

Gender & Governance

**Reviewing the Women's Agenda in the
National Common Minimum Programme**

WADA NA TODO ABHIYAN

March 2007

Gender & Governance – A Review of the Women’s Agenda in the National Common Minimum Programme (March 2007, Delhi)

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Wada Na Todo Abhiyan

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Wada Na Todo Abhiyan (Keep Your Promise Campaign) is a national initiative to hold the government accountable to its promise to end Poverty, Social Exclusion & Discrimination.

This campaign emerged from the consensus among human rights activists and social action groups who were part of the World Social Forum 2004 (Mumbai) on the need for a forceful, focused and concerted effort to make a difference to the fact that one-fourth of the world’s poor live in India, and continue to experience intense deprivation from opportunities to learn, live and work in dignity.

We aim to do this by monitoring the promises made by the government to meet the objectives set in the UN Millennium Declaration (2000), the National Development Goals and the National Common Minimum Programme (2004-09) - with a special focus on the Right to Livelihood, Health & Education.

Wada Na Todo Abhiyan works to ensure that the concerns and aspirations of Dalits, Adivasis, Denotified & Nomadic Tribes, Women, Children, Youth, the Differently Aabled and People Living with HIV-AIDS are mainstreamed across programs, policies and development goals of the government. We are represented by a network of more than 900 rights action groups across 15 states of India, who have come together to link social action groups and policy makers on issues of strategic relevance.

You can be part of our effort by:

- mobilizing groups and disseminating information on our key issues and collective actions
- contributing information on the policies and programs that are being monitored by the Abhiyan
- participating in the initiatives of our state networks and partners
- helping us co-ordinate with the media and raise resources for our activities
- signing up to be a member of the campaign through our website <www.wadanatodo.net>

Other Publications of Wada Na Todo Abhiyan:

- Securing Rights – A Citizens’ Report on the Millennium Development Goals, Sep 2005
- The 2nd Civil Society Review of the National Common Minimum Programme, May 2006
- NREGA – A Resource Book, Nov 2006
- The People’s Verdict - Outcomes of the National Tribunal on NREGA, Dec 2006
- Nine Is Mine – 9% GDP for Health & Education (A Primer), Jan 2007

PREFACE

Wada Na Todo Abhiyan (Keep Your Promise campaign) represents the effort of over 900 organizations, active in 15 states of India, to hold the government accountable to its promise to End Poverty & Social Exclusion – as promised in the United Nations Millennium Declaration, the National Development Goals and the National Common Minimum Program.

Recognizing that the struggle to end poverty is powerless without the participation and leadership of women, this Perspective Report on Gender & Governance has been developed as a tool to emphasize the centrality of the women's agenda across the policies, programs and budgets of the government. The focus of our attention is the blueprint for governance that has been developed by the United Progressive Alliance government after it came into power at the Centre in 2004 – the National Common Minimum Programme.

This report draws attention to the outcomes for women in relation to the National Common Minimum Programme and its 3 flagship initiatives, namely the National Rural Employment Guarantee Act (NREGA), the National Rural Health Mission (NRHM) and the Sarva Siksha Abhiyan (SSA). Authored by eminent activists and experts, the report draws attention to the need for additional efforts to be made to ensure that women are able to benefit from and participate in the national programs for livelihood, health and education.

Amarjeet Kaur of the All India Trade Union Congress points out that although that although 96% of working women in India belong to the informal sector, the country still lacks social security legislation that can ensure fair wages and safe working conditions for millions of women. *Annie Raja* of the National Federation of Indian Women notes that despite the provision for 33% preference for women workers in NREGA, field audits show that women are prevented from taking up work through the scheme, and paid lower wages for their work.

Abhijit Das of the Centre for Health & Social Justice and *Jashodhara Dasgupta* of Sahayog adjudge that for the NRHM to achieve its intended objective, the explicit recognition of gender disparity as a determinant of health status and access to health care is imperative. *Malini Ghose* of Nirantar draws attention to the adverse impact of privatization of education on women and girls, particularly from socially disadvantaged sections, and strongly recommends that the state should arrest its withdrawal from the education sector and the formal education system should be strengthened not downsized.

On the occasion of International Women's Day, the Abhiyan – through 40 release events of this report organized across 10 states – will link over 12,000 women in an effort to remind the government of its promise to end Poverty & Social Exclusion and reinforce that this change will not be possible unless women's concerns and rights are mainstreamed in governance. This will be the first of the initiatives planned across the year to demand women's universal access to health, education and security – and emphasize that the government's commitment women's empowerment is not negotiable.

- National Secretariat, Wada Na Todo Abhiyan

OVERVIEW

The National Common Minimum Program is more than just a policy document. It is a promise made by the present government to respect the overwhelming electoral verdict that brought the United Progressive Alliance to power at the Centre in 2004 – the verdict of the poor, the marginalized and the politically unheard of the country.

The National Common Minimum Program (NCMP) has provided a charter for governance that outlines important outcomes in the areas of Livelihood, Food Security, Health, Education, Secularism, Human Security and the rights of marginalized groups such as the workers, farmers, dalits, adivasis, women, youth and children. In this regard, the efforts being made by people's organizations and networks to popularize the commitments made in the NCMP, and build a sustained effort to monitor its implementation is not only welcome but also imperative.

One of the six basic principles mentioned in the preamble of the NCMP is **“to fully empower women politically, educationally, economically and legally”**. In this context, the attempt to look at what has been promised for women in the National Common Minimum Program is a step in the right direction. The NCMP will not be achieved without an emphasis on women as the key stakeholders in governance, and in the implementation of its various initiatives.

Political empowerment and the adequate representation of women must be ensured in all political and social organizations. Despite the commitment under the NCMP, the Bill on 33% reservation for women in Parliament has not been pushed through and we must demand that it be tabled without further delay.

Although there is much optimism in relation to the sustained growth of GDP, we need to sound the alarm on the trend of jobless growth. There is enough evidence to show that women are the first to lose their jobs to retrenchment, downsizing and voluntary retirement schemes. They are instead forced into daily wage, piece meal and insecure jobs in the informal sector.

Of the total working population of women, 96% are engaged in the informal sector. In order to achieve economic empowerment for women, the first step for the government is to address the glaring irregularities in the informal work sector. The introduction of Social security legislation for the unorganized sector is as fundamental to the economic empowerment of women, as the Women's Reservation Bill is to their political empowerment.

While the government has been forced to sit up and take note of the depression in the agricultural sector due to the astounding numbers of farmers' suicides across the country, adequate attention has not been paid to the rehabilitation of the women who are left destitute, indebted and landless as a result. Further in its response to the agricultural crisis, the government is still to consider and respond effectively to the situation of the large numbers of women in agriculture and its related sectors. Without a doubt, women are the worst sufferers in the fall-out of the current economic policies on the formal and agricultural sectors.

The formation of Export Promotion Zones (EPZs) is also an area of great concern. The workforce here is largely comprised of women. The EPZs need to be monitored closely to ensure the implementation of social security provisions and labour standards.

There must be an increase in investment in economically and socially backward areas in terms of educational, health and other social infrastructure. Where infrastructure is inadequate, girls

and women stand to lose out further to the patriarchal structure. While the government has promised 9% of the GDP to public spending on education and health, current investment in education stands only near 3% GDP for Education and less than 1% GDP for Health. The absence of this critical investment has a direct impact on the future of the girl child. Her interests stand to be sacrificed first when the family cannot afford health or education. The absence of this basic investment on the part of the government has far reaching impacts on the Infant Mortality Rates and Maternal Mortality Rates of the country – which are among the worst in the world.

Similarly, the close relationship between women's well being and their access to adequate water cannot be undermined. It is well established that girl children and women bear the responsibility for water collection across urban and rural communities. The move towards the privatization of water, such as through the JNNURM, will first impact women and further intensify their struggle to ensure that their family is assured of this life resource.

The NCMP places the subject of population control and fertility control under the section referring to women's issues, which seems to put the onus only on women. This is a regressive approach and difficult to reconcile, particularly when the demand for reproductive health rights by women are not heeded to.

The adoption of the Protection of Women against Domestic Violence Bill and the Hindu Succession (Amendment) Bill are positive steps taken by the government. However it is equally important to engender the NCMP's flagship programs, such as the National Rural Employment Guarantee Act (NREGA), the National Rural Health Mission (NRHM) and Sarva Shiksha Abhiyan (SSA).

The Women's Agenda in the NCMP should not be understood only in the context of provisions that are specific to women, but in relation to how women stand to be affected in every sector of governance and how women will be counted in and will gain through every initiative of the government.

It is towards this objective that this Perspective Report on Engendering the National Common Minimum Program must be widely disseminated and utilized by a cross section of organizations and networks. In May 2007, the United Progressive Alliance will complete three years of Government. It is time for us to act now to ensure that the promises made to the people are fulfilled.

Amarjeet Kaur
Secretary, All India Trade Union Congress (AITUC)
2 March 2007

ENSURING THE RIGHT TO WORK FOR WOMEN

A Review of the NREGA from the Gender Perspective

By Annie Raja*

Enacting the Employment Guarantee

Workers organisations, women's organisations, youth and student organisations have been demanding the National Employment Act for many years as part of the government's commitment to the Right to Work.

The inclusion of the NREGA in the National Common Minimum Program can be traced back to a draft prepared by people's organizations in July 2004. This draft was based on the Maharashtra Employment Guarantee Scheme, but with some important changes like stronger provisions for transparency and the active involvement of Panchayati Raj Institutions.

In August 2004 the National Advisory Council (NAC) recommended this draft to the Government with one major modification - in the NAC Draft the Employment Guarantee was limited to 100 days per household in line with the National Common Minimum Program. On 21 December 2004, the NREG Bill was tabled in Parliament. However the Bill proved to be a pale shadow of the NAC Draft. The Bill languished with the Standing Committee for more than 6 months before it was finally converted into the National Rural Employment Guarantee Act in September 2005, and launched in Ananthpur district of Andhra Pradesh in February 2006.

"Har Haath Ko Kaam Do, Kaam Ko Poora Daam Do"

Work for Every Hand, Full Wages for Every Work! was the slogan that led the collective struggle of more than two hundred organizations who have campaigned for the enactment of the Employment Guarantee Act. Hundred thousands of signatures were collected on sarees, dhotis and banners and displayed in front of the Parliament to demand a meaningful Employment Guarantee Act. A *Rozgar Adhikar Yatra* (Right to Employment Rally) was also organised the banner of "People's Action for EGA". It traveled through 50 districts, across 10 states in 51 days!

Ground Realities

As part of the *Rozgar Adhikar Yatra* we visited many 'labour *mandis*' across different states. These *mandis* were flooded with poor people – and especially women. In many instances, their wait would continue for weeks together along with their minor children. They would come to the *mandis* early in the morning and will wait till the evening; many a time with out result. The absence of work forced families to migrate to other districts and states in search of work – sometimes the whole family would move and sometimes only the male members would migrate in search of work. These experiences reinforced our demand that the Employment Guarantee Act is particularly crucial for women and for their all-round empowerment and food security.

* Annie Raja is General Secretary of the National Federation of Indian Women (NFIW) and a member of the Union Government's NREGA Review Council

People's movement across the country demanded that the act should be universal, it should be irreversible, unrestricted, ensure minimum wage and extend to the whole of India. The most important demand was to ensure equal participation and wages for women.

Women and NREGA

Equal Wages

The demand for equal wages and opportunities under the Act is aimed for through the provision for 33% preference for women workers. However, here it is important to note that this provision is not part of main Act but of the Schedule. This implies that it can be amended at any time without much effort. *It is important for us to bring this provision into the main body of the Act, and ensure that it will not be amended negatively.*

Planning

If we look at the role of women in the process of planning and implementation of NREGA we see a grim picture. Indian society being a patriarchal one does not welcome or appreciate women's voice or even her presence in decision making process and forums. Therefore, it would be unrealistic to expect a revolutionary change in women's participation. This implies that we need to work harder to enable women's active role as an individual as well as a citizen of a democratic country – and due attention must be given to ensure women's participation in the NREGA.

Awareness

The awareness of NREGA and workers entitlements is very low. In many states, there has been a deliberate attempt not to disseminate complete information regarding the NREGA. Most people are not even aware of the fact that they should apply for work.

Minimum Wage

One is not too surprised to know that across the entire 200 districts in which NREGA was operational in 2006-07, only a handful of workers have received the prescribed minimum wage. In the case of women, the picture is even worse.

Even though the Act clearly mandates for equal wages, we have observed that women in all states have received less wages than men. Even at the end of eight to nine hours of work in a day, a woman will get not more than 40 rupees. Sometimes it is only 25 or 30 rupees for a full day's work.

The entry of a work in the job card - without providing the due payment - is seen to be a widespread phenomenon in places such as Udaipur. If women demand their fair wages, they are threatened that they will not be called for work in future.

Work Site Facilities

Until there is a social audit or a survey team visit, the provision of work site facilities like crèches, shades and drinking water is out of question in majority of the states. Women set out for work in the early hours of the morning, leaving behind their infants and the elderly – in their own words - at the mercy of the “*Uparwala*” (*The One Above*). All through the day she is

worried about her children and their safety. In other cases, little children are brought to the work sites by their mothers and crawl around unattended.

Work Allocation

It is important to note how gender divisions affect work allocation and wages. In Raichur district of Karnataka, it has been observed that a digging work site will have few men and more women - who will have to wait for their turn to collect mud. This has a negative impact on their output and wages. As the wages are calculated on the basis of measurement, the women - although they have spent all day at work - get a lesser wage.

In Raichur, Karnataka women have also been asked to come for work with their male counterpart. This insistence creates problems for widows, deserted women, women whose husbands have migrated. In Jharkhand, women are being denied work saying that only 33% work is for women and once that quota is over there will be no more work allotted to them. The story is almost same in many other states – under one or the other pretext women are kept away from their right to work.

The most striking finding has emerged from the social audit in Uttar Pradesh. In Sandila block, for which the official records were made available, only a handful of women have been given employment to date! The social audit teams did not find a single woman who had worked and worse still, none of them were registered on the job cards. Even where women are the sole bread-earners, job cards have been denied to them.

A “pradhan-pati” (the ‘official’ title given to husband of a women leader of the village level committee), speaking as the Pradhan in full public view, declared that in Uttar Pradesh, “women do only two kinds of work: “*boaaee*” (sowing) and “*kataee*” (cutting). They do not do mazdoori”. Hence the question of women working on NREGS works did not arise!

Indeed, several women during the social audit complained that the men prevented them from going to work at the sites claiming that it would reflect a loss of honour for them: “*mahilaon se mazdoori karaenge to badnaami hogi*”. It is a sad reflection on the social norms of this area that the grossly emaciated women with their brood of malnourished, un-dressed children are no cause for “*badnaami*” or dishonour whereas the earning capabilities of women that could make a difference to their and their children’s well-being are seen as bringing “dishonour”.

The *pradhan-pati*’s statement however reflects a class and caste bias as well. This biased justification for keeping women off the NREGS amounts to a denial of an important source of livelihood to families that are struggling to survive. It only serves to keep the economic and social inequalities intact. (Kiran Bhatti, EPW) The fact is that poor women, especially from lower caste backgrounds with fewer taboos on work, are able to do all sorts of work including hard manual labour.

We see a completely different picture in Dungarpur, Rajasthan. At many work sights you will not see a single male member. This is a district with large scale migration of male members. Digging, breaking stones, lift and depositing – all the hard work is done by women.

Conclusion

NREGA provides women an opportunity to earn a minimum wage, and lessens their largely unrecognized role in providing for and sustaining their families. The recognition of the problems they face in accessing the Employment Guarantee and some creative thinking about how to deal with these would go a long way in extending the benefits of the Act to this fundamental section of society.

The Employment Guarantee Act if implemented well can serve as an important instrument to empower rural women. In spite of all its shortcomings, it is crucial that women make optimum use of NREGA.

Key Findings of the National Tribunal on NREGA[†]

1. Factual information about the program appears lacking, not only among the people but also among those who are responsible for implementation
2. There are tremendous hurdles faced at the first stage of registration and acquiring of the Job Card itself. Proofs of identity and fees have been demanded for registration. There is also reluctance on behalf to accept applications for work even after the individual is registered.
3. Women headed households and joint families are at a distinct disadvantage in accessing the benefits of the scheme. The provision of work to one person of the household has been interpreted to mean that it is applicable only to the male head of the household.
4. Even after the procurement of a receipt for the application for work – work has not been made available in many instances, and there is no case reported where an individual has actually received the unemployment allowance.
5. There appears to be a lack of transparency in the allocation of works. In several instances, no reasonable explanation has been given for the selective distribution of works to certain hamlets within the village, or specific individuals. Dalits, women, minority groups and persons with disabilities bear the brunt of this selective process of allocation.
6. Systems for measurement of work are inadequate and disparate. There is no distinction between skilled and unskilled work, and the same wage is provided for both.
7. Facilities for shade, water, first aid and crèche are not being provided at the work site.

[†] The National Tribunal on NREGA was organized as part of the India Social Forum, Delhi on 10 November 2006. More than 1000 people across 14 states participated in this event and presented testimonies of their experiences with the NREGA. Annie Raja and K R Venugopal formed the Jury in this Tribunal.

GENDER EQUITY IN HEALTH

Reviewing the NRHM from a Gender Perspective

By Jashodhara Dasgupta & Abhijit Das[‡]

The concept of gender in health evolved from the feminist analyses of the 70's and 80's that emphasized the social and cultural nature of the differences between men and women, particularly the unequal power and status attributed to male and female roles. These gender relations and sex-linked biology affect health risks and health outcomes for both women and men, as well as their access to health information and services and the response of the health sector to their needs (Van der Kwaak and Dasgupta, 2006). Gender equity in health requires an absence of bias in norms, in rights, in resources, service provision, policies and research.

Gender mainstreaming implies a strategy that situates gender equality issues at the center of broad policy decisions, institutional structures and resource allocations, and includes women's views and priorities in decision-making about development goals and processes (SIDA, 1996). Where health issues are concerned this would imply identification of determinants of health / illness through a gender lens, preparing appropriate policies and programmes to address these and allocating resources accordingly. The importance of such an approach was globally acknowledged and recommended through the International Conference on Population and Development (ICPD 1994) and the Fourth World Conference on Women (Beijing 1995).

Towards Gender Sensitive Health Systems

The introduction of a gender sensitive approach to health care service delivery is not possible unless programme managers and health care providers are convinced that this approach is not only equitable and just but also more efficient and effective.

A beginning towards developing such an understanding among the people managing and operating the health care delivery system was made during the first phase of the Reproductive and Child Health programme (RCH-1). A series of training interventions on gender, reproductive health and population issues, were initiated through the Lal Bahadur Shastri National Administrative Academy, the National Institute of Health and Family Welfare and various State Institutes of Health and Family Welfare. These were intended for senior health bureaucrats, health trainers as well as health providers including Medical Officers as well as the ANM. In a few districts saturation gender training of all health care providers was also attempted. Even though training alone cannot bring about 'gender mainstreaming' these interventions led to many implementation level changes in the way providers interacted with women from the community. It was expected that RCH 2 the follow-up to the RCH 1 programme would be introducing a more broad-based approach to gender and health.

[‡] Jashodhara Dasgupta is Founder-Member of SAHYOG and a core group member of the Health Watch Forum, Dr. Abhijit Das is Founder-Member of the Centre for Health & Social Justice and a member of the Central Government's Advisory Group on Community Action on the NRHM

Mainstreaming Gender in Reproductive & Child Health

One of the supporting documents that were prepared in the build-up to the RCH 2 was titled *“Mainstreaming Gender within India’s Reproductive & Child Health (RCH 2) Programme”* and provided a framework for understanding what is gender mainstreaming and suggests mechanisms for doing so. This supporting document relating to gender mainstreaming within the RCH 2 programme was finalized in January 2004, during the preparatory process of the RCH 2.

This document mentions that gender mainstreaming has to be seen in the context of the many socio-economic disparities and barrier that exist in society. It argues that gender mainstreaming cannot be seen as an add-on but has to be central to the overall vision and mission of the programme. It is not only to be about “clients” but is also concerned with providers and institutional environment and does not only include activities and services, but is also concerned about attitudes and skills of providers. It includes building capacities in the community to make informed choices about their own needs and having a forum for sharing these with the concerned providers. Overall it is concerned in improving responsiveness and efficiency of the system to cater to the needs of the poor and of women, and is concerned that services become available within a short physical and social distance and that women are treated with dignity, care and kindness when they approach a health facility or a service provider.

A number of examples were provided of interventions, which address the issue of gender discrimination, such as son preference and sex pre-selective abortion as a key issue, improving work environment for the female frontline workers, introducing simpler technologies for more accessible abortion services, addressing gender based violence through and within the health system, the training of providers and managers on gender mainstreaming and becoming more responsive and setting up an state level advisory panel to review and advise on gender issues

However, before the RCH 2 could become operational, general elections took place all over the country and a new UPA government came to power. The UPA government started deliberations on the NRHM and many aspects of the RCH 2 programme were subsumed within it. Some aspects of RCH 2 like JSY (Janani Suraksha Yojana) and ASHA (Accredited Social Health Activist) became the visible face of NRHM and others like ‘gender mainstreaming’ have remained largely unaddressed.

Key features of the NRHM

The National Rural Health Mission (NRHM) is the embodiment of the UPA Government’s commitment to improving the healthcare of the people as promised in its Common Minimum Program (CMP). In the CMP it promised to raise the public expenditure on health, increase investment in the control of communicable diseases, ensure healthcare for the poor through a national health insurance scheme, improve the availability of life-saving drugs at a reasonable cost. The NRHM was inaugurated in April 2005 and the Mission Steering Group chaired by the Prime Minister. The goal of NRHM is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

The NRHM document starts by acknowledging the many bottlenecks to the delivery of effective health care services to the poor. These include very low public investment in health, and increasing privatization is one reason for the high out of pocket expenses for health care. Health care is also one of the most important reasons behind indebtedness. The public health system is fragmented into vertical health programmes, and there has long standing call for integration of the health and family welfare departments. In a significant departure from the past the NRHM was formulated after a large number of consultations and many of the recommendations made by civil society experts and representatives were accepted and incorporated into the many programme documents. Civil society participation has been given a prominent place in the scheme of the NRHM in the name of communitisation and community monitoring has been included as one of the operational monitoring mechanisms of the Mission.

Besides calling for decentralization and involving PRIs and local organizations in planning and monitoring health care services, the NRHM also promises strengthening of the delivery of health care systems. The Mission seeks to strengthen the Sub Centre, the Primary Health Centre and Community Health Centre by laying down criteria for quality services (Indian Public Health Standards) and measures for accountability and transparency through formation of the Rogi Kalyan Samitis. The Mission also calls for a radical overhaul of the health planning process by instituting the mechanism of District Action Plans and the Village Health Plan. The District Health Mission is made the nodal implementing body and its operations are strengthened by the constitution of a District Project Management Unit.

The Mission also has provisions for introducing new regulation for the private sector and for finding innovative ways of involving the private sector (including NGOs) in the delivery of services through the mechanism of Public-Private-Partnerships (PPP). The mission also aims to mainstream and revitalize local health traditions (AYUSH). In addition, there are also plans for effective and viable risk pooling and social health insurance. This will provide health security to the poor by ensuring accessible, affordable, accountable and good quality hospital care. In order to make many of the provisions sustainable over a long time there are plans to reorient medical education to support rural health issues.

Gender in NRHM formulations

The NRHM begins with an explicit commitment to providing accessible and quality health care services to the poor, women and children in rural areas. Though there is a mention of women as a key 'beneficiary' of the NRHM, it is an interesting exercise to examine the specific focus of NRHM on gender issues. To start with, among the various documents related to NRHM formulation and implementation, the word 'gender' is present in three: the Mission document, the NRHM Framework of Implementation and (draft) Framework for Preparing District Health Action Plans. There is no mention of the word gender in the documents relating to JSY, ASHA, Frequently Asked Questions (FAQ); Indian Public Health Standard Guidelines and so on. However concepts allied to gender like male participation or privacy and confidentiality for women users are addressed in these documents.

The first mention of 'gender' in NRHM is in its goals where 'gender balance' is mentioned in the context of population stabilization. This is a very important qualifier to the term 'population

stabilisation', which had for all purposes come to mean the same as 'population control' for many. The disastrous decline in sex ratio of children has brought to fore the dangers of calling for population stabilization without addressing the widespread gender disparities and son preference in our society. In the Framework of Implementation, mention is made of addressing social determinants like 'gender', and there is also mention of allocating 10% of the funds to PRIs for 'gender-sensitive schemes'. Women's empowerment and 'gender equity' are two important reasons cited for bringing about convergence with the Department of Women and Child Development. The draft framework for preparing district plans also lays emphasis on gender-disaggregated data for planning purposes. The Indian Public Health Standards for PHCs mentions the need for 'privacy' in a number of places and most of these are in operational contexts like in the examination room, the labour room as well as in checklists for physical infrastructure.

These existing mentions of gender-related provisions in the NRHM point to the fact that there is some degree of concern for gender disparity in the implementation and outcomes of the mission. What needs to be investigated is that whether the existing provisions will be sufficient to bring about the changes that are desired. In order to understand this, it is necessary to refer to one of the supporting documents that were prepared in the build-up to the RCH 2, titled "*Mainstreaming Gender Within India's Reproductive & Child Health (RCH 2) Programme,*" which provides a framework for understanding what is gender mainstreaming and suggests mechanisms for doing so. Some of their recommendations are still not part of the NRHM framework including those that referred to sex pre-selection, accessible abortion services, gender based violence, gender training and gender advisory bodies.

Gender dimension in NRHM implementation today

If we look at the major accomplishments of the NRHM in the first one and a half years we see the following:

- Appointment of a large number of community level women workers - the ASHAs - all across the country
- Provision of support to women for institutional childbirth through Janani Suraksha Yojna
- Provision of services at the village level through the monthly Village Health Day
- Improved functioning of outpatient departments at the PHCs
- Upgrading of select CHCs and PHCs for delivering a larger range of services (ongoing) and so on

It is true that a large chunk of NRHM is devoted to women's issues like maternal health (JSY), female community workers (ASHA), additional female frontline workers (second ANM for Sub Centres) but these are not enough for identifying the specific disadvantages that women face and for addressing these. However a large number of other specific measures included in the NRHM have yet to be implemented.

Training of providers in gender dimensions of population and reproductive health issues, which had been initiated under the RCH 1 programme have been suspended, and some gender

related issues that have not been addressed even conceptually, in addition to the list of issues mentioned in the gender-mainstreaming document. These include:

- Identifying and addressing gender dimensions of communicable diseases like tuberculosis, malaria
- Preparing a holistic nutrition action plan that includes children, adolescent girls, and women and does not restrict itself to pregnant women and lactating mothers (ICDS)
- Increasing women's participation and ownership of village level health planning and monitoring
- Establishing an adverse outcome monitoring system (maternal or infant deaths, family planning failures and complications etc)
- Establishing a system of identifying and addressing denial of care and abusive provider behaviour faced by women
- Preparing an effective plan to address men within maternal health programmes, boys within adolescent health programmes and similar programmes with men for addressing gender equity issues and improving health outcomes for women
- There is very little in the way of programmes for men specifically, even in the family planning programme, and men's involvement is reduced to vasectomy

The Way Forward

The NRHM formulation weaves in some gender issues within its overall framework though there is very little explicit mention of gender disparity as being an important determinant of health status and health care service delivery. The status of implementation of NRHM does not have any specific focus on any gender-related issue and some of the earlier good work on gender training of providers has received a serious setback. While it can be argued that an effective, efficient and responsive health care system is by default gender-sensitive as well, this is not necessarily true in all cases. It is necessary to include at least three kinds of specific interventions to make health interventions truly gender sensitive and responsive to differential needs of women and men.

The first level of gender-sensitive intervention is at the community level. These interventions need to address both women and men so that women become more articulate and assertive in claiming their rights to health services. In addition to the routine health education programmes planned through IEC (Information, Education and Communication) and BCC (Behaviour Change Communication) strategies, it is necessary to harness the leadership spirit that has already been generated at the community level through the millions of women's groups that have been established under different development schemes. Women can play key roles in the community level monitoring of the health services that have been assured through the NRHM. Women collectively need to understand that their health status depends largely on the availability of services to which they are already entitled and which have been financed through the NRHM. Men need to understand that they have crucial responsible roles regarding women's health and

towards their family. Civil society organizations need to take a lead role in promoting this understanding among both women and men.

The second level of intervention is with providers and managers from the frontline worker (like the ANM) to the state NRHM directorate (Project Director). Systematic gender training is essential to change long standing inequitable structures within institutions and the gendered attitudes towards women. Without this structural and attitudinal change it will not be possible to ensure changes in the health status of women through the interventions. Attitudinal change is also necessary to reject policy and programme approaches like 'population control' and 'marathon sterilization camps' that continue to attract managers even though they have been discredited.

The final level of intervention is to identify and address regional (even district specific) issues that emerge out of widespread gender disparities specific to that region. This could include declining sex ratio in one area or gender based violence in another or women and occupational health issues in a third.

While the government has taken upon itself the challenging and very necessary task of restructuring the health care delivery system to the advantage of the poor and women and children, it is necessary for the civil society organizations to also ensure that these desirable objectives can be realized. Spaces have been provided within the NRHM framework for roles for civil society organizations as well. Gender equality is not an issue that comes through very emphatically in the mission documents, and the incremental understanding of gendered needs requires far more critical awareness than is presently available. However, if the civil society engages in the NRHM, especially through its roles in mobilizing community leadership, assisting in decentralized planning processes and to keep up a dialogue with managers to include gender training, this gap can be effectively addressed.



MAINSTREAMING GENDER IN EDUCATION

A Review of Education Initiatives in the NCMP

By Malini Ghose[§]

Engendering Education: Key Challenges Faced

Education is a subject on the Concurrent list of the Indian Constitution – that is both the Centre and State can make laws and policies pertaining to Education. Cultural and educational rights of minority groups are ensured through the right of minorities to establish educational institutions articulated in the Fundamental Rights. The Right to Equality can also secure education rights.

Enrolment and Retention

The Gross Enrolment Ratio (GER) of girls dropped sharply from 93.07 at primary level to 56.22 at middle school (classes VI to VIII) in 2002-03. In rural areas is dropped even further to 47.35. GER for ST students is 98.67 (92.25 girls) at the primary level and 48.19 (40.78 girls) at the middle school level. (Select Education Statistics, GOI 2003) In 2003-04 the dropout rate at the elementary level for all girls was 52.9 while the corresponding rates for SC and ST girls were 62.2 and 71.4 respectively. At the secondary level the rates are as 64.92 (all girls), 75.5 (SC girls) and 81.2 (ST girls).

Recent studies indicate that educational situation of Muslim children, especially girls and those belonging to 'lower' castes, are worse than SC/STs." Whereas the aggregate figure for enrolment of Muslim children is 50.7 per cent as compared to 67.3 per cent for SC and ST 59.8 per cent, the enrolment for lower caste Muslim children falls to as low as 36 per cent. While over 70 per cent ST and 55 per cent SC girls among those enrolled attend school regularly, this figure falls off to around 35 per cent for Muslim girls. Over 1 in 3 lower caste Muslims girls never go to school. (SRI Report, 2005).

Education for Adolescent Girls

It is clear from the section above that girls fall out of the education net as they move up from the primary level. The availability of upper-primary and secondary schools are still not within easy walking distance and as they are fewer in number, are invariably overcrowded and frequent dropouts results. The focus on reproductive health and related issues reflects an instrumentalist approach to adolescent girls, and does not really look at adolescents within the framework of citizenship or a subject of rights.

Women's Literacy & Education

It is very likely that India will not be able to meet the EFA and MDG goals pertaining to literacy (as was pointed out in the Unesco Global Monitoring Report 2006). In 2001, illiterates numbered close to 296 million of which 190 million were *women*. 34.6% of the worlds non-literate population resided in India in 2003-04. The female literacy rate is below 50% in 253 districts. In 2001, the gender gap in the literacy rate for SC was 19 % (male and female were 66% and

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^{**} Jyotsna Jha and Dhir Jhingran: Elementary Education for the Poorest and Other Deprived Groups – the Real Challenge of Universalisation, Manohar, New Delhi 2005

47.1% respectively) and for 24 % for STs (male and female literacy rates were 59.2 % and 34.8 % respectively).

The literacy rate for Muslims is 59% (6% below the national average of 65%), and for Muslim women 50%. The all India literacy levels (as a % of their population) shows that 40.6% of the country's 67 million Muslim females were literate versus 46% of India's 430 million non-Muslim women.

Disparities in Higher Education

With regard to higher education the percentage of women accessing higher education and professional courses is very low. Moreover, the differentials with regard to disadvantaged communities are very pronounced. For example, the percentage of women pursuing BA courses is at 3.39 % (Schedule caste), 1.38% (Schedule tribe), 40 % (non-dalit women). At post-graduate and doctoral levels. 38% (M.A.) and 34% (M.Sc) for non-dalit women, the percentages for dalit women are 3.8% and 2.9%.

Issues of gender and representation

Though the content of education and classroom pedagogy are critical to altering gender and other social relations it has not been paid the attention it deserves. Efforts to make curricula gender-sensitive have been undertaken but can be considered initial attempts as they have remained largely at the level of removing stereotypes or increasing visibility and not have looked at gender in terms of social relations.

Politicization of Curricula and textbook development processes

The debates and counter-debates that have ensued since National Curriculum Framework (2000)^{††} have led to curriculum development and textbook writing becoming highly political and contentious. Steps have been taken by the Congress led UPA government since it came to power in May 2004 to alter the situation and a new curriculum framework has been drafted through a consultative process. The NCERT has recently embarked on a process to produce new textbooks with civil society involvement. It is important to ensure that adequate steps are taken to prevent education from becoming a battleground for scoring political points.

Sexual Harassment in Educational Institutions

Sexual harassment and violence against girls and young women within educational institutions is widespread but under-reported. There is however no data (or systematic mechanisms to gather data) that indicate the extent of the problem. The Supreme Court Guidelines (Vishakha vs. State of Rajasthan) on Sexual Harassment in the Workplace makes it mandatory for universities and educational institutions to formulate guidelines and set up committees to deal with sexual harassment complaints.

Impact of conflict and communal violence on education

^{††} NCF (2000) was produced by the NCERT and introduced by the Bharatiya Janata Party led NDA government (which was in power between 1999 and 2004) was a blatant attempt at promoting a right-wing Hindu nationalist perspective. Textbooks written from this perspective, in for example Gujarat, has contributed over the years to the development of culture of divisiveness between communities & amongst school children, as was evidenced during the communal violence in March 2002. From a gender perspective, the NCF 2000 was problematic because it sought highlight stereotypic distinctions between the roles of boys and girls and by located education within a tradition-bound religious framework that makes girls vulnerable to culturally and religiously sanctioned prejudices.

Violence and conflict severely impacts opportunities for girls and women's education such as in relation to the communal violence of Gujarat and prolonged conflict situations like the North East and Kashmir. No systematic efforts have been made to understand and monitor the impact of conflict on education, especially women and girls. There are no policy guidelines on how to respond to the impact of violence and conflict. There are no mandated special provisions to deal with the particular problems arising out of such situations. Education provisioning from gender perspective, should find a place in any policy on internal displacement and relief and rehabilitation that are formulated.

Education & the National Common Minimum Program

The United Progressive Alliance has included Education as one of its key sectors within the National Common Minimum Program (2004-09). The key features of the commitments made and the progress towards its fulfillment so far are:

ICDS – Integrated Child Development Services

The Integrated Child Development Services (ICDS) - provides supplementary nutrition (for children and pregnant and lactating women), immunization, health check-ups, referral services, nutrition education and pre-school activities for 0-6 age group. The programme is important because it targets poor children, many of whom are girls. However it has several problems with regard to coverage and programme quality. The total number of ICDS centres required for universal coverage is 17 lakhs, as against the existing 6 lakhs. ^{##} Moreover, the coverage is uneven across different regions. For example, the coverage in Bihar and Uttar Pradesh is less than 10%. ^{§§} The quality of care imparted through the ICDS has serious implications in terms of retention, socialization processes and school performance of girls, particularly from poor and socially disadvantaged communities.

Sarva Shiksha Abhiyan – Education for All

Elementary education has emerged as the key policy and programmatic concern of the Indian Government. A large-umbrella programme - the Sarva Shiksha Abhiyan (SSA) or Education for All - was launched in 2001. ^{***} Specific programmes within SSA (National Programme for Education of Girls at Elementary Level (NPEGEL) and Kasturba Gandhi Balika Vidyalaya) focus exclusively on girls in educationally backward districts. Many of these SSA goalposts are already being shifted.

Midday Meal Programme

The Midday Meal Programme has been introduced after the Supreme Court in response to a public interest litigation filed in 2001 by the People's Union of Civil Liberties (Rajasthan) ordered all state governments to introduce cooked meals in schools. The scheme has been welcomed as it positively impacts nutritional levels and school participation of children belonging to poor and marginalized sections. There are reports of problems – logistical problems of organizing the cooking (and allegations that it cuts into teaching time), poor quality of food being served,

^{##} Figures based on notes of deliberation of the National Advisory Council, August 28, 2004.

^{§§} Developments since Dakar, India Country paper, Ministry of Human Resources Development, Aug 2001.

^{***} The programme has ambitious goals – coverage of 192 million children in 1.1 million habitats across the country; ensuring all children to complete 5 of primary school by 2007 and 8 years of schooling by 2010; bridging all gender and social gaps of primary stage by 2007 and elementary stage by 2010; universal retention by 2010; involvement of local governance structures and civil society organizations.

corruption, and caste based discrimination. The programme requires to be closely monitored to ensure its success.

The Right to Education Bill

The 86th Constitutional Amendment Act, 2002 makes free and compulsory education a justiciable Fundamental Right for all children in the 6-14 age group. The Amendment came into force after a long campaign by civil society organizations. Five years later, the Amendment is yet to be made operational. The draft Bill initially circulated was withdrawn after criticism from several quarters. The Centre has now sent a draft Bill to the States, asking the states to take action.

Education Cess

The UPA Government has introduced an education cess however there is no information on how the funds for the education cess are being utilized. The concept of gender budgeting has been introduced by the Ministry of Women and Child. However it needs to be made operational and strengthened within different departments. Systematic tracking of funds allocated to girls and women's education – both at the expenditure and programme level needs to be introduced.

Increased Budgetary Allocation

The budgetary allocation for education has hardly increased. The total allocation across states and central expenditure still stands near 3% of the GDP as opposed the 6% of GDP commitment. The low allocation to the sector whose main target group is poor, rural, socially disadvantaged women raises concerns. Women's studies is also under budgeted and under resourced.

Recommendations

The National Common Minimum Program completes three years in May 2007. It is at this point that critical gaps and issues in making education universal, and in particular accessible to girls, women and marginalized groups must be dealt with. Some key recommendations in this regard are:

- Given the negative impact of privatization on women and girls and socially disadvantaged sections in all sectors the State should arrest its withdrawal from the education sector. The formal education structure should be strengthened and not downsized. Greater resources for Higher Education and Women's Studies should be committed. Greater quality control mechanisms of private educational institutions should be put in place.
- ICDS should be institutionalized and universalized. The education component of the ICDS programme must be strengthened and adequate training provided to anganwadi workers. There should be convergence between the Department of Women and Child (under which is the ICDS programme) and the Department of Education.
- To increase enrolment of girls (with a special emphasis on socially disadvantaged groups) there is an urgent need to expand the outreach of upper primary and secondary schools. The SSA programme needs to be extended to the Secondary level. The number of women teachers, especially from marginalized communities needs to be increased.

- The National Literacy Mission should be adequately resourced and revitalised. The CE programme should be revamped and innovative programmes designed with the participation of women's groups and other civil society organizations.
 - Adolescents must be recognized as a distinct group with specific requirement and not subsumed within Elementary Education and Adult Literacy. The policy and programme framework needs to be expanded beyond reproductive and sexual health and population issues to include issues of rights and citizenship.
 - Women of schedule caste (SC), tribes (ST) and Muslims categories have less access to higher education. The present efforts should be reviewed and a comprehensive strategy formulated to increase the participation of these groups in higher and professional education.
 - Guidelines for sexual harassment at all levels of educational institutions including schools (upper primary upwards should be put in place) and monitored. Teachers training programmes should include awareness on sexual and other forms of violence against girls and women. The issue should be sensitively covered in the school curriculum. Educational institutions should be made responsible for spreading awareness about these issues.
 - Gender needs to be integrated in all subjects and should be an important organizing principle of national and state curricula and textbooks. Gender should become a subject within the regular in and pre service training programmes. Mechanisms to monitor the quality of classroom interactions and teaching-learning interactions, like classroom protocols should be put in place.
 - At present there are no policy measures in place that addresses the particular educational needs emerging from different situations of conflict. Specific programmes and policy guidelines to address these concerns should be designed specifically to restore confidence, address feelings of fear and insecurity and alienation from the mainstream specifically keeping in mind the needs of women and girls in such situations.
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