



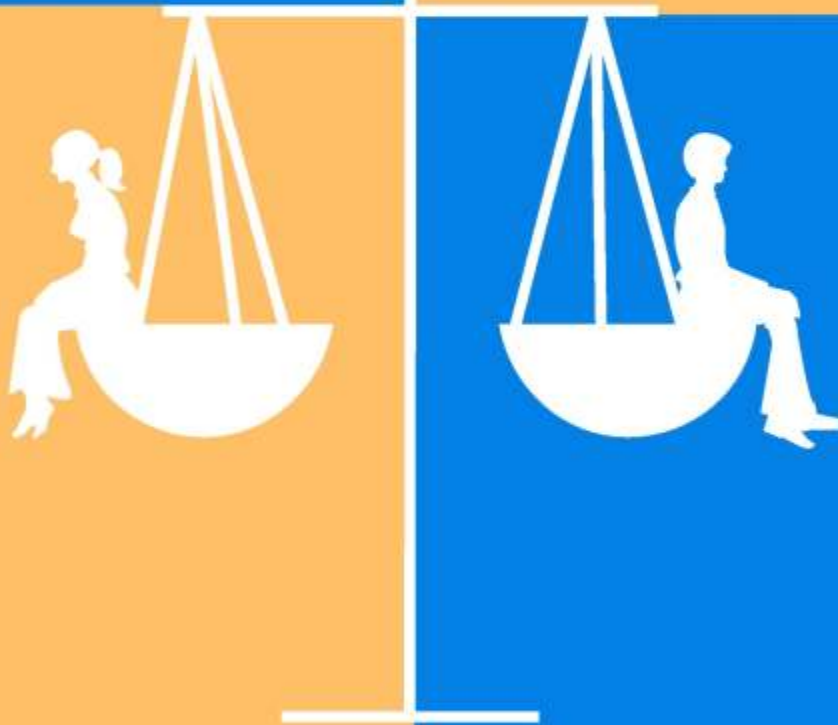
GENDER BUDGETING

for

GENDER BUDGET CELLS

Workshop Report

12-13 October, 2006 and 19 January, 2007



Organised By

Ministry of Women and Child Development
Indian Institute of Public Administration



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Aasha Kapur Mehta and Manjula Krishnan
Assisted by Suparna Das



Organised by
Ministry of Women and Child Development
Indian Institute of Public Administration

2007





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FOREWORD

It must be acknowledged that even though women comprise about 48% of the total population in the country, the reality is that they face many disparities which are adversely reflected in important parameters like health, nutrition, literacy, educational attainments, skill levels, occupational status etc. There are a number of gender specific barriers, which prevent women from gaining access to their rightful share in the flow of public goods and services. Unless these gender requirements and their felt needs are incorporated and mainstreamed in the planning and development process, it is apprehended that the fruits of economic growth are likely to bypass these sections of the country's population.

It is with this objective that the Ministry of Women and Child Development (MWCD) adopted the mission statement of 'Budgeting for Gender Equity' in 2004-05 for universalizing gender budgeting both in the Centre and the States. The Ministry of Finance has ably empowered the gender budgeting mission by mandating the setting up of Gender Budgeting Cells in all Ministries/Departments and highlighting gender sensitiveness of budgetary allocations.

I am happy to note that a manual delineating the proceedings of the two training and capacity building workshops organized by the Ministry of Women and Child Development in collaboration with Indian Institute of Public Administration (IIPA) and IFES for Gender Budgeting Cells of Central Ministries/Departments is being published. The manual contains valuable insights and suggestions from a cross section of Ministries/Departments which cater to women as well as those in the mainstream sectors. I am sure that the manual will also serve as an useful guide for putting in place appropriate methodology, tools, strategies, and processes required for gender budgeting as well as set the tone for follow up workshops on the subject.

I hope the manual will be widely disseminated.

(Deepa Jain Singh)

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Introduction

INTRODUCTION AND BRIEF OVERVIEW OF THE TWO WORKSHOPS

Dr. Aasha Kapur Mehta and Ms. Manjula Krishnan¹

Gender Budgeting does not mean a separate budget for men and women; nor does it mean to have a separate head of account, unless there are schemes or programmes which are totally women oriented or women specific. Gender Budgeting means identifying and incorporating the felt needs of women in the policies, programmes and schemes of the Ministries and Departments and providing adequate budgetary allocation for them. The outcome of this is a gender responsive budget.

Women generally are disadvantaged and marginalized members of society and face numerous challenges at every stage of their lives. Even before a girl is born, the right to survival is taken away from her, through female foeticide or infanticide. If she is allowed to be born, she faces discrimination during the initial stages of growth in terms of breast feeding, non-immunisation, neglect of health, nutrition and hygiene, and is prone to ailments such as anaemia, iodine deficiency, vitamin A deficiency, blindness and life-threatening diseases like polio, diarrhoea and so on.

When she grows older and reaches pre-adolescent and adolescent age, she faces additional discrimination in terms of access to education, high drop out rate, sibling care, domestic chores and

drudgery, child marriage, early pregnancy, child labour, child abuse, violence and trafficking. She may also unknowingly become a victim of HIV/AIDS. When she attains womanhood, not only do these problems persist, but new ones are added – such as repeated child-bearing, frequent and unhygienic abortions, childbirth under unfavourable conditions, high maternal mortality rate (MMR), etc. On the economic front too, women face a number of disadvantages – such as lack of assets, access to finance and other income generating facilities, drudgery, unpaid and unrecognised work, etc.

By the time she reaches old age, an entire range of problems confront her, which include insecurities related to health, finance and resources, destitution, marital status, emotional and psychological well-being.

The problems afflicting women are therefore not linear, but multi-dimensional, with cross-cutting sectoral issues, which fall under the aegis of all Ministries/Departments. Therefore, it is imperative that each Ministry/Department sees how their sector addresses women's needs and what measures can be taken to improve the same. This is the objective of Gender Budgeting.

In view of the importance of Gender Budgeting and in order to train and build capacities of Gender Budget

¹ Aasha Kapur Mehta is Professor of Economics at IIPA and Manjula Krishnan is Economic Adviser, Ministry of Women and Child Development, Government of India.



Cells (GBCs), the Ministry of Women and Child Development (MWCD), in collaboration with the Indian Institute of Public Administration (IIPA), IFES and USAID, organised two workshops on Gender Budgeting. The first workshop was held on 12th and 13th October, 2006 and the second workshop was held on 19th January, 2007. The workshops were aimed at orienting Gender Budget Cells. Sixty-two officers (38 in the first workshop and 24 in the second workshop), representing different Ministries/Departments of the Government of India (GoI) participated in the workshops, both of which were held at IIPA, New Delhi.

OBJECTIVES

The objectives of the workshops were to: -

- Build the capacities of GBCs;
- To use Gender Budgeting as a tool while planning their programmes and schemes;
- To clarify the concept, strategy and methodology related to Gender Budgeting;

- To share experiences, achievements and challenges faced by GBCs; and
- To empower GBCs to analyse their policies, schemes and programmes from a gender perspective and ensure that adequate budgetary allocations are made.

BRIEF OVERVIEW OF THE WORKSHOPS

First Workshop (12th and 13th October, 2006)

While inaugurating the workshop, Ms. Deepa Jain Singh, Secretary, MWCD pointed out that Gender Budgeting is not just an accounting exercise. It encompasses incorporating a gender perspective and sensitivity at all levels and stages of developmental planning and implementation, and is a means for translating gender commitments into budgetary commitments to meet women's specific needs. Each Ministry and Department needs to look at its existing

budget and determine whether the needs and priorities of women are adequately taken care of.

Technical Sessions

Ms. Loreta Vas, Joint Secretary, Ministry of Finance, chaired the first technical session while the second technical session was chaired by Ms. Manjula Krishnan, Economic Adviser, MWCD.

Ms. Manjula Krishnan familiarised the representatives of GBCs with the tools for "Operationalising Gender Budgets." The objective was to enable the GBCs to understand what Gender Budgeting is and the tools, the strategies and checklists or guidelines needed for Ministries to identify the gender component in their schemes, programmes and policies.

Prof. Aasha Kapur Mehta, Professor of Economics, IIPA, drew attention to the fact that any chronic illness such as Tuberculosis, cancer or HIV/AIDS exacerbates the distress of the poor, especially women, and can drive many non-poor below the poverty line. Using case studies of persons affected and infected by HIV/AIDS, an effort was made to sensitise GBCs to the importance of bridging the gap between budget allocations and gender budget outcomes in the health sector and the

need for re-prioritising expenditure so as to meet the needs of women affected and infected with HIV/AIDS.

Ms. Benita Sharma, IFES, presented a case-study of the Chiranjeevi Yojana through which the Government of Gujarat is trying to reduce the growth of population from 3 to 2.1 percent, lower the infant mortality rate (IMR) from 60 to 30 per 1,000 live births and reduce maternal mortality from 389 to 100 per one lakh live births within a span of 10 years. Further, it was shown how Gender Budgeting could be used to monitor and correct gaps in implementation of schemes to enable achievement of outcomes.

Ms. Neeraj Suneja, Head, National Gender Resource Centre, Ministry of Agriculture, shared the initiatives undertaken by the Ministry of Agriculture in the context of gender sensitive budgeting and the tasks ahead.

The presentations were followed by a discussion on the status of GBCs and the challenges faced by them. Ms. Loreta Vas, Joint Secretary, Ministry of Finance, Ms. Dakshita Das, Director, Ministry of Finance, Ms. Manjula Krishnan, Economic Adviser, MWCD and other resource persons responded to the queries raised by the GBCs.





Later, the participants were divided into three groups for focus group discussions.

Second Workshop (19 January, 2006)

While inaugurating the workshop, Ms. Syeda Hameed, Member, Planning Commission, stated that the girl child and the woman are the faces of poverty and deprivation. In order to reverse this status, growth must be translated into development for all, regardless of gender, region, caste or religion. Further, budget allocation should also have an integral component of financial assistance and support like pension for old widows, enabling a safe environment for women in cities, fair wages for women artisans, access to food, water, fuel, education, health and empowerment for women.

In her address, Ms. Manjulika Gautam, Senior Adviser, Planning Commission, drew attention to the fact that the outcomes for women were not commensurate with funds allocated and therefore, gender budgets could be used with sensitivity to bridge this gap.

Technical Sessions

Ms. Manjula Krishnan, Prof. Aasha Kapur Mehta and Ms. Benita Sharma made presentations on issues relating to Gender Budgeting. In addition, Ms. Parveen Dhameja, Director, Ministry of Renewable Energy, shared the initiatives taken by her Ministry in the context of gender sensitive budgeting and the challenges faced by them.

Representatives of GBCs discussed the status of GBCs and the challenges faced by them. Later, the participants were divided into different groups for focus group discussions. Ms. Loreta Vas, Joint Secretary, Ministry of Finance chaired the discussion session.

Ms. Loreta Vas, Joint Secretary, Ministry of Finance, Ms. Dakshita Das, Director, Ministry of Finance, Ms. Manjula Krishnan, Economic Adviser MWCD and the other resource persons responded to queries raised by GBCs.

Twenty-four officers from the GBCs representing Ministries/Departments attended the workshop.

Ms. Tara Sharma gave the vote of thanks on behalf of IFES.





Keynote Addresses for the Two Workshops

KEYNOTE ADDRESS, 12th OCTOBER, 2006

Ms. Deepa Jain Singh, *Secretary, Ministry of Women and Child Development*

While giving her keynote address, the Secretary, MWCD observed that the presence of a large number of participants reinforces the importance being given to Gender Budgeting by the Government of India.

It is universally acknowledged that the goals of human development are closely intertwined with the development and empowerment of women, who as an independent group constitute 48 percent of the population of this country. Women not only comprise a valuable human resource, but their social and economic development sets the pace for sustaining growth in the economy. However, the reality that women face is that of disparities in access to, and control over, resources. These disparities get reflected in important parameters like health, nutrition, literacy, educational



attainments, skill levels, occupational status and so on. The sex ratio for the 0-6 age group declined steeply from 945 in 1991 to 927 in 2001, implying that millions of girls went missing in just a decade.

There are a number of gender specific barriers which prevent women from gaining access to their rightful share of the flow of public goods and services. Unless these gender requirements and their felt needs are

incorporated and mainstreamed in the planning and development process, it is apprehended that the fruits of economic growth are likely to completely bypass a significant section of the country's population, which does not augur well for the future growth of the economy.

The planning process in the country had recognised this fact, but it is only in the last two decades that there has been an explicit strategy to tackle gender related issues in a systematic manner, through introducing an element of gender sensitivity in allocation of resources for women, identifying women beneficiary oriented schemes of various sectors, propagating the Women's Component Plan (WCP) to ensure not less than 30 percent of the funds/benefits flow to women, as well as encouraging Gender Budgeting to be applied in all sectors.

She further stated that to provide further impetus to this objective, the Finance Minister had mandated the setting up of GBCs in all Ministries/Departments and stressed the perceived need for budget data to be presented in a manner that highlights the gender sensitiveness of the budgetary allocations. Furthermore, in the last two years, the Budget quantified gender allocations for selected Ministries. This is a big step forward, but there are many more steps to be taken.

Gender Budgeting is not just an accounting exercise. It encompasses incorporating a gender perspective and sensitivity at all levels and stages of developmental planning, processes and implementation. An important outcome of the application of Gender Budgeting is the translation of gender commitments to budgetary commitments, as also assessing its gender differential impact and outcomes. Thus, it does not seek to create a separate budget for women, but to put in place affirmative action for meeting women's specific needs, consequently bringing into effect a gender responsive budgeting system.

In every field of activity, in every sector and every Ministry and Department, there is a need to find out whether the existing budgetary system and budgetary

allocation meets the needs and priorities of women, for they have separate, specific and different priorities from men. Therefore, the policies, plans and budget must take these priorities into account and provide adequate resources to meet them. Hence, the importance of gender responsive budgeting cannot be emphasised enough.

Gender Budgeting is the application of gender mainstreaming in the developmental process, to understand how it addresses the needs of women, not only in traditional areas like agriculture, health, education etc., but also in the so-called gender neutral sectors, such as coal, mining, chemicals, biotechnology, commerce, earth sciences, fertilisers, heavy industry, petroleum, law and so on, where in the first instance the gender implications do not seem apparent. Yet, if the gender perspectives are kept in view, there are myriad examples that can be quoted where women have been directly or indirectly affected.

For example, making kerosene freely available to women at accessible outlets and affordable prices will be very beneficial to their health and will save time, as otherwise these women would be forced to go out and collect fuel-wood and depend on harmful indoor polluting fuels like wood and twigs. Similarly, there is a need to encourage non-conventional energy sources like biogas and other bio-fuels, which will reduce the drudgery of collecting fuel.

With the increasing trend of globalisation and liberalisation of the economy, men are migrating to urban areas for jobs and there is growing feminisation of agriculture. Therefore, there is an urgent need to ensure that women are given land rights, women-friendly tools and equipment, access to quality seeds, fertilisers, micro credit, fair agri-product pricing, subsidised procurement structures and other such mechanisms.

At present women farmers do not have any established social security or insurance, whether personal or crop insurance, to tide over times of agricultural distress or other disasters. There is a very strong case for providing this because increasingly women are in farming.

In the WTO negotiations and trade agreements, especially in the agricultural sector, women's dependence on agriculture for their livelihood has to be in mind. The negotiations on enabling duty free quota access or tariff preferences have significant implications for women as a large number of activities that are taken up in these agreements fall within the domain of women's livelihood, especially in the rural non-farming sector, such as food processing, dairy, garments, textiles, handicrafts, etc. There is an increasing trend in women seeking wage labour in addition to their farm duties to supplement their income. The question that needs to be asked is whether NREGA has taken into account the type and nature of work which is best suited for women, who have to manage both the farm and their households.

The newly promoted Special Economic Zones are going to be special hubs for the industrial and manufacturing sector, providing jobs to lakhs of people. The effect on women farmers needs special consideration if farmland is acquired for Special Economic Zones, especially if no adequate rehabilitation package is forthcoming. If women are to be mainstreamed into the growing manufacturing sector, women-friendly facilities at work sites such as crèches, water and sanitation facilities, maternity leave and also paternity leave and sexual harassment cells need to be put in place.

Another matter that needs consideration is examining the so-called neutral list of laws from the gender angle to assess the socio-economic ramifications on women. The protection and safeguarding of the lives and liberty of the young girls and women, who are legally or illegally transported or trafficked for various purposes to other countries is another important area of concern. There is need for close scrutiny and checks at the exit points for prevention of such untoward migration. Emergency response mechanisms need to be put in place in our Embassies and High Commissions to cater to the victims.

Thus, there are gender implications in every sector and there is immense potential for Gender Budgeting in almost every sector of the economy. What is required is a shift in perspective – transcending the

way a sector is viewed traditionally, to a path where gender requirements are recognised and mainstreamed. If such a transition in mindset happens, Gender Budgeting will become an integral part of the planning and development process.

In 2004-05, the MWCD adopted a mission statement on budgeting for Gender Equity and prepared a strategic framework of activity to implement this mission. The objective was to carry forward the exercise of universalising Gender Budgeting both at the Centre and the States, using the GBCs set up for this purpose.

While operationalising the GBCs set up in each Ministry, the questions that remain are: What exactly are the functions of the cells? What procedures should they follow? What are the tools and methodology available to put into effect a gender responsive budget? These are some of the reasons for holding a series of highly interactive workshops and brainstorming sessions for Central Government Ministries and Departments, wherein the ethos and essence of Gender Budgeting will be transformed into do-able action for engendering policies and programmes, quantification of resources, impact assessment, collection of gender disaggregated data, capacity building and so on.

The Secretary, MWCD reminded the participants that the country is presently on the threshold of the Eleventh Plan. All Ministries and Departments are in the process of reviewing their policies, expanding and strengthening their existing programmes, conceptualising new initiatives, bringing Gender Budgeting into their Working Groups and Steering Committee reports and will ultimately provide inputs for the Eleventh Plan. Further this is a very opportune time to put into motion gender development and empowerment measures that need to be brought to fruition in the next five years.

She requested the participants to seize this moment to incorporate gender commitments into their sectoral reports, so that women's requirements are not bypassed and major headway is made in the Eleventh Five Year Plan. Of special importance will be the engendering of social policies, as they form the genesis for the programmes and schemes,

provide direction and describe the components that will go into them. The policies also determine the quantum of flow of funds to different components of schemes, as also the spatial spread of the programmes. Unless the policies are gender defined, the programmes and schemes that emerge from them cannot be gender sensitive. Therefore, it is essential that all the policies of the government, from their very inception, be thoroughly examined from a gender perspective.

The true test of a gender responsive budget is whether the women's needs are fully reflected in the budgetary allocation. Many Ministries and Departments are unable to reflect the gender component in their budget, either because no disaggregated data is collected, compiled or available, or even if such data exists, it is not analysed to understand the gender

angle. Also, it could be because of lack of identification of direct and indirect gender benefits or implications of the programmes.

The edifice on which Gender Budgeting rests is a gender responsive budget and if this base is weak, the entire effort towards mainstreaming women into the socio-economic development process collapses. GBCs need to be very proactive, to ensure that gender concerns are adequately reflected in the budgetary allocation. They would need to guide and help Ministries in building gender sensitive policies and programmes and ensure that these translate into budgetary commitments. The deliberations of this workshop would provide a sense of direction and delineate the path ahead for GBCs to achieve the objectives for which they have been set up.



KEYNOTE ADDRESS, 19th JANUARY, 2007

Dr. Syeda Hameed, *Member, Planning Commission*

While addressing the gathering, Member, Planning Commission stated that there are Ministries which question how they are concerned with Gender Budgeting, since they are known as a gender neutral Ministries or Departments. Therefore it is essential that regardless of the area of work, each and everyone internalises the importance of Gender Budgeting, otherwise the objective that is conceptualised will not materialise.



Growth has to translate into what happens to gender in India. Gender Budgeting is not just about numbers. Gender Budgeting is about human beings – whether it is a migrant woman working in a garment factory or sweatshop in Ahmedabad, or the severely malnourished girl child of a weaver in Banaras, or an abused and beaten sex worker in Calcutta, or a tea plucker in Wyanad, or a girl child in Ferozepur, or *Jirkas* in Mewar district of Haryana, or the Lambada tribal community in Andhra Pradesh – the experiences of the poor and disempowered women and girls are similar everywhere in India.

The cross-cutting importance of gender is visible in everyday life. It is a well-known fact that all over the country, women lack access to land, water sources, energy; they lack access to education and other social services. It is known that too often, women are absent from decision making, not only at the national, regional or local level, but even within their own families. As it is always said, from the bedroom to the boardroom, women are deprived of the right to make choices in their own lives and influence the decisions around them. Indeed, this has to be underlined, because the majority of India's poor are women and girls. The failure to focus on gender and

to establish gender responsive budgets and allocations has held back the progress and development of the country. The face of poverty is the face of deprivation of the girl child and women in our country.

Dr. Hameed stated that the organisation of this workshop is timely as the country is working towards the Eleventh Plan, for the Centre as well as the States and the Annual Budget. Budgets are not merely economic documents; they are indicators of government priority and intent. Gender equity and gender justice are a cross-cutting theme. In a country like India, with a multiplicity of social problems that affect a cross-section of women, a gender sensitive and transparent budget making process is of great significance. The world over, and in India too, Gender Budgeting has come to be accepted as an effective method for monitoring and evaluating the government's commitment to women's empowerment issues.

The planning process has always taken cognisance of women's requirements. The Women's Component Plan was introduced for this purpose. Women's empowerment therefore is not a new concept. Yet, in the midst of huge allocations of outlays and

revenues, etc., the government very often loses sight of this priority that has been established for women's issues.

The outcome of several new programmes that were started in the last Plan to benefit women, are not known, such as the National Rural Health Mission and Sarva Shiksha Abhiyan. For example, on a visit to Badhoi in Uttar Pradesh (UP), or to Malegaon in Maharashtra, there is no visible sign of any of these schemes benefiting women. In areas such as UP, despite budgetary provisions, the quality of ICDS centres is very poor and in some areas one Anganwadi centre caters to 14,000 people. The allowances and pensions for widowed women never reach them and their own children turn them out of their houses. An old, emaciated widow in Koraput district of Orissa lived on the charity of the neighbours, with no family and no pension. This is one micro example in a country of 500 million women.

When officials are questioned, the explanation that is given is very little resources and limited budget; or they resort to the blame game - the State did not implement the scheme, or the Ministry did not release money, or the circular or the permission was not given in time. The very mindset towards gender is not sensitive.

While drawing up the budget, it is important to realise that the allocations for women are not mere numbers, they are really the faces and lives of women, faces of girls who do not go to school, who become blind by weaving carpets in Banaras for a pittance, or whose mothers are ill or who died en route to hospitals in places like Meghalaya, where the terrain is difficult, or the wives of farmers who have committed suicide in Kerala. Therefore, efforts have to be made to keep vigil on the flow of benefits to women from our schemes and plans so that the funds reach those for whom they are meant.

One cannot talk of agriculture without keeping in mind the growing number of women farmers and women who work in the fields without gender sensitive tools or access to facilities. One cannot



talk of the Urban Renewal Mission without ensuring that our cities are safe for the increasing female work force, which is a reality today. If we have 'urban renewal' and the cities are not lighted and are not safe for women, there seems to be really no point in continuing with it.

Even today, in many States, there are no separate chapters for women and children in the State Plan. Gender issues are always covered under the broad category of social welfare such as health, nutrition, education and labour. Further, it has to be seen whether they include Dalit women, tribal women and women belonging to minority communities.

Fortunately, there is growing perception that gender needs have to be reflected in the budgets and outcomes evaluated. Increasingly, the plan process caters not only to outlays, but also to outcomes and disaggregated outcome. All Ministries are required to carry out a gender evaluation of their schemes and a sex disaggregated evaluation.

Ministries are learning to comply with Gender Budgeting, but compliance has been painfully slow. There are still queries about what a particular Ministry has to do with gender, especially those sectors which consider initiatives gender neutral. It is necessary to emphasise that there is no Department, there is no Ministry, which does not have to do with gender, just as there is no Department, no Ministry, which has nothing to do with the under-privileged classes, with Scheduled Castes (SCs), Scheduled Tribes (STs), minorities and Other Backward Castes (OBCs).

It has to be constantly reiterated that women's needs cannot be kept invisible and women's issues are not just confined to areas of maternal health. They require inter-sectoral convergence. Thus, women's backbreaking job in fuel collection must be kept in mind in the energy policy. Women's exploitation and lower wages must be addressed in the process of creating Special Economic Zones. Women's proximity to health care and Community Health Centres (CHC) must be measured while building roads and infrastructure and women's safety must be considered while designing transport, or new city plans like the Rajiv Gandhi Urban Renewal Mission.

The Planning Commission's Approach Paper talks about women's economic work and unpaid work. The Approach Paper also lays emphasis on the importance of inclusive and gender sensitive growth. While the country aims for double-digit growth, it is essential to ensure that the economic growth does not take place at the expense of women, especially the poor and marginalized women. There is a growing concern that though women's contribution to the economy is increasing, their share in the economic pie is getting smaller and smaller.

There is growing awareness that women are left out of the development process. There is a compelling need to take steps to ensure a fair allocation of government budgetary resources to women. Gender inequity has to be removed by influencing the budget making process.

Finally, a far greater measure of realism, rationality and sensitivity must characterise our planning, our

budget, our developmental programmes, our understanding of the integral parts of the complex linkages between public spending and women's development and between diverse and seemingly isolated segments of Indian women and our economy. While making the budget, it must be kept in mind that the goal for inclusive and equitable growth reaches out to all, regardless of gender, religion, region or caste. It is extremely important to monitor the funds allocated for women in different sectors and programmes.

Under the Right to Information Act, the budget has become a potent tool in the hands of voluntary organisations, which keep a tab on financial allocations for women in the different sectors. Many organisations which are very strong among the grass root workers, have taken it on themselves to question the budget. This is just the starting point.

At the end, the Member, Planning Commission congratulated the MWCD and the IIPA for their effort in organising this workshop to strengthen GBCs on the eve of the Eleventh Plan. These cells will be able to create niches for women's needs and issues in each Department and Ministry and thus enable them to have a gender responsive budget. However, for them to be able to make a significant impact, they need to be greatly strengthened. It is incumbent on those in the Planning Commission to give them adequate resources.

She ended her address by stating that each participant in the workshop has a great and onerous responsibility, which will have to be shouldered with dignity and intellectual acumen in order to make it really effective.





Special Addresses for the Two Workshops

SPECIAL ADDRESS, 12TH OCTOBER 2006 & 19TH JANUARY 2007

Ms. Loreta Vas, *Joint Secretary, Ministry of Finance*

Addressing the gathering, Joint Secretary, Ministry of Finance, stated that MWCD has been working on Gender Budgeting for quite a long time and that for the first time last year, the Ministry of Finance was also able to formally reflect the activities of the various Ministries and Departments in this effort through a statement in the Budget Document that details the budget provisions in programmes substantially meant for the benefit of women. This is only a first step towards Gender Budgeting.

Generally one equates gender with women. Gender includes men and women, boys and girls. Gender Budgeting analysis helps to make one aware of how the budget is working for each of these groups, what can be done with the objective of reducing poverty



and how programmes can be tailored to meet the needs of individual groups by bringing in the required policy changes as a result of such analysis.

The presentations and discussions in both workshops give one a lot of issues to reflect on and provide a guideline of what needs to be done. Issues reflecting on the gender sensitivity of a policy, in other words,

whether the policy increases gender disparity or leaves it unchanged or decreases it, need to be kept in focus when analysing budgets and whether they are related to women specific programmes or general programmes. In this exercise, it would be relevant to identify the aim of the project, the activities, the resource allocation as well as the outcomes and finally the impact of the programme.

The case study on HIV/AIDS gives an example of how Gender Analysis can be done in a programme. The study brings out the gender dimension of the problem and shows who is most vulnerable. Both men and women are affected, but in different ways. Identifying outputs would help to focus on what is intended to be achieved by that programme. "Outputs" should then be translated into activities, which match with the policy that we have structured in order to achieve the objectives of the programme. For example, in the case of HIV/AIDS control programme, are the needs and priorities of those who are HIV positive adequately addressed?

We also need to have certain indicators or physical targets to measure the achievement of outputs. These indicators can be the beneficiaries or target group and their access to the services offered through the programme, which in the HIV/AIDS case study would be access to hospitals, medicines, etc.

The HIV/AIDS case study thus provides a blueprint for analysis of a particular programme under a particular Ministry from the gender perspective. The model can be applied to different programmes under the Demands for Grants of other Ministries using the checklists outlined in Manjula Krishnan's presentation. The idea behind requesting the Ministries to study how different policies/programmes of the government or organisations under their administrative control, impacts on gender and to flag the relevant issues in this regard based on their experience, helps to suggest practical and creative ways to implement Gender Budgeting.

Gender Budgeting is not limited to allocations for women targeted programmes. A gender budget does not simply mean that there must be 100 percent or 50 percent flow of budgetary resources only for women beneficiaries. It is really analysing what we are doing for the efficient use of public resources and finding ways of improving service delivery. A close analysis of our policies and programmes will show that a lot of proactive work is already in progress, which needs to be recognised as Gender Budgeting and suitably presented as such in Performance/Outcome Budgets.

One approach to analysing the budget of the Ministry/Department concerned from the 'gender angle' would entail tailoring policies to meet gender sensitive concerns, translating these policies into suitable programmes and then making provision for resources to implement them. The other approach would entail analysing existing policies and working within the parameters of the given programme and its budgetary allocations. It would involve looking at these programmes, identifying the target group to be benefited and how the programme is set to impact gender equality in that particular area.

Workshops like these provide a forum for the exchange of ideas and encourage cross learning. Sooner or later, the required "critical mass" would build up as the concepts become clearer and ideas are implemented, and the objective of Gender Budgeting could well be achieved.

A question came up about classification of various Ministries according to whether their programmes/policies were oriented towards the development of women. In the earlier workshop, a suggestion was made that perhaps we should not really make such distinctions. However, this is not to deny that certain Departments and Ministries, especially in the social sector, implement programmes that directly target and are aimed at benefiting women, children or other specific groups. But it is also a fact that the schemes

being administered by every single Government Ministry/Department/Organisation in some way or the other, impact gender. Thus, Ministries/Departments like those of Steel, Mines or Coal could, for example, encourage various Public Sector Undertakings (PSUs) under their administrative control to examine policies programmes affecting women in the work place. One of the study groups in the earlier workshop had actually identified the core areas, where the concept of Gender Budgeting could be applied in this context as well.

Finally, it is important that all these efforts should also be adequately publicised in the Performance Budget/Outcome Budget of the Ministry. GBCs of Ministries should identify the initiatives they have taken and reflect them in qualitative and quantitative terms, providing their own internal indicators of progressive changes and attempt to detail the expected future outcomes of current expenditures.

Thank you very much for inviting me to this workshop and requesting me to chair the session. It gives a great opportunity to learn and benefit from the interactions.



SPECIAL ADDRESS, 19th JANUARY 2007

Ms. Manjulika Gautam, *Senior Advisor, Planning Commission*

The Senior Advisor, Planning Commission, stated that many efforts have been made at the Government of India level and at the State level to give the needed weightage and status to women's empowerment. The Planning Commission interacts with all the State Governments in the country and has tried to stress that focus on women and children in their States is a must and that, if they do not do so, they would be neglecting a very large segment of the population. As opposed to that, there are a large number of States, which have undertaken a number of activities in this field, but do not reflect it in their Plan documents. There is no separate chapter on women and children and there is no consolidated picture of their status. Women and children are clubbed together and it is assumed that if anything is done for the development of this country, then it includes women and children.

Gender Budgeting is a concept that moves away from this generalisation. The last two Plans have talked of a Women's Component Plan but outcomes have not been evaluated. The concept of Gender Budgeting is an evolution of the Women's Component Plan and a special mechanism, which will help in achieving the objectives. Gender Budgeting is specialised as it goes into the nitty-gritty of how to frame a budget, how to formulate a scheme, how to give it a budget head, how to actually give a break up of every little programme and the interface with gender requirements.

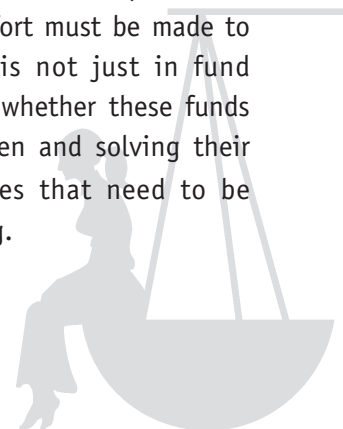
The Ministries/Departments not only implement schemes, but also monitor the schemes and fund releases. They are in a position to use the Gender Budgeting tools in a very sensitive manner so that

there are good outcomes. While looking at the outcome budget, the results and their gender impact should also be looked at.

The government has come in for a lot of criticism in the last few years, because the impacts of the programmes or outcomes are not being seen. A large amount of money has been invested, but the consequential results have not followed, or have not been commensurate with the resources that are tied up with the programmes.

Gender Budgeting looks at the issue of how much money is allocated to achieve certain outcomes or results, what is the kind of activity, what is the kind of money that is put in and what are the kind of procedures that have to be followed. This tool should be looked at as a great opportunity to really reach out to the millions of women in this country.

While planning for programmes and schemes, it has to be kept in mind that budgeting for women is not a simple "number game" – out of every 100 rupees, women have to get 30 percent. When 30 percent of the resources go to women, effort must be made to ensure that this 30 percent is not just in fund allocation. It has to be seen whether these funds are actually reaching the women and solving their problems. These are the issues that need to be addressed in Gender Budgeting.





Presentations

OPERATIONALISING GENDER BUDGETS

Ms. Manjula Krishnan, *Economic Adviser, Ministry of Women and Child Development*

The objective of this workshop is to understand the meaning of Gender Budgeting, the tools, the strategies and how to use checklists or guidelines for Ministries to identify the gender component of the schemes, programmes, policies, etc.

Gender Budgeting implies incorporating gender sensitivity into all the schemes, programmes and policies of the Government so that gender responsive budgeting emerges as an outcome. It is neither an accounting exercise nor does it seek a separate budget for women, but provides affirmative action to address the specific needs of women. The gender responsive budget initiative provides a way of assessing the impact of government revenue and expenditure on women.

The mission statement adopted by the MWCD is "*Budgeting for Gender Equity*". It is further built on the generic definition that Gender Budgeting is a process that entails maintaining a gender perspective at various stages, whether it is planning, policy or programme formulation, assessment of needs of target groups, allocation of resources, implementation, impact assessment, reprioritisation of resources, etc. If the policies are not engendered, the resulting schemes also cannot have the required gender outcomes. Gender Budgeting translates stated

gender commitments into budgetary commitments. Thus, a gender sensitive budget is a culmination of the Gender Budgeting process. Further, the Ministry's mandate is to take the gender based review to all levels of governance - the Centre, State, district, town or village - in the public sector and autonomous bodies and other beneficiaries of public expenditure and to mainstream gender concerns.

The Gender Budgeting Mission of the Ministry of Women and Child Development was tremendously strengthened by the commitment of the Ministry of Finance. The commitments made in the Budget have given a further impetus to the Gender Budgeting initiative. The Finance Minister, Shri P. Chidambaram in his Budget Speech (2006-07), stated "*Last year, while introducing the concept, I made a statement highlighting the gender sensitiveness of the budgetary allocations and was able to cover ten demands. This time, I have been able to enlarge this statement to*



include schemes where at least 30 percent of the allocation is targeted towards women, and am covering 24 demands."

In Budget 2005-06, the Ministries/Departments in the Union Government were to undertake a review of the public expenditure profile, conduct a beneficiary incidence analysis and recommend specific changes in the operational guidelines of schemes from a gender perspective. The Union Budget 2006-07 took Gender Budgeting a step forward. The Finance Ministry's support in the exercise of Gender Budgeting and gender outcomes as a part of the outcome budget has been greatly appreciated.

The Parliamentary Standing Committee of the Ministry of Women and Child Development has been regularly following the progress of the GBCs set up in the different Ministries and is taking a very keen interest in their development. It is recommended that all Ministries/Departments set up GBCs urgently and expeditiously.

MWCD's approach to Gender Budgeting has three basic dimensions. One, the empowerment has to be holistic and it should cover political, social and economic implications for women. It should be universal in terms of equal opportunity and provide a level playing field. The second dimension is that it should be participative and inclusive. In other words, women become an integral part of the decision making process whether it be in the social, economic or political sector. This requires that the planning, policy and implementation process should have a bottom to top approach, where women have a voice from the grass roots to the highest echelons of power. A third dimension of Gender Budgeting is the need for convergence. Women's needs are multi-dimensional - access to health and nutrition, water and sanitation, asset base, marketing, credit, technology, education or skills, political participation, etc. Although Ministries/Departments have sectoral programmes which cover all these areas, they may not be accessible to women in a manner that allows convergence. This is where the

implementation access norms have to be examined to enable convergence in order to provide women access to these facilities.

Budgeting is a process while the budget is a major tool for the process. Gender Budgeting can be done at the macro level, as well as at the micro level. The Union Budget is an excellent example of Gender Budgeting at the macro level as it takes into account a gender sensitive review of public expenditure. However, each individual Ministry can also undertake Gender Budgeting at the macro level for their sector.

Micro level planning comprises specific policies and programmes. To extend Gender Budgeting to micro level planning, it is important that participative budgeting happens at the grass root level with the requisite allocation of resources in the budget, beneficiary incidence analysis, change in programme design and re-prioritisation of allocation in the budget. Its importance cannot be undermined, as budgeting for various schemes and programmes relating to gender needs are required to empower women. To ensure this, micro level planning should become a part of the Ministry's total planning exercise.

Micro planning has definite processes, such as mapping the resources available at the ground level, whether it is water, sanitation, electricity, roads, employment or health. It is also necessary to monitor the release and utilisation of funds and achievement of physical targets and outcomes, assess gaps and identify resources required and enhance or re-prioritise allocations based on inputs from micro level Gender Budgeting.

The next step would be synergy in allocation of resources across levels of governance, programmes and departments and ensuring universal coverage and access. Also, it is essential to take into account regional imbalances and geographical constraints and re-prioritise resource allocation to address these issues. Therefore, to begin with, one should have a situational analysis of what is available at the ground level in one's sector, identify the gap, identify where there is convergence and then take into account the constraints, imbalances or gaps and address them.

It is very important that an impact assessment be conducted for each scheme, programme and delivery of services to understand how well the programme is functioning at the grass roots level. A beneficiary need-assessment is required at the field level. Today, most of the schemes do not have sex disaggregated gender data. As a result, even getting need-assessment from the field is very difficult. This would require institutionalised sex disaggregated data and compilation mechanisms to determine the needs at the ground level, how to address them and identify the gaps. Based on that information, it is possible to redesign the programme format and its implementation and thus successfully address the gender gaps and barriers.

Broad guidelines have been developed for the Ministries, which have specific programmes benefiting women and which include planning and corrective action.

1) **For planning and budgeting**, one needs to:

- i) Identify schemes and programmes which are gender specific or have a gender related component.
- ii) Examine the activities undertaken for women under these programmes.
- iii) Indicate expected output indicators like number of women beneficiaries, increase in employment of women, post project increase in income, resources or skills, MMR, IMR, etc.
- iv) Quantify allocation of resources in the annual budget and physical targets thereof and assess adequacy of resource allocation relative to the population of targeted beneficiaries that need the concerned schematic intervention, the trend of past expenditure, etc.

2) In **performance audit**, review the actual performance, physical and financial, vis-à-vis the annual targets and identify the constraints in achieving the targets, like the need for strengthening delivery and infrastructure capacity building. A reality check has to be carried out

through evaluation of the programme, incidence of benefit, identifying impact indicators like comparative status of women before and after the programmes, etc. A trend analysis of expenditure and output indicators and impact indicators needs to be compiled.

- 3) In future planning and **corrective action**, the essence is to address the constraints identified from the performance audit. For this, it is necessary to establish the requirement of resources in terms of population of targeted beneficiaries and magnitude of perceived problems like IMR, MMR, literacy ratio, etc., review adequacy of resources available, financial and physical, like trained manpower, etc. and plan for modification in policies and programmes and schemes based on the results of review.

For those sectors which do not have women related programmes like defence, power, telecom, communication, transport and industry, the following guidelines are suggested:

- 1) List all programmes entailing public expenditure with a brief description of the activities entailed.
- 2) Identify the target group of beneficiaries or users, especially where these users or beneficiaries are being categorised by sex as male or female at present; if not, to what extent would it be feasible.
- 3) Identify the possibility of undertaking special measures to facilitate access of services for women, either through affirmative action like quotas, priority lists, etc. or through expansion of services that are women specific, such as all women police stations, women's special buses, etc.
- 4) Analyse the employment pattern in conducting these services or programmes from a gender perspective and examine avenues to enhance women's recruitment; focus on special initiatives to promote participation of women either in employment or as users, indicating the extent to which women are engaged in the decision making process at various levels within the sector in the

organisations and initiating action to correct gender biases and imbalances.

- 5) Review policies and programmes to incorporate higher gender participation.

The GBCs need to work as focal points for coordinating gender budget initiatives within the Ministries or Departments through positive action and gender sensitive review of the budgetary allocation. These cells have to guide their Ministries in the review of policies and programmes and their gender content, review the implementation mechanism to find out whether it is gender friendly or sensitive, have gender based impact analysis, beneficiary need-assessment and incidence assessment; ensure that the programmes and implementing mechanisms have in-built provisions for sex disaggregated data collection and compilation; identify gaps, constraints and shortcomings in existing programmes and re-prioritise budgetary allocation to address these gaps.

For this it is essential that the composition of the GBC be drawn not just from the finance unit, but also from the programme and planning unit of the Ministries. In order to function effectively the Ministry will need to provide it with appropriate status, facilities and powers.

The MWCD has taken up the matter of addressing gender concerns in several areas, a few of which are listed below.

- The MWCD has requested the Department of Petroleum and Natural Gas to continue the kerosene subsidy so that women do not have to depend on unhealthy indoor polluting fuel.
- The Ministry has taken up the issue of continuance of small savings like *Kisan Vikas Patrika* with the Finance Ministry. Women with very small savings need to have access to the nearest savings institution and the post office is the most accessible institution.
- The MWCD has requested the regulation of the micro credit sector so that women's self-help groups (SHGs) are not exploited by extremely high interest rates.
- The MWCD has written to the Ministry of Health and Family Welfare for health insurance for women

and children and to the Ministry of Youth Affairs for greater participation of women and girls in sports. The women's cricket team is one of the outcomes of this effort.

- MWCD has written to the Ministry of Environment and Forests about carbon credits and utilising these for the benefit of women.
- The Ministry has taken up with the Ministry of New and Renewable Energy (MNRE) the issue of funding a number of projects for women, especially to provide them with alternate sources of energy. The Ministry has received a very positive response to the provision of non-conventional energy resources for women, especially in regard to income generating activities.
- MWCD has requested the Ministry of External Affairs to provide a helpline and emergency response for victims of human trafficking who have been deserted abroad or have been duped by NRIs into marriage as wives or domestic labour. The Ministry of Overseas Affairs has interacted on this issue quite a few times.
- The Department of Science and Technology is putting into mission mode its research and development activities on nutrition, health and hygiene for women in the Eleventh Plan.
- The Department of Information Technology has agreed to put into place software solutions for creating awareness on various issues, disseminate these and also have training opportunities in the growing IT sector, to provide software solutions and upgraded skills to women beneficiaries.
- The National Rural Employment Guarantee Scheme is becoming more women-oriented with more women coming forward as beneficiaries under the Scheme. While this appears to be a positive sign, it also has shortcomings in the sense that the wages paid are not very attractive as compared to what men can generally earn. Secondly, the work is mainly active manual labour, which is backbreaking. The MWCD has requested the Rural Development Ministry to have a work pattern with more flexible norms so that it becomes women-friendly.

GENDER BUDGETING: THE CASE OF HIV/AIDS AND CARE²

Aasha Kapur Mehta, *Professor of Economics, Indian Institute for Public Administration*

Gender Budgeting and the Challenge before Gender Budget Cells

Gender budgeting is a tool to enable us to focus on the outcomes that are needed so that expenditure can be re-prioritised to attain those outcomes. In other words, this tool can be used to address issues such as increased feminisation of poverty, exploitation of women in low paid, arduous, insecure jobs, persistently high IMR, MMR, morbidity, anaemia and malnutrition due to lack of access to nutrition and quality health care. It should be used to correct gender gaps in literacy and education, wage differentials between men and women, violence against women, trafficking of women, bias in the female-male ratio, lack of access to water and drinking water, statistical invisibility of women's work and providing access to work. These gender issues need to be flagged and translated into the policies, programmes and schemes of individual Ministries and Departments.

What are the challenges for the GBCs? The Mid-Term Appraisal of the Tenth Five-Year Plan has found that women still remain largely untouched by gender-just and gender sensitive budgets as well as the Women's Component Plan. The challenge is to use the GBCs as a means to get gender-just allocations and outcomes in every Ministry and in every sector.

Women's Priorities in Budget Allocation

What are women's priorities in household budget allocation? In any budget, however small, women give the highest priority to nutritious food for the family. The objective is good health. One needs



purchasing power to buy food. Purchasing power depends on current income or borrowing or wealth. For most, the income earned depends not on wealth, but primarily on availability of work or employment opportunities for the able-bodied and fair remuneration or wage or salaries received for the work that one does.

Despite plans and poverty alleviation strategies, India still has 300 million people living in poverty, many of whom do not get two square meals a day. The Planning Commission estimates that 27.5 percent of the population was below the poverty line in the year 2004-05 if the same methodology is applied as was used by the National Sample Survey (NSS) for the 1993-94 quinquennial survey. If macro national level budget priorities are built on the basis of micro household priorities in the budget allocation, (or if one looks at what is the budget priority at the macro national level from a gender and poverty sensitive

² Based on research conducted for the National Commission for Women on "The Budget: A Gender and Poverty Sensitive Perspective" New Delhi, 2003; ongoing research on chronic poverty; and for a UNIFEM-IIPA study entitled "The Impact of HIV/AIDS on Women Care Givers in Situations of Poverty: Policy Issues", Aasha Kapur Mehta and Sreoshi Gupta, UNIFEM and IIPA, New Delhi, 2006.

lens), then the national budget must give priority to poverty reduction, opportunities for employment for all able-bodied people, eradication of hunger, access to safe drinking water, access to quality and affordable health care, correcting the bias in the female-male ratio, safety nets for the old who are poor, for the poor who are disabled, and correcting the statistical invisibility of women's work.

Gender budgeting in any given Ministry would require identification of the following:

- What are the priorities and needs of women, especially poor women, with regard to the services provided by the specific ministry?
- Currently, are these needs being met satisfactorily or are there any gaps that need to be bridged?
- What interventions and allocations are required if the priorities are identified and their needs are to be met?
- Are there mechanisms that ensure that women participate in the identification of priorities and benefit from them?
- What enabling changes are needed in policies, programmes, schemes, allocations and implementation and delivery mechanisms to achieve the desired outcomes?
- Are women involved in monitoring and evaluation?
- Are the findings of the evaluation taken into consideration while reviewing the scheme?

The Context: Poverty and Ill Health

We have roughly 300 million Indians living in poverty. With poverty comes hunger, under-nourishment and ill health. Ill health creates immense stress even among those who are financially secure. The National Rural Health Mission³ had stated that 25 percent of Indians fall below the poverty line because of hospital expenses. An Indian who is hospitalised spends on an average 58 percent of his total annual expenditure on medical care. Most do

not have insurance and borrow heavily or sell assets to cover expenses. Any chronic illness such as tuberculosis, cancer or HIV/AIDS can exacerbate distress of the poor and drive many non-poor below the poverty line.

NSS data for 1986-87 (42nd round) and for 1995-96 (52nd round) show that over this period, the proportion of ailing persons based on 30 day recall increased from 6.4 percent to 8.6 percent and from 3.1 percent to 8.4 percent in rural and urban areas respectively. The morbidity estimates from the 60th round of NSS (January to June 2004) showed a significant increase in the proportion of ailing persons. The estimates based on 15-day recall increased from 5.5 percent in 1986-87 to 8.8 percent in 2004 and 5.4 percent to 9.9 percent in rural and urban areas respectively.⁴ The proportions were marginally higher among the women as compared to men both in the rural and urban areas.

Micro-studies reflect far higher estimates of morbidity. For instance, the Centre for Multi-Disciplinary Development Research (CMDR)⁵ 2005 survey showed that morbidity was around 27 percent in Maharashtra, 18 percent in Karnataka and 27 percent in Orissa. Further, all three States had a high incidence of communicable diseases, possibly due to poverty, malnutrition and environmental factors such as poor sanitation and the lack of safe drinking water.

While poverty and ill health affect both men and women, the problems get compounded for women for many reasons. Firstly, women lack access to and control over resources and decision-making, thereby leading to lower levels of access to health care services for them. "While men have higher rates of disease morbidity for major diseases such as tuberculosis and malaria, a larger percentage of women die due to the fact that they are often brought in for diagnosis and treatment at severe or last stages of illness, when treatment is less effective."⁶ Secondly, when any member of the family falls ill,

³ Government of India, National Rural Health Mission Document 2005-2012.

⁴ Government of India Press Note of dated 16 March 2006.

⁵ Panchamukhi, P. R. and Puttaswamaiah, S. 2004. 'Morbidity Status, Utilization and Cost of Treatment: A Comparative Study in the Selected States', Centre for Multi-Disciplinary Development Research, Dharwad.

⁶ Women's Empowerment for Better Health Outcomes, 2006. CARE, New Delhi.

women routinely take-up the task of providing care in addition to other tasks, thereby adding to their unrecognised work burden, which further adds to their higher levels of fatigue and morbidity. Thirdly, "more than half of the female population in India suffers from anaemia due to lack of nutrition."⁷ Due to cultural practices, women members are the last to eat in many homes, and generally there is inadequate availability of food, which often also leads to intra-household discrimination in access to food and nutrition⁸.

The National Health Policy (2002) criticises the existing public health infrastructure, and refers to insufficient funds, inadequate medical and para-medical personnel and negligible availability of consumables, obsolete and unusable equipment, dilapidated buildings, overcrowding and steep deterioration in the quality of the services. Mortality and morbidity rates are exceptionally high, despite the fact that these can successfully and significantly be reduced. The financial allocations to the health sector are extremely inadequate and need to be increased significantly and re-prioritised based on gender responsive budgeting.

HIV/AIDS: Status, Allocations and Needs

The number of Indians living with HIV/AIDS differs depending on the data source used, method of estimation and coverage. For instance, UNAIDS estimates that as many as 5.7 million Indians were living with HIV at the end of 2005⁹. NACO estimates that there were 5.134 million HIV positive persons in India in 2004. However older persons are not included in the NACO estimates. NFHS estimates are based on a different methodology and are likely to be lower. A cumulative 1,24,995 persons suffered from AIDS from 1986 to August 2006.

Andhra Pradesh, Tamil Nadu, Maharashtra, Karnataka, Manipur and Nagaland have generalised epidemics with a HIV prevalence rate of above one percent among pregnant women. More than 50 percent of

the commercial sex workers in the urban areas of the southern States are infected with HIV/AIDS. By the end of 2002, there were an estimated 3.8-4.6 million People Living With HIV/AIDS (PLWHA) in India. Of these, 600,000 PLWHAs are in need of anti-retroviral therapy (ART), but less than 30,000 are currently receiving it.¹⁰

While funds are available for combating HIV/AIDS, there is a mismatch between the financial resources that are available and its translation into outcomes that are needed by those infected and affected by HIV/AIDS. For instance, World Bank reports that "India receives technical assistance and funding from various UN partners and bilateral donors. Since the early 1990s bilateral donors such as USAID, CIDA and DFID have also been involved at the State level. USAID has committed more than US\$ 70 million since 1992, CIDA US\$ 11 million and DFID close to US\$ 200 million. The number of major financiers and their contribution has increased significantly in the last year. Since 2004, the Gates Foundation has pledged US\$ 200 million for the next five years and the Global Fund has approved US\$ 54 million for HIV/AIDS. DFID has also increased its financial resources and is considering the inclusion of additional states. More recent donors include DANIDA, SIDA, The Clinton Foundation and the European Union."¹¹

While funds are available for HIV/AIDS, only a fraction of the funds reach the persons who are HIV positive. Meanwhile, the burden of ill health and care for women and the poor remains huge as can be seen from the four cases outlined below. Clearly, funds that are available need to be re-prioritised and better targeted so that the needs of HIV positive persons are met and they get access to the medication and care that they need.

Gaps between Needs and Outcome: Four Cases¹²

Case 1: HIV affected family in stark poverty

This is a case of a woman, who lives on the footpath in Kurla District in Mumbai. She and her family suffer

⁷ CARE 2006 *ibid*.

⁸ Ratna M. Sudarshan and Rina Bhattacharya, 2004. Chronic Poverty and Gendered Patterns of Intra-Household Resource Allocation: A case study from East Delhi, CPRC-IIPA Working Paper 12, IIPA, New Delhi.

⁹ http://www.unaids.org/en/Regions_Countries/Countries/india.asp

¹⁰ UNAIDS *ibid*.

¹¹ <http://web.worldbank.org/Wbsite/External/Countries/Southasiaext/Extsaregtopheanut/Extsaregtophivaids 0,, content MDK : 20288516~menu PK:568874~pagePK:34004173~piPK:34003707~theSitePK:496967,00.html>

¹²Support provided by UNIFEM and CCDT in conducting the case studies is gratefully acknowledged.

from the worst form of poverty. Their home is a six feet by six feet space on a footpath, under a makeshift roof made of a plastic sheet with holes in it. Her husband used to work as a plumber and earned Rs. 3,000 per month before he fell ill. The woman sold her jewellery for Rs.10,000 four years ago, when her husband was very unwell. The doctor told him to take medicine for six months. The medicine costs Rs. 800 per month, which was unaffordable. So, he took it for four months and then discontinued it.

He has been tested as HIV positive. The woman looks after her husband when he is unwell. He is on ART medicine provided by the government; he suffers from fever, vomiting, diarrhoea and weakness. There are days when he cannot get up. When he is okay, he takes medicines on his own. When he is unwell, she has to take time off from work to care for him. He is sick and often needs to have his feet pressed or his head pressed. Fortunately, she has been tested as HIV negative. She has six children to feed. With no income and nowhere to live, the family started living on the footpath and she has started working. The Mumbai Municipal Corporation demolishes the tiny space they live in every few months.

When an NGO heard that they were planning to commit suicide they started helping the family with basic rations, medication and educational expenditure for children for a few months, to be tapered off once things stabilise. She has started working as a part time domestic servant and cleans floors and washes utensils and clothes. Earlier, she was able to work in three houses and earned Rs.1,500. Now she too is not keeping well and does not have the energy to work. So, she works only in two houses and earns Rs.1,200. They have to visit the hospital for medication several times in a month and each visit proves to be expensive. They have to spend on X-rays and CD-4 tests. So, she has to borrow money from the houses where she works.

Case 2: Young maid spends her meagre income on ART hoping for public provisioning

A 25-year old maid has two daughters and is HIV positive. Her husband died of HIV/AIDS. She works

as a domestic servant and earns Rs.1,800 per month. She spends Rs.1,500 on ART medicine in the hope that she will get access to ART from government sources. She worries about her daughters and their future. They are going to school and are doing well.

Case 3: Family Support and a Confident Survivor

A young Muslim girl got married at the age of 17 years. She had barely completed school and did not want to get married. She was keen to study and complete her graduation. Despite being fairly assertive, she had to succumb to pressure from her family and get married. In 1996, her husband discovered that he was HIV positive, but chose not to inform her and did not use any protection. He bought medicines from a quack in Kerala in the hope that he would be cured. This did not help. In 1998, he was tested again and the family doctor told the girl's relatives that he had AIDS and would die, but she was kept in dark. Her husband died two months later. Her husband's family blamed her for his illness.

Subsequently, her father got her tested and found she was HIV positive. She discovered this when she accidentally found her blood report in her father's bag in November 1998. She had no counselling and no information. Her initial reaction was anger at her husband for knowingly exposing her to the virus and a sense of despair with regard to the future. The doctor had said that she had only two or three months to live.

Her family took her for counselling where she was told she would not die. She asked her father if she could work with a support group. Traditionally, girls in her family did not work, but her father felt that if she worked, it might help her.

In April 1999, she decided to join the Positive Women's Network. She was the only girl in that group. Today, she is a confident and healthy 27-year old young woman, a senior representative in an NGO working on HIV/AIDS. She is in her final year of graduation and has learnt to work on computers. She cooks for her family and they have never discriminated against her. She takes good care of

her nutrition, has a very positive outlook on life and rarely falls ill. The only infection she has had is herpes. She has seen the worst side of life while caring for her husband before he died. He had no access to ART. Today, she can negotiate and demand facilities at government hospitals. Many of the suggestions given in the context of care draw on the suggestions made by people like her.

Case 4: Commercial Sex Workers

A focus group discussion with about 30 commercial sex workers made it clear that they are the worst affected of all HIV positive persons. The consequences include being thrown out of the brothel. Today, many of the 'Sakhis' are being admitted to crisis centres and hospices in the terminal stage of the illness. They have no hope and their future is bleak. They have no place to live or to rest, to bathe nor do they have access to toilets or a place to wash their clothes. The police do not allow them to live on the footpath and often take them into custody. The most frequent infections suffered by commercial sex workers are tuberculosis, herpes and diarrhoea. Fever is also frequent. When immunity declines a large number of infections set in, including meningitis. Immunity declines in those who are HIV positive, particularly closer to the AIDS stage.

If work is available and they are able to get customers, they work. If the work pays decently, they eat, but on other days they go to sleep hungry. When they reach the terminal stages, they are admitted to hospital. If they can get admission into a hospital run by an NGO, then there is no charge for either stay or cremation. A major source of worry is the future of their children.

Long-term rehabilitation options that can enable a safe future for their children are vital sources of support.

These are the lives of a multitude of people in the context of any disease that leads to chronic ill health. The purpose of presenting the cases is to illustrate the mismatch between needs and outcomes and to enable one to identify ways in which different

Ministries can ameliorate the suffering of those who are infected and affected by a chronic illness.

Identifying Needs and Gaps that Must be Addressed

What do those who are poor and chronically ill from diseases such as HIV need? They need facilitation in getting access to information regarding medication, adherence, monitoring and testing, as also methods to reduce the possibility of incorrect diagnosis, unnecessary prescriptions and drug resistance. Access to drugs such as ARV for those with low CD-4 counts, as well as continuity of access, needs urgent attention from the government. Patients are sometimes started on ARV treatment in private clinics even though they cannot afford it. Discontinuity in drug intake leads to drug resistance. Standards with respect to ARV drugs must be maintained.

There is also the huge issue of stigma. While many families are caring, stigmatisation sometimes results in PLWHAs being thrown out of their homes or taken to a hospital or community care centre and deserted by the family. In some cases relatives do not return to take them back and even the last rites are performed by institutions and not by the family members. Rehabilitation of HIV/AIDS patients is needed. Children infected or affected by HIV/AIDS end up in orphanages. Several NGOs help, but work from 9 am to 4 pm.

- Universal coverage of those needing ART is urgently required.
- After a person is started on ART, CD-4 counts change and monitoring is important even though it is expensive.
- Information about HIV/AIDS, symptoms, opportunistic illness, exposure, prevention and use of condoms, testing facilities to determine HIV/AIDS status, follow-up through CD-4 tests and ART can increase longevity and productivity and the importance of nutrition and clean water should be publicised on a large scale.
- Doctors have a large number of patients to attend to and they do not have the time to explain that

a particular medicine has to be taken every day, or why a patient cannot afford to miss even one day's medication. Information needs to be patiently communicated regarding the importance of regularity in taking medicines, adherence, drinking boiled water, etc. to avoid diarrhoea. Hence, representatives of Positive People's Networks should be present to communicate this when PLWHAs are started on ART.

- Funds must be allocated urgently to provide access to pre and post test counselling, information on nutrition and medical care, treatment and anti-retroviral drugs, clean drinking water, hygiene and sanitation.
- Provision of accurate information regarding the treatment, care and costs will go a long way towards reducing exploitation and unnecessary expenditure. Therefore, information regarding HIV/AIDS must be widely publicised, availability of testing facilities and costs in public and private sectors, medication and its effects, the importance of adherence to prevent resistance and to avoid indiscriminate use of antibiotics.
- The training and infrastructure needs of health care providers at all levels are required to be identified and met. Doctors must be made aware of the latest developments in medicine and should not prescribe wrong medicines or experiment on patients.
- Some official standards with respect to the ART drugs must be maintained.
- Doctors, functional testing equipment and ambulances must be available in all Public Health Centres (PHCs) and peripheral hospitals if they are to respond to patient needs.
- There must be enough doctors and ambulances at all times, so that patients can be rushed to the larger hospitals in case of emergency. Doctors have stressed the need for ambulances and functional X-ray, sonography, ECG and CD-4

machines that are maintained, working and available 24 hours a day.

- In government hospitals the schedules need to be changed to include the latest antibiotics that can be used depending on the discretion of the doctor if bacteria do not respond to treatment. The newer medication could be more expensive, but should be available for patients whose condition is serious. If not in the schedule, a series of administrative approvals becomes necessary.
- Increased access to community care homes to enable support in times of difficulty and to reduce the burden of care on home based caregivers or when such support is absent.

Attitude of Health Care Providers

The attitude of health care providers needs to change. Behavioural and attitudinal change at all levels is an important intervention and can be done through training, sensitisation workshops and follow up. Bed availability should be displayed in all hospitals so that this is not used as an excuse to deny services to the HIV positive patient. Basic knowledge and skills about care and its administration, nutrition required by a HIV positive person, importance of hygiene and counselling services are essential. Hospitals should not discriminate and stigmatise HIV positive patients.

Knowledge and skills that can reduce the burden of providing home based care

To reduce the physical, emotional and financial burden on those providing care at home, counselling and skills must be given regarding: ¹³

- How to provide care.
- How to accept, handle and provide moral support in the context of stigma, discrimination, low self-esteem, anxiety and tantrums.
- Importance of the medication regimen, dosage and adherence to intake of medicine as also regular follow-up and check-up.

¹³ Doctors formerly and presently at MDACS, the Administrator of Sarvodaya Community Care Centre and to the Doctors and Counsellors at Talera Hospital are gratefully acknowledged for many of these suggestions

- Universal access to voluntary counselling and testing.
- Use of ORS and other methods of treating infections.

The crucial role of good quality nutrition and nutritive foods, hygiene and ways of cooking to retain nutritive value. This goes a long way towards preventing the immune system from becoming suppressed. Heavy food, spicy food, food cooked outside, and food that may cause stomach ache or diarrhoea should be avoided.

- Importance of clean drinking water.
- Importance of adequate nutrition even in case of diarrhoea.
- Preparation of inexpensive but high protein, wholesome meals. Provision of more frequent and smaller meals to help the patient digest the food. Making soups by mashing vegetables, porridge, sprouts, mixing dals, roasting them and making a powder and then cooking with a few spoonfuls in water. Use of inexpensive and nutritious grains such as ragi and nachni.
- In case of bedridden patients, how stools should be disposed of, use of bleaching powder or sodium hypo chloride, use of plastic sheets and homemade diapers.
- Reduction in risk of exposure to the caregiver through use of gloves or plastic bags. Avoid direct contact with blood.
- Importance of cleanliness and hygiene, bathing or regular sponging if it is not possible to bathe the patient.
- "Goodbye Counselling" to be provided at more advanced stages of the illness. It is important that caregivers be prepared to accept their loved one's death.
- How to handle finances and not spend it all on tests and medicines. Ensure that women caregivers who are HIV positive have equitable access to treatment and resources.
- Connections with support groups.
- Counselling for women who feel they have been victimised and exploited by their husband, who has infected them by not taking adequate precautions, despite knowing that he is HIV positive.

- Counselling and access to male and female contraceptives and microbicides for women to reduce the risk of exposure in situations where they do not have money to even buy food. Provide skills in negotiating their use by their partners.
- Counselling and helplines to enable people to live positively despite their HIV positive status.

Good nutrition, exercise, progressive relaxation techniques and moral support can prolong the HIV stage and postpone the AIDS stage.

Access to Clean Toilets and Water

When immunity decreases, the person cannot tolerate diarrhoea-causing pathogens. In slums, diarrhoea and other stomach related problems are frequent, as is tuberculosis. As safe drinking water is not available, people do not understand the importance of boiling water. Community bathroom facilities are available at a distance and are usually dirty. There have been instances where the person has diarrhoea for 15 days in a month and has to use community bathroom facilities. HIV positive commercial sex workers and other poverty-stricken homeless persons suffer extreme hardship due to the lack of access to toilet facilities and having to pay for their use. Those who live in slums or on footpaths must be provided access to clean toilets and bathing facilities.

Therefore, it is necessary to plan for access to public Indian style toilets at regular intervals (without charging user fees) in urban and rural areas and make arrangements for their upkeep. This is a major gender issue.

Access to Work, Skills and Social Protection Mechanisms

The major impact of HIV/AIDS on all the affected and infected women interviewed was that of financial deprivation due to the spouse's loss of income and earning opportunities on the one hand, worsened by expenditure and debt due to lack of access to quality public provisioned medical care on the other.

The need for skills, skilled work and links with income generating projects emerged as a critical issue. This is especially important for young widows to enable

them to live in dignity and not fall prey to commercial sex work for survival. To break the cycle of poverty, gender inequality and vulnerability to HIV/AIDS transmission it is necessary to provide women with work-related skills. There is an urgent need to provide access to social safety nets and link the poor with employment generating projects, networks and support groups.

Gender Budget for Health

In view of the above, how does one prepare a gender budget that meets the health needs of women affected and infected by HIV/AIDS? Clearly, one has to re-prioritise expenditure so as to meet the needs of women and men affected and infected by HIV/AIDS. Only when these needs are met and gaps are bridged, will the results get reflected in the outcomes. Though the needs have been illustrated in the context of HIV/AIDS, the rationale applies to any chronic illness. The basic requirement is that of universal and mandatory access to quality, preventive and curative treatment that is provided by the State. This in turn will require strengthening of all PHCs and public hospitals to ensure access to reliable and quality medical care. In addition, provide information about symptoms and treatment regimens for anaemia, malaria, tuberculosis, HIV/AIDS etc., methods of prevention and access to diagnostics and medical care, as incidence of any such illness leads to debilitation and loss of ability to earn, combined with expenditure on medication.

Mechanisms for enabling participation of women in the identification of priorities, access to benefits from policies, programmes and schemes, improvements in delivery mechanisms and monitoring and evaluation

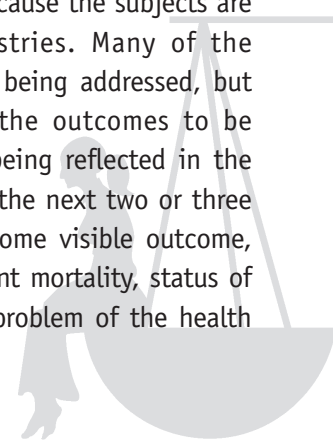
Ensure that all committees and institutions involved in making policies, programmes and schemes pertaining to HIV/AIDS include women who are

infected and affected by HIV/AIDS and also include representatives of Positive Women's Networks and those who painstakingly provide care in community care homes and hospices. This will go a long way in ensuring that the mismatch between budgetary provisions, needs and outcomes is corrected. Also, provide opportunities for feeding the inputs from monitoring and evaluation into mid-course corrections while reviewing schemes.

Ministry of Health and Family Welfare: Comments

After the National Health Policy was formulated and implemented, there was the Common Minimum Programme followed by the National Rural Health Mission (NRHM). Outlays have increased by about 30 percent on an annual basis from 2004-05 onwards. While the case studies provided details on the kind of problems women face, the National Rural Health Mission (NRHM) has set up institutional structures to take most of these into consideration.

In addition, determinants of good health go beyond health expenditure. They take into account nutrition, sanitation, education, literacy, awareness and a host of other issues. Unless all these things are looked at together, the position cannot improve. Diarrhoea will continue unless one has access to good drinking water. Just increasing the outlay by the Ministry of Health and Family Welfare will not ameliorate the problems of ill health. One has to build convergence through inter-Ministerial coordination because the subjects are dealt with by different Ministries. Many of the difficulties faced by people are being addressed, but it will take a little time for the outcomes to be reflected. Outputs are already being reflected in the outlay and outcome budget. In the next two or three years one will be able to see some visible outcome, whether it is in the case of infant mortality, status of HIV/AIDS or any other related problem of the health sector which are related to this.



CHIRANJEEVI PLAN FROM A GENDER BUDGET PERSPECTIVE

Benita Sharma, *Consultant-IFES- Gender and Law*

"Imagine, if two Airbuses filled with pregnant and postpartum women crashed each day and killed all on board. That is equivalent to the over 100,000 women who die of pregnancy-related causes each year in India." Yet, not many states in India have proactively addressed the issue of maternal mortality, in spite of the GoI's National Population Policy of 2000-12, which reiterates the government's commitment to safe motherhood programmes.

How does one do Gender Budgeting?

Basically there are five steps which one needs to follow to do an effective gender budget analysis.

1. Describe the situation of women and men, girls and boys, who are served by a particular sector or Ministry, such as agriculture, health, etc. and identify what women's priorities are.
2. Examine government policies and programmes in the sector, to see whether they address the 'gender gaps' - that is, inequalities in the service offered to each group as described in the first step.
3. Examine the budget to see whether sufficient money has been allocated to effectively implement the gender-sensitive policies and programmes.
4. Monitor whether the allocated money has been spent and who has benefited - for example, whether funding for health services reached women or men through clinics, hospitals and extension services.
5. Go back to the first step and re-examine the situation, to see whether the budget and its associated programme has improved on what was initially described.

The "Chiranjeevi" Scheme in Gujarat, showed that the Government of Gujarat is undertaking Gender Budgeting in a big way without using the term "Gender Budgeting". The Government of Gujarat in its Vision Document 2010 indicated that it wanted to reduce the growth of population from 3 to 2.1 per cent within 10 years, lower the IMR from 60 to



30 and reduce MMR from 389 to 100. This is well below the national average MMR of about 538.

The setting up of GBCs by the GoI will go a long way in addressing problems through convergence between different Departments by addressing problems in a holistic manner. Generally it is felt that maternal mortality is merely a health related issue. Yet, the Health Department requires the assistance of several other departments to be effective in reducing maternal mortality. The first task is to identify the reasons for high maternal mortality. The second task is to identify the kind of interventions required to address each of the issues effectively and which Departments need to be involved in providing the needed interventions.

The Health Department of the Government of Gujarat did just that. They identified the high level of maternal mortality as an issue that needed to be addressed. The all India average MMR is 538 while the state average is 399. The government's goal is to reduce MMR to less than 100. In order to achieve this, the causes of MMR in the different districts were identified. What are the causes for the high maternal mortality? Is it lack of doctors, or lack of transport or lack of roads or lack of skilled attendants, or blood banks? What is very important for reducing maternal mortality is easy access to medical care services, especially for the management of

complicated cases. What resources are available in the districts and what needs to be done? Once these questions were answered, the Government of Gujarat formulated a policy, which they translated into a scheme - the "Chiranjeevi Yojana" - to address the problem of MMR. The objective of the scheme was to address the high MMR among the Below Poverty Line (BPL) families who do not have access to public health facilities or funds for institutional deliveries.

The policy also took into account the ground realities. The State realised that it was unable to provide the kind of interventions required to reduce MMR, as the number of health centres or government doctors was inadequate to ensure institutional delivery. The Government therefore focused on building private and public partnerships; they also ensured that the provisions of the scheme were disseminated widely to potential beneficiaries as well as service providers. For this, guidelines were prepared and the Chief District Health Officers (CHDOs) were entrusted with the responsibility of identifying private practitioners based on discussions with them. A Memorandum of Understanding (MoU) was signed between the Government of Gujarat and the private service providers. In order to ensure that the information reached the target group, both electronic and print media were used to publicise the "Chiranjeevi Yojana" in the intervention districts.

The Scheme was started in the five worst affected districts of Kutch, Banaskantha, Sabarkantha, Godhra and Dahod in December 2005. A provision of Rs. 93.5 million was made for the first year to provide delivery services to an estimated 58,637 pregnant women. The average cost for each delivery including transportation cost worked out to Rs. 1,795. This was the average cost of 100 deliveries per service provider and included taking into account complicated delivery cases. The amount of Rs. 1,795 would be adequate even if 20 of the 100 deliveries were complicated and required more care.

Monitoring of the Scheme

Six months into the Scheme, the Ministry of Health undertook a review to evaluate its effectiveness

through a rapid qualitative study. The specific objectives of the study were:

- Examine the increased accessibility of services
- Understand the utilisation pattern of services and client satisfaction
- Analyse the factors influencing and impeding service utilisation
- Take views of programme managers to suggest plausible ways of improving uptake of services and to explore the possibilities of expanding the package of services under the scheme.

Methodology

The two districts of Panchmahal (a good performing district) and Kutch (a poorly performing district) were chosen for the evaluation. All the stakeholders including programme managers of districts and blocks; service providers; contracted institutions; opinion leaders and health functionaries; and client beneficiaries were interviewed to gauge the effectiveness of the scheme and to elicit suggestions to improve implementation.

Findings

The MoU between the government and private providers has a statement about the partnership and payment, but neither explicitly states details of elements covered/not covered in the "*Chiranjeevi Yojana*" package nor is there a separate Terms of Reference explaining it. This has led to some problems. In many cases the attendants accompanying the pregnant woman to the institutions were not given transport money though this was part of the package as conceptualised. Besides, there were no guidelines on the use of standard definitions for obstetric complications and quality compliance. Hence, often the complicated cases were sent to district hospitals, even though the service providers were identified on the basis of the facilities available for institutional delivery.

Other problems included a change in modalities of payment from advance payment to reimbursement

to private providers. Every Thursday the service providers were to list the deliveries they had done and every Monday, the payment was supposed to be sent to them. However, this system did not work very smoothly with service providers complaining of delays in reimbursement. In the MoU it was very clear that the payment procedure would be very simple. Even though a certain amount of money was given to private institutions when the MoU was signed, subsequently that money had to be repaid on a reimbursement basis and it took some time. Further, these payments were liable to tax. Many of the private institutions objected to it. They felt they were not getting any benefits.

"Chiranjeevi Yojana" does not cover newborn care, even though in some cases, infants needed immediate care, and reducing infant mortality is one of the goals outlined in the Gujarat government's Vision 2020 document.

There is need to build awareness about the "Chiranjeevi Yojana" through wider coverage or dissemination. Besides this, information regarding the entitlement due to a woman and the modalities of payment for travel and stay of the accompanying attendants must be clearly publicised.

Under the Scheme, the woman is discharged immediately after a normal delivery. However, the newborn child should be kept under observation for the first six to 12 hours, as this is crucial to reduce child mortality. If the child is not strong or very weak and needs medical attention, this is the minimum time the child is required to be in the hospital. This was not covered under the Scheme and is now being addressed.

The health functionaries must be given a uniform format on the entitlement of women in the hospitals. Since the different beneficiaries understood the Scheme differently, their expectations were different. Even though Caesarean operations and difficult cases were supposed to be handled by private institutions, towards the last six months it was found that the doctors were referring difficult cases to the district

hospital on the plea that anaesthesia was required or blood was not available, though all these conditions were agreed to at the time of signing the MoU.

Ways in which the scheme can be made more effective:

- Since infant care was not covered, there is need to extend the service.
- A database of complaints must be maintained, as also records of the beneficiaries, payments made, facilities provided, etc. A separate monitoring unit was needed because the scheme was going to be up-scaled to cover the entire state of Gujarat.
- Complete guidelines explaining the exclusion and inclusion of elements in the "Chiranjeevi Yojana" need to be provided.
- There was no differential payment for normal and Caesarean deliveries. The private institutions and players received Rs.1,800 per delivery, which was high for a normal delivery, but low for a complicated delivery. The institutions took the easy way out by sending complicated deliveries to district hospitals.
- There were no feedback linkages for post-partum care.
- The services of certain service providers were discontinued as they were found to be deficient. However, this information was not relayed to the women or their families in time. Very often they went to the institutions that had been identified earlier. When they reached there, they found that the facilities had been discontinued.

Recommendations

- There should be protocols for management of normal labour and complicated labour and the specified care protocols that are to be adhered to by service providers. There should be one uniform system for all complications, including use of drugs, reporting format, duration of hospitalisation and neo-natal services that are being offered.
- There should be differential pricing for normal vis-à-vis complicated deliveries, so that women

are not referred to the district hospital in cases of emergency.

- The government should not subject the payments to tax. If the government is planning to upscale the Scheme, it must focus on capability, quality and sustainability of the Scheme.
- There is need to set up intermediary or quasi implementation agencies, which will run independently to enrol/contract service providers, certify their infrastructure and other compliance.
- At the time of signing the MoU the concerned institutions said that they had blood bank facilities and were handling complicated cases. Yet, when complicated cases came for treatment; the institutions started sending them away. Therefore, it was felt that another monitoring unit should be set up to evaluate the private institutions and their services.
- Since the time the Scheme was adopted in five districts, there has been only one maternal death.

In order to make the Scheme innovative and a model for other schemes, it is necessary for other functions such as creation of knowledge and information database for the schemes to be included. Besides this, case-wise records on the implementation of the Scheme, client satisfaction level and periodic studies into the needs, gaps and scope for improvement should be introduced.

However, to undertake this more funds will be required.

It is fortunate that the GoI has set up GBCs. The Health Ministry by itself cannot solve the problem of maternal mortality. To address the problem holistically, it would require funds, not just for doctors and medicines, but also for transport and good roads, water, sanitation and electricity. Therefore, relevant departments need to converge and coordinate among themselves. The GBCs can address this issue of convergence.





GENDER BUDGETING CELLS: SOME ACHIEVEMENTS

GENDER BUDGETS IN AGRICULTURE

Neeraj Suneja, *National Gender Resource Centre, Ministry of Agriculture*

Women represent one of the crucial development forces in the world. As per the World Economic Profile, they form 50 percent of the world population, contribute 60 percent of the work force, make up to 30 percent of the official labour force and contribute 50 percent to food production. On the home front, nearly 84 percent of all economically active women in India are engaged in agriculture and allied activities. They make up one third of the agricultural labour force and 48 percent of self-employed farmers. There are 75 million women as against 15 million men in dairying; the number of women engaged in animal husbandry accounts for 20 million as against 1.5 million men.

The Ministry of Agriculture (MoA) in its endeavour to address gender issues in agriculture has initiated various measures to empower women and build their capacities and capabilities, including improving their access to inputs and resources in the last two decades through the execution of 'women specific programmes'. A one-time standing mechanism was institutionalised within the Department of Agriculture and Cooperation (DAC) in terms of constitution of an Expert Committee on Women in

Agriculture in 1996 to analyse policies and strategies and to suggest ways to make the Agricultural Policy gender sensitive. The National Agriculture Policy formulated in 2000, thus, focused on 'Mainstreaming Gender Concerns in Agriculture'

and made specific pronouncements for initiating structural, functional and institutional measures to empower women and build their capacities and improve their access to inputs/resources.

The DAC, MoA accordingly intensified its efforts to reach a large number of women farmers by launching a series of women-specific programmes, which aimed at providing training, extension, input, managerial and entrepreneurial support services to the women farmers with special focus on their 'skill development'. The women-specific interventions have so far helped in the formation of over 28,000 SHGs of women farmers in 143 districts in 21 states of the country



and over 13.88 lakh women farmers have benefited through various innovative approaches tried under these projects.

The interventions on gender issues in agriculture started with the launch of the Sixth Five Year Plan, when **Special Projects for Women in Agriculture** were executed by the Department of Agriculture and Cooperation with the assistance of DANIDA - an aid agency of the Government of Denmark. The project was launched in 11 districts of Karnataka state with 'Institutional Training' as the main capacity building component of the programme. The mobilisation of women farmers into self-help groups for channelising other support services to them was the main extension component of the programme.

As the Seventh Five Year Plan stressed on the need to pay special attention to improving the existing skills of women, two more women-specific projects in the agriculture sector were launched in this Plan in the states of Tamil Nadu and Orissa with the assistance of DANIDA. The focus of these programmes was to provide village based/ institutional training to women farmers in various circles/sub-divisions. Different approaches were followed in all these projects to provide technical, extension, input, credit and marketing support to women farmers. The technical back-stopping was provided through a 'skill based' extension service channelised through the network of women SHGs, women contact farmers, link leaders and the conveners of the farm women groups. As most of the women farmers under these projects were illiterate and resource poor, sufficient focus was laid on providing low cost/no loss technologies with greater emphasis on the 'how to do' aspect through result demonstrations, *Mahila Goshties* (women meetings) and study tours - both within and outside the states.

In the process of implementation of these women-specific programmes/schemes, it was realised that other than addressing the training and extension needs of women farmers, there are a large number of issues, which have a bearing on women's participation in agriculture. The interactions with

women farmers through a series of regional and national workshops and the interfaces with the implementing agencies/implementing partners revealed that women require intervention and support on key issues, which hamper their production and productivity and over which they hardly have any control viz. their access to productive resources such as land, water, credit, shelter, etc. The women also wanted solace from the 'gender discrimination' that is deeply rooted in laws and customs and impedes their overall socio-economic development.

In line with the strategy of the **Eighth Five Year Plan**, the participation of farm women in economic activities was enhanced by getting them organised, along the lines of cooperatives and trade unions and expanding their access and control over resources through legal and administrative action. During the Eighth Plan, two more projects, one with the assistance of the Danish Government and the other with assistance from the Dutch Government, were started in Madhya Pradesh (M.P.) and Andhra Pradesh (A.P.) respectively. A Central Sector Scheme of Women in Agriculture was also launched during the Eighth Five Year Plan on a pilot basis covering one district in seven states of the country, viz. Himachal Pradesh, Haryana, Punjab, Maharashtra, Rajasthan, Uttar Pradesh and Kerala. The scheme envisaged motivating and mobilising farmwomen into groups, so that agriculture support services, such as input, technology, extension, credit, marketing intervention, etc. could be channelised through the network of these groups. Besides regular technical training in agriculture and allied areas, managerial, organisational, entrepreneurial skills were also provided to women farmers, so as to help them develop into "Self-Help Viable Groups", which could orchestrate their own activities and needs.

The **Ninth Five Year Plan** identified empowerment of women as its main objective and called for the preparation of '**Women's Component Plans**' in every sector of development. In line with the thrust of the Ninth Plan Approach Paper, the Central Sector Scheme of Women in Agriculture was extended to cover 15

districts in 15 States with a financial outlay of Rs. 4.67 crores. Special sub-programmes on 'Empowerment of Women Farmers' were also launched during the Ninth Plan Period with UNDP assistance under the GoI-UNDP Food Security Programme in the States of Orissa, Andhra Pradesh and Uttar Pradesh. One additional support sub-programme was launched in the four super cyclone affected districts of Orissa. All these sub-programmes essentially aimed at addressing gender issues in agriculture; sustainable dry land agriculture; re-generation of waste and fallow lands and imparting appropriate technologies to women farmers in agriculture and Natural Resources Management. Women's groups were provided micro-capital assistance as revolving funds under these projects for use in purchase of agricultural inputs/land lease, land development activities, risk coverage and hiring of equipment. The Alternate Public Distribution System was introduced in these projects by the setting up of community grain storage bins, seed banks, etc. and women's groups were encouraged to take up collective farming.

The overall impact of the scheme/programmes as assessed through the reports of the review teams/missions revealed that the gender specific interventions had a positive impact on the general awareness level of women farmers and has helped achieve a major breakthrough in addressing their technological and extension needs. These studies further revealed that the production and income levels of women farmers had markedly increased after they had put into practice the technologies/skills learnt under the scheme. This led to their empowerment in general and technological empowerment in particular, especially with reference to their access to information, training, skill upgradation and capacity building. The Mid Term Evaluation Report (MTER) of two UNDP supported sub-programmes operational in Uttar Pradesh and Andhra Pradesh and the desk reviews and field appraisals of the Orissa sub-programme have revealed that the innovative approaches viz. improving women's access to land by long-term leasing of community wasteland/fallow land to women SHGs for collective farming; land development, grain

storage facilities; seed banks, implements and infrastructure support and micro capital assistance have proved to be immensely successful. Financial support in the form of micro capital assistance, has led to the procurement of over 1000 acres of land on long-term lease for cultivation by over 2000 members in three States. In Orissa alone, 355 acres of land belonging to over 900 women members were registered under joint patta. Infrastructure support provided under the project led to the improved bargaining power of women. Approximately 550 women SHGs had set up their own godowns, working sheds and storage structures. This resulted in improved food and nutrition security at the household and domestic level. Women's access to gender friendly tools and implements was substantially increased with over 200 units of tools and implements suited to the needs of particular agro-climatic zones provided to the women's groups. Ultimately, food security at the household level was strengthened, breaking the cycles of indebtedness through internal lending among group members.

The experience of working with women farmers for over two decades led to the realisation that despite such strong interventions, women remained excluded from all development programmes and had limited or no benefits of the mainstream programmes; faced discrimination at various fronts and were denied ownership of land, cattle, trees, harvest and shelter.

In order to mainstream gender concerns in agriculture, it was decided to make interventions at two levels - State level and Central level. The State level interventions were proposed to be taken up through the 'Reforms Initiatives' as the major reforms in agriculture extension including 'Mainstreaming Gender Concerns in Agriculture' were proposed at the State level during the 10th Five Year Plan. The centrally sponsored scheme '**Support to States for Extension Reforms**' which aims at providing decentralised and demand driven extension services to farmers, including women farmers through their active involvement in the planning and implementation process, is mandated to have 30

percent of the resources for programmes and activities allocated for women farmers and women extension functionaries across 252 Agricultural Technology Management Agencies (ATMAs) set up/ to be set up in all the major states of the country.

The Central level interventions were proposed through the National Gender Resource Centre in Agriculture (NGRCA) set up in 2004, which is mandated to provide advisory and advocacy services to the State governments in their endeavour to mainstream gender concerns in agriculture. The NGRCA, besides serving as a focal point for convergence of all gender related issues in agriculture, is in the process of undertaking several macro/micro level studies in critical thrust areas including assessing the 'gender contents' and 'impact' of various ongoing programmes of Department of Agriculture and Cooperation, Ministry of Agriculture (DAC, MoA) to suggest appropriate improvements in their strategy and designs to make them gender friendly.

The NGRCA is also mandated to initiate the task of sensitising various stakeholders in the agriculture sector in a traditionally male dominant society. To start with, the task of 'Development of Gender Sensitisation Module for Programme Implementers' and developing a group of Master Trainers in 15 major states of the country has been initiated and outsourced to National Institute of Agricultural Extension Management (MANAGE). Simultaneously, the states will be encouraged to use and multiply this resource base.

Reviewing and assessing the availability and utility of demographic data on women in agriculture and allied sectors is another key area wherein NGRCA,

besides liaisoning with different data gathering agencies, is focusing on generating gender-specific disaggregated data in respect of various schemes/ programmes of DAC by improving their MIS systems and suitably modifying the existing reporting formats/returns.

To bring gender concerns to the centre stage in all aspects of public expenditure and policy, the DAC has also set up a GBC (within NGRCA) so as to ensure that a considerable proportion of the public expenditure is 'on' and 'for' the women farmers. In its commitment to take up Gender Budgeting initiatives, the GBC has identified Divisional Gender Coordinators/Nodal Officers within each division of DAC; initiated the process of a gender-specific review of beneficiary oriented schemes of the department through a micro level study and has added gender dimensions to the Performance Budget with the insertion of a separate chapter on 'Gender Perspective in Agriculture' during 2005-06.

While such Gender Budgeting Workshops are excellent forums for the exchange of ideas/ information and promote cross-learning, it may be necessary to ensure that they meet both the short-term perspective as well as the long-term perspective on Gender Budgeting. The 'short term perspective' may include addressing issues such as diverse composition of the GBCs in different Ministries/ Departments and the scope for having a uniform pattern as well as how to improve the efficacy of the GBCs. The 'long-term perspective' may include regular orientation/sensitisation of policy planners/ programme implementers in each Ministry/ Department on tools of Gender Budgeting to give a real push to this cause.



GENDER AND RENEWABLE ENERGY

Parveen Dhameja, *Ministry of New and Renewable Energy Resources*

Renewable energy is a sustainable source of energy. It is clean energy, available in abundance, in large quantities. India is blessed with vast resources of renewable energy like biomass, solar, wind and water. During the last decade, a host of technologies and devices that have a number of applications in the household have been developed and demonstrated. In the field of biomass energy, cooking stoves, biogas plants, biomass gasifier, bio-fuel based engines and biogas lamps have been improved. One can use solar energy in solar cookers, solar lights, lanterns, photovoltaic power plants and solar water heaters and also for operating televisions. Wind energy is also being used for power production and water pumping. As a part of the drive to replace conventional fuels in the transport sector, alternative fuels like bio-fuels and hydrogen are being tried. Electric vehicles are seen as a means of public transport in many cities. Thus there is an all round effort to harness renewable energy sources so as to provide a solution to the problems of pollution and sustainable development.

Women have been associated with energy intensive activities. In the rural areas they play major roles in cooking, collecting firewood, fetching water and even in tilling activities.

Energy is used for irrigation, post harvest processes, rural industry uses such as milling and also for water supply, communication, transportation, health and education.

One of the major areas of concern is the cooking energy crisis. There is a scarcity because there is a heavy reliance on traditional biomass fuel. There are also health and safety problems. In addition, there is a human energy crisis. Women are contributing a lot to daily activities, but the time spent by them and their contribution is invisible.

Small-scale industries or small-scale enterprises wherein women are involved also have a requirement of energy. It directly affects their livelihood and their income generation activities. In addition, the modern sector requires energy, and one is looking at fuel substitution, energy efficiency, conservation and transport in this sector.

Women cook on traditional stoves, using non-commercial fuels like fuel wood, cattle dung and crop

residue derived from biomass. They have to traverse a long way to get these fuels. There is a lot of drudgery involved. The burning of fuel in the traditional stove is inefficient and is also associated with a number of health problems. Statistics show that every year, there are about five lakh premature deaths of women and children in this country, mostly due to the inefficient burning of fuels and inhalation of pollutants i.e., indoor air pollution.

The development and adoption of renewable energy technologies has led to improvement in the lives of women. Biogas technology is one of them. They have a clean kitchen, are safe from pollution and do not have to trek long distances to procure fuel wood. Use of biogas as a source of energy saves a lot of cooking time, which is being used for leisure, entertainment and productive activities. Further, the manure produced as a by-product is being used in the fields.

Improved chulhas (stoves) have been scientifically designed and have a thermal efficiency of 20 to 30 percent. They are very efficient, require less wood and do not emit much smoke. This has led to the saving of fuel wood, reducing drudgery and saving time in cooking. It is estimated that the cooking time saved is about 45 minutes, which the women could utilise for other activities. Around 3.8 million biogas plants and 33 million *chulhas* have already been set up.

Solar cookers are being promoted in the entire country and five lakh cookers have been provided, but there are certain limitations – it may not be possible to use the solar cookers if there is no sun, or in cloudy conditions.

Solar lanterns are being used for home lighting systems and have been distributed in rural areas. Apart from entertainment, this assists women, especially the education of the girl child. Recently, a scheme has been launched wherein solar lanterns are provided to girls studying in the 9th and 10th classes, so that they don't drop out of school and take on other activities.

Livelihood is a very important activity for women in the rural areas. This includes weaving baskets out of leaves and tilling the land. The Ministry of New and Renewable Energy Resources has worked out some

livelihood strategies for women. If forests are scientifically managed, women can be provided with an opportunity for the collection and sale of fuel wood that provides them improved returns.

Energy entrepreneurship can provide women a means for taking up livelihood activities. Improved technologies can be provided to them so that they can earn more by adopting these technologies. The Ministry has provided technology, whereby they can improve their small-scale industries.

SHGs have been trained as women entrepreneurs so that they can be engaged in the repair, maintenance and sale of renewable energy devices. A number of outlets in the form of Aditya solar shops have been set up all over the country, through which renewable energy devices are available. Aditya solar shops are also being run exclusively by women.

Introduction of energy services can increase income and improve the well-being of women. Once there is access to electricity and proper lighting, women can move out in the evening without fear. They will also have access to education, IT services and entertainment. It will reduce their vulnerability and improve irrigation thereby improving food security.

The Ministry has started test projects on village energy security especially in remote villages, which are inaccessible and cannot be reached by the grid. It is intended to provide decentralised energy, energy security and employment through the use of

locally available renewable energy resources. It is estimated that once the villages are properly developed and have all the amenities, 25 direct and indirect jobs would be generated for every 100 households, which in turn may reduce migration.

The Ministry has taken up 84 test projects in 12 states. These villages would be provided with biogas and improved stoves for cooking, bio-fuel for pumping water and generating electricity through a gasifier. Thus, the total energy requirement of these villages is being taken care of through non-conventional energy. Most of the projects are being implemented by the Forest Department. The projects are being managed through a village energy committee, which is set up as a sub-committee of the gram panchayat. The operators are from the villages; they will be trained to run the system. They will also have a fund, which they will generate for running the system. The Ministry would provide a capital assistance of about 90 percent and subsequently all operations and management would be undertaken by the villages themselves.

There is also a need to integrate social issues with the energy policy. More information on the specific energy needs of women is required. Women should have more access to projects and to training facilities. Though these issues are being taken up, it is felt that women should be more involved in the projects undertaken by the Ministry. Gender sensitisation should be part of the energy strategy.

Box 1:

Ministry of Earth Sciences, Department of Ocean Development

The Ministry has a separate programme for societal activities under which, on a pilot basis, it is providing satellite-based information to fisher-folk regarding where they can get a better catch. This does not only benefit the fisherman, but his entire family.

The Ministry also has a small scheme specifically addressed to elderly and widowed fisherwomen as they cannot go to sea for fishing. The Ministry has developed a technology called the crab and lobster tracking technology for their benefit. Under this scheme, the women have to take the cages, developed by the centre, deploy the tier rope and leave it in the water. After 15-20 days they can retrieve their cages and will get a good catch. The Ministry has distributed this cage to 100-200 fisherwomen on a pilot basis and their income has gone up from Rs. 300 to Rs. 2000 over a period of time.

The Ministry has developed technology for generation of fresh water and desalination, especially in areas where people do not have any source of fresh water. As a result, the number of diarrhoea cases has come down and the quality of life has improved. An added benefit is that women now spend less time washing clothes. These projects are location specific in nature. The technology for desalination has been installed in one island of Lakshadweep and 10,000 people use it. Fifty percent of the beneficiaries are women.

In addition, the Meteorological Department provides information on meteorological services, which benefits everyone, including women.

K. Somasundar

Box 2:**Ministry of Overseas Indian Affairs**

The Ministry of Overseas Indian Affairs is working on the issue of fraudulent marriages with overseas Indians. It is also working with other relevant Ministries, because it is a very complicated issue and needs the support of all stakeholders. Awareness needs to be created to prevent fraudulent marriages. In this direction, the Ministry had a consultation in Chandigarh, organised in collaboration with the National Commission for Women, which usually receives such complaints. Sometimes women whose husbands are overseas, complain that they are unable to contact them. The Ministry disseminates pamphlets in eight languages enlisting the Do's and Don'ts for girls and their families, which should be followed while entering into marriages. The Ministry is also in the process of bringing out a book to incorporate all the necessary guidelines from the legal and the counselling point of view. Data on the extent of fraudulent marriages is not easily available, but the data on rescued cases is available. The Ministry and the embassies need the assistance of all the stakeholders and NGOs to be in a position to help the affected women.

Sandhya Shukla

Box 3:**EDCIL Sarva Shiksha Abhiyan**

The increase in the drop out rate of girls from schools is a major concern. One reason is the lack of separate toilets. In the teacher training component the organisation conducted gender sensitisation workshops for both male and female teachers in an effort to take corrective action.

Under the SSA programme, every district has a budget of Rs.15 lakhs for girls' education. Computer education and early childcare centres will be set up under the budget for the girl child. In the innovative programme, there is remedial teaching for weaker girl students, especially for English, Mathematics and Science for students of sixth to eighth standards. Similarly, for girl drop outs there are bridge courses, both residential and non-residential. The bridge course is being conducted across the country and good work is being done in states like Rajasthan, Madhya Pradesh, Karnataka and Tamil Nadu.

In addition, there are nearly 1,100 Kasturba Gandhi Balika Vidyalayas in the Union Territories and 315 educationally backward blocks where the programme is being conducted. Roughly 36,000 girls are studying in these institutions. The girl drop outs, especially from the weaker sections, belong to the minorities, Scheduled Castes and Scheduled Tribes and economically backward classes.

There is a special programme, the National Programme of Education for Girls at the elementary level and it is run in the educationally backward blocks. Under this programme, a budget of Rs. 2 lakhs has been allocated for civil works for the model cluster of schools and will cover separate toilets, drinking water, vocational training and sports. There is a one-time grant of Rs. 50,000 and a recurring grant of Rs. 30,000.

Under the Eleventh Plan, the major focus would be on working children and on retaining girls in schools, as it provides safety. There is also a recommendation for a scheme called "Conditional Cash Transfer". A certain amount is payable to the family of the girl child on completion of certain activities such as immunisation and enrolment in primary school. It is not linked to education, payment of scholarship fee, books or anything of that nature. It is a cash transfer given to the family to ensure that the girl child stays in school. This could be implemented on a pilot basis in a few educationally backward districts, where the drop out rate for girls is high.

Kiran Dogra

Box 4:**Department of Food**

One of the most important schemes of the Department of Food is the village grain bank, was transferred to the Department from the Ministry of Tribal Affairs on 15th February 2006, to increase its effectiveness. Under this scheme, the Department provides loans to villagers below the poverty line. It is a one-time assistance from the Central government, to constitute a revolving loan for the grain bank members. The loan has to be repaid in six months time.

There is an executive committee for each village grain bank. One of the conditions for availing a loan is that there will be one woman member in the three to four member executive committee. The Department has a total budget of Rs. 95.80 crores. The component for the village grain bank is Rs. 50 crores. Women are the main beneficiaries of the scheme.

The grain bank is a safety net for women to fall back on, in times of agricultural distress, drought or flood. With the increasing trend of women getting into agriculture, they have to depend on agriculture for sustenance, and the grain bank provides recourse from starvation. There are certain areas which are critical to women, like access to water, access to fuel, food, nutrition, health and education. These aspects are crucial for both women and men, but women have greater difficulty in accessing them. Schemes which make these services more accessible to women are automatically gender responsive schemes.

Mitter Sain

Box 5:**Department of Posts**

India's postal network is the largest in the world, with 1.5 lakh post offices, 89 percent of which are in rural areas. Both women and men use postal services. In addition to mail and communication, the Department of Post runs post office saving banks and sells postal certificates on behalf of the Ministry of Finance. Apart from mail, the most important functions are insurance, savings accounts and money transfer, which are absolutely essential, because women have access to the post office. Further, Self-Help Groups would provide services under a tie-up with NABARD. An MoU would be signed with the Ministry of Finance in this regard.

The Department also needs to take care of its own employees. In this regard, it can conduct health programmes, security and self-defence training for the staff, especially for those working in interior areas and at night. These are some of the issues that would be addressed in the Eleventh Five Year Plan.

Postal life insurance not only covers life, but also elements such as crop insurance. Very few people are aware of this. There is another tie up with Oriental Insurance Corporation to provide all general insurance facilities.

Other services are also provided on a retail basis, such as collection of telephone revenue, work for the Election Commission, sale of forms for UPSC, property tax for MCD and sale of passport forms.

In the Eleventh Plan the Department is targeting "anywhere, any time banking". Efforts are being made to have core-banking solutions also.

It is very difficult to quantify benefits to women since both men and women use the service. However, since women constitute 48 percent of the population, can one state that 48 per cent of the benefits go to women? There is need to collect gender disaggregated data.

The post office provides several critical services and for women in rural areas as it has the most women-friendly atmosphere.

Vanita Kaul



GROUP DISCUSSIONS AND RECOMMENDATIONS

The following issues were identified for discussion:

- i) Review existing budgetary allocations from the gender angle to assess how much of the budget is flowing towards the gender component. Review the programmes and schemes for their gender component.
- ii) Is the implementation gender friendly? How could one ensure that women get access to these facilities?
- iii) How does one put in place a sex disaggregated data collection mechanism? Unless that is available, it will be difficult to assess how many women are accessing those facilities.
- iv) Is there any problem in delivery? If a particular programme or scheme does not deliver to women, it is important to determine the reason, and the constraint. If necessary, the programmes have to be redesigned and appropriate budgetary allocations made.

Ministerial/Departmental Composition of Groups

Group 1 : Posts, Industries, Commerce, Petroleum, Mines, Information and Broadcasting and Food.

Group 2 : MNES, IT, Agriculture, Telecom, Labour and Rural Development.

Group 3: Earth Sciences, Overseas Indian Affairs, Education, Environment and Forests, Health and Textiles.

Group 4: Road Transport, Minorities, Defence, DOPT, Programme Implementation, Fertiliser, Company Affairs, Urban Development, Tribal Affairs, Water Resources and Education (HRD).

Group 5: Science and Technology, Scientific and Industrial Research, Steel, Transport, Atomic Energy, SSI, Heavy Industry, Home Affairs, Youth Affairs, Railways and Coal.

Recommendations of the Groups

Group 1

The Gender Budgeting Cell should be headed by a Joint Secretary level or senior-level officer. It should comprise divisional heads, plan and non-plan handling divisions, so that they can provide inputs and request coordination. Before the Working Group recommendations are finalised, a brainstorming session should be organised through GBCs. The GBC should identify schemes/areas, where difficulties are experienced in gender access.

One of the functions of the GBCs is to identify critical areas and schemes where sex disaggregated data is necessary. The problem is that, at present, many

Departments do not have sex disaggregated data, which causes problems in identifying gaps. Clear indicators need to be developed and data collected, e.g. MMR, IMR, etc. Each of the divisions that deals with the specific areas and schemes should be able to identify the critical areas for which data should be made available. Though currently many programme heads feel that their schemes are gender neutral, they should be encouraged to conduct a critical analysis, which will reveal the gender impact of their programmes. If necessary, they may also contemplate new programmes, which will incorporate gender impact concerns.

It is crucial that the implementation mechanism for gender friendly access be reviewed. The most important factor for this is to design indicators that provide feedback on implementation at the ground level so that this information can help in improving the implementation of the schemes. The methodology and survey for data collection can be outsourced, but should involve the departments and especially the local people such as the health worker, primary school teachers, postman, Anganwadi workers and local people with local knowledge. The element of monitoring has to be very strong in all programme implementation and review. Public-private partnership may also be tried, including in the collection of data.

There has to be a systematic mechanism in place that feeds information and data back into the system. Based on the monitoring information, the best and the worst cases should be identified and used for benchmarking critical schemes. The best practices should be widely disseminated. Presently, good work undertaken by one sector is not known to others. Linkages need to be built to allow for networking, sharing of information and convergence.

Based on the feedback of the gender impact, schemes and programmes can be redesigned. A cyclical approach can be adopted whereby the GBCs design a scheme and identify the gender component after intra-ministerial consultation. Subsequently, during



the course of implementation, a monitoring mechanism and feedback of the actual implementation should be put in place. The information received from such a mechanism needs to be discussed within the Ministry. This consultation will be critical to enable improvement of the schemes. Eventually, inter-ministerial schemes with gender linkages can also be considered.

Group 2

Group 2 endorsed whatever Group 1 had recommended. It was felt by this group that a Joint Secretary or senior officer from the Budget and Plan Cell should head the GBC. There should be two members from the technical divisions, who could be co-opted, so that the Cell functions effectively. As far as the GBC's role is concerned, it should become an appraising agency for all plans and programmes of the Ministry. Further the GBC should clear all the proposals before they are submitted to the Ministry of Finance or the Planning Commission, as this will go a long way in making these Cells effective.

Directives are required from the Ministry of Finance to make it mandatory for a Ministry to make the minimum overall budgetary allocation for women. If possible, it could be 30 percent. If the allocation is low, then the GBC could intervene to enhance this allocation.

The GBCs should help to analyse the schemes, which directly benefit the vulnerable groups or women especially in rural areas or the villages, as also those schemes where women in general are beneficiaries.

The reporting format within the Ministry for individual schemes should be revised to include a gender component. This would ensure that the benefits flow to women and get reflected in the performance and the outcome budget. For Gender Budgeting to function effectively, each Department within a Ministry should have its own GBC rather than one cell for the entire Ministry.

For instance, the Ministry of Agriculture has a GBC only in the Department of Agriculture and Cooperation. There is a need for convergence not only between the units of a Department, but also between other the other Departments of a Ministry. Related Departments should have separate GBCs. For instance, in the agriculture sector, women's access to land is a major issue. However, there is a separate Department of Land Resources, which is under a different Ministry. Unless that Department also has a separate GBC, it is not possible to look into gender related issues that directly or indirectly have a bearing on the agriculture sector.

Group 3

In most of the Ministries, where GBCs have been constituted or provided, the officer who looks after the budget work has been assigned the additional responsibility of Gender Budgeting. Groups 1 and 2 have proposed that a Joint Secretary head this cell. Group 3 proposed that the Financial Advisor, who has a direct link with the Ministry of Finance, should head the cell.

A separate GBC has to be created with the existing staff. No section is willing to spare even a single person to do this work. Therefore, the GBC exists only in name. It consists of only one person - usually the person who is looking after the budget work and is entrusted with the additional responsibility of the gender budget work.

There should be coordination between the Planning Commission, Ministry of Finance and MWCD on the guidelines for Gender Budgeting and reporting as presently divergent guidelines have been issued by each of them. Planning Commission recommen-



dations are binding on all the Ministries/Departments, as it approves the plan allocations for the schemes, as well as annual allocations. With the advent of the Eleventh Plan, for any change of plan, for every scheme, a separate Expenditure Finance Committee (EFC) has to be constituted. Since the Eleventh Plan is being implemented from 1st April 2007, it is necessary that all Ministries review their schemes and prepare proposals. The Planning Commission and Ministry of Finance must ensure that gender concerns are addressed appropriately in the schemes.

A major task of the GBC is coordination and seeking information from all the programme officers. A proforma has to be developed, which can effectively secure gender related information and is also user-friendly.

For beneficiary oriented schemes, sex disaggregated data should be collected by the programme division. For gender neutral schemes, a methodology needs to be developed for assessing the benefit accruing to women on a pro rata basis, if no other system or method is available or applicable. Even in the beneficiary oriented schemes such as in the health sector, where it is generally known that benefits are flowing to women, there is no set mechanism by which one can assess qualitatively or quantitatively to what extent women are benefitting. In such cases, a pro rata basis can be followed for assessing gender benefits. The impact analysis and the beneficiary incidence analysis have to be estimated for the schemes.

There was a suggestion that MWCD can make brief presentations to senior officers such as Secretaries,

Additional Secretaries and Joint Secretaries of each Ministry or Department, explaining the functions of the GBC, as this will go a long way in sensitising the Ministries and achieving the objectives.

Group 4

Gender Budgeting, gender response budgeting, etc. need to be clearly defined. Some Ministries are gender oriented like Labour, Education Health, etc. and it is possible to focus on particular sectors or programmes to make them more gender friendly. The MWCD should also clarify how Gender Budgeting can be implemented in ministries that are not gender target beneficiary oriented such as Commerce, Defence, etc.

Assistance is also needed from MWCD to determine how existing schemes can be assessed in terms of benefits generated, number of beneficiaries quantified and outcomes identified. There is also need for training of monitoring and implementing agencies to enable them to play a meaningful role in GBCs.

Group 5

A GBC is required in each Department. An officer of the level of Joint Secretary should head the GBC. Finance should be a member but the GBC should not be finance oriented. The main job of the GBC is to translate the policies into various gender responsive schemes.

One of the primary needs is collection of disaggregated data. There is also a need to analyse different gender challenges and to successfully implement Gender Budgeting to address them. There is need to share inter-Ministerial/Departmental experience and best practices. There is also a need for a quarterly feedback and an annual report on the Gender Budgeting initiatives and outcomes. The Departments should not be divided into watertight compartments. There is a need for interaction between GBCs of various Departments.

There are a large number of PSUs, which have a separate budget but no women development oriented schemes. Most of them do not have any GBC, but their parent Ministries/Departments do. Therefore, there is a need to analyse the linkages between the two and also insist that all PSUs have their own GBC.

There is a need for guidance and detailed guidelines from MWCD on how Gender Budgeting should be carried out. It is also necessary to incorporate a gender component in performance budgeting or outcome budget. GBCs should look into the benefits and number of beneficiaries.

Other Suggestions

Just as the implementation of the projects and schemes in the north-eastern States are monitored on a regular basis by the Ministry as well as the Governor, fund flow to the women gender component should be monitored by MWCD.

A representative of Group 1 stated that they were not in favour of a separate budget allocation of 30 percent. The fund flow to women oriented schemes should have an inbuilt flexibility and not be confined to exclusive schemes for women. It was felt that if Gender Budgeting is scheme specific it might not be effective, because



some schemes have more potential for involvement of women, while some have less. Some schemes do have certain pre-conditions associated with allocations requiring that the benefit will go to one community, if they fulfil those conditions. Women, by and large, may not fulfil certain conditions, especially in the agricultural or industrial sector and therefore get by-passed. A specific overall institutional allocation should be indicated, that can vary between schemes. This can be on the same lines for gender as is done for the tribal sub-plan, where certain allocations are earmarked.

A suggestion was made that while certain Ministries, like Rural Development and Health, directly deal with people and a major allocation can be disaggregated by gender, there are Ministries, which are gender neutral. Therefore, five to six lists or Schedules should be formulated depending on the nature of activities of the Ministries and the extent of mainstreaming gender concerns. A list of Ministries, which are women specific or have women-related programmes is mentioned in the MWCD Annual Report and also mentioned in the Union Budget. However, today it is not possible to categorise Ministries and Departments into watertight compartments on the gender scale as completely women specific or those that do not have direct women beneficiaries. For instance, the Department of Earth Sciences has presented interesting initiatives, which directly benefit women. The Department of Science and Technology too has a number of schemes, which directly involve women, and has developed technologies which are women-specific. Prime facie, both these Ministries could be considered gender neutral. Hence, categorising them in gender-neutral category would be hindering their potential.

Conclusion

The purpose of the workshops was to acquaint the GBCs of Ministries on Gender Budgeting and to initiate the process in this sector. These workshops drew out various constraints and problems faced by the Ministries/Departments in identifying gender concerns in the programme or in the implementation of schemes in collecting sex-disaggregated data, etc. However, during the course of workshops, the lively



interchange of ideas and breaking of stereotyped notions of gender resulted in many "so called" gender neutral ministries realising very significant gender linkages and components in their policies and programmes. One such example is the Ministry of Earth Sciences who shared their initiatives, which enabled widows and old women to catch fish, crab and lobsters easily. Many other Ministries also identified direct and indirect gender linkages that needed to be strengthened.

A major conclusion of the Workshop was that Gender Budgeting is much more than fund allocation and expenditure on gender concerns. For each scheme, it is necessary to define outcomes for which specific indicators have to be developed, such as reduction of MMR in the case of health, and measure performance against them. The GBCs should ultimately focus on mainstreaming gender issues in the respective sectors. Women specific programmes will need to be continued, during the transition period at least, in critical and thrust areas, till such time gender mainstreaming happens naturally.

The composition and functions of GBCs were also thoroughly discussed and the general opinion was that a senior level officer should head the Cell with equal participation from programme heads and finance and plan units. The need for intra- and inter-Ministerial linkages, networking and convergence was also stressed.

It was noted that MWCD is planning to develop a manual for training of GBCs. This would provide the basis for training of the trainers for the GBC and give details on the process and guidelines. It would include all the recommendations made in both the workshops.

Annexure 1

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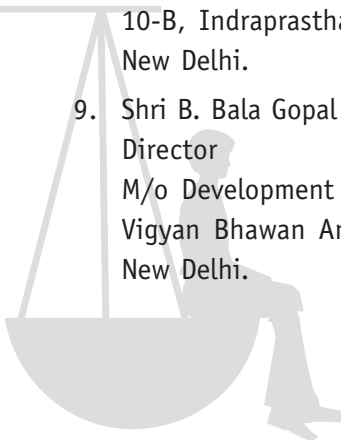
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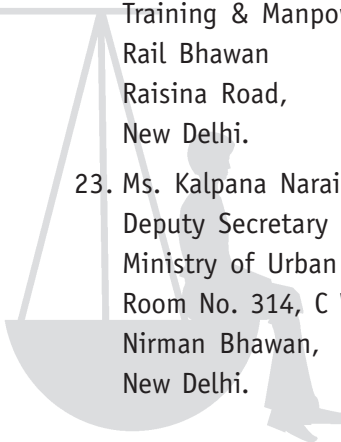
Annexure 3

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