

Population First

E-newsletter

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Editorial

Not Just a Matter of Elections

The elections are round the corner. Political parties and politicians are busy making promises. Women are up in arms demanding change. But some questions still remain unasked.

The analysis of Union Budget by Professor Vibhuti Patel highlights some very important short comings in the way gender issues are addressed by the government, while Anuja Gulati analyses how we have failed women in the last twenty five years when it comes to their reproductive rights and health. However, the field note from Shahapur shows how making women's health a community priority could help in providing quality services to women.

Lets look at how the budget fared with regard to its commitments to women.

Firstly, the budget allocated is a pittance compared to the promises made as in the case of schemes meant for women facing various forms of violence.

Secondly, the allocated amount is not used appropriately as reflected in the utilization of funds for the government's flagship programmes - Beti Bacaho and Beti Padao and the Swachh Bharat programmes, where considerable amount is spent on media publicity than on actual ground level development of infrastructure. In spite of the Right to Pee campaign, clean usable toilets in public places and in schools remain a distant dream.

Thirdly, a large proportion of allocated funds remain unutilized due to lack of clear cut delineation of responsibility and accountability for the schemes. The best example being the Nirbhaya funds.

Finally, government is also the greatest culprit when it comes to undervaluing of women's labour. The fact that the cooks working for the Mid-day scheme get paid much less than the minimum wage and are considered only as volunteers in spite of the fact that they work full time, six days a week shows how deep is the patriarchal thinking in our planners and administrators. Anganwadi workers who are over burdened with responsibilities are forever fighting for a decent wage, which continues to remain elusive. No succor is found in the budget for the most exploited category of women workers – the domestic workers while the income guarantee scheme of Rs. 6000 per annum under the Prime Minister *Kisaan Samman Yojana* for farmers owning less than 2 hectares of land remains outside the gender framework, as women do not own land.

Is it a wonder then that women workforce participation is decreasing, sex ratios are falling and violence against women is escalating day by day?

Once again there seems to be no major shift on the part of political parties to increasing the number of women candidates, while it is heartening to note more and more women have been coming out to exercise their right to vote. The recent Women March for Change campaign may have a positive impact on women exercising their right to vote. The participation of women in politics is not likely to improve till we ensure that Mahila Gram Sabhas are strengthened and women enter politics in their own right and not on the strength of their family affiliations.

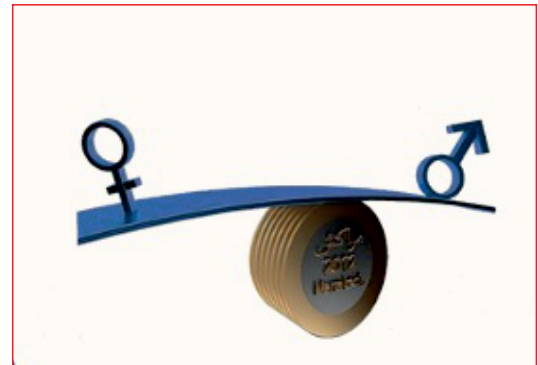


Irrespective of which party comes to power, the marginalization of women would continue. The fact that these issues were not flagged and no major morchas and marches were organized to hold the government responsible for these acts of omission and inefficiency all these years shows that we - media, social activists and academicians - need to be more focused in our engagement with the powers that be. Government is duty bound to deliver what it promises and we need to be vigilant and demand accountability, transparency and efficiency in addressing gender issues. There is no dispute or disagreement regarding what needs to be done, the issue is - are we willing to work with the government to further the gender agenda?

The Union Budget 2019-2020: Through Gender Lens

By Dr. Vibhuti Patel

Gender promises made by the state gets translated into gender responsive budgetary commitments of the Union ministries and departments. Like previous years, The Gender Budget Statement (GBS) for the year 2019-20, in its Part A has provided schemes and programmes 100% targeted for women and Part B had given the schemes that are expected to use minimum of 30 per cent of the total allocation for women and girls. The GBS is significant as it is the only source of verifiable, quantitative information on government's efforts at ensuring budgetary commitments towards women. The overall financial allocation for the Union for 2019-20 (BE) is Rs. 1,31,700 crore, while the same for 2018-19 (BE) was Rs 1,24,367 crore. Thus there is an increase of Rs. 7333 crores in the current budget.



Decline in Allocation for Gender Concerns:

When it comes to gender responsive budget, there is continuous decline since 2017-18. The actual expenditure of the Union Budget for gender concerns was Rs. 28644 crore in 2018-19, while Revised Budget for gender concerns in 2018-19 got reduced to 26544 crore and the current year's gender responsive budgetary allocation is Rs. 26504 crore. Thus the allocation of PART A declined. Due to reduction in the financial provision for centrally sponsored anti-poverty programmes such as MG NAREGA, 30% of the total amount targeted for women also declined (Rs. 61084 crores for 2018-19(RE) to Rs. 60000 crores for 2019-20 (BE).

Gender based Violence

Since 2018-19, there has been a decline in the budgetary provision for schemes addressing violence against women. The current budget has increased financial allocation for only one scheme *One Stop*. Financial support for shelter homes for women survivors of violence, *Swadhar Greh* and *Ujjawala* scheme for prevention, rescue and rehabilitation of trafficked girls and women has reduced by half as compared to the previous year. The Helpline for women in distress has been reduced by more than 1/3 as compared to the previous year. The promise of Scheme for of an Acid Attack Victim's Welfare Fund and Restorative Justice to Rape Victims has remained only on paper even when as per National Crimes Records Bureau, the nature, intensity and gravity of crime against girls and women are escalating day by day.

What about Women Specific Needs?

The Ministry of Women and Child Development (MWCD) budget has got nearly 1/5 rise in its budgetary allocation in the current budget. In PART A of the GBS there has been decline in allocation of women specific schemes and programmes. Major budgetary expenditure is for the Government's flagship scheme *Beti Bachao Beti Padhao*, mainly towards media promotions. Utilization of the *Nirbhaya* Fund abysmally low.

Women and work

There has been drastic reduction of work participation of women over last 5 years across educational backgrounds and location; still no scheme is provided for enhancement of women's participation in the workforce. There has been reduction in financial allocation for Scheme for National Mission for Empowerment of Women from Rs. 267 crores in 2018-19 (BE) to Rs. 150 crores in 2019-20 (BE). Fund allocation of The Support to Training and Employment Programme (STEP) is highly inadequate, here too it has witnessed a decline from Rs. 5 crores in 2018-19 (BE) to Rs. 3 crores in 2019-20 (BE).

Women in Agriculture:

As per NSSO 68th Round, 80 % of women workers were in the agrarian sector. There has been feminization of agriculture as men are migrating to the cities to earn cash income. But women are not recognised as farmers as women do not have land-holding in their names and cannot access all schemes for farmers. Only *Deendayal Antyodaya Yojana* - National Rural Livelihood Mission (DAY-NRLM) has a provision for women Farmers' component under *Mahila Kisan Sashaktikaran Pariyojana*. But most important challenge is to get an official recognition as 'women farmers', as only then can women farmers access credit and get all agriculture related entitlements under 30% women's component in *Rashtriya Krishi Vikas Yojana*, Sub-Mission on Agriculture Mechanisation, National Food Security Mission, National Mission on Oilseeds and Oil Palm, Sub-Mission on Seed and Planting Material and Mission for Integrated Development of Horticulture by the Ministry of Agriculture and Farmers Welfare. The income guarantee scheme of Rs. 6000 per annum under the Prime Minister Kisan Samman Yojana for farmers owning less than 2 hectares of land announced in the Interim Budget is outside of the gender framework, as women do not own land.

Gender Audit of Welfare Schemes:

Budgetary provisions for crèche scheme for working parents' children has dropped. The financial allocation under *Pradhan Mantri Matru Vandana Yojana* (PMMVY) of Rs. 2,500 crores in 2019-20 (BE) is highly inadequate to meet the medical expenditure of over half a million pregnant women in India. Moreover, inadequate number of *Anganwadi* workers under ICDS and helpers and *ASHA workers* of National Health Mission render them inhumanly overburdened. Reduction in social sector budget for maternal health, employment, violence against women, practical gender needs in the care economy in the context of lowering of real wages due to food price inflation and informalisation of workforce has made toiling women's lives precarious. Announcement of policy for social security and social protection of Domestic workers on 5-3-2018 by the Labour Ministry has not been translated in terms of budgetary allocation in 2019-20 (BE).

GoI has approved a new scheme, *Mahila Shakti Kendra* (subsuming erstwhile National Mission for Empowerment of Women Scheme) for implementation during 2017-18 up to 2019-20 to empower rural women through community participation. Due to mass movement of women farmers, the current budget has made some promises, but without any doable agenda.

One Step Forward, Two steps Backwards:

The current budget has promised 50 per cent increase in the honorarium of Anganwadi workers in response to the long-standing demand of minimum wage of Rs. 18,000 per month, which remains unmet even after the increase. Due to gender binary in its perception, the financial provisions of Gender Responsive Budgeting (GRB) for the Scheme for Transgender Persons under Ministry of Social Justice and Empowerment have been negligible and mostly unutilized. The same is the story of the fund for relief and rehabilitation of rape victims. There is a need for enhancement in allocation for special funds for the survivors of Acid Attack for their medical treatment and reconstructive surgeries. The most neglected sections under the Union Budget 2019-20 are the girls from SC, ST, minority religious communities from poverty groups. The Right to Pee campaign has highlighted need for mass construction of rest rooms for girls and women in public places such as bus stations, railway platforms, market places, tourist spots, public schools and colleges, industrial zones from 30% component of sanitary budget, but no progress is made due to resistance of the Ministry of Drinking Water and Sanitation to implement GRB.



Human rights organisations, transgender groups and women's studies centers need to work proactively to ensure gender responsive participatory budgeting at all levels of governance.

25 Years Down The Line

By Anuja Gulati

In 1994 the Global community came together in Cairo as part of the International Conference on Population and Development and committed to implement population programs by placing gender, human rights and dignity at the core of all efforts.

Today, 25 years later, India's Population Stabilization program is still not geared to implement a gender sensitive and rights based program to meet women's sexual and reproductive health needs.

Contraception as a Women's Issue

Although planning of a family and contraceptive use should be a couple's issue, the Population program in India continues to emphasize on women and on women centric contraceptives, especially female sterilization. This is in spite of the fact that women have little or no power to negotiate contraceptive use in families. Further, a majority of providers are male and their biases influence provision of services. Patriarchal conditioning over generations and the fact that women bear most of the burden of pregnancy and childbirth has convinced men that contraception is primarily a women's issue and men have no role in family planning, even in terms of engaging in spousal communication and informed decision making.

A look at the method mix data on contraceptive use from NFHS IV showed that female sterilization was the most commonly promoted method of contraception, constituting 75.3% of modern family planning methods used. Male sterilization on the other hand accounted for only 0.63% of family planning methods used, although male vasectomy is an easier, less invasive and safer procedure.

Limited Contraceptive Options

India's Population program does not offer full, free and informed choices to users of contraception. The fact that couples need to have access to a wide range of contraceptive methods to choose from and be able to decide voluntarily without any coercion whether or not to use a method and which method to use has, become more a rhetoric than reality. Although India's population program claims to provide a cafeteria approach, the reality is that female sterilization continues to be the most commonly promoted contraceptive.

Incentive Driven Female Sterilization Programmes

It is also disheartening to note that incentives continue to be given to men and women for undergoing sterilization. Sometimes incentives given by some States are bizarre and include items like smart phones, food blenders, sarees, etc for women who undergo sterilization. No wonder then that they are forced to undergo the procedure for these incentives and benefits. Not just this, doctors performing surgeries and paramedics motivating women for sterilization are also given monetary incentives. Anecdotal evidence has further shown that there is a strong provider bias favoring female sterilization.

“ Because women would be permanently protected and not keep coming back to the facility and increase client load.

- A service provider ”

Spacing Methods Neglected

The use of spacing or reversible contraceptive methods has increased but the increase has been minimal from 5.6% in 1991-92 (NFHS I) to 11.2% in 2015-16 (NFHS IV). With a fairly large proportion of girls being married off below the legal age at marriage in India, the population program should be positioned on addressing the needs of younger couples.

NFHS IV data shows that in 2015-16, 26.8% of women aged 20-24 were married below age 18 years and that married adolescents in the 15-19 years age group had the highest unmet need for contraceptives, especially for spacing methods.

Yet, the population program continues to offer services that they are not keen to use. Studies have also revealed that service providers are not trained to extend health services including contraceptives to young people. Providers should be trained to understand that increasing access of contraception amongst adolescent girls is a crucial starting point for improving their long term health. Contraceptives use by adolescents can prevent unintended pregnancies, reduce the number of abortions and lower incidence of death and debility related to complications associated with pregnancy and child birth.

Poor Quality of Care

Finally, Population programs need to emphasize on improved quality of care. There have been several instances of violation of reproductive rights because of coercive and poor quality of services, especially in the sterilization camps like the Chattisgarh tragedy, where 13 deaths occurred due to negligence. One of the key reasons for sub-standard services was that a far greater number of surgeries were performed far beyond the number permitted to achieve a target. Although Government of India removed contraceptive targets from 1996 and adopted a “target free approach”, targets continue to be set and named “Expected Level of Achievement”. In 2012 a PIL was filed by Ms. Devika Biswas in the Hon. Supreme Court on the conduct and management of sterilization camps. In 2016, Supreme Court issued its judgment in this case. As part of the judgment it gave a series of directives, key amongst them were to discontinue the practice of holding sterilization camps as early as possible and no later than a period of three years. Other recommendations included improving implementation of FP programs by empanelment of doctors to carry out sterilization, providing details of persons sterilized, deaths or complications arising out of sterilization, conducting death audits etc. These directives need to be implemented by States in letter and spirit.

Improving quality of care in FP would mean ensuring counseling, seeking informed consent, protecting clients' dignity, ensuring confidentiality and privacy. This would go a long way in helping individuals and couples to meet the reproductive health needs safely and effectively and increase off take of contraception. Quality should also be ensured through effective training of service providers and integration of gender and rights based values and skills through pre-service and in-service programs.

If India needs to keep the promise it made at the Cairo conference, it should make efforts to reposition its population program within a gender and rights based framework both in letter and spirit.

When Women's Health Becomes a Community Priority

India has one of the highest maternal mortality rates in the world. Much of this mortality and morbidity could be addressed by ensuring that all pregnant and lactating women receive appropriate ante-natal and Post natal care. Yet, a number of factors keep women away from accessing the services. The most important among them being a clinical, individualistic and women centric approach which does not take into account the social cultural practices, myths and misconception and the power equations within the family. The importance and impact of a holistic approach with active participation of community, family and the service providers in addressing mother and child health issues is demonstrated in Ambarje village under our Action for Mobilization Community Health Initiatives (AMCHI) project in the Shahapur Block of Thane District.

Ambarje is a remote village of Shahapur block spread over 745 hectares of land with a population of 1876 people. It has limited access to medical facilities located as it is 13 km away from Shahapur and 74 kms from District Head Quarter Thane.



Health checkup of children at Ambarje village

The service delivery to Ambarje is plagued by as many problems as one can imagine - corruption and poor health infrastructure to poverty and ignorance steeped in an environment of apathy at the community and family level. The Amchi team worked with the field staff, service providers, the community and the gram panchayat to address these issues collectively, demonstrating how working together could help address social development issues.

Facilitating fund flow

The gram sevak of the village was suspended on corruption charges which meant the bank account containing government monetary sanctions to the sub-centre and Anganwadi were not accessible. This has resulted in discontent as money was not being disbursed to the service providers and beneficiaries and money sanctioned for upkeep of Anganwadi Centres (AWC) and sub-centre were left un-utilised. Amchi team guided the community members and gram panchayat to approach the Block development officer for the appointment of a Gram Sevak and to open a new account to address the issue as per the govt guidelines, thus restoring the fund flow.

Partnering with the Gram Panchayat

Lack of funds and up keep of the sub-centre meant that no services were being provided at the sub-centre for children and pregnant women by the Aarogya Sevika's for almost 8 years. The sub centre was dysfunctional and in a dilapidated condition. The Amchi team and the service providers organised an immunisation day in the sub-centre, almost after 8 years and invited the Village Health and Nutrition Committee members and members of gram panchayat as observers. They were shocked to find the appalling conditions at the sub-centre. Subsequently, they procured funds from the Zilla Parishad for renovating the sub-centre. Currently the renovation is on.

The Gram Panchayat, thereafter, decided to have the immunisation session in the premises of the village temple as the space in the sub centre was insufficient, providing tea and snacks for those coming for immunization and medical check-ups. Clean bathrooms too with water were ensured for the day of the session by the villagers. Care was also taken to ensure that the services are provided smoothly by organising two separate sessions for children and pregnant women during the day.

The villagers took up the responsibility of not only bringing the children for immunisation but also for making necessary arrangements at venue for the immunisation day. The immunization sessions were also sequences as per the immunization schedule, enabling the service providers to give quality services with proper counselling.

Films on immunization and ANC and PNC were shown in the waiting area, motivating women to take good care of their health and their children's health.



I was able to take care of my health during my pregnancy because of the information and counselling I recd from ANM and AMCHI team.

Surekha from Ambarje Village



Roping -in the family

Women's health is often given the lowest priority in many families. The nutritional requirements and need for adequate rest are often not given sufficient importance. Therefore, it was decided that the spouses and other family members should be roped into the counselling programmes. This was particularly important as compliance with IFA prophylactic treatment was abysmal. Considering the high rate of anaemia among pregnant women it definitely spelt disaster. Conversations with women revealed that one major complaint against IFA supplements was nausea and acidity. A look at the eating patterns of the women showed that they had a huge time gap between meals. Usually the tablets were taken in the night and the long gap between meals was found responsible for the nausea. The women and the family were counselled about the importance of small and frequent meals, particularly about having a small snack before going to sleep. This had a positive impact and the haemoglobin tests conducted in the next session showed marked improvement, demonstrating how important family support is in ensuring good health for mothers and children.

The concerted efforts of Amchi team, community members and service providers had helped break the resistance of an adivasi couple working in a brick kiln, who brought their seven year old child for immunisation after their fears of immunisation were allayed through counselling. For everyone involved in the effort this was the most defining moment.



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