primarily in the rural belts of northern India, illustrates how the co-creation of knowledge through community media shifts gendered power dynamics. Khabar Lahariya began as a literacy project and evolved into a multimedia platform where rural women produce multimedia content, using tools such as digital storytelling and journalism, through a feminist lens.

This ensures that the voices of rural women are included in the public discourse, challenging traditional notions of knowledge creation. Chakravarti, as a collaborator for Khabar Lahariya, highlights the significance of digital media in enabling grassroots women to become decision-makers within media organisations. Projects like these empower communities to determine how their stories are told, moving away from being portrayed in disenfranchised tropes and instead contributing actively to gender advocacy.

6.5   The future agenda

By foregrounding intersectionality, local feminisms offer critical insights into how feminist movements must be structured. Experts highlight the importance of acknowledging and addressing the convergence of gender with other parameters, such as economic status, caste-based identities, livelihoods and environmental struggles. This approach ensures that feminist activism remains responsive to the multi-layered realities of women's lives in diverse contexts.

The future of gender equality in India depends on the integration of newer issues, such as climate change, digital rights and environmental degradation, into the feminist agenda. Soma Sarkar, a researcher in southern India whose work intersects climate and gender points out that local feminisms have already laid the groundwork for this integration, with women leading initiatives in sustainable agriculture and environmental conservation. These areas are not add-ons, but are intrinsic to the fight for gender justice, especially in regions where women are disproportionately affected by climate crises and economic displacement.

7   Theme: women and health[29]

As discussed in the previous sections, women in India continue to face discrimination due to prevalent gendered social norms and their interaction with other forms of power. These power dynamics impact crucial dimensions of development, health being one among them. The impact on health subsequently reduces the quality of life for women and girls and thereby their education and paid employment opportunities.

The women's health movement in India

It is ironic but true that women's health in pre-independent India and for some decades in post-independent India (at least until the 1980s) was perceived through the lens of reproduction by health planners (Banerjee et al., 2012). This narrow approach to women's health led to an overemphasis on maternal mortality and child and maternal health in health planning and health policies during the first few decades of post-independence. Although the women's movement influenced discussions on women's health issues (e.g., focused on safe hospital deliveries, demand for contraception as reproductive freedom, and lack of water, sanitation, malnutrition) after independence, for a long time these issues had been primarily linked to questions of development (Soman, 2011). Thus, while in the West there were discussions on bodily integrity, women gaining control over their bodies and sexualities in the 1970s, in India these issues were considered "out of context".

An important factor which distinguished the women's health movement in India from that in the West was the recognition that women's health in India is influenced by a range of factors, such as gender, age, class, caste, religion and the interaction between these factors, which significantly influence women's control of and decision-making power about their own health. Hence, a comprehensive understanding of women's health requires a better assessment of the social dynamics within which women's health is located and a scrutiny of violations of dignity in the social sphere (Sama, 2005). This realisation over time led to the adoption of an integrated approach towards women's health and its complexities. Another major contribution of the women's health movement in the 1970s was its focus on the unethical practices of drug industry (especially regarding contraceptive use), which violate women's right to life, dignity and code of medical ethics.

The 1980s and 1990s, saw a significant discursive shift in the women's movement in India, which were aligned with changes in the global women's movement. Issues such as violence against women, land rights, food security and intersections between gender, class and caste oppression became the cornerstone of the women's movement during these decades (Sarkar & Butalia, 1995; Ray, 1999). By the 1990s, Dalit feminism, queer feminism and disability feminists gained preeminent positions within the women's movement. The new feminisms which developed in these decades led to reconceptualisation of women's role and contribution in the discourse of development where women figured as an individual with agency from passive recipients of development benefits. These shifts moved discussions beyond motherhood and reproduction and instead highlighted the overall vulnerability of women within a patriarchal society in India. However, a review of many of the government programmes on maternal health reveals a technocratic approach towards issues of safe motherhood and granting services for safe abortion in isolation from the sociocultural realities of women's lives. Additionally, the BfA (1995), International Conference on Population and Development (1994) and the declaration of the Millennium Development Goals (2003) also expanded the discussion on women's health in India to include sexual health and menstrual health. Since 2000, adolescent health also became a focal area for the national government.

---

29 See Tables A7, A8 and A9 in Appendix 8 for more details on women and health in India.

Women in health programmes, policies and legislation[30]

India's women's movement introduced the lens of social dynamics in women's health and included various aspects of women's health in health-related policies and programmes (see Appendix 8). The launch of the Indian Women's Health Charter in 2007 is a testament to the influence of the women's movement in the domain of women's health.[31] Since the 1970s, the government has initiated several programmes and legislations to facilitate women's access to healthcare services and ensure women's right to healthcare (see Appendix 8). The concept of community health workers, which eventually led to the creation of ASHA, was strongly advocated by women's movements such as SEWA and the All-India Women's Conference (AIWC). SHGs formed as part of the grassroots women's movement also addressed health concerns of rural women. While the government public health discourse included women's health from an instrumental perspective, the women's health movement (influenced by the Integrated Watershed Management Programme [IWMP]) advocated for the health rights of women and the need to comprehend women's health within a broader context of social norms and institutions.

The declaration of the SDGs (2015) with a specific goal on Health and Wellbeing (SDG 3) have prioritised certain health issues, globally. In the context of women's health, the newer areas of focus include mental health and non-communicable diseases (NCDs). SDGs have also renewed the focus on sexual and reproductive health and rights. In India, the launch of the SDGs led to the revision of National Health Policy (NHP) in 2017 with a purpose to align with the vision and targets laid down in SDG 3.[32] An important inclusion in this policy is gender mainstreaming and addressing sociocultural factors, such as violence against women, which impact women's health and access to healthcare services.

In addition to the national and state governments, since 2000, there have been several donor-supported NGOs working on women's health at the community level. These NGOs play a crucial role in sensitising women about health, healthcare services and the government schemes they can take advantage of to help ensure better health. NGOs complement the government's work towards making health accessible at the community level. However, as has already been discussed earlier, NGOs have a target-driven approach to health outcomes and hence the strategy has been behavioural interventions (with a focus on the individual) rather than on social systems (where the focus is on systemic inequalities).

---

30 India has a federal structure of governance where both the national and state governments have a defined set of responsibilities in health-related matters. While the state government is responsible for legislation, policy, healthcare delivery and financing health, the national government provides an overall health strategy in the form of national health policy (1983, 2002 and 2017) and financial support.

31 The Indian Women's Health Charter in 2007 (People's Health Movement, 2007) expanded discussions on women's health to include occupational health, mental health and health implications of violence against women. The charter critiqued the coercive use of technology to monitor women's bodies and the withdrawal of the state government from providing basic facilities, including water and food, as well as social determinants of health such as housing, education and employment.

32 In 2017, the National Health Policy had emphasis on universal health coverage, patient centred care, greater partnerships between the public and private sector, and integration of technology in healthcare services to make health more accessible, affordable and reduce out-of-pocket expenditures on healthcare (NHP, 2017). This policy, for the first time, locates women's health within a broader context and views their health as an outcome of their social existence.

7.1 Findings from experts and organisations[33]

As described in the methodology, in addition to an extensive literature review on women and health to try to understand the global and national landscape, several in-depth interviews were conducted with experts in gender and health (4) for perspective building and with organisations working on women's health at the community level (12) for understanding challenges towards addressing gender norms and any shifts in perspectives on women and health.[34]

7.1.1 Challenges and change: gender norms and health at the community level

Gendered beliefs and practices significantly restrict women's access to healthcare, perpetuating inequalities. **A persistent preference for male children**, particularly in rural and semi-urban areas, continues to shape reproductive decisions. An expert from Aarohi stated, "A woman conceiving for the ninth time to have a male child is a story we encounter even today" (WH 1), illustrating how norms heighten maternal health risks through repeated pregnancies. SHGs and organisations working on women's health have helped women to challenge gender stereotypes and enhance their mobility. NGOs have played a crucial role in creating spaces for women, helping them participate in economic and social decision-making, and advocating for women's health rights.

Taboos and restriction around menstruation continue to persist in many rural areas. An expert from Unmat said, "Misconceptions range from beliefs that women should not leave the house during menstruation to shame associated with irregular periods" (WH 2). These deeply ingrained norms prevent women from seeking necessary healthcare and limit their autonomy in making decisions about their well-being. Another expert noted, "The number of girls suffering from Reproductive Tract Infections simply due to a lack of hygiene during menstruation is very high" (WH 3). Such experiences underscore the critical role of menstrual hygiene management in safeguarding women's health. An expert from Rajasthan Mahila Kalyan Mandal reflected, "Women's time is disproportionately allocated to labour and caregiving, exacerbating health disparities" (WH 7). The attempt of this expert's organisation has been to address systemic inequities along with health-related interventions to facilitate rural women's access to healthcare facilities.

Addressing domestic violence within tribal communities is a complex challenge. In the Munu Kurumbas tribe, for instance, the influence of external factors has exacerbated women's vulnerability, leading to a higher incidence of domestic violence. As one expert noted:

> In the Munu Kurumbas, who have been influenced by both Kerala and non-tribal influences, they are particularly vulnerable. This vulnerability is heightened in areas where we observed a significant increase in domestic violence, with instances of wives being beaten up more frequently. (WH 9)

Another interviewee pointed out that stereotypes are not confined to gender alone, but extend to community identities and even clothing. This expert stated: "Stereotypes aren't limited to gender; they extend to community identities and even attire. For instance, wearing a burkha or poshak can unjustly evoke assumptions about a person's language proficiency or level of empowerment" (WH 2). Similarly, in other parts of Rajasthan, societal stereotypes often extend beyond gender to encompass community identities, with prejudices manifesting based on attire.

---

33 See Appendix 9 for case studies from local organisations working on women's health.

34 See Table A2 in Appendix 1.

Another important finding from the interviews was on how culture influences the adoption of modern medicine within the community. An interviewee remarked, "It took many years of work to overcome the hesitation of modern medicine" (WH 1). Resistance to modern medicine, particularly among older generations and community leaders, has been a persistent challenge, with traditional medical practices and beliefs often taking precedence over evidence-based healthcare interventions.

There has been a shift in some societal attitudes. A respondent reflected, "The notion that 'if she is a girl, then she can't do it,' or 'if men are present, they will accomplish more' is outdated" (WH 2). This statement reflects the shift in societal attitudes, where the belief that women are less capable or less important in certain tasks, is gradually being dismantled within the community.

7.1.2   Health and intersectionality

The intersection of health and identity reveals profound systemic inequities, where overlapping vulnerabilities amplify exclusion from healthcare. Women with disabilities face dual marginalisation from both physical barriers and societal perceptions. An interviewee highlighted this gap, stating, "The disability movement didn't talk about gender, and the women's movement didn't talk about disability" (WH 10). The absence of unified advocacy frameworks leaves women with disabilities struggling to access basic healthcare services, reproductive care, and mental health support, particularly when lacking documentation or institutional recognition.

Similarly, LGBTQ individuals, especially transgender persons, encounter systemic exclusion shaped by pervasive cisnormativity. Shivalal Goutam from Xomonnoy critiqued the healthcare system for offering repurposed cisgender interventions, describing these as "Band-Aid solutions that fail to meet the distinct needs of transgender bodies." Shivalal went on to say:

> There remains a significant misunderstanding of non-binary individuals, with many perceiving them as 'carriers of HIV', a stereotype that is frequently perpetuated in medical settings. These gender norms restrict individuals' ability to express their authentic identities and foster ongoing discrimination, which further marginalises already vulnerable groups. (KII)

High levels of stigma and internalised discrimination often lead transgender individuals to avoid healthcare or settle for substandard services, perpetuating disparities and untreated conditions. Shiv emphasised the need for healthcare systems to affirm and support transgender identities holistically rather than through medicalised, cis-centric paradigms.

Sex workers also navigate intersecting challenges of criminalisation, economic vulnerability and social stigma. DURBAR and RMKM (WH 7) addresses these through integrated health and emotional support programmes. Dr. Protim Ray from DURBAR noted, "We ensure that sex workers receive not just health services but also emotional support to navigate their unique challenges". MASUM further combines legal aid with reproductive health education, recognising the interconnectedness of violence, economic stability and access to care.

Dalit women, particularly in hazardous occupations like waste picking, face compounded health risks from systemic caste-based discrimination. Initiatives like the Parisar Vikas (Development by Building Federation) by the Stree Mukti Sanghatana (Women's Liberation Organisation) (WH 5) address chronic health issues within the Dalit community. RMKM's efforts to foster inclusivity through SHG meetings in lower-caste households challenge social hierarchies, as the interviewee explained: "Inclusive spaces break down long-standing barriers and build trust" (WH 7).

7.1.3 Pedagogy for addressing gender and health at the community level

The Family Counselling Centre, established in 1985 with the mission to offer services at the community level, has been instrumental towards talking about societal issues, such as gender-based violence and child marriage "irrespective of religion, caste, creed, sect, region, language, age or gender" (WH 5). This inclusive approach has helped raise awareness about norms and social problems and develop a dialogue within families. The Thoughtshop Foundation faced resistance when forming girls' health groups, with community leaders rejecting separate discussions for girls. An expert from the Thoughtshop Foundation explained, "We've used participatory tools to open up conversations in non-threatening ways" (WH 11). These tools, including storytelling and visual aids, which foster dialogue while respecting cultural sensitivities. This expert further recounted, "We had to reintroduce mixed groups for younger children to normalise these conversations" (WH 11). This highlights the need for adaptive strategies that respect cultural sensitivities while fostering progress. ASHAs act as vital intermediaries between healthcare systems and communities. Their role in improving immunisation rates and maternal health has been widely recognised. Dr. Dayalchand of the Institute of Health Management Pachod (IHMP) shared, "Seventy-five per cent of women who underwent sterilisation were accompanied by ASHAs".

Body shame and societal stigma further obstruct access, particularly in reproductive health. "The first step was helping women overcome the shame of their bodies so they could access healthcare without hesitation" (WH 2). Participatory methods, such as involving women in their own health assessments, have proven transformative, enabling them to take charge of their health. Intergenerational dynamics also play a role, with older family members influencing healthcare practices. IHMP's Dr. Dayalchand highlighted the role of mothers-in-law: "Engaging them in discussions on nutrition created organic, community-driven change". Such engagement is vital to challenging harmful norms and creating sustainable behaviour shifts.

We Wonder Women's workshops (WH 6) combine menstrual hygiene education with nutritional awareness, involving parents to ensure sustained support. Masum's (WH 4) participatory methods, such as using mirrors during internal exams, demystify reproductive health and empower women. Aarohi's (WH 1) sustained engagement with remote communities has normalised discussions around menstruation in 90 per cent of its target areas, breaking longstanding barriers.

8 Theme: women and climate change[35]

8.1 Setting the context

India finds itself is one of the world's most climate vulnerable regions. Estimates reveal that almost 80 per cent of Indians lived in hazard prone districts in 2020 (Mohanty & Wadhawan, 2021). The country faces both increasing and intensifying trends of a range of extreme climate events, such as heavy precipitation, floods, drought-like conditions and extreme heat. Between 1901 to 2018, the average temperature in India increased by 0.7 degrees Celsius, with more than 148 million people projected to live in climate change hotspots by 2050 (Mani et al., 2018).

While climate change affects everyone, women and girls are at the highest risk. For example, almost 80 per cent of people displaced by climate change are female, who face additional burdens of poverty, sexual violence and poor health (Jackson, 2021). They have significant

---

35 See Tables A10 and A11 in Appendix 10 for more information on women and climate change.

socioeconomical vulnerabilities that limit their ability to cope and recover from climate induced crises. The Intergovernmental Panel on Climate Change (IPCC) notes that discrimination because of issues like gender, class and age, result in differential abilities of people to cope with climate risks. Non-climatic factors, such as unequal socioeconomic status, incomes and exposure, exacerbate climate vulnerabilities due to the presence of multidimensional inequalities and social vulnerabilities (IPCC, 2014).

Scientifically, climate change is defined as "a change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods" (UNFCCC [United Nations Framework Convention on Climate Change], 2011). The global consensus has resulted in two pathways to address climate change actions. First, mitigation refers to concentrated efforts to decrease the total amount of emissions released into the atmosphere and simultaneous efforts to reduce current concentration of carbon dioxide (CO_2) by enhancing carbon sinks (UNFCCC, n.d. -b). Second, adaptation actions respond to actual or expected climatic risks by adjusting social, economic or ecological systems" (UNFCCC, n.d. -a).

The strongest voices in the contemporary knowledge generation about climate change are primarily a product of post-colonial knowledge systems and tend to be biased towards male scientists engaged in natural sciences coming primarily from the Global North (R. Chakraborty & Sherpa, 2021). Even when knowledge about climate change issues has focused on women, it has been done through a neo-liberal gaze in which nature is cast as a "threat to be endured" which can be tackled through "expert administration and individual behaviour change" (MacGregor, 2014). More recently, alternative discourses on climate justice have challenged this techno-scientific framing of climate change. Bringing in local feminist experiences and knowledge on climate change helps to pluralise knowledge that can in turn promote social justice and ecological benefits (Israel & Sachs , 2012).

Despite a rich body of emerging scientific knowledge, localising the understanding of climate change through a discursive lens of including intersectional inequalities based on sex, class, ethnicity, (dis)ability and education remains inadequately explored in the literature. Following a three-pronged strategy to understand gender concerns in climate change by MacGregor (2010), we examine the nexus of local feminist knowledge about climate change through the three intersecting issues of understanding the construction of climate change by local women, exploring everyday experiences of women and girls to climate change, and understanding institutional and individual responses.

We draw on the available literature in India, KIIs with climate activists and in-depth interviews with local organisations engaged at the intersection of gender and climate action to unpack and understand local feminist perspectives on this issue.

Gender in climate change policies in India

Beginning in the 1980s, the global eco-feminist movement rooted in the West, primarily in United States of America, recognised and called out the patriarchal roots of capitalism, neoliberalism and environmental destruction. In the Indian context, fierce criticism was laid against the Western interpretation of reinforcing women as nurturers of nature and the environment, arguing that it reinforced the burdens of women's traditional gender roles and was blind to local contexts at the intersection of geography, class and caste among others (Parameswaran, 2022).

India has a long antecedent of environmental social movements led by women on issues particularly aligned to rural lives and livelihoods. Beginning with the Chipko movement in the northern Indian state of Uttarakhand which was led by women against the felling of forest for commercial use in 1973, there have been several notable environmental movements led by women. Notable examples include the Jungle Bachao Andolan (Save the Forest Movement) by

Suryamani Bhagat in Bihar and movements to save Indigenous people's access to natural resources like land, forests and rivers by Dayamani Barla in Jharkhand. Women also led struggles against large dams and hydroelectric projects, like the Silent Valley Movement (1975–1984) led by Sugatha Kumari in the South Indian state of Kerala, and Naramada Bachao Andolan (Save Narmada River movement) led by Medha Patkar in Western India. Using participatory tools and rooting themselves in principles of *satyagraha* (non-violence), Dalit and Adivasi women-led movements have also successfully challenged global corporations like Coca-Cola which was held accountable for creating water scarcity and pollution in Kerala (Nabhi, 2006; Government of Kerala, 2010; M. Joshi, 2023).

Eco-feminist movements in India have been successful in creating local interpretations of environmentalism among rural women in India by addressing issues of access to forests, rivers, clean and safe drinking water, displacement, and conversation of ecology and biodiversity.

Climate policies, on the other hand, have been primarily positioned as a discourse of diplomacy as well as industrial and technical problems in line with hegemonic notions of masculinity. Consequently, even at the global level, climate policies mainly aim to negotiate shared responsibility, create value through mitigation actions, and offer protectionism to protect the contradictory forces of climate change versus economic growth (R. Nandi, 2023).

Beginning from the early 2000s, moving from an era of gender-neutral approaches, global goals and commitments, such as the MDGs, the Hyogo Framework for Action in 2005, and the establishment of the Green Climate Fund (GCF) in 2009 at the Copenhagen World Climate Summit, underscored the interconnectedness of gender and climate issues. Climate justice and gender justice approaches began to take shape, linking environmental and reproductive justice and critiquing policies that failed to incorporate gender-specific knowledge (Leach et al., 2016), challenging gender neutrality in climate change, emphasising unequal gender relations in vulnerability and adaptation, and calling for enlightened gender policies to steer the green economy towards more sustainable patterns (Bradshaw & Linneker, 2014).

India's National Action Plan for Climate Change (NAPCC) reinforced these global developments where women are seen as "vulnerable subjects of climate change but not considered equal partners" (R. Nandi, 2023). On the issue of women, NAPCC observes that:

> The impacts of climate change could prove severe for women. With climate change, there could be increasing scarcity of water, reduction in yields of forest biomass, and increased risks to human health with children, women and elderly in a household becoming the most vulnerable. With the possibility of the decline in the availability of food grains, the threat of malnutrition may also increase. All of these would add to the deprivation that women already encounter and so in each of the adaptation programmes, special attention should be paid to gender. (Government of India, 2008)

Therefore, NAPCC recognised the differential vulnerabilities of women from impacts of climate change and observed that it failed to account for women's differential agency and ability to provide solutions to the issue. The literature is replete with examples of how the eight National Missions under India's NAPCC and the consequent 28 sub-national level climate action plans. known as the State Action Plan for Climate Change (SAPCC), also failed to account for intersectional vulnerabilities of women and further risked marginalising them (Singh et al., 2021). For instance, a project in Uttarakhand built water structures for drought-proofing near a temple, which Dalit women could not access due to concerns of "pollution of caste" (D. Joshi, 2011).

Moving forward, both in India and globally, feminists have raised concerns about gender blindness in green governance and the green economy, demanding enlightened gender policies to steer the green economy towards more sustainable and equitable patterns. Integrating the "care economy" with green economy approaches and focusing on human security and social protection need to become central to gender and climate justice work (Priestley, 2024). The

evolving narrative underscores the importance of gender-sensitive policies and the need to build upon women's knowledge and capacities in addressing climate change.

8.2   Findings from the field[36]

The theme of gender and climate change draws on the insights from seven interviews with organisations working on the diverse issues of gender and climate action. The organisations shortlisted for deep-dive interviews were engaged in both adaptation and mitigation-related issues. We also interviewed five experts working in the field of gender and climate change (see Table A1 and A3 in Appendix 1).

8.2.1   Social norms and gendered experiences of climate change

The literature is full of examples of how women experience climate change differently as compared to men (Jerneck, 2018). This differential experience of climate change is exacerbated by gender roles and restrictive socio-cultural norms that impede women from accessing resources, assets and capabilities equitably.

In many Indian households, women are mainly responsible for care and social reproductive work like cooking. In the absence of access to clean cooking fuel, roles like gathering fuelwood and the collection and preparation of cow-dungs to be used as cooking fuel falls on women, along with roles like fetching water for domestic and irrigation purposes.

As women perform these roles, they exert limited agency, not only over external resources like land, water, and credit, but also over their own bodies. One of the climate activists we interviewed observed:

> As a woman, your first role is to be a producer and nurturer of children. This relationship overshadows everything else that women do. If you want to engage with women on issues of climate action, management and saving of water resources for their community or partake in community level actions, we need to remember that they are shouldering significant burdens even on the household front. This is a real challenge. (CC 4)

Women are rarely seen as decision-makers or having the authority to determine the use of their own time. While engaging with women, organisations found that men and older women from the community act as informal gatekeepers. While men mediate access to knowledge, older women like mothers-in-law enforce control over women's bodies by withholding their access to outsiders through practices like *purdah* (wearing a veil), not talking to strangers, or not being allowed to talk in front of family elders. When women tried to override these restrictions being placed on them, retribution and domestic abuse against women due to their engagement with organisations was a common thread across several KIIs.

Sticky gender norms persist in limiting women's ability to contribute towards climate action, which are accentuated by other social inequalities. In Shimla, a hilly town in Himachal Pradesh, water crises and successive drought were made worse with rampant urbanisation and the loss of traditional water sources such as natural springs. Women from low-income communities who could not afford to bear the expenses of pumping water still have to shoulder the burden of carrying water over long distances. The intersection of class and gender makes women vulnerable to increased danger of sexual violence when they travel for water collection.

---

36 See Appendix 11 for case studies from local organisations working on women and climate change.

According to the most recent labour force survey for 2021-2022, the vast majority (78 per cent) of India's employed women are engaged in agricultural jobs (Government of India, 2021). Women also comprise almost 63 per cent of the agricultural labour force, often in unpaid and ancillary roles in agricultural activities. With climate change, the impacts on women have magnified. One representative of an organisation observed:

> The drudgery of women has gone up due to climate change as they have to toil to maintain and save resources. In terms of getting fuel, they have to toil hard and are also exposed to smoke while cooking. In a lifespan of 70 years, a woman spends seven years on an *[sic]* average to collect water, fodder and fuel for her family. If women are empowered towards natural resource management, a lot of good work can be done to manage climate change. The issues of climate change impact everyone but certainly has greater consequences for women. (CC 2)

Agriculture has been witnessing the potential effects of climate change. The quantity and quality of crops are impacted due to the effects of heat and unpredictable rainfall patterns, like floods and droughts, which also increase the risk of pests and affect crop quality (Kerr et al., 2022). In India, as men often undertake migration as a coping strategy, engaging in agriculture is increasingly becoming the domain of women. However, women are seldom in decision-making roles and lack ownership over the land they cultivate (Agarwal, 1994). Misaligned policy directions and market indicators contribute to increasing climate risks for women engaged in farming. For example, the leader of an organisation working on regenerative agriculture in Andhra Pradesh observed that government policies encouraging farmers to grow groundnuts as a cash crop since the 1970s have eroded local knowledge systems about traditional crops like millets, which are now being reintroduced as climate resilient solutions. Women are rarely the decision makers if they can cultivate different climate resilient crops, since they do not have adequate control over land resources (CC 6).

Local organisations, like those interviewed in Andhra Pradesh and Uttarakhand, observe that despite being forced to invest in agriculture, women face issues of accessing formal credit. Therefore, many organisations that began working between 1990 and 2010 initiated their journey by creating savings and credit collectives. In rural Uttar Pradesh, one organisation observed that men were mainly motivated by economic interests, which led to in-fighting over loan repayments. Women, on the other hand, showed more empathy and kindness to group members who failed to repay a loan instalment (CC 4).

Another organisation in Andhra Pradesh engaged in regenerative agriculture also created women's collectives to support savings. This organisation observed that improving women's access to credit and changing decision-making relations within the household by providing unrestricted loans from women credit groups for investing in agriculture allowed women to build assets and gain control over other aspects of their lives, such as collectively protesting domestic abuse and violence against women (CC 6).

An organisation working on the restoration of traditional water sources in rural Rajasthan noticed that when women gathered to work on rebuilding traditional water structures, this gave them a space to build social solidarity and discuss the challenges of domestic abuse due to an illegal arrack (an alcoholic beverage) shop in the village. These women were able to successfully shut down the shop by mounting collective action and registering a complaint against the owner with the nodal authority at the district level, a feat which would not have been achievable individually (CC 7).

8.2.2 Production of feminist knowledge about climate change

Data from the stakeholder interviews indicate that most organisations and activists do not see climate change as a starting point of their interventions or association at the community level. Instead, they focus on the impacts of climate change as these are primarily felt by women from local communities. The impact of climate change occur in diverse forms, such as the decline and pollution of water sources, unreliable rainfall and shifts in monsoons that affect farming, prolonged high tides resulting in water intrusion, water logging and flooding, frequent and increased intensity of cyclones and storms, increased forest fires, and high humidity coupled with prolonged summer temperatures impacting livelihoods and health in communities.

Representatives from leading climate action organisations mentioned that they initially felt uncomfortable telling women from vulnerable communities who cut trees for fuelwood to stop doing so because elsewhere someone was polluting the world. They observe: "At the ground level, global warming and GHG [greenhouse gas] emissions seem to be the least of their problems. Issues like water availability or having fuel for cooking are far more important [for women]" (CC 4).

Instead of directing knowledge and information about climate change using scientific language and terminology, several stakeholders stressed the importance of co-creating knowledge with the community for better results and communicating this is an easy-to-understand manner using local languages. Challenges of limited literacy and education and the lack of access to personal digital tools like mobile phones and computers among women in India also imply that women are more accessible using shared or publicly accessible devices, such as radios or television. Organisations also stressed the importance of longer-term patient engagement with local women to see meaningful changes.

Reflecting on the methods of communicating climate change, one climate communication expert observed that "most people want to work for women, but not with women. […] It is only women who seem to be interested in gender issues, while there is a need for a broader participation of all genders to take interest in gender issues" (CC 3).

8.2.3 Adaptation and mitigation climate action

Most organisations working at the grassroots level do not distinguish their climate actions as either adaptation or mitigation measures. As Audre Lorde (1984) emphasised, "There is no such thing as a single-issue struggle because we do not live single-issue lives". Most organisations used various entry points to engage with women on climate action. These entry points usually pertained to issues and challenges that women deal with that impact their everyday lives. Issues of water collection, declining forest resources and biodiversity loss – issues that predominated during the eco-feminist movements – continue to be important.

Box 1: Radio Bundelkand

A radio programme in rural Bundelkhand in India shared local stories about the effects of climate change, such as delayed monsoons and droughts, on the lives and livelihoods of people in 250 villages for over seven years from 2008. The programme trained and recruited local women as journalists to collect stories about climate change where they communicated climate change using local markers, such as early flowering, and used folklore, mythology and songs to connect with women.

Source: Development Alternative

For instance, one of the organisations working on training women as solar technicians observed that without addressing gender and social norms, it is difficult to improve women's engagement as solar technicians. Challenges like limited literacy, limited awareness and lesser representation of women in technology all posed initial challenges. However, addressing issues of education facilitated women not only to contribute to mitigation efforts, but also make them more resilient through better access to livelihood opportunities. The organisation elaborate on these methods:

> We work with the *panchayat* [village council] at the village level and train rural women to instal solar lights and equipment. There are 33 panchayats in a block. Generally, we undertake a survey to gauge the interest of women who want to engage with the programme and then we make them aware about solar energy. The solar engineer programme first started with the village women in the 1990s where we taught them to assemble a solar light. The idea is to demystify the system in practical terms. Most of these women are less literate. Earlier, women were reluctant to engage with technology, but they became confident when they created home light systems and lit up their homes and our school.

Another pertinent example is that of an organisation working in the Himalayan state of Uttarakhand. This organisation found that supporting women's livelihoods by cultivating local spices, herbs, pulses and millets brought in assured incomes for women farmers, despite lack of irrigation and irregular rainfall. This also helped shift the local ecosystem from pine-based hilly landscapes, which are more likely to catch fire and cause wildfires, helping to restore the balance of the soil and improve carbon sequestration. As part of their sustainable rural development initiative, the organisation plans to contribute towards enhancing local biodiversity using traditional knowledge of the community, particularly women as environmental stewards. The organisation aims to solve interconnected and complex issues for women through integrated solutions through the harmony of 5Js, explained below:

> We look at the harmony of the 5Js – *jan* (people), *jangal* (forests), *jameen* (earth), *jal* (water) and *janwar* (animals). Even if one of them is spoiled, there is imbalance. The problem is that the *jan* (people) have started to dominate in this equation. People are partners in this equation and not heads. Our approach is forest to home, rather than home to forest. For example, to solve for fodder, we encourage women to grow it alongside their terrace boundaries. This would save them extra work of going to the forest and also save the lands from overgrazing. (CC 2)

9 Conclusion and recommendations

An intersectionality framework for transformational change

Drawing from the insights of this study, we propose an intersectionality framework for transformational change that emphasises the importance of addressing multiple overlapping issues and highlights the interconnectedness of various factors. Women as "individuals" are located at the centre of this framework. Their experiences are shaped by multiple intersecting aspects of identity like gender, race, class, and caste. These intersectional identities determine challenges and opportunities that women encounter in their lives. It is essential to understand how these overlapping identities impact women's access to resources, rights and opportunities. "Household and Community" forms the next level. This layer represents the immediate social environment within which women operate, including their position within their families and local communities. In the Indian context, household and the immediate community play a significant role in defining woman's autonomy, mobility and decision-making power. Communities can either reinforce or challenge these norms, affecting women's ability to thrive.

Societal systems, such as schools, workplaces, healthcare and legal systems, fall in the next layer of "Institutional Structure". These institutions can either act as gatekeepers or catalysts for gender equality. The outermost layer is comprised of "Policy Interventions". This represents laws, regulations and national policies that govern society and influence how institutions and communities function. Effective gender-sensitive policies are critical in shaping institutional landscape and ensuring that women's rights are protected and promoted.

Such an intersectional approach also reflects the interconnections between the different layers that define women's lives. Driving meaningful and lasting change requires strategies and tools like bringing different actors together, collectivising women for transformational change and establishing local networks for building capacities, communication and advocacy. Additionally, shifting cultural perceptions around gender and bringing behavioural changes among members of society are essential to bring about transformations within society.

Levers of change

Levers of change are transformative mechanisms that address and dismantle systemic barriers to gender equality. These mechanisms operate across diverse domains, from challenging ingrained societal norms to creating opportunities for equitable participation in economic, health and environmental systems. In the context of local feminism, levers of change gain unique significance as they are deeply rooted in the lived experiences of marginalised communities. The expert and organisational interviews highlight common levers of change and theme specific ones. These levers have been further categorised into: behavioural interventions and systemic interventions.

Table 1: Levers of change for gender transformation

Common levers of change for women and health and women and climate change	
Behavioural interventions	Community-led mobilisation has evolved from mere awareness campaigns to sustained collective action driven by grassroots networks. Women's federations employing mechanisms like Nari Adalat (Women's Court) to address gender-based violence, exemplify the power of organising locally. These networks create spaces for dialogue, advocacy and collective problem-solving.
	Income generation initiatives, like cooperative leasing models for e-rickshaws in rural Bundelkhand, illustrate how access to financial resources disrupts entrenched cultural taboos and challenges restrictive family dynamics, elevating women's economic status and enhancing their decision-making power within households and communities.
Systemic interventions	Sensitisation workshops and ongoing community engagement programmes are essential in fostering sustained behavioural changes. By involving men in discussions that challenge patriarchal norms, these initiatives cultivate allies who support equitable practices within their households and communities. This approach reframes gender equity as a shared responsibility rather than an isolated struggle.
	Storytelling is a transformative tool that amplifies marginalised voices and challenges dominant narratives. Platforms such as Khabar Lahariya (News Wave), a feminist journalism initiative, and community radio stations demonstrate how media can empower women to reclaim their narratives. The intersection of media and storytelling not only builds awareness, but also inspires collective action for gender equity.
Levers of change for women and health	
Behavioural interventions	Participatory health frameworks offer a transformative approach to addressing healthcare challenges, shifting from top-down service delivery to community co-designed interventions. Initiatives blending health literacy with empowerment through self-help groups (SHGs) illustrate the potential of these models. By equipping women with the knowledge and tools to advocate for their health, these programmes empower communities to take collective responsibility for improving healthcare access and outcomes.
Systemic interventions	Long-term collaborations between non-governmental organisations (NGOs) and government programmes have shown promise in normalising healthcare access by fostering trust and addressing cultural stigmas. These partnerships are crucial for creating sustainable systems that prioritise women's health and well-being.
	Mental health interventions often overlook the intersectional challenges faced by women, including stigma, limited access and systemic inequities. Recognising mental health as a feminist issue involves integrating these narratives into broader health frameworks. Programmes should approach mental health as a collective community responsibility, rather than an individual burden. These interventions must be tailored to account for the unique pressures faced by women in patriarchal systems.
	Healthcare inequities are exacerbated by intersecting factors, such as caste, religion and geography, which disproportionately affect marginalised women. Scalable and inclusive health policies must address these intersectional challenges by prioritising localised solutions and ensuring representation in decision-making processes. Co-creating policies with marginalised groups can lead to more equitable healthcare systems that reflect the lived realities of diverse communities.

Levers of change for women and climate change	
Behavioural interventions	Green livelihoods have emerged as the cornerstone of adaptive strategies for climate resilience. Programmes like handmade paper enterprises illustrate how environmental sustainability and women's economic empowerment intersect. However, barriers such as limited access to funding and cultural resistance often exclude younger women. Addressing these challenges through targeted inclusivity strategies, such as cooperative models or shared ownership frameworks, can expand opportunities and foster intergenerational equity in climate action.
	Embedding feminist principles within environmental education is essential to challenge gendered biases that permeate climate discourse. Initiatives like Solar Mamas highlight the potential of skill-based programmes that not only equip women with technical expertise, but also position them as global climate advocates.
Systemic interventions	Creation of women-led environmental councils focusing on collective resource management are redefining the role of women in climate action and should be augmented. These efforts enable women to assert their agency as leaders in climate governance, moving beyond symbolic representation to active participation in policy development and community-led solutions.
	Feminist advocacy has played a pivotal role in shaping inclusive climate policies and governance frameworks. Integrating feminist knowledge on environment and climate justice in programmes and policies will bridge the gap between policy design and lived realities.

Source: Authors

Recommendations from stakeholders

As described in the methodology, a stakeholder workshop was organised to gather recommendations from organisations working on gender, health and climate change. This subsection discusses some of the key recommendations that emerged on how community organisations can better collaborate with the government to accelerate the process of social transformation. These recommendations are divided into seven major issues:

1. Shifting mindsets and addressing gender norms

- **Change in mindsets**: Gender norms deeply affect both men and women, and shifting these cultural perceptions is critical. Interventions should focus on changing the mindset of individuals by fostering an understanding of gender equality across ages and contexts.

- **Challenging age-specific norms**: It is essential to address gender norms at various life stages, as they manifest differently for children, adolescents, and adults. Families, including in-laws, should be invited into discussions that challenge traditional views, allowing them to see younger generations taking charge and engaging in leadership roles.

- **Inclusive gender norms**: Traditional binaries – men associated with "logical" and paid work, and women with "emotional" and unpaid work – must be deconstructed. This includes fostering an understanding that unpaid work at home is as valuable as paid work, highlighting the need for gender equality in both public and private spaces.

2. Education and capacity building

- **Empowerment through education**: Free and accessible education for all genders can help challenge existing gender norms, fostering more egalitarian societies. Literacy and skill

development are seen as fundamental to driving this change and helping individuals understand and exercise their rights.

- **Investing in leadership opportunities**: Financial resources should be invested in creating educational opportunities aimed at developing leadership skills, especially among women from marginalised communities. Building institutions led by women from these communities can significantly challenge entrenched gender biases.

- **Capacity building for stakeholders**: All stakeholders, including grassroots organisations, local authorities, and community leaders, need ongoing capacity building to understand intersectionality between issues and be able to address gender issues effectively. Financial support for these initiatives is crucial to ensure long-term impact.

3. Economic empowerment and financial resources

- **Financial resources for marginalised communities**: NGOs highlighted the need for dedicated financial investments in marginalised communities, focusing on sustainable livelihoods and empowering women economically. Programmes should support women's employment across diverse sectors and facilitate entrepreneurship.

- **Capacity building for financial independence**: There is a pressing need for capacity-building programmes that equip women with skills and knowledge for economic independence. This includes training in financial literacy and providing resources for career development across sectors.

- **Funding networks and partnerships**: A recurring recommendation was finding alternative means of financing (beyond support from the government and donors) for sustaining gender-related capacity building and other initiatives at the grassroots level. Opportunities for building and strengthening networks and partnerships between NGOs, corporate social responsibility, wings of public and private organisations, private foundations and higher education institutions should be explored. Collaborative efforts should prioritise financial resources, technology for scaling interventions, and the co-creation of knowledge.

4. Access to knowledge and networks

- **Documentation and knowledge sharing**: Grassroots NGOs emphasised the importance of documenting personal stories and community-driven knowledge to highlight the unique gender challenges faced in different contexts. These stories should be shared widely to influence policy and practice.

- **Inclusive knowledge production**: Universities, colleges, and other educational institutions should work towards removing gender biases in knowledge dissemination. Ensuring access to inclusive, gender-sensitive knowledge for ALL genders is crucial for equitable development.

- **Interactive platforms for dialogue**: Creating platforms where men and other genders are invited to participate in discussions on gender norms within their own families was high-lighted as a critical approach. Such platforms allow men to witness women in leadership roles, thereby challenging their perceptions and fostering mutual understanding.

5. Health, social and legal support

- **Healthcare and reproductive rights**: NGOs underscored the need for increased focus on women's healthcare, especially reproductive health and rights. Education and access to

healthcare services must be prioritised, ensuring that women from marginalised communities can access these essential services.

- **Social security and legal awareness**: Access to social security systems and legal support is vital for empowering women, particularly in situations of gender-based violence or discrimination. Support groups and legal awareness programmes must be designed to provide women with the tools they need to assert their rights.

- **Mental health of both genders**: Mental health is a key issue affecting both men and women in marginalised communities. Initiatives aimed at promoting mental health should incorporate gender-sensitive approaches, acknowledging the unique pressures faced by individuals in patriarchal systems.

6. Community engagement and governance

- **Building relationships with local governance**: Good relationships with local authorities, such as panchayats, can significantly enhance the reach and effectiveness of gender programmes. Grassroots NGOs recommended building collaborative partnerships with local governments to ensure interventions are supported and implemented efficiently.

- **Constant dialogues for inclusion**: Continued dialogue between community members, local governance, and NGOs is necessary to ensure that gender norms are consistently challenged. Inclusive community engagement ensures that all stakeholders, including marginalised voices, are heard and prioritised.

- **Technology for scaling and access**: Utilising technology to scale up gender programmes and reach more marginalised individuals was identified as a key strategy. From community radios to digital platforms, technology can be crucial in disseminating knowledge, resources, and opportunities to a broader audience.

7. Media, storytelling and advocacy

- **Using impact stories**: Hard-hitting impact stories at the grassroots level can powerfully convey the real-world challenges and solutions for gender inequality. From *nukkad nataks* (street plays) to community radio, storytelling should be used as a tool for education and awareness, reaching a wider audience across geographies.

- **Advocacy through data and media**: Collecting and presenting hard data alongside stories of personal impact can strengthen advocacy efforts, helping to shift gender norms from the village level to a national and global stage.

Local feminist perspectives provide a transformative lens for addressing systemic inequities in health and climate action, centring the need for intersectional, community-led and collaborative approaches. These perspectives illuminate how grassroots movements can dismantle entrenched social norms, amplify the agency of marginalised women, and develop scalable, context-specific solutions that challenge structural barriers. Realising this vision requires sustained collaboration among women's federations, women's movements, women's advocacy groups, policymakers and donors, as well as long term financing models, sustained capacity building and different metrics to measure impact. Through these concerted efforts, India can contribute to a future that transcends national boundaries, championing equity and justice as foundational principles for sustainable development.

References

Agarwal, B. (1994). *A field of one's own: Gender and land rights in South Asia* (No. 58). Cambridge University Press.

Andharia, J., & ANANDI Collective. (2008). *Dalit Women's Movement in India: Dalit Mahila Samiti.* Association for Women's Rights in Development: https://www.awid.org/sites/default/files/atoms/files/changing_their_world_-_dalit_womens_movement_in_india.pdf

Arya, S. (2024). Diversity and Differences: Shifts in feminist discourses. *Economic and Political Weekly*, *59*(26-27), 15-22. https://www.epw.in/journal/2024/26-27/review-womens-studies/diversity-and-difference.html

Banerjee, N., Sen, S., & Nandita, D. (Eds.) (2011). *Mapping the field: Gender relations in contemporary India* (Vol. 1). School of Women's Studies, Jadavpur University. Stree Publishers.

Bradshaw, S., & Linneker, B. (2014). Engendering development and disasters. *Disasters*, 2014, 39(S1), S54−S75. doi:10.1111/disa.12111

Bowleg L. (2012). The problem with the phrase women and minorities: Intersectionality – an important theoretical framework for public health. *American Journal of Public Health*, *102*(7), 1267-73. https://doi.org/10.2105/AJPH.2012.300750

Chakraborty, A., & Sengupta, S. (2023). Equitable pathways for a sustainable future: The case for mainstreaming gender across Sustainable Development Goals. In C. Chakraborty & D. Pal (Eds.), *Gender inequality and its implications of education and health: A global perspective* (pp. 190-201). Emerald Publishing Limited. https://doi.org/10.1108/978-1-83753-180-620231026

Chakraborty, R., & Sherpa, P.Y. (2021). From climate adaptation to climate justice: Critical reflections on the IPCC and Himalayan climate knowledges. *Climatic Change*, *167*(3-4), 49. https://pubmed.ncbi.nlm.nih.gov/34456400/

Chakraborty, S.P. (2015). Women and development: Revisiting the towards equality report. In A. Mandal (Ed.), *Dynamics of development and discontent* (pp. 207-216). Bookwell Publications.

Ewuoso, C., & Hall S. (2019). Core aspects of Ubuntu: A systematic review. *South African Journal of Bioethics and Law*, *12*(2), 93-103. https://hdl.handle.net/10520/EJC-1c8f827d83

Government of India. (2008). *National Action Plan on Climate Change.* Ministry of Environment, Forest and Climate Change.

Government of India. (2021). *Annual Report, Periodic Labour Force Survey (PLFS) (July 2019 – June 2020).* National Statistical Office, Ministry of Statistics and Programme Implementation. https://mospi.gov.in/sites/default/files/publication_reports/Annual_Report_PLFS_2019_20F1.pdf

Government of India (2017). *National Health Policy.* Ministry of Health and Family Welfare. https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf

Government of Kerala. (2010). *Report of the High-Power Committee to assess the extent of damages caused by the Coco Cola Plant at Plachimada and claiming compensation.* Thiruvananthapuram: Government of Kerala. https://groundwater.kerala.gov.in/wp-content/uploads/2018/04/report-of-high-power-committe-to-assess-the-extent-of-damage-caused-by-coca-cola-.pdf

Government of India (1974). *Towards equality: Report of the Committee on the Status of Women in India.* Department of Social Welfare.

Intergovernmental Panel on Climate Change (IPCC). (2014). *Climate change 2014: Synthesis report. Contribution of Working Groups I, II and III to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change*. Author. https://www.ipcc.ch/site/assets/uploads/2018/02/SYR_AR5_FINAL_full.pdf

Israel, A.L., & Sachs, C. (2012). A Climate for feminist intervention: Feminist science studies and climate change. In M. Alston, & K. Whittenbury (Eds.), *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change* (pp. 33-51). Springer. https://doi.org/10.1007/978-94-007-5518-5_3

Jackson, L. (2021, August 24). The climate crisis is worse for women. Here's why. *The New York Times.* https://www.nytimes.com/2021/08/24/us/climate-crisis-women-katharine-wilkinson.html

Jerneck, A. (2018). What about gender in climate change? Twelve feminist lessons from development. *Sustainability, 10*(3), 627-646. https://doi.org/10.3390/su10030627

Joshi, D. (2011). Caste, gender and the rhetoric of reform in India's drinking water sector. *Economic and Political Weekly*, *46*(18), 56-63. https://www.jstor.org/stable/41152344 Joshi, M. (2023). Ecofeminism in India: Struggles and perspectives: Introduction. *Representations dans le monde anglophone, 1*, 1-9. https://univ-tlse2.hal.science/hal-04213400/document

Kalpagam, U. (2002). Perspectives for grassroots feminist theory. *Economic and Political Weekly*, *37*(47), 4686-4692. http://www.jstor.org/stable/4412869

Kennedy, E., Binder, G., Humphries-Waa, K., Tidhar, T., Cini, K., Comrie-Thomson, L., Vaughan, C. . . . Azzopardi, P. (2020). Gender inequalities in health and wellbeing across the first two decades of life: An analysis of 40 low-income and middle-income countries in the Asia-Pacific region. *Lancet Global Health*, *8*(12), 1473-1488. https://doi.org/10.1016/S2214-109X(20)30354-5

Kerr, R.B., Hasegawa, T., Lasco, R., Bhatt, I., Deryng, D., Farrell, A., Gurney-Smith, H., J. . . . Thornton, P. (2022). Food, fibre and other ecosystem products. In H.-O. Pörtner, D.C. Roberts, M. Tignor, E.S. Poloczanska, K. Mintenbeck, A. Alegría, M. Craig, S. Langsdorf, S. Löschke, V. Möller, A. Okem, & B. Rama (Eds.), *Climate change 2022: Impacts, adaptation and vulnerability. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change* (pp. 713-906). Cambridge University Press. https://doi.org/10.1017/9781009325844.007

Leach, M., Mehta, L., & Prabhakaran, P. (2016). *Gender, development, and climate justice in South Asia*.

Lorde, A. (1984). Sister Outsider. The Crossing Press.

MacGregor, S. (2010). A stranger silence still: the need for feminist social research on climate change. *The Sociological Review, 52*(2_suppl), 124-140.

MacGregor, S. (2014, Summer). Only Resist: Feminist Ecological Citizenship and the Post-politics of Climate Change. *Hypatia, 29*(3), 617-633.

Mani, M., Bandyopadhyay, S., Chonabayashi, S., Markandya, A., & Mosier, T. (2018). *South Asia's Hotspots: Impacts of Temperature and Precipitation Changes on Living Standards.* World Bank Group. http://hdl.handle.net/10986/28723

Mehrotra, N (2002). Perceiving Feminism: Some Local Responses. *Sociological Bulletin*, *51*(1) 58-79. https://www.jstor.org/stable/23620063

Ministry of Statistics and Programme Implementation (2019). *Women and Men in India* (a statistical compilation of Gender related Indicators in India). https://www.mospi.gov.in/sites/default/files/publication_reports/Women_and_Men_31_%20Mar_2020.pdf

Mohanty, A., & Wadhawan, S. (2021). *Mapping India's Climate Vulnerability: A District-Level Assessment.* New Delhi: Council on Energy, Environment and Water. https://www.ceew.in/publications/mapping-climate-change-vulnerability-index-of-india-a-district-level-assessment

Nabhi, U.S. (2006, January-March). Environmental Movements in India: An Assessment of their impact on State and Non-State Actors. *India Quarterly, 62*(1), 123-145.

Nandi, R. (2023, March 27). *Forests and climate change: How are gender issues addressed?* Heinrich Boll Stiftung Regional Office New Delhi. https://in.boell.org/en/2023/03/27/forests-and-climate-change-how-are-gender-issues-addressed

Parameswaran, G. (2022). A History of Ecofeminist-Socialist Resistance to Eco-crisis in India. *Journal of International Women's Studies Journal of International Women's Studies, 24*(2). https://vc.bridgew.edu/jiws/vol24/iss2/4

People's Health Movement (2007). Indian Women's Health Charter. https://phmindia.org/wp-content/uploads/2015/09/Indian_Womens_Health_Charter.pdf

Priestley. A. (2024). Care Jobs are Green Jobs. *Peace and Freedom*, *84*(1), 14-15.

Ray, R. (1999). *Fields of Protest: Women's Movements in India*. University of Minnesota Press.

Resurrección, B. P. (2013, September). Persistent women and environment linkages in climate change and sustainable development agendas. In *Women's Studies International Forum* (Vol. 40, pp. 33-43). Pergamon.

Sabharwal, N.S. & Sonalkar, W. (2015). Dalit Women in India: At the Crossroads of Gender, Class, and Caste. *Global Justice: Theory Practice Rhetoric, 8*(1). https://doi.org/10.21248/gjn.8.1.54

Sharma, K. (2017). Towards Equality: A Journey of Discovery and Engagement. *Indian Journal of Gender Studies*, 24(1) 80-97. https://doi.org/10.1177/0971521516678535

Sama. (2005). Advancing Right to Health: The Indian Context. http://cwds.ndl.iitkgp.ac.in/xmlui/handle/123456789/252

Sarkar, T., & Butalia, U. (1995). Women and right-wing movements: Indian experiences. Zed Books.

Sen, S. (2000). Toward a Feminist Politics? The Indian Women's Movement in Historical Perspective. *The World Bank Development Research Group.* http://documents.worldbank.org/curated/en/205981468752698664/Toward-a-feminist-politics-the-Indian-Womens-Movement-in-historical-perspective

Self-Employed Women's Association (SEWA). (1988). Shram Shakti: A summary report of the National Commission on Self Employed Women and Women in the Informal Sector. SEWA, Ahmedabad.

Singh, C., Solomon, D., & Rao, N. (2021).How does climate change adaptation policy in India consider gender? An analysis of 28 state action plans. *Climate Policy*, *21*(7), 958-975. https://www.tandfonline.com/doi/abs/10.1080/14693062.2021.1953434

Soman, K. (2011). *Women, Medicine and Politics of Gender: Institution of Traditional Midwives in Twentieth Century Bengal*. Occasional Paper. Institute of Development Studies. https://idsk.edu.in/wp-content/uploads/2015/07/OP-32.pdf

UN (United Nations). (2002). Gender Mainstreaming: An Overview. https://www.un.org/womenwatch/osagi/pdf/e65237.pdf

UN. (1995). *Beijing Declaration and Platform for Action*. https://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf

UNDP (United Nations Development Programme). (2023*). Gender Social Norms Index. Breaking Down Gender Biases: Shifting Social Norms towards Gender Equality*. https://hdr.undp.org/system/files/documents/hdp-document/gsni202303pdf.pdf

UNFCC (United Nations Framework Convention on Climate Change). (2011). *Framework Convention on Climate Change*. https://unfccc.int/resource/docs/2011/cop17/eng/07.pdf

UNFCCC. (n.d.-a). *Adaptation and Resilience The Big Picture*. https://unfccc.int/topics/adaptation-and-resilience/the-big-picture/introduction#:~:text=Adaptation%20refers%20to%20adjustments%20in,climatic%20stimuli%20and%20their%20effects

UNFCCC. (n.d.-b). *Mitigation The Big Picture*. United Nations Climate Change. https://unfccc.int/topics/introduction-to-mitigation

UNICEF (UN International Children's Emergency Fund). (2017). Gender Equality: Glossary of Terms and Concepts. https://www.unicef.org/rosa/media/1761/file/Genderglossarytermsandconcepts.pdf

UN Women. (2024a). *Beijing + 30: Equal is Greater*. https://www.unwomen.org/sites/default/files/2024-09/brochure-equal-is-greater-time-to-act-for-gender-equality-and-womens-empowerment-and-rights-en.pdf

UN Women. (2024b). *Measuring Social Norms for Gender and Development: Lessons and Priorities*. Discussion Paper. https://www.unwomen.org/sites/default/files/2024-11/discussion-paper-measuring-social-norms-for-gender-and-development-lessons-and-priorities-en.pdf

World Economic Forum. (2024). *Global Gender Gap 2024: Insight Report*. https://www3.weforum.org/docs/WEF_GGGR_2024.pdf

World Health Organisation (WHO). (2014). *Gender, health and climate change*. WHO.int: https://www.who.int/publications/i/item/9789241508186

WHO. (n.d.). *Gender and health.* WHO.int: https://www.who.int/health-topics/gender#tab=tab_1

Appendix

Appendix 1

Lists of interviewees, organisations and the stakeholder meeting

Table A1: List of experts for key informant interviews

Name	Institution	Sector	Area of work	Location
Gender, Movement and Policy				
Professor Paromita Chakravarti	Faculty, Jadavpur University, Co-Founder Ebong Alap	Academia, Non-govern-mental organi-sation (NGO)	Violence against women, sexuality studies, women and education, women and culture	Kolkata, West Bengal, East India
Ruchira Goswami	Faculty, National University of Juridical Science & Member of Maitri Network	Academia and women's network	Women and law	Kolkata, West Bengal, East India
Shikha Joshi	General Secretary, SEWA Bharat (feminist organisation)	NGO	Gender and leadership	Madhya Pradesh
Indira Pancholi	Secretary, Mahila Jan Adhikar Samiti	NGO	Gender and leadership, displacement and development, child rights	Rajasthan
Women and Health				
Dr. Doke	Institute of Health Management	NGO	Public health	Pune, Maharashtra, West India
Shivalal Goutam	Co-founder, Xomonnoy	NGO	Lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ) movement, health and rights	Assam, North East India
Hemangi Kadlak	Assistant Professor, Symbiosis Institute of Ambedkarite Studies	Research and teaching	Education and health of sanitation workers	Pune, West India
Dr. Pratim Roy	Senior Research Officer, Durbar Mahila Samanya Committee (DMSC)	Sex worker's collective	Sex worker and health	West Bengal, East India
Women and Climate Change				
Professor Joyashree Roy (one of the lead authors of IPCC Report)	Bangabandhu Chair Professor, Asian Institute of Technology	Academia	Renewable energy, gender and energy, climate justice	Bangkok, Thailand
Sunita Purty	Independent Researcher	Research	Climate action	Jharkhand, East India
Dr. Manjula Bharty	Dean, School of Habitat Studies, Tata Institute of Social Sciences	Academia	Climate, livelihood, gender	Mumbai, West India
Vaani Bhardwaj	Co-leader, Society for Gender Professionals	International network	Gender and climate justice	Delhi, North India

Table A2: Organisations working on women and health

Institution	Sector	Location	Code
Aarohi	Maternal and child health, reproductive health, Himalayan region	Uttarakhand, North India	WH 1
Unmat	Menstrual health, Muslim women	Rajasthan, North India	WH 2
Rajasthan Mahila Kalyan Mandal	Mental health and health of children with disability	Rajasthan, North India	WH 7
Self Employed Women's Association (SEWA)	Gender, leadership, livelihoods and health	Across various Indian states	WH 8
We Wonder Women	Mental Health, menstrual health management	Coimbatore, South India	WH 6
Hasiru Dala	Dalit, gender and heath	Karnataka, South India	WH 12
Shruti Disability Rights Centre	Disability, gender and health	West Bengal, East India	WH 10
Thoughtshop Foundation	Adolescent and youth health, developing tools for behaviour change communication with a focus on gender and health	West Bengal, East India	WH 11
Stree Mukti Sanghatana (Women's Liberation Organisation)	Violence against women, reproductive health of Dalit women (waste pickers)	Maharashtra, West India	WH 5
Mahila Sarvangeen Utkarsh Mandal (MASUM)	Reproductive health	Maharashtra, West India	WH 4
Indian Institute of Public Health (IIPH)	Maternal and child health	Maharashtra, West India	WH 3
Accord	Tribal health, education, land rights, and community empowerment of tribal populations	Maharashtra, West India	WH 9

Source: Authors

Table A3: Organisations working on women and climate change

Institution	Sector	Location	Code
Barefoot College	Water, environment, health, solar energy, communication, education and livelihoods	Rajasthan, North India	CC 1
Aarohi	Livelihoods and farming, vocational training, supporting women in income-generating activities and self-help groups (SHGs)	Uttarakhand, North India	CC 2
InVaarta	Climate communication, engaging with Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ), climate awareness, and media outreach and dissemination strategy	Various Indian states	CC 3
Development Alternatives Group	Resource efficiency and circular economy, climate resilience and ecosystem restoration, and livelihood security and inclusive entrepreneurship	Delhi, North India	CC 4
Nerd Society	Mitigation focused work to improve access to energy needs of the poor and disadvantaged communities for their lives and livelihoods	Rajasthan, North India	CC 5
Development Alternatives Group	Resource efficiency and circular economy, climate resilience and ecosystem restoration, livelihood security and inclusive entrepreneurship	Delhi, North India	CC 4
Timbaktu Collective	Alternative education and rights of children and youth empowerment and inclusion of people with disabilities, empowerment of women and alternative banking, organic farming and marketing and rural enterprise development, livelihood enhancement of agricultural labourers, natural resource management, eco-restoration of common lands, watershed management; revitalisation of water bodies, management of village orchards; and administrative and management support	Andhra Pradesh	CC 6
Centre for Social Research	Gender mainstreaming across various sectors like foreign policy and diplomacy, gender water, land and livelihoods, women's skill development, gender transformative training, education and empowerment, and online safety and training	Delhi, North India	CC 7

Source: Authors

Table A4: Speakers and agenda of the stakeholder dialogue

Time	Session	Resource person
9:30 AM-10:00 AM	Registration	
10:00 AM-10:20 AM	Welcome address	**Professor Ajit Parulekar** Director, Goa Institute of Management (GIM)
10:20 AM-10:40 AM	Overview of local feminism	Representatives from the German Institute of Development and Sustainability (IDOS)
10:40 AM-10:50 AM	Localisation of the Global Project on Gender Equality: learnings from India	**Professor Divya Singhal** Chairperson, Centre for Social Sensitivity and Action, GIM Co-Investigator of the project
10:50 AM-11:35 AM	Panel discussion: Local feminisms and social change	**Professor Paromita Chakravarti**, Department of English and Former Director, School of Women's Studies, Jadavpur University **Ms. Dipta Bhog**, Founder Member and Head of Innovations and Partnerships, Nirantar **Ms. Shaila Sam**, Head Communications and Impact, Associate Vice President, Development Alternatives Group Moderator: **Dr. Sreerupa Sengupta** Assistant Professor, GIM Principal Investigator of the project
11:35 AM-11:45 AM	Break	
11:45 AM-12:30 PM	*Voices from the field* Community radio, Development Alternative Group Gender, grassroots leadership and social transformation, Nirantar	**Mr. Nipun Kaushik**, Assistant General Manager, Corporate Communications and team members **Ms. Archana Dwivedi**, Executive Director, Nirantar and team members Moderator: **Dr. Ananya Chakraborty**, Senior Research Specialist, World Resources Institute
12:30 PM-1:20 PM	**Stakeholder Dialogue:** Breakout activity and harvesting ideas	Moderator: Dr. Sreerupa Sengupta, Dr. Divya Singhal and Dr. Ananya Chakraborty
1:20 PM-1:30 PM	**Stakeholder Dialogue:** Action points and policy recommendations	Moderator: Dr. Sreerupa Sengupta
1:30 PM-1:40 PM	**Partnership between Development Alternatives and GIM** Mr. Shrashtant Patara, CEO, Development Alternatives Group and Professor Ajit Parulekar, Director, Goa Institute of Management	Professor Divya Singhal
1:45 PM-1:50 PM	Vote of thanks	Dr. Sreerupa Sengupta
2:00 PM	Lunch	

Research team: Nehul Goyal, Faiza Khan and Tanvi Khorgade

Appendix 2

Interview schedule for key informants (associated with the women's movement, health movement and climate action)

Name:

Current affiliation:

Association with any grassroots organisation:

Areas of work:

City (of current residence):

Email:

Mobile number:

Section A: Local feminisms and the women's movement in India

I. Challenging gender inequality: role of the women's movement in India

- Briefly describe your association with the women's movement in India. What major milestones have you observed in the women's movement in the last two decades?

- How far do you think the women's movement has been successful towards changing gendered social norms at the grassroots level?

- Are there local feminisms in India? If you can elaborate on the strands on the local feminisms in the country?

II. Challenging gender norms and inequality: contribution of grassroots women's organisations

- Have you been associated with any women's organisations working at the grassroots level?

- If yes, describe your experience and the main areas of work of the grassroots organisation you were associated with and the organisation's achievements.

- "The existence of gender norms have acted as a deterrent towards achieving gender equality." How do you see this scenario changing over the past decades? What social norms have been the most difficult to change?

- In your opinion, what has been the contribution of grassroots women's organisations towards addressing social norms and patriarchal mindsets? How have grassroots organisations challenged gender norms? (Focus on high impact interventions).

- How do you see local women's organisations engaging with men in the community?

- Being associated with the movement and local organisations, how do you think local women's organisations have built the capacity of women or helped women to develop their agency to challenge social norms and participate in decision making?

III. Influencing national policy and creating impact: The role of local women's organisations

- Do you think local women's organisations have been levers of transformation? If yes, how?

- What kind of changes would you say local women's organisations have brought about? (Ask for specific impactful initiatives/interventions).

- According to you, how has the work of local women's organisations (focusing on varied categories of women, namely tribal, Dalit, religious and disability) influenced policies related to women's issues?

- Would you say that the voices of local women's organisations are adequately represented and prioritised at the national policy dialogue?

- If no, in your opinion, what challenges do grassroots women's organisations have towards making themselves visible and their voices heard?

- "Local women's organisations are funded by national NGOs or international NGOs". Given your association with grassroots organisations, would you say that larger NGOs/international NNGOs dictate the agenda or that they adopt a collaborative approach when working with local organisations?

- What barriers do local women's organisations face towards empowering women?

PART B: Experts/activists working on public health/women's health

Name:

Current affiliation:

Areas of work:

City (of current residence):

Contact details:

Email:

Mobile number (if possible):

I. Women's health and the role of institutions: grassroot/community-based organisations

- How have discussions on women's health issues evolved over the decade in India?

- In the last two decades, since 2000, which women's health issues in India do you think have been prioritised by local women's organisations?

- Would you say that discussions on women's health in India were/are getting influenced by international declarations and the agenda of donors or international NGOs?

- How has the work of local women's organisations (focusing on varied categories of women, namely tribal, Dalit, religious, and disability) influenced policies related to women's health issues?

- In your opinion, how do you think grassroots organisations have made health accessible for rural women? (Collect examples of impactful initiatives).

- What barriers do local women's organisations face towards addressing women's health?

- How can CBOs working on women's health need be strengthened to address concerns of women? (focus on capacity building and additional resources needed).

- Do CBOs approach women's health issues from a rights perspective or a welfare perspective?

II. Women's health and the role of institutions: government

- "Government created community health workers to make health accessible for the community". How do you think this cadre of professionals has contributed towards improving women's health?

- "For women, health-related decisions are taken by the family". How do community health workers deal with husbands and family members?

- "Historically, women have been viewed from the lens of motherhood and not as an individual. This has influenced prioritising women's health issues and also addressing the needs of diverse women". Do you think there have been changes in the traditional conceptualisation of "women"? How has that impacted work on women's health within government policies and programmes?

- In your opinion, what have been some of the major contributions of ASHA/Anganwadi workers towards changing the lives of rural women?

- How can community health workers be strengthened or what new skills do they require to address women's health concerns?

- Since community health workers have been formed by the government, do you think that they prioritise the government's agenda or the concerns of women?

- Which women's health issues continue to be unaddressed by community health workers?

- Do you think that the women's movement or the work of CBOs has influenced national policies and programmes on women's health? If so, how?

III. Gendered norms and its influence on women's health

- In your opinion, what kind of gender norms influence women's perspectives and experiences of health?

- In your opinion, how do gender norms impede women's access to healthcare?

- Over the years, how do you think government institutions addressed patriarchal norms which hamper women's access to health? (examples would be useful).

- Over the years, how do you think CBOs have addressed patriarchal norms which hamper women's access to health? (examples would be useful).

- Which gender norms remain to be addressed in the current situation?

- To address existing gender norms, what kind of interventions should be launched by the government and CBOs?

PART C: Activists working on women and climate action

Name:

Current affiliation:

Areas of work:

City (of current residence):

Contact details:

Email:

Mobile number (if possible):

I. Feminist understanding of climate change

- Can you speak about your role in addressing climate change?

- What are some of the topics or sectors that you engage with and how? (e.g., sectors are water, sanitation and hygiene [WASH], agriculture, urban development, transportation, circularity, recycling or solid waste management, etc.).

- Are women's issues and concerns in _____ sector separate? If yes, how and why? If no, how and why?

- How do you engage with women in _____ sector?

- Can you provide some examples of the work you are doing that engages local women?

II. Contextualising climate change in Indian societies

- What is your understanding of "local action" for climate change?

- We have concepts like *ubuntu*[37] and *buen vivir* in other parts of the world, do you find some parallels to this in the Indian context?

- How can women be a part of this "local action"?

- Are all women able to equally participate? Do you see differences based on demographic characteristics like caste, religion, age or literacy levels for climate issues?

- Can you give examples? If no, who is more likely to be part of climate action?

- How do men react to women's engagement in climate action in _____ sector? Do they support or hinder women's efforts? How? (Ask for men within families/households, men at the community level and male government representatives at the local level).

- Are there any case studies you can share of successful climate action at the local level by women?

---

37 *Ubuntu* is a Southern African philosophy that means "humanity towards others". The concept exemplifies virtues which maintain harmony and the spirit of sharing in a community (Ewuoso & Hall, 2019).

III. Gender and climate change in the policy architecture

- How do global declarations on climate change like the Paris Declaration or SDGs translate into action at the local level?

- Similarly, how do national-level climate policies like Nationally Determined Contributions (NDCs) or NAPCC/SAPCC address climate action at the local level?

- Where do women's need figure in either global, national or state ambitions on climate action in _____ sector?

- How can local issues of women be elevated in state- or national-level policy making? Are there any examples you could share of successful feminist policy action for climate change?

Appendix 3

Interview schedule for organisations working on women's health

Name of the Interviewee:

Current Affiliation:

Years of experience of working with CBOs:

Years of association with current organisation:

Email:

Mobile number:

A. Profile of the organisation (information to collect)

Name of the organisation:

History:

Founders of the organisation[38]:

Areas of work:

Location of the organisation:

Website:

Collaborators:

Funders:

B. Challenging and changing gender norms[39]

- In your opinion, how would you say gender norms and gender stereotypes have changed over the years (because of work of grassroots organisations, social movements or other forms of consciousness raising)?

- What kind of discriminatory gender norms are still prevalent at the grassroots level and which are yet to change?

- Given your experience of work with the community, which are or have been the most powerful levers or channels[40] to change gendered social norms and empower women.

---

38 This will help classify – at a later stage – whether this organisation is a feminist organisation or a women's rights organisation. In the literature, there is a classification. For example, SEWA is a feminist organisation started by Ela Bhatt who was part of the women's movement.

39 This section will help provide an overview of work happening at the grassroots level.

40 Levers refer to strategies and channels of an intervention. They can be edutainment, economic incentives, feminist consciousness raising through capacity building or community leadership projects, and programmes that engage with men and boys.

- Describe some of the challenges faced by your organisation or any other organisation towards addressing or changing gendered social norms in the community?

- Who have been active partners from the community, for example, panchayat leaders, SHGs, men from the household, young boys, local institutions (school, Anganwadi centre or primary health centre [PHC]) in the journey of questioning discriminatory gender norms and changing them?

C. Programmatic interventions: women and health[41]

- When did the organisation begin working on women's health?

- Which women's health issues does your organisation address?

- How did the focal areas for women's health get decided by your organisation? (probe: influenced by international NGOs, donors, government or the actual needs of the community).

- Who funds your organisation's programmes on women's health?

- Who are your collaborators or partners for implementing women's health-related initiatives at the grassroots level?

- What kind of activities do you organise to address women's health? (If the organisation works on multiple health issues, as selected by us, then you may probe for activities carried for each health program).

- Give some examples to describe how your health-related interventions are different from government initiatives.

- How have the interventions improved women's health-seeking behaviour, capability to take decisions about her health, attitude towards health and knowledge about different aspects of health?

- Overall, what changes have come about in the lives of rural women as a result of the interventions? (Probe: acquired agency, capable of decision making, become mobile, has access to and control of resources).

- How have the interventions challenged prevailing gender norms in society? Which discriminatory norms that impeded health-seeking behaviour and access to healthcare services have changed?

- What challenges did the organisation face when working with the community?

- What interventions or activities are organised to engage with men and boys at the community level and at the household level? Which other stakeholders are targeted by the organisation to shift the gender norms which impact health of the women?

---

41 We have identified five women's health issues (reproductive health, sexual health, mental health, NCD and menstrual health) and related questions were designed to keep these issues in mind.

D. Shifting social norms and improving women's health: high impact initiatives by the organisation

- Describe one initiative in the arena of women's health that you think was the most impactful. (The focus should be on the details of the intervention).

- Describe the impact created by this initiative at the level of individual, family and community.

- What was unique about this specific intervention that brought about changes in norms, perspectives and practice?

- How is your high impact initiative distinct or different from the initiatives launched by the government to improve women's health?

- What support is needed by local organisations to be levers of change in the sphere of women's rights and women's health?

- How has this impactful intervention changed women's lives and women's health? (Probe: how has it made her confident, more mindful about her health, given her agency, or enhanced her decision-making capacity?)

- How did you engage with men and boys, through your intervention at the community level and at the household level? Which other stakeholders were targeted by the organisation to shift the gender norms that impact the women's health?

- Mention the immediate impacts of your intervention.

- Mention the long-term impacts of your intervention.

Appendix 4

Interview schedule for organisations working on women and climate action

Name of the interviewee:

Current affiliation:

Years of experience working with CBOs:

Years of association with current organisation:

Email:

Mobile number:

Profile of the organisation [information to collect]

Name of the organisation:

History:

Founders of the organisation:[42]

Areas of work:

Location of the organisation:

Website:

Collaborators:

Funders:

Challenging and changing gender norms[43]

- In your opinion, how would you say gender norms and gender stereotyped have changed over the years because of work of grassroots organisations, social movements and other forms of consciousness raising?

- What kind of discriminatory gender norms are still prevalent at the grassroots level that still have to change?

- Given your experience of work with the community, which are or have been the most powerful levers or channels[44] to change gendered social norms and empower women?

---

42 This will help classify – at a later stage – whether this organisation is a feminist organisation or a women's rights organisation. In the literature, there is a classification. For example, SEWA is a feminist organisation started by Ela Bhatt who was part of the women's movement.

43 This section will help provide an overview of work happening at the grassroots level.

44 Levers refer to strategies and channels of intervention. They can be edutainment, economic incentives, feminist consciousness raising through capacity building or community leadership projects, or programmes that engage with men and boys.

- Describe some of the challenges faced by your organisation or any other organisation towards addressing or changing gendered social norms in the community?

- Who have been active partners from the community, for example, panchayat leaders, SHGs, men from the household, young boys, local institutions (school, Anganwadi centre or PHC) in the journey of questioning discriminatory gender norms and changing them?

Organisations working on women and climate action

I. Feminist understanding of climate change

- Can you explain your organisation's work on addressing climate change?

- What are some of the topics or sectors that your organisation engages with and how? (e.g., sectors are WASH, agriculture, urban development, transportation, circularity, recycling or solid waste management, etc).

- Are women's issues and concerns about climate change in _____ sector separate? If yes, how and why? If no, how and why?

- How does your organisation engage with women in _____ sector that addresses climate change?

- Can you provide some examples of the work your organisation is doing that engages local women?

II. Contextualising climate change in Indian societies

- What does your organisation understand by the phrase "local action" for climate change?

- What steps are taken by your organisation to ensure that local women are included in "climate action"? Does your organisation find that all women are able to equally participate? If yes, can you provide examples? If no, what are the main barriers for women?

- How does your organisation address the role of men in climate change with respect to women's local participation?
    i.   Men within families or households;
    ii.   Men at the community level; and
    iii.   Male government representatives at the local level.

- Are there any case studies that you can share about successful climate action by women?

III. Gender and climate change in policy architecture

- Climate change is a complex global issue. How do you discuss the impact of the changing climate with local women? What are some of the entry points for this discussion?

- Does your work also involve policy advocacy? If yes, how do you discuss issues of climate change with local government administrations?

- Do you have any lessons about engaging with local policymakers or administrations?

- What are your biggest wins and what are your biggest challenges so far?

Appendix 5

Informed consent form

We are researchers from the Goa Institute of Management, Goa (GIM) working to document high impact interventions (in the domains of health and climate action) undertaken by grassroots organisations to challenge entrenched social or patriarchal norms in order to contribute towards gender equality and the empowerment of women.

This research is funded by the German Institute of Development and Sustainability (IDOS). The aim of the study is to explore and analyse contemporary local feminist perspectives in India, Ukraine and Uganda and demonstrate how they can be used as levers for transformative change for greater gender equality and sustainable development in each respective country. In India, the study is being conducted by the team from Goa's Institute of Management.

Purpose of the study

The purpose of the study is to highlight the persistent patriarchal norms which continue to act as an impediment for achieving gender equality and the role of grassroots organisations towards challenging those norms in India (with a focus on health and climate action). The study seeks to document how grassroots organisations are addressing the interface between climate action and health and are challenging entrenched gendered social norms to improve the quality of life of women and girls in rural areas to enhance their access to basic services, give voice to rural women in decision-making processes, and increase their livelihood opportunities through building skills.

Participation in the study

We are conducting a series of interviews as part of the study. We will be interviewing experts who are associated with the women's movement, health and climate action movements as well as development professionals working with grassroot organisations and using a feminist lens to bring about societal changes. As part of the study, we will conduct 30 in-depth interviews.

During the interviews, we wish to explore the challenges faced towards changing social norms which influence gender roles and women's access to health, as well as stereotypes towards women's health (which are yet to change). We will document impactful interventions towards changing social norms and the nature of support needed by grassroots organisations towards challenging gender inequality and bringing about societal change.

The interviews are normally 40 minutes in duration. The aim of the interviews is to explore individual opinions and experiences.

Please note that your participation is voluntary. If you choose to take part, you can choose not to answer any or all of the questions. You have the right to reject your participation or to stop participating in this study at any time you want. Please also note that we are not able to compensate you with payments for your participation. You will also not have direct benefits from taking part in this research study. We conduct this interview to learn from you and we hope that the results of our research may guide the future improvement of policymaking on heath and climate action. If you agree, the interviews will be recorded to help us accurately interpret the responses. However, no one outside of the project team will have access to the data and the recording and audio files will be deleted once our analysis is complete. Insights gathered from the interviews will be presented in a collective form. However, we will acknowledge all NGOs and experts in the project report. All the information that we collect about you during the course of the research will be kept securely. Where any quotes are used, these will be anonymised.

The analysis and output from the research will be aggregated so that individuals and are not referenced unless prior permission is given. However, we will acknowledge all NGOs and experts in the project report.

Benefit of the study

We hope the input from experts and representatives associated with NGOs and the development sector can be used to further policy development in the area. We will share the findings, particularly areas of good practice from NGOs such as yourselves, and if you wish so, you will be sent a copy of the report.

Consent for participation

I, _____, after being informed about all aspects of this project described in this form and having all my questions and concerns about this project answered, voluntarily accept to participate in this project. I commit myself to support the procedures described above. I have had the opportunity to ask any questions related to the project. I understand the procedures of the project and how the information will be treated in a confidential manner, without revealing the identity of any person participating in the project in any result reported or published. I give my authorisation to give access to this information to all members of the research team, knowing that this information will be used confidentially. I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable laws.

Thank you for taking the time to read this information and for supporting the study.

S. Sengupta

Dr. Sreerupa Sengupta (Principle Investigator)

On behalf of the project team (Dr. Divya Singhal and Dr. Ananya Chakraborty)

Phone: +91-9052010239

Email: sreerupa@gim.ac.in

Appendix 6

Table A5: Timeline of global and local feminisms

Period	Global women's movement	Indian women's movement
19th century	1848: Seneca Falls Convention (United States [US]) marks the beginning of the organised feminist movement. 1870: Married Women's Property Act (United Kingdom) grants married women the right to own property.	1829: Abolition of *sati* (widow immolation) due to Raja Ram Mohan Roy's efforts. 1848: Savitribai Phule establishes the first girls' school in Pune. 1856: Widow Remarriage Movement advocated by Ishwar Chandra Vidyasagar. 1871: The Criminal Tribes Act further marginalises *hijras* (transgender people). 1878: Pandita Ramabai advocates for widow remarriage and the upliftment of lower caste women. 1891: The Age of Consent Act prohibits child marriages.
Early 20th century	1911: First International Women's Day is celebrated. 1915: International Congress of Women (The Hague) advocates peace and women's rights during World War I. 1920: 19th Amendment (US) grants women the right to vote.	1910: Bharat Stree Mahamandal is founded to promote women's rights. 1917-1926: Women campaign for voting rights in India. 1927: The All-India Women's Conference (AIWC) is established to promote women's rights and education. 1929: The Sarda Act raises the minimum marriage age for girls to 14 years of age. 1930: Salt Satyagraha: women's active participation in resisting the salt tax.
1940-1950	1948: UN Declaration of Human Rights asserts equal rights for women and men.	1950: The Indian Constitution grants equal rights, including suffrage, to women. 1955: The Hindu Marriage Act reforms marriage and divorce laws. 1956: The Hindu Succession Act grants women equal inheritance rights.
1960-1970	1963: Equal Pay Act (US) becomes the first law to address gender pay gaps. 1975: The UN's First World Conference on Women (in Mexico City) establishes the World Plan of Action.	1971: The Medical Termination of Pregnancy Act legalises abortion. 1972: Shahada Movement: tribal women's fight for land rights. 1973: Anti-Price Rise Movement: housewives protested inflation. 1974: The Towards Equality Report exposes gender discrimination. 1974: The Chipko Movement highlights women's role in environmental conservation. 1975: The First Women's Studies Centre was established at the Shreemati Nathibai Damodar Thakersey Women's University (SNDT) Women's University, Mumbai.

Period	Global women's movement	Indian women's movement
1980-1990	1980: The UN's Second World Conference on Women (in Copenhagen) emphasises women's education, health and employment. 1985: The UN's Third World Conference on Women (in Nairobi) introduces Forward-Looking Strategies for gender equality. 1995: Beijing Platform for Action identifies 12 critical areas for gender equity.	1980: The Saheli Women's Resource Centre is founded to address domestic violence. 1983: Protests following the Mathura rape case led to amendments in rape laws. 1990s: Formation of autonomous Dalit women organisations like the National Federation of Dalit Women (NFDW) and All India Democratic Women's Association (AIDWA). 1992: 73rd Amendment reserves seats for women in local governance. 1992: Formation of the National Commission for Women.
2000-2015	2000: Beijing+5 Review reaffirms global commitments to gender equality. 2006: #MeToo begins as a grassroots movement.	2001: The Durbar Mahila Samanwaya Committee advocates for sex workers' labour rights. 2005: The Protection of Women from Domestic Violence Act (PWDVA) is passed. 2012: Nirbhaya Movement: Legal reforms on sexual violence. 2014: *National Legal Services Authority (NALSA) v. Union* of India recognises *Hijras* as the third gender.
2015-2025	2017: The Women's March on Washington protests gender inequality, one of the largest global demonstrations. 2020: The Beijing+25 Review evaluates global progress since the Beijing Platform.	2017-2018: The #MeToo movement gains traction in India, challenging workplace harassment. 2019: Shaheen Bagh protests (Anti-Citizen Amendment Act) women-led protests). 2020: Hathras Protests: Dalit women mobilised against caste-based sexual violence. 2024: Reclaim the Night: a protest against sexual violence and demand for safer public spaces. 2020: Women lead participation in farmers' protests advocating for agricultural reforms.

Source: Authors

Table A6: Contribution or influence of local feminisms (post-independence)

	Selected legal reforms for women and LGBTQ people	Selected schemes for women in education, livelihoods, training and safety	Inclusion of women-specific components in India's National 5-year Policy Plan
1950-1970	1956: Hindu Succession Act (amended in 2005 and 2020): Equal inheritance rights for daughters. 1956: Immoral Traffic (Prevention) Act: Criminalised trafficking and sex work. 1962: Dowry Prohibition Act: Criminalised dowry. 1962: Maternity Benefit Act (amended in 2017): regulates employment of women before and after childbirth.	1975: Integrated Child Development Services to improve the health and nutrition of women and children.	1st National Five-Year Plan (1951-1956): o Establishment of the Central Social Welfare Board (CSWB) to promote welfare programmes for women and children. o Community Development Programme aimed at uplifting rural, including women's welfare. 2nd Five-Year Plan (1956-1961): o Introduction of family planning programmes focused on population control, indirectly influencing women's autonomy. o Strengthened education for girls, particularly in rural areas. o *Mahila mandals* (women's groups) were organised to ensure better implementation of welfare schemes. 3rd Five-Year Plan (1961-1966): o Institutionalisation of Maternal and Child Health (MCH) services. o Emphasis on health education, nutrition and family planning. o Limited recognition of women's roles beyond caregiving.
1971-1990	1986: The Indecent Representation of Women (Prohibition) Act. 1989: The Scheduled Caste and Scheduled Tribe Prevention of Atrocities Act: addressed caste-based sexual violence.	1972: Formation of self-help groups (SHGs) through the establishment of the Self-Employed Women's Association (SEWA). 1986: Support to Training and Employment Programme for Women (STEP): Provides training for employment generation among women.	4th Five-Year Plan (1969-1974): o Emphasised nutrition and immunisation programmes for women and children. o Highlighted women's roles in agriculture and small-scale industries, signalling initial recognition of economic contributions.

	Selected legal reforms for women and LGBTQ people	Selected schemes for women in education, livelihoods, training and safety	Inclusion of women-specific components in India's National 5-year Policy Plan
		1992: National Bank for Agriculture and Rural Development (NABARD) launched a SHG bank linkage project.	5th Five-Year Plan (1974-1979): o Shift from welfare to development-oriented policies. o National Plan of Action for Women (1976) as a guiding framework for women's development. 6th Five-Year Plan (1980-1985) women-specific components: o Introduced Development of Women and Children in Rural Areas (DWCRA) to enhance rural women's self-employment opportunities. o Inclusion of a chapter on "Women and Development", marking a shift from welfare to development. o Focused on women's access to land ownership and economic resources. 7th Five-Year Plan (1985-1990) women-specific components: o Creation of the Department of Women and Child Development (DWCD). o Supported employment-oriented initiatives through women's development corporations.
1991-2011	Protection of Women from Domestic Violence Act (2005)	1993: Rashtriya Mahila Kosh: Offers micro-credit to women for self-employment. 2002: Swadhar Greh Scheme: Offers shelter and support to distressed women, including widows and trafficking survivors. 2007: Ujjawala Scheme: Addresses human trafficking through prevention and rehabilitation measures.	8th Five-Year Plan (1992-1997) women-specific components: o Established the National Commission for Women (NCW). o Introduced Panchayati Raj reforms, reserving seats for women in local governance.

	Selected legal reforms for women and LGBTQ people	Selected schemes for women in education, livelihoods, training and safety	Inclusion of women-specific components in India's National 5-year Policy Plan
		2011: Launch of Aajeevika-Deendayal Antyodaya Yojna-National Rural Livelihoods Mission (DAY-NRLM) by the Ministry of Rural Development (MoRD), Government of India to enhance livelihood options for rural women.	9th Five-Year Plan (1997-2002) women-specific components: o Launched the Women Component Plan (WCP), mandating at least 30 per cent of funds for women-specific programmes. o Emphasised convergence of services in women's health, education, and welfare sectors. o Addressed issues like gender-based violence and reproductive health. o 2001: Adopted the National Policy for Empowerment of Women. o Emphasised women's agency in decision-making and socio-economic participation. 10th Five-Year Plan (2002-2007): o Upgraded DWCD to a full-fledged Ministry for Women and Child Development. 11th Five-Year Plan (2007-2012): o Introduced gender-responsive budgeting to ensure equitable resource allocation. o Recognised women as agents of socioeconomic growth. o Targeted adolescent health through the ARSH programme.
2011-2024	2013: The Sexual Harassment of Women at Work-place (Prevention, Prohibition and Redressal) Act: safeguards women in unorganised and organised sectors of work.	2004: Kasturba Gandhi Balika Vidyalaya: provides residential education to marginalised girls in rural areas. 2008: National Scheme for Incentive to Girls for Secondary Education: encourages Scheduled Caste/ Scheduled Tribe (SC/ST) girls for enrolment in secondary schools.	12th Five-Year Plan (2012-2017): o Promoted gender main-streaming and addressed structural barriers to women's progress. o Targeted economic empowerment through the Rajiv Gandhi Scheme for the Empowerment of

	Selected legal reforms for women and LGBTQ people	Selected schemes for women in education, livelihoods, training and safety	Inclusion of women-specific components in India's National 5-year Policy Plan
	2013: Criminal Law Amendment Act or Nirbhaya Act: strengthened laws against sexual violence. 2019: Transgender Person (Protection of Rights) Act: prohibited discrimination in education and employment.	2015: Beti Bachao Beti Padhao (Save Girl Child and Educate Girl Child): promotes survival, protection and education of young girls. 2015: One-Stop Centre Scheme: provides integrated support to women facing violence. 2016: Pradhan Mantri Ujjwala Yojana: provides clean cooking fuel to rural women to protect their health. 2016: Mahila E-Haat: an online marketplace for women entrepreneurs. 2016: Stand-Up India Scheme: loans for women entrepreneurs. 2023: Lakhpati Didi: financial inclusion for women.	Adolescent Girls (SABLA) scheme for adolescent girls. o Enhanced efforts to close educational and employment gender gaps.

Source: Authors

Appendix 7

Contribution of local feminisms

1. Local knowledge production on gender-based violence

Dictionary of Violence project by Third Eye[45]

The Dictionary of Violence project, initiated by Third Eye, is an innovative effort to document local feminist knowledge on gender-based violence in the Bundelkhand region. The project involves 15-16 rural caseworkers, women who have been responding to gender-based violence despite limited financial support and difficult socioeconomic conditions. Using a dictionary format, the initiative explores significant words such as *samjota* (compromise) and *bechari* (helpless), offering deeper insights into their multiple meanings, the lived realities they encapsulate, and their contextual reinterpretation by women in these communities.

This project builds on decades of feminist leadership and institution-building in rural India, with Third Eye collaborating with organisations like Nirantar and Sajani Shiksha Kendra. These groups have long addressed issues, such as domestic violence, dowry disputes and child sexual abuse, under the Protection of Children from Sexual Offences (POCSO) Act. Third Eye's efforts to empower women's groups, strengthen feminist institutions and develop community leadership have culminated in this project, where caseworkers – women embedded within their communities – navigate legal systems, cultural dynamics and family structures while addressing gender-based violence.

The project began with a series of workshops aimed at exploring gender-based violence through feminist lenses, bringing together both personal and professional experiences of caseworkers. These workshops included theatre and somatic exercises to allow participants to express their emotions and experiences. As a result, the caseworkers identified various words that resonated with their everyday work and personal lives.

The first word explored was *samjhauta* (compromise). This opened up a wide range of discussions about the personal and political implications of compromise for the women in Bundelkhand. The caseworkers examined how *samjhauta* represents the compromises women are often forced to make within patriarchal societies and violent homes. For many, the word symbolised fear and suffocation, reflecting the emotional burden of living under oppressive conditions. Others saw it as a form of personal agency, where women, rather than being powerless, chose to navigate difficult situations on their own terms. Additionally, *samjhauta* had different connotations for other stakeholders – police officers, community members and legal systems. In some contexts, it signified negotiations related to dowry deaths or the brokering of deals to prevent families from filing criminal cases. This layered understanding of *samjota* highlighted the tension between feminist ideals and the complex realities faced by women in patriarchal communities.

The project's second word, *bechari* (helpless), further delved into the complex dynamics between feminist ideology and societal views. Feminists often reject the term *bechari* as it perpetuates a narrative of victimhood, but the caseworkers explored how it is often used to characterise women in distress and the stigma attached to it in both feminist and social contexts.

The Dictionary of Violence project has gained wide recognition for its innovative approach to capturing the embodied knowledge of rural feminist leaders. It has won multiple awards,

---

45 Source: Interview with Dipta Bhog, Founder Member of Nirantar Trust and Associated with Third Eye Portal. She was a panellist in the Stakeholder Dialogue organised as part of the study.

including the prestigious Ladli Media Award, where it was recognised alongside journalists reporting similar cases of violence. This recognition was particularly notable because it marked the caseworkers' shift from being subjects of reports to authors of their own stories. The project was also showcased at the Agami Summit, a forum for discussions on law and justice, where the caseworkers' presence and contributions captivated audiences unfamiliar with their grassroots work. This visibility has been crucial in shifting the narrative about who holds feminist knowledge.

One major outcome of the project is the way it reframes the discourse on gender-based violence. Rather than focusing solely on high-profile cases that dominate the media, the project emphasises the everyday violence women face. The project also sheds light on the limitations of feminist legal reforms in addressing gender-based violence. While legal advances have been made, the caseworkers' experiences demonstrate how patriarchal structures continue to manipulate the law, undermining justice for women. The dictionary reveals how laws are co-opted by powerful individuals and families to maintain patriarchal control, whether through economic negotiations or community pressure.

The Dictionary of Violence exemplifies how local feminisms are profoundly shaped by the lived experiences of women in rural India. Through words like *samjhauta* and *bechari*, the project provides critical insights into the gendered power dynamics that sustain violence. By documenting these reflections, it amplifies the voices of grassroots feminist leaders and offers a more nuanced understanding of feminist praxis, distinct from urban or academic settings. This project, centred on the knowledge of grassroots activists, challenges mainstream feminist discourses that often overlook the contributions of rural women. It highlights the profound feminist practices that emerge from lived experiences and community-based work, offering an alternative framework for understanding gender-based violence and feminist activism. By elevating these women as knowledge holders and co-authors, the Dictionary of Violence redefines the boundaries of feminist discourse, shifting the focus to local leadership and making the often-invisible labour of rural feminists visible to broader audiences.

2. Empowering rural voices through digital journalism and education

Chambal Media project[46]

Chambal Media's journey began in 2012 with the creation of Khabar Lahariya, an initiative born out of the Nirantar Trust's literacy programme. Initially conceived as a handwritten broadsheet by trained rural women, the project was launched in Bundelkhand, a region historically plagued by caste and gender inequities. The project aims to empower rural women to become reporters, enabling them to cover stories on issues affecting their communities, such as caste oppression, local governance and gender-based violence.

Khabar Lahariya evolved from a monthly handwritten newspaper into a weekly printed edition, and eventually into a fully digital platform by 2017. This transition allowed it to increase its reach significantly, engaging over 10 million people monthly, with 600,000 YouTube subscribers and 30,000 Instagram followers. Through this process, rural women from marginalised communities became pivotal figures in India's media landscape.

By 2017, the success of Khabar Lahariya had propelled the initiative to transition fully into the digital space, marking the formal establishment of Chambal Media. This umbrella organisation not only houses Khabar Lahariya as its news arm, but also includes a production house and an educational initiative known as Chambal Academy. Through this evolution, Chambal Media has

---

46 Source: Interview with Priya Thuvassery, Co-Chief Executive Officer, Chambal Media. Priya was a panellist in the stakeholder dialogue organised in August 2024.

amplified underrepresented rural voices, keeping its feminist lens on caste, gender and local governance at the forefront.

The move to digital was driven by the necessity to adapt to India's changing media consumption patterns. For many rural women who faced significant barriers in accessing traditional media, digital journalism became a tool of empowerment. Chambal Media's shift to online platforms allowed these women to become storytellers, editors and media producers, expanding the reach of their stories across India and beyond.

The Chambal Academy, Chambal Media's educational vertical, emerged as a key initiative to train rural girls in digital storytelling and media literacy. The Academy adopts a hybrid model, blending online courses with offline support to address the unique geographical and cultural challenges faced by rural students. Courses in mobile journalism, media literacy and storytelling are customised to help young women navigate the digital world and break through systemic barriers, such as limited access to mobile phones and education. Through the Chambal Academy, young rural women are empowered to challenge caste and gender-based power structures within their communities by using their voices and stories. This initiative not only educates, but also provides a platform for women to report on issues that directly affect their lives, thus democratising media spaces.

The transformative impact of Chambal Media is evident in the personal stories of the women involved. Take the case of Kavita, a former child bride and Dalit woman who has risen to become the Editor-in-Chief of Khabar Lahariya. Her journey from a marginalised background to a leadership role exemplifies the profound changes Chambal Media has brought to both individual lives and broader communities. Through the work of Khabar Lahariya, more girls are receiving education and rural women have gained recognition as legitimate reporters and agents of change.

Beyond individual empowerment, Chambal Media has had a substantial impact on rural governance. The platform has acted as a watchdog, highlighting issues such as broken hand pumps, unpaved roads, and gaps in government schemes. In many instances, Khabar Lahariya's reporting has prompted swift action from local authorities, demonstrating the power of grassroots journalism in holding government bodies accountable. Chambal Media's innovative work has earned numerous accolades, including recognition at the Agami Summit and the prestigious Ladli Media Award. These awards highlight the organisation's success in transforming the rural media landscape and its ability to bring marginalised voices into the mainstream.

Chambal Media operates under a unique business model that sets it apart from many rural initiatives. Rather than relying solely on donations or grants, it functions as a for-profit company, ensuring both financial sustainability and editorial independence. This model has allowed Chambal Media to continue its socially impactful work without compromising its feminist mission or its commitment to social justice. The organisation's emphasis on recognising the value that rural women bring to the media industry has been crucial in redefining the narratives emerging from rural India. By framing their work as both commercially viable and socially significant, Chambal Media challenges traditional assumptions about rural storytelling and journalism.

Chambal Media, through Khabar Lahariya and the Chambal Academy, exemplifies the intersection of local feminism and media in India. By centring the voices of marginalised rural women, it has democratised the media landscape, ensuring that the stories most relevant to rural India are told by those who know them best. This initiative has not only transformed the lives of the women involved, but also made lasting impacts on rural communities by challenging entrenched gender, caste and class barriers in meaningful ways.

3. Strengthening rural women's leadership through collective action

The Women's Federation[47]

The Women's Federation, developed with the support of Nirantar, serves as a powerful example of local feminist leadership in India. It emerged from the grassroots structures built through the Mahila Samakhya program, a government-sponsored women's empowerment initiative that was abruptly discontinued in 2016. Recognising the potential collapse of rural women's leadership, Nirantar and other feminist organisations intervened to preserve and expand these collectives across five states: Bihar, Telangana, Andhra Pradesh, Karnataka and Assam.

The Mahila Samakhya programme had established strong village-level women's collectives, known as *sanghas*, which became the backbone of local leadership. *Sangha*s were federated at the block and district levels, giving rural women a platform to address critical issues, such as gender-based violence, caste oppression and access to resources. When the programme was discontinued, Nirantar, alongside other feminist organisations, stepped in to provide both financial and capacity-building support, allowing the federations to continue their work. As a result, robust women's federations were formed in states like Bihar and Assam.

Addressing gender-based violence became a core mission of the federations, particularly in Bihar, which has the highest reported cases of violence against women in India. The federations established Nari Adalats (women's courts), a community-based justice system led by local women leaders. These courts provide immediate support and mediation in cases of domestic violence, dowry harassment and other gender-based crimes. Unlike formal legal systems, Nari Adalats offer a more accessible and community-centred form of justice, allowing women to seek help without facing the barriers of police involvement or lengthy court cases.

In Bihar, the federations confronted the resurgence of witch-hunting. After a horrifying case where a woman was burned alive, the federations conducted a rapid survey that revealed the ongoing prevalence of witch-hunting in the region. This discovery led to community mobilisation and engagement with local governance structures, such as Panchayats, to take preventive action. The federations have worked to bring witch-hunting into public discourse, involving state commissions and legal bodies, which has resulted in greater state-level attention to the issue.

In Assam, the federations have been fighting a different challenge. Despite high rates of violence against women, a government directive has instructed police stations not to register domestic violence cases. This has led to a systemic issue where cases of violence go unreported, leaving women without legal recourse. The federations in Assam are actively working to challenge this directive by pressuring the government and police to ensure that domestic violence cases are registered and addressed. This has become a critical issue in their efforts to secure justice for women in the region.

Since the establishment of the Women's Federation, there has been a substantial increase in the number of women seeking help through the Nari Adalats and local collectives. Women from marginalised communities now have immediate access to crisis support through the network of village-level leaders. The growing visibility and effectiveness of these federations have instilled greater trust in the system, encouraging more women to report violence and seek justice.

A core philosophy of the Women's Federation is the belief that rural women's leadership is essential to sustaining the broader women's movement in India. Through the continuous support of Nirantar and other feminist organisations, the federation has empowered women not only to address immediate issues of violence and discrimination, but also to take control of their lives

---

47 Source: Interview with Ms. Archana Dwivedi Executive Director, Nirantar as part of the study in August 2024. She was also a panellist in the stakeholder dialogue organised in August 2024.

and communities. The financial and structural support provided to the federations has allowed them to thrive long after the Mahila Samakhya programme ended. In addition to crisis intervention, the federations have worked towards creating long-term solutions by strengthening the role of rural women in governance. They have become an influential force at both local and state levels, ensuring that rural women's voices are heard in policymaking and legal reform. In Bihar, district-level federations are now collaborating to form a state-level federation, which will further enhance their ability to negotiate with state authorities.

The Women's Federation exemplifies the power of collectivisation and grassroots leadership in addressing systemic issues of violence and discrimination in rural India. With the support of Nirantar and allied organisations, the federation has become a model for how local feminist leadership can transform communities. Their work provides both immediate crisis support and long-term empowerment, highlighting the critical role of rural women in sustaining the broader women's movement in India. This initiative serves as a blueprint for future feminist interventions that prioritise local leadership and community-based justice.

4. Pedagogy for transformation: using games and youth leadership

Thoughtshop Foundation[48]

The Thoughtshop Foundation believes that play is a powerful method to unlock learning and build agency. Games, central to its approach, serve as containers of experiential learning, where young people safely engage with real-life challenges in simulated environments. The organisation uses visuals and games to encourage participants to reflect on choices, consequences and values. Their innovative pedagogy also helps dismantle barriers, address taboo topics like gender, sexuality and violence, and open critical dialogues. Games are particularly effective for marginalised or learning-challenged groups, offering flexibility to accommodate diverse learning styles. By dissolving hierarchies, they allow trainers and participants to engage as equals – creating trusting spaces where sensitive issues such as household roles, unequal responsibilities, and abuses can be explored without fear. Trainers also gain confidence in addressing complex topics, turning games into tools for dialogue and change. As a young participant shared, "Through games, we understood ourselves better and began to question the things we'd been told to accept".

In addition to using games as a pedagogy to create awareness about various aspects of gender, the Thoughtshop Foundation also forayed into creating community leaders for mainstreaming discussions on gender and sexuality within the local community. The Youth Resource Cells (YRCs) programme, launched in 2008, builds long-term partnerships with marginalised young people across urban slums, rural villages and peri-urban communities in West Bengal. Designed as safe, inclusive spaces, YRCs serve over 2000 youth through more than 100 clusters. Participants embark on a transformative journey of belonging, healing, exploration, confrontation and leadership, guided by the SHINE values – self-worth, human rights, integrity, non-violence, and empathy. Each YRC is rooted in its community, run by core teams of youth leaders and mentors, and united under the YRC Federation. From peri-urban groups like Alor Sandhan (In Search of Light) to the Sundarbans' Swapno (Dream), YRCs equip participants to challenge harmful social norms, lead local change and inspire others. Through its thoughtful integration of games and youth leadership, the Thoughtshop Foundation nurtures a generation of young people who heal, grow and lead, transforming not just their own lives, but the communities they belong to.

---

48 Source: Interview with Himalini Varma, Director, Thoughtshop Foundation, a social communications organisation based in Kolkata and working on gender, health and leadership.

Appendix 8

Table A7: Global and Indian women's health movement milestones (since 1970)

Timeline	Global health movements	Women's health movement and contribution
1970-1980	1978: Formation of the International Campaign for Abortion, Sterilisation and Contraception (ICASC) in London, marking the institutionalisation of global women's health activism. 1978: Alma-Ata Declaration incorporated health as a human right, influencing future reproductive rights policies.	1975: Indian women's health movement critiqued coercive sterilisation policies. 1971: Legalisation of abortion in India.
1980-1990	1984: Launch of the Women's Global Network for Reproductive Rights during the 4th International Women and Health Meeting. 1987: Declaration of the International Day of Action for Women's Health (May 28th). 1987: Safe Motherhood Initiative launched in Nairobi, focusing on reducing maternal deaths through education and healthcare access.	Indian women health activists participated in International Women and Health Meeting with a focus on sterilisation policies, reproductive health and rights. 1988: National Commission on Self Employed Women set up the Taskforce on Health with a focus on occupational health problems faced by women. 1988: Women's movement against unethical use of medical technologies, especially contraceptives.
1990-2000	1994: International Conference on Population and Development (ICPD) in Cairo redefined reproductive health to include sexual rights. 1995: Beijing Platform for Action identified women and health as one of the areas of concern.	1994: Legislation passed to combat female foeticide. 1993: National Nutrition Policy focused on providing food supplements to pregnant and lactating mothers 2000: National Population Policy recognised family planning as essential for maternal and child health.
2000-2010	2000: Millennium Development Goals (MDGs) included goals on reducing maternal mortality and improving child health.	1999: Launch of Sama, a prominent women's health group, with a focus on mental health, early marriage, health, surrogacy and clinical trials. 2005: National Rural Health Mission (NRHM) introduced integrated services for health and family welfare for women and children. Expansion in focal areas of health for women and girls: Prevention of unwarranted pregnancy, reproductive health services to adolescent girls, and focus on sexual health. 2007: Launch of Indian Women's Health Charter
2010-2020	2015: Declaration of Sustainable Development Goals (SDG 3 focuses on reducing neonatal deaths, maternal mortality, improving mental health, universal access to sexual and reproductive healthcare services, etc.)	2019: Launch of the India chapter of Women in the global health movement.

Source: Authors

Table A8: Selected women-related health legislations and schemes by the national government

Timeline	Legislation related to women's health	Schemes related to women's health
1950-1970	1948: Factories Act (amended in 1950): mandated provisions for workers' health, including safety, sanitation and medical facilities in factories. 1948: Employees' State Insurance Act (operationalised in 1952): introduced health insurance and medical benefits for employees in organised sectors. 1950: Mental Healthcare Act (amended in 1987 and 2017): focused on care, treatment, insurance and rights of people with mental illness. 1961: Maternity Benefit Act (amended in 2017): ensures maternity benefits and nursing breaks for women.	1952: National Family Planning Programme: addressed population growth through contraception and sterilisation. 1960: Balwadi Nutrition Programme: targeted malnutrition in children and pregnant women by providing supplementary nutrition.
1970-1990	1971: Medical Termination of Pregnancy (MTP) Act: legalised abortion under specific circumstances to protect women's health and reduce unsafe abortions.	1975: Implemented Integrated Child Development Services (ICDS): maternal and child health, nutrition and pre-school education for children under six years of age. 1975: Minimum Needs Programme: included health services like maternal care and immunisation as a right for rural and underserved populations. 1976: National Population Policy: aimed at population control through sterilisation and implemented contro-versial population control measures which impacted women's health. 1978: Immunisation Programme: introduced vaccines for children and pregnant women and laid the foundation for immunisation policy. 1987: Safe Motherhood Programme: addressed maternal mortality through improved antenatal, perinatal and postnatal care.
1990-2010	1994: Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act (Amended in 2003 and 2011): prohibited sex determination to prevent female feticide.	1993: National Nutrition Policy: prioritised nutrition interventions for women and children to combat malnutrition and anaemia. 2000: National Population Policy was revised with a focus on unmet needs of contraception use, healthcare infrastruc-ture, reproductive health and institutional deliveries and on the prevention of the spread of sexually transmitted diseases.

Timeline	Legislation related to women's health	Schemes related to women's health
		2005: National Rural Health Mission (now known as the National Health Mission): launched to provide quality, affordable, accessible healthcare to all, especially women. 2006: Launch of community health workers (ASHA) by GoI with the goal to connect marginalised communities to the healthcare system.
2010-2024	2017: HIV and AIDS (Prevention and Control) Act: provided legal rights and protections for individuals living with HIV/AIDS, addressing stigma and discrimination. 2018: Surrogacy (Regulation) Act: regulated surrogacy to protect the health and rights of surrogate mothers. 2021: Assisted Reproductive Technology (ART) (Regulation) Act: regulated ART services to ensure ethical practices and safeguard women's health.	2011: Janani Shishu Suraksha Karyakaram (JSSK): free services to all pregnant women and neonatal care to advance access to public health institutions. 2013: Initiative on Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition: follows a lifecycle approach and builds on the concept of continuum of care for women, child and adolescents. 2014: Rashtriya Kishor Swasthya Karyakram (RKSK): Aimed at addressing adolescent health, including menstrual hygiene and reproductive health education. 2020: Suman (Surakshit Matritva Aashwasan) Scheme: zero expenses for delivery and emergency obstetric care.

Source: Authors

Table A9: Change in women's health indicators (1992-2020)

	NFHS 1 (1992-1993)	NFHS 2 (1998-1999)	NFHS 3 (2005-2006)	NFHS 4 (2015-2016)	NFHS 5 (2019-2021)
Households using clean fuel for cooking	Not available (NA)	5.70%	25.60%	43.80%	58.60%
Women aged 20-24 years and married before 18 years of age	54.20%	50%	47.40%	26.80%	23.30%
Total fertility rate	3.4%	2.9%	2.7%	2.2%	2%
Use of any method for family planning	40.60%	48.20%	56.30%	53.50%	66.70%
Mothers who had at least four antenatal care visits	43.9%	44.2%	50.7%	51.2%	58.1%
Mothers who consumed iron folic acid for 100 days or more when they were pregnant	NA	15.4%	22.3%	30.3%	NA
Average out-of-pocket expenditure**s** per delivery in public health facility	NA	NA	NA	3,197 Rupees	2,916 Rupees
Institutional births	26.1%	26%	40.8%	78.9%	88.6%
All women aged 15-49 years who are anaemic	NA	51.8%	56.2%	53.1%	57%
Hypertension among women (very high) (systolic ≥180 mm of Hg and/or diastolic ≥110 mm of Hg)	NA	NA	NA	0.7%	21.3%
Women aged 15-49 years who have undergone screening of breast cancer and/or cervical cancer	NA	NA	NA	NA	0.9%

Source: NHFS various rounds

Appendix 9

Contribution of local organisations for improving women's health

1. Transforming healthcare for women in hilly terrains: Aarohi's Mobile Medical Unit (MMU) initiative, Kumaon Region[49]

Aarohi, established in 1992, aims to drive holistic development, focusing on health, education and livelihoods in Uttarakhand's remote Kumaon region. Aarohi's innovative Mobile Medical Unit (MMU) initiative, launched in 2014, plays a crucial role in addressing the unique challenges of healthcare delivery in mountainous terrains, focusing on maternal health.

Aarohi's MMU was launched with a vision to bring critical healthcare services, including ultrasound, pharmacy and laboratory tests, directly to the doorsteps of those in isolated areas. This initiative ensures monthly healthcare camps in eight remote locations, managed by Armed Forces veterans, civilian volunteer doctors and trained local paramedics. These camps have dramatically reduced the travel time and risks pregnant women faced in accessing necessary antenatal care.

Figure A1: Location of operation of Aarohi's mobile medical unit, 2024
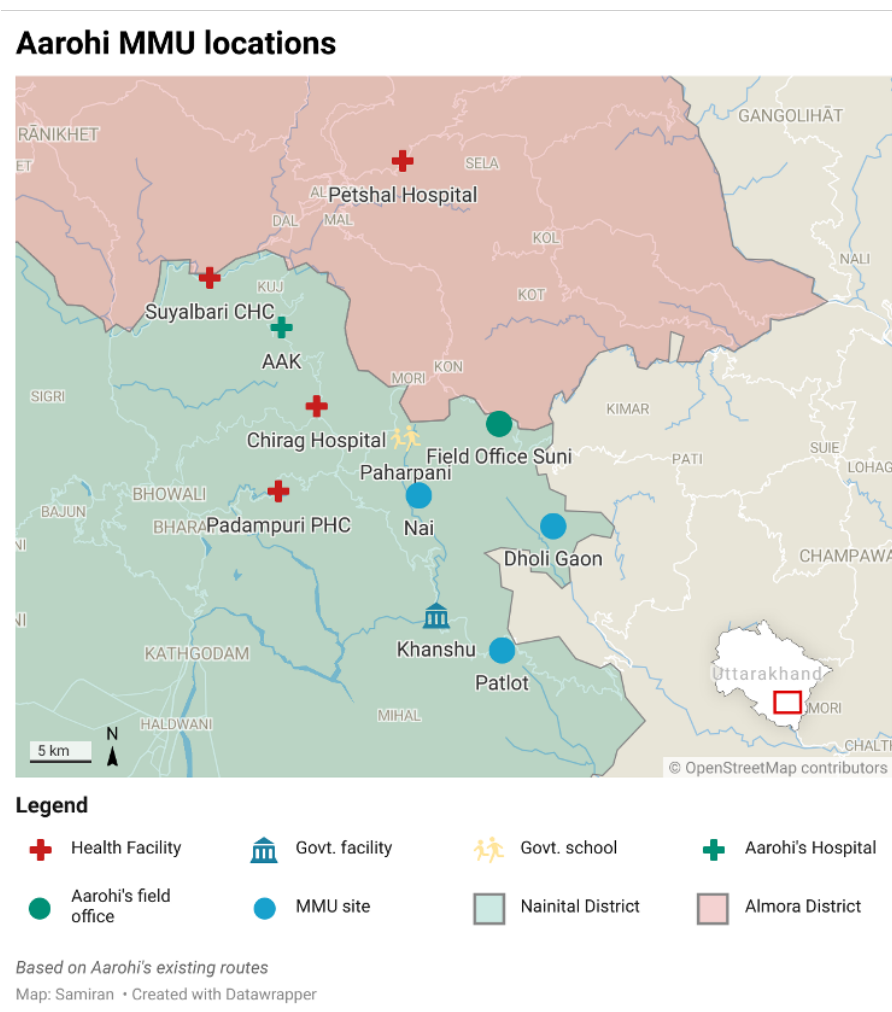
Source: Aarohi's Archive

---

49 Source: Interview with a senior official from Aarohi, located in Uttarakhand in the northern part of India.

Before the introduction of MMUs, women in the Kumaon region had to undertake arduous journeys, often lasting over five hours, to reach the nearest healthcare facilities. Aarohi's MMUs now serve approximately 400 to 500 patients monthly across 127 villages in Ramgarh, Dhari and Okhalkhanda blocks of the Nainital district. These efforts have led to a significant improvement in maternal health outcomes and a broader understanding and adoption of essential health practices among local women.

Figure A2: Aarohi's mobile medical unit, 2024

Source: Aarohi's Archive

Aarohi collaborates closely with local stakeholders like panchayat leaders, SHGs and primary healthcare centres (PHCs) to ensure the MMU initiative is well integrated into the community's fabric. These partnerships help facilitate a more extensive reach and acceptance of the health services offered.

The MMU initiative has not only improved access to healthcare, but has also empowered women to make informed health decisions. This empowerment has led to a decline in maternal and infant mortality rates in the regions served by Aarohi. Despite the successes, challenges remain, such as deeply entrenched gender norms including the preference for male offspring which often leads to repeated pregnancies until a male child is born. Aarohi tackles these cultural issues by integrating educational programmes and community dialogues into their health services, focusing on changing perceptions and encouraging healthier, more equitable practices.

2. Empowering women's health through grassroots action: SEWA Bharat[50]

In 1972, Ela Bhatt founded the Self-Employed Women's Association (SEWA) to empower self-employed women in India's informal sector. With over 1.9 million members, SEWA has become one of the largest grassroots organisations in the country, advocating for the socioeconomic welfare of marginalised women through health, education and legal support.

SEWA's approach centres on organising women into unions and cooperatives, enabling them to pool resources, share knowledge, and advocate for better working conditions and fair wages. This collective action ensures that women's voices are heard by local authorities, employers and policymakers. In Madhya Pradesh, SEWA established primary healthcare centres managed by rural women trained in basic medical care. These centres provide accessible healthcare in

---

50 Source: Interview with a senior official from SEWA Bharat as part of the study.

areas with limited professional services, equipping women with skills to address common illnesses and improve community health.

SEWA's focus on health grew as the unique challenges faced by informal sector workers became evident. Women working in *bidi* (cigarette) rolling and incense stick production suffered from respiratory problems and skin conditions caused by exposure to harmful chemicals, with no access to employer support or health insurance. To address these issues, SEWA launched a series of health programmes combining education and advocacy. Women-only health camps broke taboos around reproductive health, providing a safe space for women to discuss sensitive concerns. SEWA also worked to eliminate caste-based discrimination in healthcare, advocating for equitable access to services for all women.

SEWA's initiatives have evolved into a comprehensive health framework, including:

- Primary health centres: Managed by trained local women, these centres bridge gaps in rural healthcare access.

- Childcare facilities: Established in states like Gujarat, Madhya Pradesh and Bihar, these centres enable women to work without compromising their family responsibilities.

- Mental health counselling: Post-COVID, SEWA introduced community-level counselling services for women and their families, addressing the psychological challenges faced by informal workers.

- SEWA also forged partnerships with pharmaceutical companies and hospitals to ensure affordable access to medicines and diagnostic services.

Beyond direct healthcare interventions, SEWA's advocacy has led to significant policy advancements, including maternity leave, childcare support, and health benefits for informal sector workers. By engaging men during health camps, SEWA fostered greater family and community support for women's health needs, challenging societal norms and enabling long-term change.

SEWA's health programmes have empowered women by providing access to healthcare, raising health awareness and fostering systemic reforms. Women now manage their health with confidence while benefiting from stronger policies that protect their rights. By combining grassroots organising with advocacy, SEWA has created a transformative model that addresses the health and well-being of women in the informal sector while challenging deep-rooted gender norms.

3. Formation of sex worker's collective for health and justice: Durbar Mahila Samanaya Committee (DMSC)[51]

The Durbar Mahila Samanwaya Committee (DMSC), established in 1995, is a pioneering grassroots collective of sex workers in West Bengal. Emerging from a public health intervention in Kolkata's Sonagachi red-light district, Durbar has grown into a formidable organisation addressing health, violence, trafficking and financial exploitation while redefining sex work as legitimate labour.

Durbar's origins lie in an early HIV intervention program, launched after a WHO study revealed rising sexually-transmitted infection (STI) rates and alarmingly low condom use (2-3 per cent). Sex workers, trained as peer educators, mobilised the community to access health services and

---

51 Source: Interview with Dr. Pratim Roy, Senior Research Officer, Durbar Mahila Samanya Committee (DMSC).

adopt safe sex practices. While this intervention improved health outcomes, it also revealed systemic challenges – widespread violence and financial exploitation by moneylenders charging interest as high as 300 per cent. These issues galvanised sex workers to organise collectively, forming Durbar on July 12, 1995, as a platform to fight for their rights.

Health remains Durbar's cornerstone, with 13 targeted intervention programmes running across 30 red-light districts. Services include free testing and treatment for HIV, STIs, and hepatitis B/C, counselling, and access to free condoms. Drop-in clinics staffed by qualified doctors and peer educators ensure stigma-free healthcare. Durbar's peer education model, where sex workers counsel their peers, has led to outstanding outcomes: a significant decrease in HIV and STI prevalence (which fell to less than 1 per cent) and increase in condom usage to 92–93 per cent. This community-led approach has empowered sex workers to take charge of their health while building trust within the community.

To address trafficking, Durbar pioneered Self-Regulatory Boards (SRBs) in 2003. These boards, comprised of sex workers, doctors and local representatives, monitor new entrants into red-light areas. Women's ages are verified through voter identification cards or medical checks, and counselling ensures participation is voluntary. Minors or unwilling women are immediately referred to correctional homes or their families. Operating in 30 red-light districts, SRBs have drastically reduced underage and coerced entry into sex work and gained recognition from a Supreme Court panel as a replicable community-led model.

Durbar tackles violence through a network of branch committees led by elected representatives across red-light districts. These committees mediate with police, local leaders and policymakers to address harassment and abuse. Events like *melas* (fairs) challenge societal stigma by engaging politicians, artists and the broader community. Over time, derogatory terms like *baishyas* (prostitutes) have been replaced with "sex worker", signalling growing societal acceptance.

To address financial exploitation, Durbar established the Usha Cooperative, which provides sex workers access to savings accounts and low-interest loans. This initiative helps women fund medical emergencies, education and marriages, enabling financial independence and freeing them from exploitative moneylenders.

Durbar's work exemplifies the power of community-led action. By addressing health, trafficking and violence, it has transformed the lives of sex workers while reshaping societal perceptions. Through innovative models like peer education, SRBs and the Usha Cooperative, Durbar highlights the agency of sex workers as leaders, educators and advocates. It offers a powerful blueprint for grassroots movements striving to challenge systemic injustices and build pathways to dignity and equality.

Appendix 10

Table A10: Milestone in the last 50 years of women in the global and Indian climate movement

Timeline	Women in the global environmental movement	Women in India's environmental movement
1970-1990	1977: Green Belt Movement founded in Kenya.	1974: Chipko "Hug the Trees" Movement was led by Bachni and Gauri Devi. This led to a 15-year ban on commercial felling in Uttarakhand and led to the implementation of the Forest Protection Act (1980).
		1975-1985: Silent Valley Movement: a social and environment movement to protect the forest in Kerala. Sugatha Kumari involved the public in the movement through her poetry and writings against a hydropower project. This movement led to the abandonment of the project and Silent Valley became a national park in 1984.
	1980: The Lova Canal Movement in the US led by Louis Gibbs called for environmental justice after discovering that her community in Niagara Falls, New York, was built on a toxic waste dump. This led to the establishment of the Superfund programme for cleaning up hazardous waste sites across the country.	1983: The Appiko Movement in Karnataka, to protect forest in Western Ghat. Adivasi women joined this movement for the protection of rainforests by writing to the government to halt wood-cutting and conducting awareness programmes in villages. The movement forced the government to halt industrial policies of forest destruction.
		1984: The Navdanya Movement was founded by Vandana Shiva to support conventional farming practice. This is India's largest organic farming movement supporting organic farming methods and the preservation of biodiversity. It promoted premium organic food to consumers and helped farmers establish markets.
		1985-1995: Narmada Bachao Andolan (NBA): One of the longest anti-dam environmental struggles, led by Medha Patkar.
1990-2000	1991: Global Assembly of Women and the Environment in Miami. 1992: Earth Summit in Rio adopts Agenda 21.	1990: The Nagapalli movement for the protection of forests from encroachers by Adivasi women in Odisha.

Timeline	Women in the global environmental movement	Women in India's environmental movement
	1995: Beijing Platform for Action (women and the environment are identified as a concern.) 1997: The Kyoto Protocol commits to reducing greenhouse gas emissions.	
2000-2010	2005: The Hyogo Framework for Action. 2008: UNFCCC calls for gender-sensitive measures 2009: The Copenhagen World Climate Summit set up the Green Climate Fund.	2002 onwards: The Plachimada case led by women from the Adivasi community in the village of Plachimada in Kerala was a series of protests and legal actions against Coca-Cola for environmental damages.
2010-2020	2012: The Rio+20 Conference published "The Future We Want", reaffirming commitments to ensure women's equal rights. 2014: Lima Work Programme on Gender (LWPG) of UNFCCC aims to promote gender balance and gender-responsive climate action. 2015: Declaration of the SDGs, which include targets on gender and climate change. 2017: The Women's March on Washington. 2017: The Gender Action Plan to address gender issues in land degradation, desertification drought at the 13th session of the Conference of the Parties (COP).	2010: Expansion of digital youth activism movements from on ground to digital activism, especially in the educated urbanised population. With increasing youth digital activism, the movements focus on raising awareness about climate change, demanding policy changes, and pushing for sustainable lifestyle practices through social media campaigns, online petitions, virtual events, and mobilisation for climate strikes. Examples of groups include Extinction Rebellion India, Friday for Future India, and Youth for Climate India.

Source: Authors

Table A11: Selected gender and climate related programmes (interventions by the national government)

Timeline	Women in environment-related policies and programmes	Inclusion of women in environment-related decision making
Before 1970		1931: Van Panchayats (Forest Councils). Found in states like Uttarakhand under the Forest Act of 1927, Van Panchayats are community-led institutions managing forests. Women actively participate in decision-making, ensuring sustainable use of forest resources and promoting biodiversity conservation.
1970-1990	1990: The Joint Forest Management Programme with a shift towards community-based forest management. While initially gender-neutral, the programme eventually recognised the importance of involving women in forest management, leading to the formation of women's groups and committees	
1990-2010	2008: The National Action Plan for Climate Change articulates the need to mainstream gender in climate policy, recognising that vulnerability to climate change is mediated by gender and socioeconomic factors. 2000: The National Afforestation Programme includes community participation, where women's Self-Help Groups (SHGs) are key participants in afforestation and reforestation activities. Involves women in environmental conservation, improving biodiversity and carbon sequestration. 2009: National Rural Drinking Water Programme (NRDWP) Women are engaged in water quality monitoring and management, reducing the water collection burden on women and building resilience to water scarcity. 2009: Integrated Watershed Management Programme (IWMP) Focuses on active participation of women in water management committees and watershed development activities.	1990: The Joint Forest Management Committee (JFMC), established under the National Forest Policy of 1988. JFMCs are partnerships between local communities and state forest departments to protect and manage forests. Women play an integral role in these committees, contributing to forest conservation and sustainable livelihoods. 1990: Eco Development Committees (EDCs). EDCs were formed under the Wildlife Protection Act in 1972 to involve local communities in managing protected areas like wildlife sanctuaries and national parks. Women are encouraged to take up roles in ecotourism, handicrafts, and non-timber forest product (NTFP) collection. 2002: Farmer Producer Organisations (FPOs) in the early 2000s began to focus on promoting organic and sustainable farming techniques. Women-led FPOs work on adopting climate-smart agricultural practices, such as crop diversification and renewable energy use in farming. 2004: Biodiversity Management Committees (BMCs) Formed under the Biological Diversity Act, 2002. BMCs work to document and conserve local biodiversity. Women's traditional ecological knowledge is crucial in preparing People's Biodiversity Registers (PBRs) and conserving Indigenous species.

Timeline	Women in environment-related policies and programmes	Inclusion of women in environment-related decision making
		2008: Community Forest Management Committees Created under the Forest Rights Act, 2006. These committees grant local communities, including women, legal rights to manage forest resources. Women play a significant role in ensuring sustainable forest use and conservation practices.
2010-2020	2010: Green India Mission recognised women as "especially" vulnerable to climate change and acknowledged their important role in implementation of climate mitigation strategies. The Lima Work Programme on Gender (2014) and the Gender Action Plan (2017) urged India to make its National and State Climate Action Plans more gender sensitive	2010: Watershed Management Committees focus on soil and water conservation, and are often part of government initiatives like the Integrated Watershed Management Programme (IWMP). Women are engaged in activities like water harvesting, land reclamation and sustainable agriculture. 2011: SHGs with women members, particularly those linked to government programmes like the National Rural Livelihoods Mission (NRLM), work on afforestation, water conservation, waste management and local environmental issues of concern.
2010-2020	2011: Mahila Kisan Sashaktikaran Pariyojana (MKSP) empowers women farmers through sustainable agricultural practices and promotes women-led climate-resilient farming techniques like organic farming, agroecology and soil health management. 2011: The National Rural Livelihoods Mission organises rural women into SHGs for sustainable livelihoods and livelihood diversification into eco-friendly practices like renewable energy, organic farming and agroforestry. 2014: The National Mission for Sustainable Agriculture (NMSA) encouraged women farmers to adopt sustainable practices like integrated pest management, water use efficiency and agroforestry, and builds adaptive capacities of women in agriculture. 2015: Pradhan Mantri Krishi Sinchai Yojana (PMKSY) focusses on enhancing water-use efficiency in agriculture by supporting women farmers with training in micro-irrigation and water-saving techniques. 2016: Pradhan Mantri Ujjwala Yojana (PMUY) provide free liquefied petroleum gas (LPG) connections to women in rural households, reducing reliance on firewood for cooking and thus preventing deforestation. This improves indoor air quality and mitigates carbon emissions. There are also environmental conservation gains and better health outcomes for women.	

Timeline	Women in environment-related policies and programmes	Inclusion of women in environment-related decision making
	2018: The Solar Charkha Mission promotes solar-powered spinning wheels for women in rural areas, encouraging sustainable, low-carbon livelihoods for women artisans. 2019: Jal Shakti Abhiyan promotes water conservation and rainwater harvesting through community participation by actively involving women in water management committees and training them in implementing water conservation techniques. 2019: The Pradhan Mantri Kisan Urja Suraksha evam Utthaan Mahabhiyan (KUSUM) Scheme promotes solar energy use in agriculture and encourages women to adopt renewable energy for irrigation and small-scale businesses, reducing dependence on fossil fuels and enhancing resilience to climate variability.	
2020 onwards	2013 onwards: State Action Plans for Climate Change are unevenly gender-responsive as five are gender neutral, blind, and sensitive each, and 13 are gender-specific. SAPCCs see women as one homogenous category without any acknowledgment of intersectionality of class, caste and sexualities.	

Source: Authors

Appendix 11

Case studies from local organisations working on women and climate change

1. Barefoot College

A Barefoot College journey to lifelong learning

Accessible quality education rooted in Indigenous wisdom is the mantra for transformation at Tilonia's Barefoot College

An engineering class is underway where a group of 45 students across 10 different countries is assembling solar devices. There is something strikingly different about the students. The average age of the all-women group is around 42 and none of them have formally studied science. In fact, most of them are semi-literate. You then notice their facilitator. Dressed in an ethnic *ghaghra odhni* (women's traditional clothing in Rajashthan) the rural instructor doesn't speak their language or English, yet their communication is perfect. This group of women, after six months of training, will return to their respective villages and electrify them through solar energy. If you thought this was unusual, this is just one of the multiple rare, but highly effective educational innovations at the Social Work and Research Centre. Tilonia's Barefoot College is located in the heart of rural Rajasthan. From solar energy to nutrition, health to communication, and water to local art, you don't need a portfolio or prior degrees to learn here. Deeply rooted in Gandhian principles, the Barefoot model is simple – you learn by doing, and then you scale it up!

Energy and the environment

The vocational training at Tilonia is as simplified as basic subjects are for children. From making the campus self-sufficient in energy needs back in 1996 to the renowned Solar Mamas programme that teaches components, colour coding and circuits of solar home-lighting systems to women from non-electrified villages, the transfer of solar energy to the rural community has a three-layered impact. It sustains the villagers' need for electricity at reasonable costs and it does so through the most vulnerable segment of the population, the women, who also learn lessons in practising empowerment. This solar project lights up perspectives and is a significant takeaway for education across all sectors. The programme saves millions of litres of kerosene from being used, thus addressing the big sustainability question much before sustainability became a popular word across academic corridors. *Jagriti yatra* (travelling for awakening) provides trainers of the trainers to teach the basics of English, math, banking, digital interface and entrepreneurship. Besides the equipment and know-how, the Solar Mamas take back a newly-discovered identity. Kamlesh Singh Bhist from the solar department explained:

> When the trainees come in, they are barely able to speak in their families. When they go back, they not only electrify their villages but also train other women through rural electronic workshops. Nobody goes back with them to help them with the setup. We just send the equipment. (CC1)

Since 2004, this programme has trained 3,000 women impacting 75,000 households benefitting 1 million families and saving 45 million litres of kerosene.

Tilonia's foundation was dug with the setting up of wells and hand-pumps solving for water crisis in parched terrains. This addressed the twin barriers of gender and caste discrimination as not only were the hand-pumps set up outside houses of people from lower-castes, but some rural

women were also trained as hand-pump *mistris* (hand pump technicians) for their maintenance and repair. When the water table went low in the 1986 drought, Tilonia brought forward the idea of water harvesting. Women turned into architects, leading the programme where buildings of government schools, hospitals and community centres were used for collecting water in underground water tanks. The material, the mason and the labour were all local. This water conservation technique has now spread to 20 states and seven countries. Water harvesting also brings together the three basic ideas of the institution's technique – simple, cost-effective and durable. Rainwater storage in the form of tanks, ponds and small dams has harvested 70 billion litres of water and supplied potable drinking water to over 1,650 schools across the country.

Interactive education

In the past four decades, over 2,000 communicators have been trained to produce interactive shows that have been performed in 3,000 villages changing mindsets gently but firmly. The Community Radio being run by women radio jockeys of Tilonia since 2009 compliments the traditional communication team by reaching out to 60,000 people in a 15-kilometre radius of the college. The women interview people of consequence, share insights and give out information on various development issues.

The inexhaustible list of the works of Tilonia reflects the idea that learning is indeed for life. The various women's groups that got together to mobilise an agitation for minimum wages have a Supreme Court decision in favour of the women labourers to their credit and have challenged many-an-ill practices rampant in rural India.

All educational spaces here manage a delicate balance – they are formal enough to fit in, yet informal enough to stand out. The core concept applied across all departments is using an integrated approach through the understanding of and partnership with the community. As it marks 50 years of this journey, the institution has exemplified across all possible spaces how anything is possible – whether it is elderly women doing accounts on computer systems or community-driven waste management systems – the sky is the limit, but the journey is always barefoot! "We are a community-based organisation. There is no outsider here. The locals are working for locals. The application of practical knowledge is the base of all our endeavours. Our non-negotiable values of equality, simplicity, decentralisation, collective decision-making, community participation, responsibility, honesty, transparency and accountability are deeply integrated in all our work", shares development coordinator Ramkaran.

2. Centre for Social Research

Harnessing community power: linking water conservation to women's empowerment

In the village of Jhirandiya, located in the Tijara-Khairtal district of rural Rajasthan, alcohol addiction and domestic violence against women by male family members under the influence of alcohol is an open secret. An illegal alcohol shop operates in the village, where it is customary for men and young boys to gather every evening, drink heavily, and return home intoxicated, often beating their wives. These assaults, triggered either by ongoing disputes or habitual aggression, are a routine part of life. Physical violence against daughters-in-law is so normalised that even mothers-in-law participate, either by directly assaulting them or encouraging their sons to do so, creating a generational cycle of gender-based violence.

Isolated within their homes, overburdened by responsibilities such as household chores, caring for children and the elderly, managing livestock, wage labour, and tending to the fields, the women of Jhirandiya endure this abuse in silence. With little time for social interaction, they communicate their shared suffering through subtle glances and nods, recognising the collective pain, helplessness, and resignation to the constant violence and subordination they face.

The Centre for Social Research, an organisation focused on women's rights and advocacy, has been working with these women for the past year through its Gender, Water, and Climate Change initiative. Through gender-sensitisation workshops, water conservation training, and exposure visits, they have been helping the women restore their traditional water harvesting structure, the *johad* (pond), to improve water security in this semi-arid region. For two months, about 40 women gathered daily for eight hours to work on the johad's rejuvenation. In the absence of men, this space allowed the women to bond, form friendships, and openly discuss the widespread domestic abuse they all faced. This newfound sense of solidarity led them to realise that they must take action to stop the violence, starting with the closure of the illegal alcohol shop.

Together, the women approached the village Sarpanch, and with her, they walked 8 kilometres to the District Magistrate and Collector's office to demand action. On the same day, the Collector ordered the shop to be closed, and it was shut down following due procedure.

Although this victory is significant for the women of Jhirandiya, who have demonstrated the power of collective action, their challenges are far from over. Despite the shop's closure, backdoor alcohol sales persist, and many men still return home intoxicated to abuse their wives. While the violence continues, the women's stand marks a crucial step towards reclaiming their dignity and autonomy.

Additionally, the rejuvenated pond now harvests millions of litres of rainwater, improving water security and reducing the time and labour women previously spent collecting water from communal taps after waiting for hours. This initiative, originally aimed at managing natural resources for climate adaptation, has also empowered the women to unite against domestic violence. By strengthening their decision-making and agency in water management, the project has had a ripple effect, increasing their agency over their own bodies and their fundamental right to live free from violence.

3. Development alternatives

Women on the move: e-mobility as a pathway to a just transition

Through the Work 4 Progress Programme of Development Alternatives – a think tank and social enterprise dedicated to sustainable development – efforts have been made to accelerate the creation of meaningful and dignified employment opportunities through platforms for innovation, action, and continuous learning. This programme specifically focuses on enterprise development for youth and women in the Bundelkhand and Eastern Uttar Pradesh regions. Employing a social innovation methodology, the programme generates ideas to address challenges and identify potential solutions through community dialogue. These ideas are then co-created with stakeholders, prototyped, refined, and disseminated broadly to achieve large-scale impact.

During DA's interactions with local women in the Bundelkhand region, the idea of home-based entrepreneurship was introduced. Pragya Devi, one of the women from the community, expressed her passion for riding motorbikes, sparking the concept of women driving e-rickshaws as a means of income generation. With support from DA, one woman acquired her first e-rickshaw in Mirzapur, inspiring many others to follow suit. Pragya Devi became a notable figure, often seen delivering goods during the COVID-19 pandemic and providing transportation for police personnel, notably while donning a leather jacket over her saree.

To date, 114 women in the region own and drive e-rickshaws. Beyond fostering financial independence for these women, the initiative has prioritised providing safe mobility for young girls, with over 10,000 girls utilising this transport service. Additionally, the e-rickshaw drivers have formed an informal collective named "Arya," where they support one another in resolving vehicle-related challenges as well as addressing personal and social issues through a sense of sisterhood and solidarity.

Chanda Shukla has emerged as the first trainer in the region, responsible for teaching young girls and women to drive e-rickshaws and is in the process of formalising the training system. DA has played a pivotal role in securing subsidised rates from vendors, liaising with the government to ensure licenses are issued to trained drivers, and conducting gender-sensitisation training for families, encouraging them to support women in pursuing their career choices.

While progress has been made, challenges remain. Parvati, for example, is prohibited by her family from attending Arya meetings, and Pragya faces threats from her neighbours for engaging in what is traditionally considered a man's job. DA is also exploring the introduction of a leasing option, which would benefit individuals like 19-year-old Kajal, who aspires to drive an e-rickshaw but currently lacks the financial capacity to purchase or finance one.

This intervention offers numerous benefits: it provides safe mobility for young girls in the region, grants financial independence to the women drivers, challenges traditional gender roles and occupations, and promotes the use of electric vehicles. It serves as a model of a Just Transition, addressing both social and environmental dimensions of sustainability.

Appendix 12

Gender glossary

☐ **Bodily integrity**: Right to autonomy over one's body.

☐ **Care economy**: Recognition of unpaid care work's contribution to the economy.

☐ **Climate justice and gender justice**: Addressing gendered impacts of climate change.

☐ **Collectivisation**: Women uniting to address socioeconomic and gender inequalities.

☐ **Community-led mobilisation**: Grassroots efforts for gender justice.

☐ **Dalit feminism**: Feminism addressing caste and gender oppression among Dalit women.

☐ **Disability feminism**: Focuses on women with disabilities and systemic barriers.

☐ **Eco-feminism**: Focuses on the link between ecological sustainability and gender equity.

☐ **Feminist advocacy**: Actions to promote gender equality and justice.

☐ **Feminist discourse**: Discussions centred on feminist ideologies.

☐ **Feminist environmentalism**: Advocates for gender equality in ecological efforts.

☐ **Feminist journalism**: Media practices led by and for women.

☐ **Feminist knowledge**: Understanding feminist theories and practices.

☐ **Feminist lens**: Perspective focusing on gendered experiences.

☐ **Feminist lens on climate action**: Gender-inclusive approaches in addressing climate change impacts.

☐ **Gender blindness**: Ignoring gender-specific impacts in policies or interventions.

☐ **Gender equality**: Equal rights and opportunities for all genders.

☐ **Gender mainstreaming**: Integrating gender perspectives into policies.

☐ **Gender norms**: Social expectations about gender roles.

☐ **Gender roles**: Roles are assigned based on gender.

☐ **Gender-based violence**: Violence targeting individuals based on gender.

☐ **Gender-responsive policies**: Policies tailored to address specific gender-related needs.

☐ **Gender-sensitive policies**: Policies addressing gender-specific needs.

☐ **Gender-transformative policies**: Policies challenging unequal gender norms.

☐ **Gendered power dynamics**: Power imbalances based on gender.

☐ **Gendered vulnerabilities**: Disproportionate challenges faced by women due to gender roles.

☐ **Grassroots feminism**: Community-led feminist movements focused on local challenges.

☐ **Inclusive gender norms**: Redefining roles to include all genders.

☐ **LGBTQ rights**: Rights of lesbian, gay, bisexual, transgender, and queer and other individuals.

☐ **Maternal health**: Health of women during pregnancy and childbirth.

☐ **Menstrual hygiene management**: Access to safe and hygienic menstrual care.

☐ *Nari Adalat*: Women-led courts addressing local gender issues.

☐ **Non-binary identities**: Gender identities outside male and female binaries.

☐ **Patriarchy**: System of male dominance in society.

☐ **Queer feminism**: Intersection of queer rights and feminist ideologies.

☐ **Queer identity politics**: Advocacy centred on LGBTQ individuals challenging heteronormativity.

☐ **Reproductive rights**: Rights related to contraception, pregnancy and abortion.

☐ **Social dynamics of gender**: Interplay between gender and societal structures.

☐ **Structural inequality**: Systems perpetuating gender-based discrimination.

☐ **Transformative gender interventions**: Actions reshaping norms for equality.