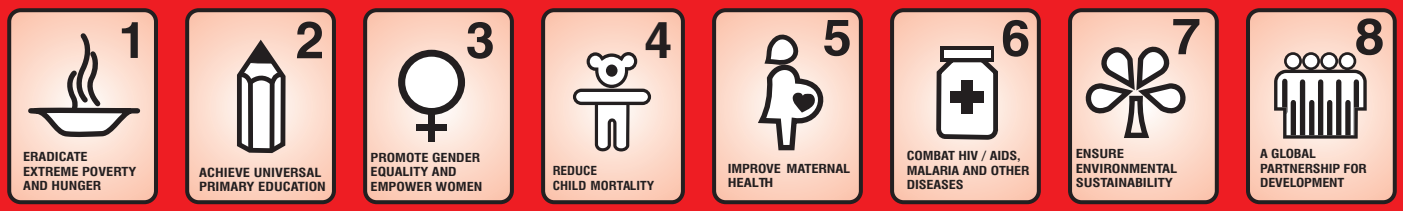

MONITORIING THE Millennium Development Goals

Case studies from India

Towards the UN High Level Event on the MDGs (25 Sep 2008)

GLOBAL CALL TO ACTION AGAINST POVERTY
TOGETHER FOR EQUALITY

ENDPOVERTY 2015 millennium campaign

WADA NA TODO

Goal 1: Reducing Poverty & Hunger

Background

- **National Rural Employment Guarantee Act (NREGA)** was enacted in August 2005. It provides a legal guarantee for one hundred days of employment in every fiscal year to adult members of any rural household willing to do public work related unskilled manual work at the statutory minimum wage.
- NREGA aims to enhance the purchasing power of the rural population, with particular attention to unskilled labour living below the national poverty line in rural India. Furthermore, it aims to reduce inequalities among the rich and poor in the country. Approximately one third of the stipulated workforce must be women.
- As part of poverty reduction efforts, India's Ministry of Rural Development emphasised that NREGA supports the achievement of three MDGs: Goal 1 – eradicate extreme poverty and hunger; Goal 3 – promote gender equality and empower women; and Goal 7 – ensure environmental sustainability.
- The implementation of NREGA started in February 2006 in 200 districts (of the total 593 districts in India). The government announced the addition of another 130 districts in the fiscal year 2007-8. NREGA aims to cover all districts in five years.
- Under NREGA, Indians may demand their employment as their rights. If it is not provided in 15 days, they are entitled to receive unemployment benefit.

Why Study This Case?

- Ananthpur was chosen as a case study because NREGA was firstly launched by the Prime Minister Manmohan Singh at Ananthpur district in the State of Andhra Pradesh in February 2006.
- The case study offers important lessons learned to examine the implementation of NREGA and its connection to MDG progress in Ananthpur district.

Case Study: Organizing for Entitlements

Women from Abbavandlapalli village, Kadiri Mandal, decided to apply for public work through independent teams that were led by women. They met the Sarpanch Lakshmi Narsayya, an elected head of the village, and requested for public work under NREGA. Following the acceptance from the head of the village, a group of female workers began the public work by digging a pond at Guddalu, about two and half kilometres away from the village. Their team consisted of ten women and one man.

Within six days they dug 96 cubic meters and each worker got a wage of 122 rupees per day. Meanwhile, the men who refused to take them on work for equal wages whose worksite was closer to the village, could earn only rupees 118 per day.

K. Ramanamma, who established the women's worker group, shared her experience. “My husband was down with fever for a week and there was no food. I went and pleaded for work but the men workers refused to include me. Our family starved that day. It struck me that there were other women who were in a similar situation. So, I went and discussed the matter with other women. Some women had doubts of there capacity to work on the job what was usually done by men. I said that we can also do physical labour as equal as men. After working for one week, all women in my team were confident. They now know that they can be on the same par as men to undertake hard manual tasks”.

R. Anjaneyulu, the only male worker in the team, said "my fellow men workers discouraged me for going and working with women. Some even pressured me to not participate. They mocked me while I began to work, but I did not pay attention to it. I now feel it is better to work with women rather than men because women are sincere and keep quality work while men waste their time smoking or chatting. They did not care to work but getting paid".

Key Challenges

- **Outdated Standard Schedule of Rates (SSR).** NREGA guarantees the payment of minimum wages for workers, which is based on SSR. However, in reality, SSR does not necessary correspond with the minimum wages. Therefore, data collection for an updated SSR is required to ensure payment of wages consistent with an accurate estimation of cost of works. According to national guidelines, all states of India must undertake "a time and work" study but there is not much information of subsequent action by the states. In addition, estimate SSR should be calculated for at least two seasons since the degree of effort can vary.
- **Gender Inequality.** The entitlement is for the household and not for the individual. Hence, NREGA did not take into account the gender dimension and its distribution of work among men and women. The gender distribution is then determined by the household, not within the framework of NREGA. Even though NREGA guarantee equal wages for men and women, in practice, gender inequality still persists. SSR does not provide explicit framework for gender equality. In reality, men and women do not get an equal minimum wage.
- **Administrative and Political Issues Related to the Implementation of NREGA.** The division between central and state governments in various aspects including finance, implementation and monitoring process is a major challenge for an effective implementation of NREGA. For instance, the central government is a principle source of funding for NREGA. However, the state government has to cover the crucial penalised provision of unemployment allowance. Therefore, the political alignment of the central and state governments is crucial to determine a successful implementation of NREGA at the state level. At present, NREGA has not yet provided an effective employment guarantee to the poor and marginalised population in India.
- **Need for greater information on entitlement among the poor.**

Lesson Learnt / Recommendations

- NREGA is landmark legislation in India, which was enacted after a successful struggle for employment guarantee legislation. It has a direct connection with the efforts to accelerate the achievement of the MDGs in India, including the fight against poverty in the rural area.
- The implementation of NREGA is relatively better than the previous rural wage employment programme because of the institutional provisions, which are critical for the effective implementation of NREGA
- Greater involvement of Panchayati Raj Institutions, the local government body at the village level, plays a significant role in implementing NREGA.
- The use of social audit as a tool for monitoring government programme, such as NREGA, has been an important tool to ensure accountability and effective implementation of the law.
- There is a need for a clear wage policy to provide a basis for NREGA and its benefit to the poor and marginalised population.
- Timely measurement and payments must be improved.
- The creation of long term assets for women and socially excluded groups must be at the heart of an effective implementation of NREGA.

Source: *Centre for Environmental Concerns (cechyd@eth.net)*

Goal 2: Enabling Universal Access to Education

Background

- MDG 2 - universal primary education - holds greater significance to India as 200 million children in the age group of 6-14 years; 59 million are not attending school. Of this, 35 million are girls.[1]
- The Sarva Shiksha Abhiyan (SSA) is a India's first comprehensive program aimed at achieving the long-cherished goal of Universalisation of Elementary Education (UEE) through a time-bound integrated approach, in partnership with the states. It aims to change the face of elementary education in the country by providing useful and quality elementary education to all children in the age-group of 6-14 years by 2010.
- SSA also aims at the social, regional and gender gaps, with the active participation of the community in the management of schools. In addition, Sarva Shiksha Abhiyan aims to provide Early Childhood Care and Education and focuses children from birth to 14 years.

Why Study This Case?

- The case provides an insight into a state-wide mobilization effort for enrolment and conscientization of all primary stakeholders (children, parents, school administration, local leaders) through a physical entourage across every single district
- The effort was made possible through the collaboration between civil society groups, the provincial government and international organizations working to support the right to education.
- The effort also facilitated direct interaction between the community and the relevant district and local administration, with the objective of mobilizing both towards the cause of universal education.

Case Study: Mobilizing Community Participation to Promote Education

Siksha Adhikar Yatra (Right to Education Campaign). The campaign was promoted at the local and community levels by a team of 8-10 campaigners, who were trained to generate understanding of rights to education and highlight the importance of primary school. The campaign targeted all districts of the state of Haryana, both rural and urban areas, in which literacy rates are very low.

Facilitate Coordination Among Communities and Local Authorities. The campaign facilitated the process of interactions among various groups. SSA included the district & local organisations in the process of planning, implementation and monitoring and evaluation. The collaboration aims to enhance implementation of SSA and evaluate its performance, including the contribution of programmes towards the achievement of Education for All (EFA).

Decline in the Number of Children out of Primary School. The Shiksha Adhikar Yatra or the Right to Education Campaign aims to support children, who do not enrol in primary school. It reached a number of children in at the local and community levels. The campaign was successful in enhancing the public awareness at the local and community levels.

Key Challenges

- **Lack of Awareness Among the Stakeholders.** Primarily, the stakeholders in *Sarva Shiksha Abhiyan* (SSA) are not really aware of its potential. Particularly the children, out-of-school and drops outs, both are not aware of their rights of education being below the age of 14 years. Similarly, the parents of the children are not aware of their duties of sending their children to school for education. Parents and children continue to believe education beyond their reach, despite the passage of the Constitution 86th Amendment Act 2002 making education a fundamental right.

[1] http://www.un.org.in/JANSHALA/Oct-Dec2000/sarva.htm

- **Absence of Educational Infrastructure and Facilities.** There are still at least 100,000 habitations in the country without schooling facility within one kilometre. Coupled with this are various systemic issues like inadequate school infrastructure, poorly functioning schools, high teacher absenteeism, large number of teacher vacancies, poor quality of education and inadequate funds.
- **Socio-Economic Barriers to Education.** The status of education of socially, educationally and economically backward classes is quite low when compared to the general society. While gender gaps in primary education continue to persist, children with disabilities and those from nomadic communities are far from being mainstreamed into the education system.

Lesson Learnt / Recommendations

- **Building Community Ownership for Education.** The experience across districts, particularly in the interaction with families from the scheduled or backward castes, pointed to the lack of information about the responsibilities of the state as a provider of education as the single most important factor that prevented their integration in formal education.
- **Investing in Local Infrastructure for Education.** The development of functional schools at the village level must be the first priority for the state and national governments, if they want to ensure that children are not just enrolled but also receive quality education through the formal schooling. Currently India spends around 3% of its GDP on education, although the National Common Minimum Programme (2004-09) and now the Eleventh Five Year Plan (2007-12) promise to expend 6% of India's GDP on public education.
- **Focus on Socially Excluded Communities.** Reaching the communities that are farthest from the formal schooling system, including Dalits, Adivasis, Muslim minorities, Denotified & Nomadic Tribes and Children with Disabilities must be the special focus of the government's education programs. The proposed 'Right to Education Bill' which is yet to be adopted by the government must ensure that equitable access to quality education is made a legal obligation of the central and state governments.

Source: *Centre for Alternative Dalit Media & National Conference of Dalit Organizations (www.nacdor.org)*

Will India Enact Right to Education ?

The National Common Minimum Program (NCMP) reflects the commitment to universal education in keeping with the 83rd Constitutional Amendment (2002), which makes Elementary Education a Fundamental Right of every single child in the 6–14 years.

In order to meet the goal of universalizing education, the government must take the historic opportunity to ensure the Fundamental Right to Education through the adoption of the 'Right to Education Bill'.

The urgency for this action and concerns on the delay in adopting the Right to Education Bill have been expressed by citizens' and rights groups across the country. Key recommendations that have emerged in this regard are:

- The government should be obliged to provide and guarantee the fundamental right to free and compulsory education for the age group of 0-18 years. Special provisions to ensure education for marginalized groups, including Girl children, Dalits, Adivasis, Denotified & Nomadic Tribes, Minorities, and Children with Disabilities must be outlined within the Bill.
- Investment in public education be increased to 6% of the GDP as a pre-requisite to create long term infrastructure and investment in public education, in keeping with the government's own assessments for required public spending on education.
- A universal definition of a functional 'school' must be applied across the country. Quality of education across schools should be standardized through the introduction of a Common School System. Single-teacher, single classroom Education Guarantee Scheme (EGS) kind of para-schools must not be considered as a substitute for formal, fully functional schools under the Bill.

Goal 5: Maternal Health Rights for the Excluded

Background

- India accounts for the largest number of maternal deaths in the world - more than one fifth of the world's maternal deaths occur in India which is the highest figure for a single country. Between 70,000 to 130,000 Indian women lose their lives every single year; dying during pregnancy, during childbirth or even after, or killed by unsafe abortion complications.
- At the national level, the above translates to one woman dying due to entirely preventable causes every 3 to 6 minutes. However this incidence is estimated to be much higher among disadvantaged and socially excluded communities who face multiple barriers in accessing adequate health services and information.
- In view of the above issues, the Janani Suraksha Yojana (JSY) was launched under National Rural Health Mission (2005) to benefit the pregnant women and with the specific objectives of (i) to decrease maternal mortality rate & infant mortality rate, and (ii) to increase Institutional deliveries amongst poorest (below poverty line) families.

Why Study This Case?

- There is clearly an issue of equity and social justice, as well as a grave violation of women's human rights because these deaths and illness are solely due to women's biological role in reproduction. It is argued that women belonging to socially excluded groups face multiple levels of discrimination, while accessing the facilities provided by government.
- Further, it is difficult to get reliable local estimates of maternal deaths since all deaths do not occur in hospitals and there is often no record kept by local health providers of deaths occurring in the community.
- In this context, several groups have come together to initiate a collaborative effort to study to assess the experiences that women from socially excluded communities in relation to the Janani Suraksha Yojana. The focus is on the quality of care provided to them through health institutions.

Case Study

Bhamavati was married to Parasuram. The couple lived in the Kurseli village in Hardoi district, the state of Utter Pradesh. She belonged to the schedule caste and like many other Indian women from schedule caste families, Bhamavati did not have the opportunity to learn about the importance of prenatal and postnatal care for her as well as the baby.

Bhamavati, like many Indian girls or women of reproductive age, had poor nutrition status prior to conception. Her body lacked iron and folic acid. Bhamavati had never been visited by an Accredited Social Health Activist (ASHA) appointed under the National Rural Health Mission (NRHM). She never went to the hospital to seek professional healthcare.

Bhamavati finally delivered her baby at home without any help from the skilled health worker. Due to complications after giving birth, she died only 15 days after delivering the baby. Her child also died after three months.

The story of Bhamavati represents million cases of women in rural India. Bhamavati and her baby would have survived, if she had reached the health services and received help from skilled health workers in time.

Key Challenges

Under-Reporting and Misclassification. While the overall maternal mortality ratio for the country as a whole is considered to be between 300 to 500 maternal deaths per hundred live births, the National Population Policy (NPP 2000) and the National Health Policy (NHP 2002) had set the goal of reducing MMR to below 100 by 2010. The Tenth Five Year Plan and the National Rural Health Mission (NRHM) delayed this slightly to 2012. There is a need for more information from traditionally marginalised groups to ensure that their experiences are clearly reflected in the national assessment and debate on the reduction of Maternal Mortality.

Collection of Information on the Ground. Even though the Registrar General of India (GOI, 2006) indicated a substantial decline in maternal mortality from 1991 to 2003, it also acknowledged a wide variation at the sub-national levels. It remains a great challenge to collect consistent data from various different 10 states of India to monitor and evaluate maternal health services in different local areas.

Social Barriers to Healthcare. Women from the marginalized communities are more vulnerable. They may have lower access to basic health services and facilities due to socioeconomic barriers. In India, women of the marginalized and disadvantaged groups still face severe discrimination due to their lower status.

Lessons Learnt / Recommendations

- Identify regional variations and enhance the targeted implementation of NRHM at the sub-national levels, particularly in the rural areas.
- Enhance targeted public investment to improve maternal health, particularly the marginalized and disadvantaged groups. Increase human resources, including doctors and skilled health workers.
- Promote NRHM and enhance public awareness of the government policy, particularly in the rural areas. Maximise the potential of existing health providers, such as midwives.
- Outline a concrete strategy to ensure equitable access to basic healthcare for the marginalized population, such as the scheduled castes and tribes.
- Create ownership of health-related MDGs at the local and community levels, and engage civil society in monitoring and evaluating the implementation of heath services under NRHM, including health infrastructure and facilities.
- Promote community participation in social audit as well as planning and monitoring the implementation of NRHM at the local level.

Source: *Health & Social Exclusion Action Groups, Wada Na Todo Abhiyan*

Wada Na Todo Abhiyan (Keep the Promise Campaign) is a national coalition of over 3000 organizations working across 23 states of India to ensure that the government keeps its commitment to End Poverty and Social Exclusion, as promised in the Millennium and National Development Goals.

This compilation highlights the efforts undertaken by the campaign and its partners to track the three national flagship programs that have a strategic bearing on India's achievement of the MDGs. It has been produced in collaboration with the UN Millennium Campaign and as part of the worldwide effort being mobilized for '50 Days of Action Against Poverty & for the MDGs' by the Global Call to Action against Poverty (GCAP).

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Poor Performance on Health Indicators Keeps India Off-Track on the Millennium Development Goals (MDGs)

Inter-agency meet emphasizes joint action for local monitoring of development goals

New Delhi, 19 Sep 2008

International organizations and civil society groups came together in a discussion led by the **UN Resident Co-ordinator, Dr. Maxine Olson** earlier this week to discuss the Government of India's report on the status of Millennium Development Goals (MDGs) and explore how a joint strategy can be made operational across agencies working on this agenda.

The meeting was jointly organized by the UN in India, through the UN Millennium Campaign and Wada Na Todo Abhiyan (Keep The Promise Campaign), which is a civil society network monitoring the government's performance on the Millennium & National Development Goals.

"While India is largely on track to achieving the MDGs, the health related goals and the reduction of the gender gap in education have emerged as areas for further attention", said. **Dr. Pranob Sen, Secretary, Ministry of Statistics & Program Implementation** speaking on the outcomes of the India Country Report on the MDGs (2007). "Increased efforts are needed at the state level to complement the national monitoring efforts and programs, said Sen.

The country report has been released in time for the UN High Level Event on the MDGs which will take place at the UN headquarters in New York on 25 September. Leaders of more than 90 countries, including **India's Prime Minister, Dr. Manmohan Singh**, are expected to discuss the progress that has been made on key development targets since the UN Millennium Declaration was adopted eight years ago during this meeting.

"Sadly, India's record on critical indicators such as Infant & Maternal Mortality continues to be among the worst in the world. This dismal situation is less surprising when you consider that we invest less than 1% of our GDP on public health", says **Sandhya Venkateswaran, Wada Na Todo Abhiyan**. "With more than 80% of the health spend in the country being borne by citizens, health expenditure is one of the major reasons for indebtedness among the poor. In this situation, it is the health needs of women and children are sacrificed."

"Efforts to monitor and achieve the MDGs in India must include a special focus on traditionally excluded groups. While this information is missing from the Government of India report, civil society groups have made the experiences of excluded groups such as Dalits, Adivasis, Minorities and Denotified Tribes central to their MDG related efforts," said **Ashok Bharti, Wada Na Todo Abhiyan**. Bharti will be one of eight civil society delegates from across the world who will address the world leaders at the opening session of the UN High Level Event next week.

"India has a crucial role to play in the achievement of the MDGs," said **Minar Pimple, Dy. Director, UN Millennium Campaign**. "In areas like maternal mortality and malnourishment, India's progress will determine if the world is able to meet its development goals by 2015," he said. An earlier statement released by the UN has pointed out that over 20 million more people will be counted among the country's poor in keeping with revised poverty standard of $1.25 per day. This has not been taken into consideration in the India country report.

While agreeing on the need to collaborate towards **a joint framework for the local monitoring of the MDGs in India**, participants of the inter-agency meeting on the MDGs also called on the government to put in place **an inter-ministerial mechanism to prioritize the MDG agenda across the central and state governments.** Over twenty-five agencies including UNICEF, UNFPA, UNAIDS, DFID, Embassy of Sweden, USAID, Oxfam, Save the Children, Caritas, Alliance 2015, World Vision, World Bank and OneWorld South Asia were represented at the meeting.

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