GENDER ASSESSMENT USAID/INDIA

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Finally, we would like to thank the many Indian NGOs and government officials working on gender issues who made room in their busy schedules to share their visions and lessons learned with us. A complete list of all our meetings appears in Appendix B.

ACRONYMS

ADS	Automated Directive System
AIDS	Acquired Immune Deficiency Syndrome
ATMA	Agriculture Technology Management Agency
CA	Cooperating Agency
CEDAW	Convention For the Elimination of All Forms of Discrimination Against Women
CETP	Clean Energy Technology Partnership
CFE	Committee of Feminist Economists
CRISAL	Community-Based Risk Screening Tool
DAC	Department of Agriculture and Cooperation
EMC	Energy Management Centre, Department of Power, State Government of Kerala
FAO	Food and Agriculture Organization
FTF	Fair Trade Forum
FWCW	Fourth World Conference on Women
GBV	Gender-based Violence
GCC	Global Climate Change
GHI	Global Health Initiative
GOI	Government of India
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services Scheme
ICPD	International Conference on Population and Development
IEP	Integrated Energy Policy, Government of India
IFAD	International Fund for Agricultural Development
IPAT	II Technical Assistance Project
IR	Intermediate Result
IUCN	International Union for the Conservation of Nature
JSY	Janani Suraksha Yojana
KVK	Krishi Vigyan Kendra
LED	Light Emitting Diode
LPG	Liquid Propane Gas
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MT	Metric Tons
MYRADA	Mysore Resettlement and Development Agency
NABARD	National Bank for Agriculture and Rural Development
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NGRCA	National Gender Resource Centre in Agriculture
NORAD	Norwegian Agency for Development Cooperation
NPIC	National Program for Improved Chulhas (cook stoves)
NREGA	National Rural Employment Guarantee Act (recently renamed Mahatma Gandhi National Rural Employment Guarantee Act)
NRHM	National Rural Health Mission
NSS	National Sample Survey
NSSO	National Sample Survey Organization

NTFP	Non-Timber Forest Produce
NUEPA	National University of Educational Planning and Administration
PEPFAR	The President's Emergency Plan for AIDS Relief
PIKA	Partnerships for Innovation and Knowledge (PIKA) Alliance
PLHIV	People Living with HIV/AIDS
PoA	Plan of Action
PRADAN	Professional Assistance for Development Action
RCH	Reproductive and Child Health
RFA	Request for Application
RFP	Request for Proposal
RGGVY	Rajiv Gandhi Grameen Vidyutikaran Yojna (Rural Electrification Scheme)
RGMVP	Rajiv Gandhi Mahila Vikas Pariyojana
RTE	Right to Education
RTI	Right to Information
SARI/E	South Asian Regional Initiative on Energy
SAWIE	South Asian Women's in Energy Network
SEWA	Self Employed Women's Association
SGSY	Swaranjayanti Gram Swarazagar Yojana
SHG	Self-Help Group
SIDA	Swedish International Development Cooperation Agency
SOW	Scope of Work
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Program
USAID	United States Agency for International Development
USG	United States Government
VAW	Violence Against Women
VESP	Village Energy Security Project
WISER	Women in Sustainable Energy Research Center of Excellence

Executive Summary

Although gender inequality and rigidly prescribed roles undermine equitable development and social justice, they are largely unchallenged in many settings, and imperceptible to policymakers and the general public. USAID/India has decided to mainstream gender in its strategy as a means of addressing gender inequalities throughout its programs. This gender assessment was conducted to provide the Mission with guidance on how best to set this process in motion.

Objectives of the Assessment
The objectives of this gender analysis were to identify critical gender-based constraints to equitable participation and access to USAID/India programs, provide specific recommendations on strategies for increasing accessibility and equity of USAID programs, identify key gender issues outside the Mission's current set of activities and investments, assess the institutional context supporting gender mainstreaming in the Mission and in India, provide recommendations to improve the Mission's and partners' operational practices and programmatic mechanisms in support of gender equality, and propose indicators for measuring gender-related impacts.

Team Composition and Responsibilities
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Methodology
This gender assessment was conducted using participatory approaches, including meetings with beneficiaries, interviews with grantees, sub-grantees, and key thinkers in each sector. The Team made several site visits to USAID programs to discuss gender integration in project activities. In combination with these processes, the Team also conducted a literature review of pertinent material (including sector-specific studies and assessments by other donors, NGOs, and the Government of India, as well as USAID documents).

Major Findings
At an exit debriefing, the Gender Assessment Team presented preliminary findings and recommendations to each Bull's Eye (Assistance/Strategic Objective) Team and several cross-cutting recommendations for consideration by Mission management. Prior to departure, they left behind two-page summaries of the sector findings and recommendations.

Food Security: Analysis of pertinent literature reveals that a large proportion of women work in agriculture; however gender-based inequalities constrain women's participation and, thus, impede their ability to attain food and nutrition security. This gender division of labor in agriculture and household tasks grounded in socio-cultural beliefs and expectations contribute to unequal bargaining power and limited access to land, and food and nutrition within the household and community. The analysis concludes that active engagement of women in the value chain is absolutely necessary to translate sustainable agricultural development into food and nutrition security.

Health: Although India's primary health system has considerable reach, it is characterized by uneven quality, effectiveness, and unequal access and benefits to large proportions of the population. Women with the least resources, in particular, suffer from poor overall health and nutrition, and poor education.

Women's lack of decision-making power within families and lack of adequate representation in their local, regional, and national governments, domestic violence, son-preference, and with women's limited autonomy in exercising reproductive choice adversely affect maternal health and other reproductive outcomes and contribute to the nation's high maternal mortality ratio. Furthermore, unlike most other nations in the world where more men die from TB, in India deaths from TB are higher among young women. In order to have a long-term impact on these issues, programs must be designed to take women's different roles and realities into account. The gender assessment also revealed that men who deviate from male gender norms (e.g., men who have sex with men) are also at heightened risk of transmission of HIV and other STIs, and gender-based violence.

Global Climate Change: This analysis found that the burden of customary energy use falls disproportionately on women. Additionally, although women have primary responsibility for collecting and processing fuel resources, they rarely have control over their production or use. The great amount of time necessary for fuel collection and other energy-related tasks carried out by women have opportunity costs for women that keep them from engaging in economic activities that would enhance their food security and health and that of their families. Inefficiencies and lack of access to energy also constrain men's income earning capacity, especially in rural areas, contributing to patterns of outmigration that further reduce their families' agricultural productivity. Lastly, women's and young children's health is disproportionately affected by smoke from biomass energy and, possibly, global warming.

RECOMMENDATIONS

A. Mission-Wide Recommendations

USAID/India is strongly committed to working on gender throughout its portfolio and has many resources to draw upon as well as many organizations already addressing or eager to address this large set of interrelated issues. Strong civil society networks are working to overcome gender-related inequalities. This section of the report provides six suggestions for the Mission as it moves forward.

1. Assess gender-related capacity at USAID and among partners.
   - Gender audit by an organization such as InterAction to assess staff knowledge, attitudes, and capacity with regard to gender: In order to take steps toward building capacity on gender, an assessment, structured through a process staff respect, must be conducted, and the results shared.
   - Gender audit on one of USAID's longstanding programs: Also worthwhile would be to conduct an audit of one of USAID's large programs that has gone on for a number of years. This process would provide specific ideas for how to include, support and monitor gender work in an ongoing way.

2. Build USAID staff capacity by hiring and by providing training for USAID staff and partners that includes exposure to evidence on integrating gender with programs.
   - Gender training for USAID staff, perhaps packaged as broader training on how social inequities undermine outcomes. A brief internal assessment of precisely what kind of training and for whom would be most useful.
   - Develop and circulate summary evidence for including gender in development: Since one source of skepticism about working on gender is unfamiliarity with the evidence, providing a brief and accessible reference to existing data and resources would be useful.
   - Build professional capacity in gender by hiring at USAID: Various groups have talked about the need for more leadership on these issues from USAID. One configuration would be to hire someone who works half of their time on gender and the other half on a specific topical area. The person must have his or her own portfolio and decision-making authority over some subset of work.

3. Select some new partners and grantees, as well as set up new roles for old partners. We have tried to provide illustrative roles or various organizations in each section.

- Integrate gender into framework that structures the Mission's work: The integration of gender into the basic justification for the Mission's portfolio will show partners of all kinds how serious it is about addressing gender.
- Partnership with specific donors: Several bilateral donors, most notably NORAD and SIDA, have worked extensively on gender. Their experiences could prove very useful to USAID.
- Work with existing networks: Collaborate with India's dynamic civil society movements that work precisely on gender and specific sectors, including health. USAID is currently not working at all with these players despite their topical interest and commitment.
- Select some new partners: The decision to focus on gender provides USAID with an opportunity to assess the government and NGO landscape and consider taking on some new partners.
- Ask existing partners to do things differently: As a crosscutting issue, gender must be addressed through *how* programs work, not simply *what* they are doing. Grantees need guidance on how to address and measure and how working on gender fits with their objectives and goals.
- Set up a system for providing technical assistance: USAID/India's move away from implementation and toward TA fits well with its commitment to working on gender. This TA will be very important for organizations uncertain of how to alter their work and address gender. A number of organizations with expertise on gender would be well-suited to working supportively with other grantees (see sub-sections A.4, B.4, and C.4 in Section II; and Annex D for specific suggestions).

4. Create procurement mechanisms that reward and reinforce a commitment to gender.
   - Establish gender criteria for RFAs and RFPs: Grantees should be responding to well-structured Requests that require a thorough treatment of gender, including in their monitoring and evaluation system.
   - Establish small grants program: As an area of work that requires ongoing innovation, gender in the Mission's portfolio would be served well by the establishment of a small grants program. This could be used to test out ideas that contribute to the Mission's overall agenda, particularly when the organizations or effort are too small to merit the regular demanding proposal process.
   - Increase flexibility in grants: Gender-related obstacles to programming often arise once a program is underway. Greater flexibility in programming and reporting requirement will allow grantees to respond to circumstances that arise by building in additional efforts to address gender.
   - Integrate gender fully into monitoring and evaluation: The Mission is well aware that in order to bring about changed programs, it needs to require new indicators that measure programs' effects on gender. A lingering challenge is that this often requires a longer timeframe to measure real change.

5. Establish system for ongoing sharing and technical assistance to partners.
   - Establish a gender advisory team in Delhi made up of gender experts in universities, women's groups, the government, and other donors: The Mission would likely find it helpful to bring together an advisory team in Delhi including program partners. The team could provide advice on various aspects of its program, the politics of working on gender, the difficulties encountered by grantees, and so on.
   - Create local advisory resources for grantees: In each state at least, a cluster of individuals with expertise in gender, indicators, and the specific sectors of work in the area can be made available for partners to turn to with questions about implementation and evaluation.

6. Specific substantive areas may represent "low-hanging fruit" for USAID/India. Three areas particularly stand out:

- Work multi-sectorally: Addressing gender ultimately requires doing multi-sectoral work. But what does this mean in practical terms? One manageable way to take this up is to make some investments at the intersection of two or three sectors. For instance:

    a) Bundle access to electricity, water and sanitation in support of men's and women's businesses in rural areas, and to enhance health and hygiene.
    b) Encourage villages that develop solar, wind, and micro-hydro electrification systems to promote girls' education and to encourage the Ministry of Education and State Governments to make teachers available to teach classes in the evening for women and girls who can't attend school during the day and provide electrification and labor-saving energy services.
    c) Collaborate with HIV/AIDS care and support programs to increase access to electricity and reliable and accessible energy resources to reduce the burden of and increase the quality of care.
    d) Take advantage of the introduction of public lighting systems as an opportunity to address gender-based violence and personal security through informal education, media, and community social mobilization.
    e) Build information about health into food security activities so that people can learn about the links between health and nutritional requirements at various stages of life.
    f) Encourage communities to ferment animal waste in biogas digesters, replacing polluting biofuel fires with methane, and thereby improving health.
    g) Use social marketing campaigns on gender norms to drive improvements in attitudes and behaviors that affect women's social status and their health and access to agricultural resources

  Potentially interesting partners or resources for the Mission are the Planning Commission, which is very interested in stimulating more cross-sector collaboration to address gender; and the UN's Safer Cities initiative, which has involved training an extremely diverse group including police, bus drivers and architects, with one consequence being that girls able to play in public spaces for the first time.

- Move from a supply-side orientation to demand creation: In focusing on the strengthening of services, for example, USAID has worked on the supply side of the issues of interest. Working on gender requires in part paying closer attention to the demand side, and the creation of demand for quality services in the population, men and women (boys and girls). This entails involving local young and adult women and men in the planning, design, and monitoring and evaluation of programs. Addressing gender norms and obstacles at the aggregate level is an important way of supporting individual service use.

- Work with men to change gender norms: Men's perceptions of and behavior toward women tend to reinforce gender inequality and reduce program reach and effectiveness with women. The lessons learned from HIV work with high-risk groups on norms and stigma can be expanded to the general population, and to thinking in other sectors. India's growing movement of gender-equitable men could be an important resource for this work (see information in Annex D).

B. Sectoral Recommendations by Intermediate Result

B.1 Food Security

IR1: Use of appropriate practices, innovations and research by farmers increased

1. **Value chain analysis and needs assessment**: Identify knowledge gaps related to farming practices for men and women farmers, and understand constraints faced by men and women in achieving food security in the areas of availability, access, and utilization.

2. **Training and communication**: Disseminate technology and information that encourages sustainable agriculture, enhances food security in all three areas of availability, access, and utilization using forms of communication appropriate for reaching women as well as men, such as through Farmer Schools or women's meetings in the neighborhood.

3. **Create demand for extension and accountability in implementing government subsidies and schemes**: Establish linkages with agriculture and extension services such as KVK and ATMA and district level DAC departments and line agencies for accessing government schemes and subsidies, such as NREGA and facilitating convergence for an integrated approach to food security. Facilitate the ability of farmers to find information on all the schemes and subsidies available to the community in the project area and promote "demand" for extension services and accountability in implementation of government and programs by mobilizing men and women farmers, for example, using the Right to Information Act, and the Women Component Plan. "Demand" is created when men and women farmers apply for subsidies, training, and information under various schemes and pursue the applications by demanding the services from the government departments. As described in the text, the 30% budget allotted for women under the schemes is underutilized, and women can be encouraged to apply for benefits under these schemes.

4. **Promote appropriate technologies**: Establish linkages with government, public and private research organizations as appropriate and facilitate the promotion of technologies and practices that can be used by men and women effectively and those that reduce the work burden of women. Examples are the new methods for planting rice, new types of weeding implements, tools which are lighter and easy to repair, etc. Undertake technology transfer to women in various aspects of farming.

5. **Engage women and men farmers in research**: Encourage and facilitate the participation of men and women farmers in demonstration and trials of new technologies and practices. Usually men farmers who get to participate in field trials. Women farmers can be encouraged to participate not only to ensure that their perceptions and needs are taken into account but also to enable them to learn new methods and technologies.

IR2: Agricultural productivity increased

1. **Facilitate access to inputs and productive resources**: It is important for men and women farmers to be able to access and use inputs such as seeds, fertilizer, water as required for the completion of cultivation processes. Appropriate quantities and quality of inputs is important. These inputs need to be accessed from traders, seed companies, and government facilities. Farmers need guidance and information about what to get and from where. Local men and

women leaders can be trained to provide this information to the farmers. Self Help Groups of men and women can be formed to facilitate access to credit. These groups will also provide a platform for dissemination of information, build leadership, and coordinate project activities. Seed banks and fodder banks can also be set up. NREGA can be accessed to implement water harvesting and soil and water conservation activities.

2. **Promote sustainable agriculture**: Focus on agricultural research that provides solutions to farmers' location-specific problems based on soil and moisture conditions, methods of sowing, application of inputs, types and dosage of nutrients, pesticides, crop mix, and other factors on seed production and storage, compost, green manure, using forms of communication and training appropriate for reaching women as well as men. For example, greater use of audio-visual communication will be required for women with low literacy levels, the level of language used will depend upon the level of education, time and location of meetings is a function of the convenience and mobility of the women.

3. **Increase yields through efficient use of resources**: Techniques that support efficient use of land and water resources can be promoted such as advanced cropping technologies, water harvesting, groundwater management, and soil conservation. NREGA can be used here as well. This indicator is the same for men and women farmers. When NREGA is accessed for these interventions, special attention can be paid to involving women and ensuring that they are paid equal wages as men for equal work. Women can also be encouraged to become supervisors on field sites.

IR3: Farmers linked to markets

1. **Build women's capacities and bargaining power**: It is usually men who take the produce to the market and retain control over the profits generated from the sale. Women are hesitant to go to the market as they do not have the confidence, skills, and bargaining power to deal with the market interactions. The first step therefore would be to develop leadership and bargaining skills and expose women to market interactions.

2. **Encourage and facilitate the formation of producers' groups with opportunities for women to play leadership roles:** Facilitate the formation of farmers' groups for taking produce directly to markets instead of through traders and middlemen. Create access for women in markets at different levels through these groups from village to market yards.

3. **Facilitate access to information on market dynamics and enable men and women to make informed choices about when and where to sell their produce:** Partner organizations can facilitate the ability of men and women farmers to link up to market information networks such AgmarkNet[1] of the Directorate of Marketing and Inspection, Ministry of Agriculture, ITC echoupals[2], IFFCO Kisan Sanchar Ltd[3], and Reuters Market Light text message service for farmers[4], for accessing market related information.

[1] See http://agmarket nic.in
[2] www.itcportal.com/rural-development/echoupal htm
[3] www.iffco nic.in/sanchar
[4] www reuters.com

IR4: Trade expanded

1. **Link women with markets** so they connect to local, regional and global economy from which they are currently sidelined.

2. **Explore options for engaging with fair trade schemes.** Fair trade schemes often include gender equity as one of their standards in certification programs. The World Fair Trade Organization includes gender equity as one of its principles, stating, "Fair Trade means that women's work is properly valued and rewarded." Fair Trade Forum – India (FTF-I)[5] is the national network for fair trade in India, and is the country office of the World Fair Trade Organization Asia. Other organizations to explore are Fairtrade Foundation,[6] ENGAGE,[7] and also the agriculture section of InfoChange India.[8]

IR5: Nutrition improved

1. **Integrated farming systems**: Promote integrated farming systems that include food production, livestock management, and fisheries wherever applicable. This will enable farming families to have diversified sources of nutritious foods, and will allow space for farming activities in which women are engaged in and which provide them with cash resources such as dairy and livestock management.

2. **Production of nutritious food basket**: Encourage production of staple foods, vegetables, and fruits in household farm plots. Again, women are generally engaged in production of staple foods and vegetables. Encouraging and facilitating women to grow these in farm plots will ensure that these items are included in the daily diets of families. Combined with nutrition education this will enable women (since they most often cook the food) to provide their families with a healthy diet.

3. **Increase food security at community level**: Encourage formation of community grain, seed & fodder banks. Experience has shown that grain, seed and fodder banks which are usually managed by women's groups contribute to increasing the food security at the community level, helping poor families to access food, particularly when crops fail or when the family is facing a financial crisis.

4. **Improve utilization of food at household level**: Address access to nutrition and food security within households by creating awareness among men and women about differential access to food and differences in food consumption patterns and practices which are determined by social customs. Also provide information about incorporating various foods as sources of nutrition in the daily diet

5. **Address issues of water quality and nutrition:** Groundwater is used for drinking and irrigation. There is evidence of excess fluoride in groundwater in many states across India[9], including those in which USAID projects are currently ongoing. It has been found that improved nutrition lowers the negative impact of excess intake of fluoride. The concentration of fluoride can be diluted with fresh water. Efforts need to be made to harvest rainwater and recharge groundwater in these areas. The Mahatma Gandhi NREGA can be used for enhancing the water regimes in the area.

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[5] http://www.fairtradeforum.org
[6] http://www fairtrade.org.uk
[7] http://engagetheworld.org
[8] http://infochangeindia.org
[9] Pangare, Ganesh, Vasudha Pangare and Binayak Das. 2006. "Springs of Life: India's Water Resources." New Delhi: Academic Foundation, World Water Institute, BIRDS, pages 199, 204-206

This will also help in increasing the availability of water for drinking, domestic and irrigation purposes and will also reduce the work burden of women and improve health of households and livestock.

B.2 Health

Recommendations for Gender Investments by IR, and Sub-IR

IR1: Access to quality services increased

1. **Training and capacity building**: Provide training for staff of government and other partners to address gender. Partner with the Government of India to create quality care units within government hospitals at state and district level. Quality of care can encompass technical and clinical aspects of health while factoring in gender, poverty, and caste-based discrimination faced by women and men seeking healthcare in India.

2. **Outreach and recruitment of staff**: Incentivize efforts to hire female staff, by making efforts to improve safety and flexibility of working conditions, where their numbers are low, and hire staff with expertise in addressing gender and working with high-risk groups. Encourage women to occupy leadership positions and regularly assess their integration into various staffing levels. Collect information on the relative wages and positions of comparable male and female employees as a way of increasing female recruitment and assessing partners' commitment to gender equality.

3. **Cross-sectoral program linkages**: Incentivize efforts to link with other services outside the health sector, since access to health services is often limited by financial and other constraints. These linkages can be encouraged by collecting client-centered data that includes reference to referrals and whether their problems have been solved (versus whether x or y service has been provided, which is service-centered).

4. **Monitor performance as experienced by specific beneficiaries**: Collect data on the profiles and experiences of clients of individual staff members to obtain a cumulative sense of their sensitivity, communication skills, and competence in dealing with men and with women. Collect data on the experiences and satisfaction of male and female clients of various profiles.

IR2: Policy implementation strengthened

1. **Support cross-sectoral collaborations in pursuit of shared goals**: While building partnerships with State Governments, strengthen ties with diverse Central Government departments on health as well as with the Ministry of Women and Child and the Ministry of Rural Development and others in order to facilitate multi-sectoral thinking. Promote coalitions between partners working on nutrition (an easy intersection between health and food security) and forums working on gender budgeting and accountability (a systematic way of tracking funding and investments as they benefit specific groups).

2. **Promote civil society and other support of implementation**: Empower and build the capacities of women – and men – *panchayat* members – by providing training and information relevant to their decision making – to facilitate gender responsive implementation and monitoring of NRHM and the NREGA schemes. Support cooperation between partners working on quality of care and civil society organizations involved in the Right to Information Act to facilitate effective

implementation. Engage with and support ICPD+15 monitoring and facilitate efforts to meet the GOI's progressive and women-centered ICPD commitments.

3. **Establish monitoring benchmarks for implementation**: Work with advocacy partners to develop benchmarks that help assess how effectively and rapidly specific policies of relevance to gender are being implemented, and whether they are being implemented in ways that address gender inequities.

4. **Focus on specific policies that merit attention**: Partner with GOI to implement existing good policies of strong relevance to gender. Implementation of minimum age at marriage laws might be one place to start. Working with NACO to carry through on its high-level commitment to addressing gender in HIV work would be another. Identify and adopt a strong policy and work intensively in one or two states to bring about change, e.g., facilitate aspects of the National Rural Health Mission like strengthening public health infrastructure in two or three districts in a state.

IR3: Demand for quality services and improved health behaviors increased

1. **Obtain input from the public**: Recruit women's and men's participation in mapping the strengths and weaknesses of public and private health facilities and how they can be improved. Promote consultations among public and private sectors and community-based organizations to diagnose what is not working and for whom in a given setting.

2. **Learn from work with high-risk groups**: Mobilize lessons learned from working with high-risk groups – for whom the *social* challenges to improving their health are obvious – on removing the social obstacles to good health to messages and services directed at the general population.

3. **Increase expectations of health services**: Mobilize communities around a rights-based perspective on what they can expect from health services and encourage their role in stimulating quality and accountability. Women in particular have very low expectations of health services, and providers often take advantage of women patients' subordinate position to offer services under circumstances (long waits, disrespectful interactions) that men would never accept. Provide more information about health and health services. Encourage institutional accountability to clients on quality and satisfaction.

4. **Work to change rigid and harmful gender norms**: Build on existing media messaging, particularly from work with high-risk groups and social marketing, for general population, working especially with men and boys. Link services with resources that address gender-based violence. Hold community events to discuss health and well-being and how they could be improved by overcoming social obstacles to health.

5. **Seek collaborations with civil society**: Seek partnerships and engage in consultations with leading gender and health rights organizations (see Annex D for specific suggestions) in India as well as civil society involved in the Right to Food campaign.

IR4: Use of strategic information strengthened for programming, policy, and resource allocation

1. **Conduct gender analyses, including gender budgeting**: Ensure that programs and policies are informed by an understanding of gender relations and how they affect the sector. Ensure translation of that understanding into indicators and evaluation. Ensure that specific beneficiary groups are truly receiving the resources allocated to them by a given policy.

2. **Ensure use of existing research on gender and health**: Find ways of providing evidence from around the world on innovative ways of addressing the health problems India also faces. Share evidence across the Mission and with implementing partners on gender transformative programs that improve health and contribute to other development outcomes. Use USAID and its partners' own pilot research on gender to inform programs and policies, or the effort will have been wasted, both in terms of the resources spent and the relationships forged in conducting the research.

3. **Data collection**: Collect sex-disaggregated data for monitoring and evaluation of virtually any kind of program. Collect "social" measures that provide the basis for assessing progress on more "clinical" measures of program benefit. Collect other specific measure of gender.

4. **Capacity building in research and evaluation**: Ensure that gender is incorporated into expectations around monitoring and evaluation and is part of training and technical assistance that partners receive. Hold consultations that bring partners together to share experiences on addressing gender in health, and integrating gender into their programs.

IR5: Private sector engagement strengthened to leverage resources, expand reach, and influence impact

1. **Work with the private sector *and* build government capacity to monitor private sector partners**: A major problem in the health sector in India is that there are so many unregulated private providers who do not adhere to standards. Part of improving quality while expanding access is to ensure that private and public sector services are of high quality. Strengthen public sector capacity to monitor quality of care from a gender perspective in private and NGO healthcare facilities.[10]

2. **Promote work on gender by private sector partners**: Provide incentives, including gender-specific measures, for private sector providers to develop gender-sensitive models of care for men and women. Private sector partners may require additional technical assistance in order to achieve these new expectations.

3. **Make gender "officially" valued**: Support development of certification process for healthcare facilities that provide gender-sensitive care.[11] Such a system has been developed for services that meet quality standards; these can be expanded to reflect special efforts to overcome gender-related obstacles to service use.

4. **Make social marketing live up to its potential**: Expand private sector social marketing concepts beyond a product focus, e.g., condom sales, to promoting healthy behaviors and gender equitable values and questioning harmful gender norms.

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[10] Resources include Manual for Evaluating Quality of Care from a Gender Perspective: http://www.ippfwhr.org/en/node/292#attachments and Gender, Access to Care and Quality of Care: www.igwg.org/presentations/GenderAccesstoCare.ppt .

11 The International Planned Parenthood Federation (IPPF) has a process for clinics to develop quality of care from a gender perspective. Resources include: Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services, Third Edition. 2004. IPPF: London. http://www.ippf.org/NR/rdonlyres/DD4055C9-8125-474A-9EC9-C16571DD72F5/0/medservdelivery04.pdf. This also allows for public or nonprofit organizations to certify healthcare facilities as delivery quality of care from a gender perspective, as was done by the PROCOSI NGO Network in Bolivia (www.popcouncil.org/pdfs/frontiers/reports/GuiasGenero.pdf). International Planned Parenthood Federation, Western Hemisphere Region, Inc., Manual to Evaluate Quality of Care from a Gender Perspective, New York: IPPF/WHR, January 2000 http://www.ippfwhr.org/en/node/292#attachments

B.3 Global Climate Change

Recommendations on Gender Investments in GCC by IR and Sub-IR

USAID/India's Global Climate Change Strategy focuses on lowering greenhouse gases by helping India to diversify into cleaner sources of power through a Clean Energy Technology Partnership Program (CETP). The strategy, which supports the goals of India's Integrated Energy Policy (IEP), aims to improve power supply and efficiency, introduce new energy efficient technologies, and advance markets for renewable energy. In conjunction with the Mission's Food Security Strategy, the CETP will also enhance the capacity of India's population to adapt to global warming.

IR1: Energy Efficiency Enhanced

1. **Shift focus from "technology" to "energy service" provision**. Invest in energy infrastructure technologies that directly meet poor women's energy demands and make their labor more productive, such as: improved cook stoves and fuels; and food processing technologies (e.g., grinding mills, water pumps, transport, electric lighting and media).[12]

2. **Link energy efficiency to entrepreneurial activities for women.** For highest impact, promote sustainable livelihoods through modern energy services that permit poor women to increase their productivity and income and the value of their labor. Encourage adoption of modern energy services in the home. Also, involve women in supply-side activities (e.g., sale of energy efficient fuels, light bulbs, and appliances) and in producing and marketing new energy resources and services. Support women's micro-enterprises in accessing and using modern energy services and complementary business inputs.

3. **Increase women's/men's participation in energy use mapping, audits, and development of solutions for greater energy efficiency**. Prioritize complementary inputs for gender equality. Modern energy services are most likely to produce benefits for women if they are implemented in the context of a deliberate gender strategy in project planning, implementation and institutions that ensure women's access to energy sources and technologies that reflect their needs and interests. Support community-based organizations that enhance women's effective participation and decision-making. Work with groups of men and women in communities, national and local governmental organizations, and private industry to promote gender relations that value women's labor and decision making as well as men's.

4. **Promote consultations among Ministries to develop guidelines to implement gender goals of Integrated Energy Policy.** Include and document gender analysis at each step of policy, program and project planning, implementation, monitoring and evaluation. Collect sex-disaggregated data. Inter-ministerial cooperation is vital to making LPG, kerosene, and electricity more available throughout the country. Constraints in supply systems, particularly for LPG, limit its use. USAID can play a role in supporting inter-ministerial and intersectoral dialogue (as was done on cook stoves) conjunction with the private sector (NGO and commercial) to alleviate constraints that limit availability and choice of renewable and less polluting fossil fuels.

[12] Parikh (nd)

IR2: Access to Clean Power Increased[13]

1. **Ensure clean energy products respond to different consumer concerns and needs of men and women**. Current cooking energy use in developing countries has severely negative impacts on the health of women and children, via low birth weights and infant mortality, and substituting these fuels with more efficient biomass or fossil fuels would add little to global emissions. Provide information to women and men so that they can make informed decisions to select energy sources that reduce indoor air pollution and thereby contribute to reducing child mortality and women's and children's morbidity.

2. **Promote labor saving technologies that run on clean energy.** Time use studies demonstrate that women have little time for leisure, education, or sleep. If introduced technologies and new sources of energy do not save women's time, there is little likelihood that they will adopt them.

3. **Promote women as energy entrepreneurs, engineers, technicians, and self-help groups as potential rural electrification franchisees.** When women's groups operate enterprises aimed at providing renewable energy, they also develop managerial and business skills that allow them to improve their live livelihoods while helping to reduce greenhouse gas emissions. A little explored outgrowth of these activities would be to investigate opportunities to gain access to voluntary carbon credit markets.[14]

4. **Increase knowledge & skills via capacity building and networking.** Build capacity of women to work in the energy sector and of both men and women to engage with gender issues in energy systems. Our research showed a need for capacity building at all levels, ranging from training for poor rural women who need skills to operate energy technologies and businesses, to female and male energy practitioners, researchers, and policy makers who need tools to engage effectively with gender. Improving linkages and networks among researchers, the grassroots level, and policymakers is a powerful means for generating self-confidence and increasing visibility at every level.

5. **Support gender integration and women's full participation in Village Energy (VESP) sponsored by the Ministry of Renewable Energy.** The projects aim to guarantee access to a minimal set of energy services (lighting, cooking, street lighting, water pumping for drinking water and electricity for schools and health centers) for villages that are not on the national grid. VESP projects would benefit from conducting a gender analysis prior to beginning activities to identify how to involve men and women equally in planning, implementation, and maintenance of the systems.

6. **Social marketing of energy efficient technologies, such as fuel efficient and non-polluting cook stoves.** Conduct gender analysis in the context of sociological and ethnographic research to better understand how women and other household members use stoves and other household-based technologies in different parts of the country. Use the information to develop social marketing strategies for energy efficient and non-polluting technologies. Also, look for ways to engage women in the marketing of stoves (and fuel) and through a social marketing/village distribution system.

[13] This section relies heavily on Jyoti Parikh's gender analysis of the IEP (2009) cited above.
[14] IUCN 2009:161

IR3: Cleaner Coal Technology Developed and Commercialized

None identified.

IR4: Vulnerability to GCC Impacts Reduced

1. **Incorporate women /men in planning and decision-making on GCC mitigation and adaptation initiatives**. The Community-based Risk Screening Tool (CRISAL) is a decision-making tool that examines climate adaptation within a livelihood framework in conjunction with a gender vulnerability analysis to identify gender-specific measures for responding to climate-related risks.[15] Attention to gender in the context of GCC adaption involves: analyzing change from men's and women's perspectives; incorporating those perspectives into program design; collection of sex disaggregated data to monitor implementation; providing men and women equitable access to resources, information, and education; and ensuring that women and men are equally involved in decision-making.

2. **Promote vulnerability-reduction measures that target women's and men's different needs and vulnerabilities, and build on men's and women's local and indigenous knowledge and coping skills.** For example, the IEP stipulates that woodlots should be accessible within one kilometer from households. As women have little control over property, *Panchati Raj*'s can make public lands available to women's self-help groups to manage community parcels and profit from woodlots by planting trees that also produce non-timber products (e.g., seeds for making biofuel, fruit, and nuts). Women and men have different knowledge bases and skills that can contribute to developing adaptive strategies, such as planting water hungry tree species, such as eucalyptus in areas where there is a problem with standing water. Invest in measures that provide men with alternatives to outmigration. Introduction of new livelihood strategies can support more gender equitable economic opportunities, as new schemes do not have the legacy of long established gender-based division of labor.

IR5: Centers of Excellence on Clean Energy and GCC Institutionalized (CERDI)

1. **Develop evidence linking attention to gender in energy policy and projects to equitable, efficient and sustainable outcomes.** Make each center of excellence, in conjunction with WISER, collecting and analyzing sex-disaggregated data to assess progress and impact of mainstreaming gender in each sub sector. Ensure that WISER receives financing, or is able to charge for services, to other centers and for conducting gender analysis for other USAID energy projects in India and the rest of South Asia.

2. **Identify and document best practices on gender and energy.** Invest resources in research and evaluation to measure impact and document best practices. Create virtual platforms for sharing these experiences. Foster exchange of experiences between villages that have engaged in successful practices, as well as among development practitioners.

[15] See www.iisd.org/security/es/resillience/climate_phase2.asp to download the tool.

1. Introduction

In virtually any part of the world, a scan of the morning newspaper on the extent of discrimination against women, hardships faced by men, and gender-based violence and exploitation reveals that gender is a major dimension of social power and inequality. Like race, ethnicity, caste and socioeconomic status, gender is the basis for structural inequalities, privileging some groups and harming others. Gender relations in most societies are hierarchical and characterized by women's subordination to men. These dynamics have far reaching social, economic, political and health implications for women, men, and their families and communities.

Although gender inequality and rigidly prescribed roles undermine equitable development and social justice, they are largely unchallenged in many settings, and imperceptible to policymakers and the general public. Most people accept them as natural and immutable, rather than as social constructions subject to change. Dominant ideas of masculinity and femininity undermine a whole range of development objectives. Development policies, programs, and institutions often reinforce dominant constructions of gender. For instance, limited access to training and other inputs in agriculture reinforces women's relative marginalization. Gender transgressive behavior frequently is "punished" by health systems, as the experiences of women who are sexually active outside of marriage or men who have sex with men show. To counter gender-based discrimination in these areas of development, program implementers and researchers have to understand and change the underlying hierarchies that perpetuate inequality and structural injustice.

USAID/India has decided to mainstream gender in its strategy as a means of addressing gender inequalities throughout its programs. This gender assessment was conducted to provide the Mission with guidance on how best to set this process in motion.

A. Gender Conceptual Framework and Terminology

Gender refers to the differences between women and men that are not biologically given but socially and culturally constructed different behavior, roles, expectations, and responsibilities all women and men learn in the context of their own societies. Gender roles and relations are deeply unequal and hierarchical, and they are also mediated by other dimensions of power, such as class, ethnicity, religion, and age. Society and the institutions from which society derives its values like the family, culture, religion, the state, and so on, play a pivotal role in determining how gender and other identities are constructed, and maintained by *ideology*. An example of how a strong ideology reinforces inequalities in the Indian context can be found in beliefs about the family. Norms about the family powerfully shape women's and men's behavior, and behavior is strictly guided by what is *expected*, what is *allowed* and what is *valued*.

B. USG Policies on Gender Mainstreaming[16]

USAID has taken a strong interest in addressing gender over the past ten years. Since 2000, the Automated Directive System (ADS) has required USAID program managers to incorporate gender considerations into the design of new contracts, grants, and cooperative agreements. In 2009 a revision of the ADS reiterated these requirements by stipulating USAID staff to:

- Conduct appropriate gender analyses in the entire range of technical issues that are considered in the development of all projects and activities;

[16] This section taken from Caro, Deborah. (2009) A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action (2nd Edition): 5-6.

- Integrate gender considerations into the statement of work (SOW) for competitive contract solicitations (Requests for Proposals-RFPs) and program descriptions (Requests for Applications-RFAs);
- Integrate gender issues into all technical evaluations (for RFPs and RFTOPs) and selection criteria (for RFAs and APSs);
- Mainstream gender considerations into the design, implementation, and monitoring and evaluation of USAID program and policy support activities; and
- Include gender indicators and sex-disaggregated data collection into the program monitoring and evaluation plan.

These requirements are designed to respond to two fundamental questions guiding gender analysis in USAID programs:

1. How will the different roles and status of women and men affect the work to be undertaken?
2. How will the anticipated results of the work affect women and men differently?

In Spring 2009, the United States Government (USG) announced its commitment to promoting better health around the world through the Global Health Initiative (GHI),[17] benefiting women, families, and communities. In addition to funding for global HIV/AIDS, malaria, and tuberculosis, there will be increased focus on child and maternal health, family planning, neglected tropical diseases, and health system strengthening, thereby:

- Preventing millions of new HIV infections;
- Reducing mortality of mothers and children under five, saving millions of lives;
- Averting millions of unintended pregnancies; and
- Eliminating some neglected tropical diseases.

The GHI puts women and girls at the center of the initiative. It is a principle objective of the GHI to improve health outcomes for women and girls and to address the discriminatory beliefs, practices, and institutionalized structures that contribute to their poor health.

> *The GHI will support long-term systemic changes to remove barriers and increase access to quality health services including, for example, by improving monitoring and evaluation of the health of women, adolescents and young girls; supporting integrated health services; involving men and boys in addressing gender equity; improving training of health providers on gender issues; ensuring meaningful participation of women and girls in decision-making; and engaging civil society in partner countries to address gender equity in health care.*[18]

The new U.S. Global Hunger and Food Security Initiative focuses particular attention on improving women small-scale producers' productivity, access to markets, and the nutrition of women and young children. The efforts will prioritize linking women and very poor men to new opportunities in agriculture and market value chains. It will identify and alleviate policy constraints to their greater participation in these value chains. Social safety nets, such as vocational and skills training, public works employment, and temporary food and financial assistance, will strengthen women's capacity to take advantage of

[17] Implementation of the Global Health Initiative: Consultation Document, http://www.pepfar.gov/documents/organization/136504.pdf
[18] Ibid, p. 6

economic opportunities. Specific interventions supported in the Food Security Initiative include:

- Access to financial services, agricultural inputs, and knowledge, tailored to the needs of women and the very poor;
- Labor-saving technologies to overcome water and labor constraints that prevent women and the very poor from expanding agricultural production; and
- Awareness-raising dialogue at all levels (community, national, regional, and global) to highlight the actual and potential contributions of women and the very poor to increase agricultural growth.[19]

The President's Emergency Plan for AIDS Relief (PEPFAR) is a key component of the Global Health Initiative. Launched in 2003, PEPFAR demonstrated the USG's commitment to gender equality while establishing a comprehensive, integrated, strategy to combat the global spread of HIV and AIDS. In 2008, PEPFAR's re-authorization strengthened the program's mandate to integrate gender in all technical areas in prevention, treatment, and care. Through five gender strategies tailored to meet the unique gender-specific needs and challenges of different beneficiary groups, PEPFAR's aim has been to:

- Increase gender equity in HIV/AIDS activities by promoting proactive and innovative strategies to ensure that men and women, girls and boys, have equitable access to prevention, care, and treatment services; to address barriers selectively faced by women and men in accessing programs and in enjoying program benefits; to mitigate the burden of care on women and girls; and to encourage men's uptake of services.

- Reduce violence and coercion by supporting efforts to change social norms that perpetuate violence against women; by developing screening, couples counseling and partner notification strategies; by working with health providers, other institutions and communities to provide a range of support services and referrals for survivors, including the provision of post-exposure prophylaxis (PEP); and by strengthening policy and legal frameworks that outlaw gender-based violence.

- Address male norms and behaviors by constructively engaging men in advancing gender equity, preventing violence, and promoting sexual and reproductive health for themselves and their partners, including couples testing and counseling; involving men in prevention of mother-to-child transmission; behavior change programs addressing alcohol and substance abuse, cross-generational sex, and multiple concurrent partnerships; and working with the armed services and communities on responsible male behavior.

- Increase women's legal rights and protection by eliminating discriminatory policies, laws, and legal practices that deny women enforceable legal rights and protections, by promoting equal rights to inheritance, land, property and other productive assets; and by increasing awareness among judicial, legal and health sectors, community leaders and traditional authorities on the legal rights related to HIV/AIDS.

- Increase women's access to income and productive resources by strengthening their access to income and productive resources by expanding their access to vocational training, education,

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[19] Global Hunger and Food Security Initiative Consultation Document (http://www.state.gov/documents/organization/130164.pdf), p. 8.

microfinance, and credit so as to improve their use of services, their ability to support themselves and their children, and to avoid coercive and high risk activities that increase vulnerability to HIV.

In sum, numerous initiatives confirm USAID's commitment to address gender in activities across various sectors.

C. Challenges USAID and its Contractors and Grantees Face in Addressing Gender

USAID/India and its partners face a number of challenges in addressing gender through food security, health, and global climate change programming. Doubts and misunderstandings about gender and its relevance to food security, health and global climate change reflect the need for broad awareness raising and technical assistance across the Mission's partners.

First, gender is perceived as a technical area of expertise, but one in which specific organizations specialize, rather than as a cross-cutting theme. It is commonly viewed as the responsibility of others, leading the heads of two different cooperating agencies (CAs) to say, "*ICRW* had a grant to do gender mainstreaming on HIV and worked with APAC and Avert," and, "Other organizations are taking the lead in gender mainstreaming in India." The meaning of these statements was that therefore *we* do not need to work in this area.

One consequence of not viewing gender as cross-cutting is that organizations that do not specialize in gender view it as secondary or as an add-on. "We haven't yet addressed gender because we're focused on quality issues," said a representative of large CA. Another director stated that in their focus on increasing access to services, "gender analysis was not part of the program." Because gender is not yet woven into most of the projects in USAID's portfolio, it ends up being viewed as an extra burden. As a consequence, there is active resistance on the part of some grantees who see having to address gender as requiring more work with the same funds.

Another reality is that many people misunderstand what it means in practical terms to address gender in programming. Some interpret it to mean simply that monitoring occurs by sex and age of beneficiaries. Others expressed the idea that any activities of the Women and Child Development Program are by definition addressing gender. And still others stated that programs focused specifically on street girls or other groups of girls or women are inherently addressing gender.

Recognizing that gender was not a central commitment of USAID's in the past, many grantees are waiting to see how it will be addressed in the future. The Mission does not systematically require that grantees reflect these concerns in their work, whether in their performance monitoring plans, or as an integral consideration in their activities.

There is a high degree of recognition that gender is important to improving the outcomes of their programs among USAID staff, but insufficient know-how on how to address gender inequalities in concrete activities: "We do consider gender as one of the important cross-cutting issues we address but we lack capacity in gender." One challenge is that USAID simply lacks staff with the time and technical expertise to do the job adequately. USAID simply cannot provide adequate support to grantees when they are working across four states. For example, several USAID-funded programs have undertaken gender-focused studies or analyses by outside consultants or organizations. Although the studies have yielded important findings, neither USAID nor most of its grantees have the time allocated or the technical understanding to effectively make use of the lessons learned and how they could be applied in programming going forward.

The majority of technical staff among USAID's grantee organizations are unfamiliar with the evidence on the impact of addressing gender inequality; they do not believe the evidence is adequate; or they do not believe it will make a difference. One individual noted that much of the evidence comes from Africa, where conditions are so different from those in South Asia. Even when the evidence comes from settings other than India, it can be helpful in suggesting structural sources of gender inequality that should be addressed, as well as potential solutions.

Even where there is an understanding of the growing research evidence on the worth of addressing gender in programs, a tendency to view these differences as natural and unchanging ("naturalized") which makes people reluctant to take them on. For instance, several people the team interviewed expressed the view, directly or indirectly, that programs cannot or should not change what happens in family or community, especially male gender norms. USAID could do much in this next wave of grantmaking to challenge this perspective.

The short timeframe of most USAID grants also militates against some of the kinds of interventions that would work, such as campaigns. Progress on gender-based violence, for example, took twenty years of campaigning. Furthermore, as a cross-cutting problem, gender inequality requires cross-cutting solutions. Yet the sectors in which USAID tends to focus its work and the emphasis on sector-specific deliverables does not support larger ideas relating to norm change that might be enormously helpful.

Grantees need guidance on how to address and measure and how working on gender fits with their objectives and goals. (As noted above, most are frankly skeptical.) Grantees recognize that USAID's expectations about gender need to be linked to results, not just the same indicators that have been used in the past. To make this shift, however, they would like to receive guidance on gender from USAID, such as tools, technical assistance, and training. Grantees in the PIKA partnership and the University of Wisconsin Project and others, for example, are doing quite well on gender but some capacity development is required in encouraging them to challenge gender-based stereotypes and work with men while addressing constraints faced by women.

USAID and grantees would benefit from having access to some of the measurement advances in gender-related monitoring and evaluation that have yet to be fully disseminated throughout the development field. They would help to address some issues that are not amenable to the usual quantitative measures of outcomes. For instance, how do we measure double standards, community and family norms, stigma, discrimination and ostracism, violence, and go beyond sex disaggregation of data? Women are ostracized when they get HIV from their *husbands*, for example. How can we measure and document the specific nature of this ostracism?

A partial shift away from the supply side toward demand creation would permit USAID to address gender more simply in its portfolio of work. USAID models have in the past focused on the supply side, emphasizing the provision and strengthening of services. By addressing demand creation as well, programs more on the social factors that impede access to those services, as they start from the interests of the participants rather than the interests of donors and implementing agencies.

D. Gender Overview for India

India today is becoming a major global player, an IT giant and a lucrative place for investors and corporations. The profound changes in the country have generated a climate of economic expectations and sociopolitical contradictions. Against this scenario it is a daunting challenge to ensure social justice for all and particularly for the most marginalized. Among others, two factors that determine this challenge are poverty – 'tenacious poverty' as Amartya Sen puts it – and the deeply entrenched caste/creed /religion divide and discrimination of which gender- and caste-based discriminations are the most pronounced.

Non-discrimination and equality may be formally recognized in the Indian constitution and in laws but caste and gender-based discrimination circumscribes every aspect of the lives of the vast majority of Indian women and girls. So deeply entrenched are these realities that it is impossible to work towards any kind of social transformation without grappling with them in some form or the other. It is reflected in private practice and public policies, resource allocations, and public provisioning of social services.

The evidence of gender inequality in India is overwhelming (and the array of resources available to work on these challenges very broad).[20] Women contribute substantially to the workforce but are "invisible" as 90% of their work is mostly confined to the informal sector.[21] Seventy percent of the female workforce is in the agriculture sector and yet only 10 percent own land and therefore are doubly marginalized, first as women and secondly as landless laborers with no assets.[22] The declining sex ratios from 945/1000 in the 1991 census to 927/1000 in the last census of 2001 (and as low as 728/1000 and 756/1000 in affluent states like Punjab and Haryana respectively) is a window to the state and status of women in the country.[23]

Yearly, almost 100,000 Indian women die of pregnancy or related complications,[24] which is equal to one-fifth of all maternal deaths in the world. There is also a steady rise of violence against women ranging from domestic violence (4 out of 10 women in India have been beaten at home and at least 42% of women have experienced physical violence) to custodial violence is on the rise.[25] Literacy rates continue to be low at 48% nationally with some states and communities as low as 12%.[26]

Few women occupy positions of power in the country. Out of 19 Cabinet Ministers only two are women. The Planning Commission has only one woman member. Out of 16 members of the National Security Advisory Board only three are women. As of 2000, women's participation in the Indian Administrative services was 7.6%, and women made up 3.1% of High Court Judges.[27] In 2001, women made up a mere 26.6% of those participating in political decision making at the level of the Panchayati Raj Institutions, and as of December 2009, women made up only 10.8% of the lower house of Parliament.[28]

The sole woman member of the Planning Commission has played a crucial role in bringing about major shifts on gender in policy making in the country. Under her leadership and supported by the Chair of the Planning Commission, a Committee of Feminist Economists (CFE), including men, was constituted by the Planning Commission on 29th March 2007. This initiative, aimed at engendering the Eleventh Five-Year Plan, was established for the first time in the history of planning in India. The Eleventh Five Year Plan envisions inclusive growth as a key objective. The CFE has provided facts, analysis, and concepts to the Planning Commission not only to strengthen this objective, but also to redefine it in new ways. In

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[20] In 2009, for example, a volume was published that reviewed many aspects of gender inequality in India and summarized the findings on gender from the National Family Health Survey of 2005-1006. Kishor, Sunita and Kamla Gupta. 2009. *Gender Equality and Women's Empowerment in India.* National Family Health Survey (NFHS-3), India, 2005-06. Mumbai: International Institute for Population Sciences; Calverton, Maryland, USA: ICF Macro. http://www nfhsindia.org/a_subject_report_gender_for_website.pdf

[21] National Sample Survey Organisation, Ministry of Statistics and Programme Implementation, Government of India. Year Unknown. http://www mospi.gov.in/nsso_4aug2008/web/nsso htm (Accessed February 4, 2010).

[22] National Sample Survey Organisation, Ministry of Statistics and Programme Implementation, Government of India. Year Unknown. http://www mospi.gov.in/nsso_4aug2008/web/nsso htm (Accessed February 4, 2010).

[23] National Census of India, 2001. http://censusindia.gov.in/Census_And_You/gender_composition.aspx?q=sex+ratio&drpQuick=&drpQuickSelect=, accessed 4 February 2010.

[24] National Family Health Survey (NFHS-3). 2005-2006. New Delhi: Government of India.

[25] National Family Health Survey (NFHS-3). 2005-2006. New Delhi: Government of India.

[26] National Family Health Survey (NFHS-3). 2005-2006. New Delhi: Government of India.

[27] National Resource Center of India, Department of Women and Child Development, Government of India. Decision Making. http://nrcw nic.in/index1.asp?linkid=32. (Accessed February 7, 2010).

[28] Inter-Parliamentary Union. Women in National Parliaments as of 31 December 2009. http://www.ipu.org/wmn-e/classif.htm. (Accessed February 7, 2010).

particular, the group has argued that the concept "inclusion" should be seen as "a process of including the excluded as agents whose participation is essential in the very design of the development process, and not simply as welfare targets of development programmes."[29] The constituting of this Committee of experts, with their substantial sector-specific expertise, can itself be seen as a step in this direction.

The analysis, data, and detailed comments that the CFE has provided for the approach paper, the sector-specific chapters, the general introductory chapter, and the chapter on "Towards Women's Agency and Child Rights," all emphasize that women are workers and major contributors to many crucial sectors. The CFE highlights how critical women's contributions are for the survival of households and gives great credence to women's struggles, especially their organizing themselves in groups, unions, and federations to move out of poverty and face pressures against tremendous odds. The CFE therefore expands the notion of inclusion to also mean recognizing women's organization and voice as central to institutional, social, and economic arrangements for sculpting a just and equitable society. Nine, of the twenty-six draft chapters of the Eleventh Plan have been shared with the Committee and the recommendations made by the Committee provides a great opportunity of deepening work on gender equality and equity justice in the country.

The gender gap between male and female literacy rates remains high at 22%.[30] While some progress has been made in bringing girls to schools, the Gender Parity Index is still only 0.84 for primary education and the problem of retaining girl children remains.[31] Even in 2008-9, 26.3% of all schools with at least two teachers have no female teachers, and only 53.6% of these schools have a designated toilet for girls.[32] Schools are often not safe for girls and absence of early childhood care and education act as barrier for older girls' education as they are the ones who take care of younger siblings.

Women account for 38% of all adults living with HIV, with the percentage of women infected with HIV having been on the rise over the period 2001 – 2007. The HIV prevalence among ANC clinic attendees is more than 1 percent in 95 districts and it has been increasing or stable over the past six years in at least 12 states.[33] A recent study shows that about 94% of women who know their HIV status had contracted HIV through heterosexual contact, and more than 80% of the women widowed due to HIV are estimated to have been infected by their husbands.[34]

In response to the conditions that generate these dismal statistics, however, is India's strong, vibrant, and resilient women's movement, which has been in the forefront pushing for change, questioning violations and demanding accountability, as well as important changes in the Indian national policy framework. For example, gender-based violence has been a core issue around which women's rights advocates have mobilized right from the early 1980s. Today work on violence against women (VAW) has reached a high

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[29] Committee of Feminist Economists. 2007. "Towards Inclusive Growth: The Gender Dimension."
Submitted to the Planning Commission by the Committee of Feminist Economists during the formulation of the Eleventh Five Year Plan (2007-2012).
http://planningcommission nic.in/aboutus/committee/wrkgrp11/wg11_fec.pdf. (Accessed February 7, 2010).

[30] Census of India. Office of the Registrar General & Census Commissioner, India. Census Data 2001. *India at a Glance: Number of Literates & Literacy Rate.* http://censusindia.gov.in/Census_Data_2001/India_at_glance/literates1.aspx. (Accessed February 7, 2010).

[31] National University of Educational Planning and Administration (NUEPA). 2010. "Elementary Education in India: Progress Towards UUE." National University of Educational Planning and Administration (NUEPA). New Delhi: 26.
http://www.dise.in/DISE-Flash-Statistics-2008-09-nuepa.pdf. (Accessed February 7, 2010).

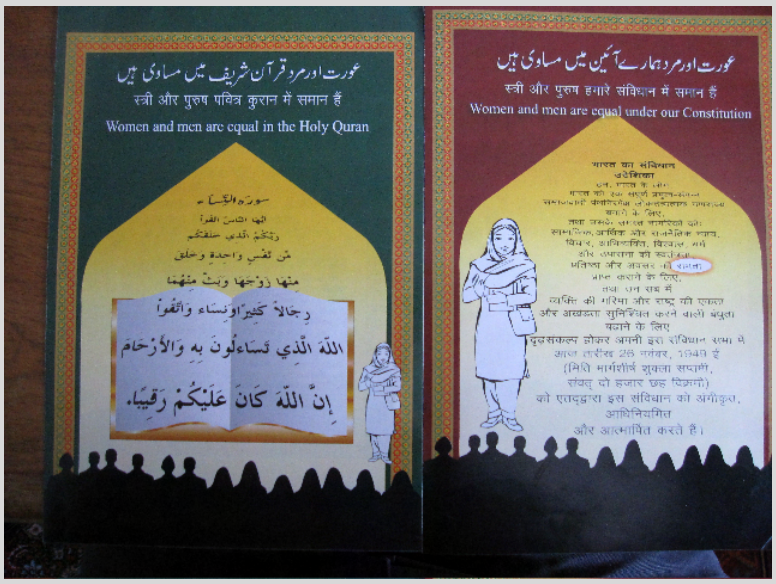
[32] Ibid: 18, 20.

33 National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India. 2008. "HIV Sentinel Surveillance and HIV Estimation 2007: A Technical Brief".
http://www nacoonline.org/upload/Publication/M&E%20Surveillance,%20Research/HIV%20Sentinel%20Surveillance%20and%20HIV%20Estimation%202007_A%20Technical%20Brief.pdf. (Accessed February 7, 2010).

34 Pradhan, Basanta K. and Ramamani Sundar. 2006. "Gender Impact of HIV and AIDS in India." United Nations Development Programme. New Delhi: 121. http://data.undp.org.in/hivreport/Gender.pdf, accessed February 7, 2010.

level of sophistication being seen as a continuum extending from pre-birth and infancy to old age, occurring at multiple sites, both public and private, and linked with different identities. Multiple strategies have been adopted ranging from setting up crisis centers and counseling facilities, to campaigns, legal advocacy and judicial reform, as well as successful partnerships with the police, men, and the health system.

Therefore despite the extremely stark statistics, in the last decade and a half several landmark gender responsive policies and laws have been formulated. These reforms for gender equality are in part driven by the strength and sustained advocacy by the Indian women's movement and in part paralleled by an international process led by the UN. Following persistent campaigns by women's groups in the 1980s, the Indian government formulated the National Perspective Plan for Women (1988-2000), the Shramshakti Report (1988), and established the National Commission for Women in 1990 and finally the National Women's Policy in 2001. The 73rd and 74th amendment to the constitution resulted in the reservation of 33% of seats for women in all tiers of local government, which has now been raised to 50%. More recently the adoption of the Protection from Domestic Violence Act (2005) has been a watershed policy endorsement for gender equality and justice.



The Gender and Law Project raised awareness of women's rights in the Koran and in the Constitution.

The National Rural Employment Guarantee Act (NREGA) (2006), the Right to Information Act (RTI) (2005), and the Right to Education Act (2009), although applicable to all, have special significance in promoting gender equality. Commitment to ratified international human rights treaties like the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) which was ratified in 1993 and to the Outcome Documents of the International Conference on Population and Development (ICPD), Cairo 1994 and the 1995 Fourth World Conference on Women (FWCW) Beijing has resulted in some landmark changes as India embarked on "appropriate follow up". The ICPD Program of Action has been an important document for conceiving and developing policies and programs related to health and family welfare. To start with the Government of India (GOI) adopted the Target Free Approach to family Planning in 1996, moving away from demography driven targets and agendas to ensuring quality of care and a range of reproductive health services and increasing choices for women. This was followed by the Reproductive and Child Health Approach in 1997 which continues to be an important component of the National Rural Health Mission (NRHM) and in 2000 the National Population Policy which is largely informed by the ICPD Program of Action was formulated and adopted. Subsequently, the Millennium Development Goals (MDGs) took precedence but despite the present focus on the MGD goals the ICPD Plan of Action (PoA) continues to be an important policy and strategy-framing document to ensure a sharp and comprehensive feminist perspective in the area of health.

II. Gender Analysis and Recommendations By Sector

A. Food Security

A.1 Background on Gender and Food Security

Livelihood security, food security and nutrition are closely linked and inter-dependent. Food security is determined by *availability*, *access*, and *utilization* by men and women of all ages, ethnicities, religions, and socioeconomic levels.[35] Agricultural production determines food availability. The stability of access to food through production or purchase is governed by domestic policies, including social protection policies and agricultural investment choices that reduce risks (such as droughts) in the agriculture production cycle. Food security can become a reality only when the agricultural sector is vibrant. At the household level, food security depends upon access to adequate resources and assets required for food production or access to cash resources through wage employment, or on a combination of both. Food security and nutrition through agricultural production is derived from different activities including cultivation of crops, animal husbandry, fisheries, etc. Women play an important role, and often the main role, in contributing to and sustaining the food and nutrition security of the household, as agricultural producers, livestock managers and wage earners. When women have an income, substantial evidence indicates that the income is more likely to be spent on food and children's needs. Women are generally responsible for food selection and preparation and for the care and feeding of children.[36] Therefore, maximizing the impact of agricultural development on food security entails enhancing women's roles as agricultural producers as well as the primary caretakers of their families.

Women play a triple role in agricultural households: productive, reproductive, and social. While the productive role (economic activities) is performed by both men and women, the reproductive role, including child bearing and rearing, and household maintenance activities such as, cooking, fetching water and fuelwood, and caring for livestock are performed almost exclusively by women. Women also contribute significantly to community building which is an important social role and includes arranging social events, festival celebrations, weddings, and funerals.

Food security is not just a goal of sustainable agricultural development, it is a cornerstone for economic and social development as well and a right enshrined in the Universal Declaration of Human Rights, and the International Covenant on Economic, Social and Cultural Rights. The Convention for the Elimination of Discrimination against Women (CEDAW) protects women's equal access to land, credit, and income. Article 14 of CEDAW states that the parties should "take into account the particular problems faced by rural women and the significant roles which rural women play in the economic survival of their families, including their work in the non-monetized sectors of the economy and shall take all appropriate measures to ensure the application of the provisions of the present Convention to women in rural areas" The article suggests that measures be taken to ensure the rights of women to obtain all types of training and education, formal and non-formal, including those relating to functional literacy, as well as, inter alia, the benefit of all community and extension services, in order to increase their technical proficiency, to organize self-help groups and co-operatives in order to obtain equal access to economic opportunities through employment or self employment, to participate in all community activities, to have access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes.

[35] The World Bank, Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development. 2009. "Gender in Agriculture Sourcebook", pages 11-22
[36] Ibid

As a signatory to the Convention, the GOI[37] has taken note that "denial of inheritance of rights in land in the patriarchal system has contributed to the subordinate status of women." It has committed to "making special efforts to consider/encourage necessary amendments in legislations relating to ownership of property and inheritance by evolving consensus on the subject and making them gender just. The Government has adopted land reforms and ceiling laws on agricultural lands. The surplus lands that vest with the Government have been redistributed to the landless. While granting lands to the landless, the Government has been issuing joint *pattas* (title/deeds) in the names of both the husband and wife, thereby making women joint-owners of the land. Efforts are being made on a pilot basis to improve women's access to land by providing community wasteland, fallow land, surplus land for "collective action" to women's self-help groups on a long-term lease basis and to promote joint *pattas*." Various schemes have been undertaken by the Government to provide alternative systems of credit to women through micro credit and self-help schemes.

A.2 Evidence of Gender Disparities in Food Security

Agriculture, including crop and animal husbandry, fisheries, forestry and agro-processing, provides employment to around 58.2% of the work force in the country,[38] specially providing livelihood and food security to the poorest sections of the population, which in the rural context, comprise of the small and marginal farmers and the landless agricultural laborers. Over 60% of rural households own less than one hectare of land.[39] Women constitute 40% of the agricultural work force and this percentage is rising, as more men than women move out of agriculture and into non-farm employment. While 53% of all male workers work in agriculture, 75% of all female workers, and 85% of all rural female workers, work in agriculture.[40] An estimated 20% of rural households are de facto female headed, due to widowhood, desertion, or male out-migration.[41] Therefore any changes in the growth and development of the agriculture sector has a direct impact on the livelihood and food security of women.

Yet, in practice, gender-based inequalities all along the agricultural value chain (from farm to plate) constrain women's participation in agricultural development and impede the attainment of food and nutrition security. A large part of agricultural production among stakeholders is conducted within the context of the household. Whether the objective of production is for sale or household consumption, social expectations underpin the gender division of agriculture and household tasks. These social expectations can lead to unequal bargaining power that distort intrahousehold allocation of labor and productive resources and affect agricultural value chain outcomes.[42] Social beliefs and perceptions shape gender relations which in turn affect men's and women's access to tangible and intangible assets such as land, labor, capital, natural resources, education, employment and information. Women also have less control over management decisions such as land use, choice of crops, decisions to sell produce, storage of seeds.

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[37] Committee on the Elimination of Discrimination against Women, Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women, Combined second and third periodic reports of States parties India, 19th October 2005, Convention on the Elimination of All Forms of Discrimination against Women, United Nations, Pages 11 to 13

[38] Department of Agriculture and Cooperation, Ministry of Agriculture, Government of India, July 2009. Annual Report 2009-09, page 1.

[39] National Commission of Farmers, October 2006, Revised Draft National Policy for Farmers, page 5

[40] Report of the Sub-group on Gender and Agriculture, Working Group on Gender Issues, Panchayat Raj Institutions, Public Private Partnership, Innovative Finance and Micro Finance in Agriculture For the Eleventh Five Year Plan (2007 – 2012), January 2007, Planning Commission, Government of India, page 6

[41] Bina Agarwal 2006. Women's Economic Empowerment and the Draft Approach to the 11th Plan: Comments as Member of the 11th Plan Working Group on Land Relations.

[42] Deborah Ruben, Cristina Manfre and Kara Nichols Barrett. date. Promoting Gender Equitable Opportunities in Agricultural Value Chains, USAID.

Women have limited access to land which is the most important resource required for agriculture. Although in a few states there are some estimates of the number of daughters and widows who have inherited land according to Hindu inheritance laws, there is no consolidated data available at the national level as yet of the number of women who own agricultural land. Since water rights are tied to land rights, without access to land, women do not have access to water for irrigation. Since only the landholder is formally recognized as a farmer, women do not receive extension information and services, do not have access to credit, and do not receive training in new farming techniques and technologies and in allied activities such as livestock management. Also since only landholders are eligible to become members of Water User Associations, women cannot participate in decision making related to water and crop management or take on leadership roles in the community. Women are paid lower wages than man in agricultural wage labor due to the perception that women are less productive than men. Men's wages are 15% to 30% more than the wages paid to women.[43] In addition, women have few opportunities to upgrade their skills and jobs in wage employment.

Where utilization of food at the household level is concerned, women have differential access to food and nutrition within the household. The overall per capita intake of calories and protein has declined consistently over a 20-year period from 1983 to 2004–05, according to National Sample Source (NSS)[44] data. Rural calorie consumption per day has fallen from 2,221 to 2,047, an 8% decline. The rural protein consumption fell by 8% over the same period[45]. Although the data has not been disaggregated by sex and age at the household level, and does not capture the impact of intra-household food distribution, it is well known that women and girls in poor households receive poorer quality food and less food in a normal, patriarchal household. The decline in per capita consumption would therefore be greater for women. This is evident from the results of the National Family Health Survey-3 (2005-06) which highlights the neglect of health, high levels of malnutrition of adolescent girls, and women and maternal mortality.[46]

A.3 Analysis of Policy and Institutional Responses

Context: India is currently facing many challenges in agriculture. The growth of agricultural GDP has been well below the target of 4% set in both Ninth and Tenth Plans.[47] Several factors have contributed to this. The potential of irrigation has reached near stagnation and the ground water table is depleting rapidly. Institutional support for small farmers in the areas of research, credit, input supply, is lacking and the extension services have all but collapsed. Post-harvest infrastructure is almost non-existent leading to spoilage losses as high as 30% in the case of vegetables and fruits.[48] Mechanisms for risk mitigation are poor or absent. Only 10% of farmers are covered by crop insurance and farm households do not have health insurance.[49] There is inadequate policy support for risk mitigation and price stabilization. The cost of production is invariably higher than the minimum support price, due to ever-increasing prices of diesel and other inputs. Investment in agriculture has suffered a decline over the past two decades, adversely affecting irrigation and rural infrastructure development.

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[43] Vasudha Pangare, July 2000, "Equity Issues in Wage Employment in Watershed Development Projects" in *Social and Institutional Issues in Watershed Management in India*, Oikos, India and International Institute for Rural Reconstruction, Philippines, i; Report of Sub-Group on Gender and Agriculture, Eleventh Five Year Plan, Govt. of India, and information collected during field visits undertaken as part of the Gender assessment.
[44] National Sample Survey
[45] Planning Commission, Government of India, Eleventh Five Year Plan 2007-2012, Volume II, Social Sector, Chapter 4, Nutrition and Safety Net, pages 132-133
[46] Report of Sub-Group on Gender and Agriculture, Eleventh Five Year Plan, Govt. of India
[47] Planning Commission, Government of India, Eleventh Five Year Plan (2007-2012), Chapter One, Agriculture, page 4.
[48] First Report of the National Commission of Farmers
[49] Ibid

Food security is directly dependent upon agriculture development and a crisis in the growth of the sector can result in a crisis in food security as well. The National Commission of Farmers[50] has reported that a decline in per capita food grain availability and its unequal distribution, combined with inadequate purchasing power due to lack of job/livelihood opportunities is the primary cause of endemic or chronic hunger in the country. Other factors include low wages, lack of access to land and other productive assets, less availability of stored grains from the previous harvest, less support from neighbors and community and erosion of the public distribution system. The Commission reported that ownership of even a small piece of land seemed to enhance food security.

Much of the food and nutrition security of small and marginal farming households comes from nutritionally rich cereal crops which are grown primarily in rain fed areas of the south and central parts of the country. The area under cultivation of these crops is declining as they continue to be replaced by cash crops. Further, due to lack of support for inputs and credit for the cultivation of these crops, the production and yield has also gone down. And as these crops are not procured for the public distribution system, the prices are not regulated. In addition, large areas of agricultural land are being used for development and industrial purposes, decreasing the availability of productive agricultural land for growing food crops.

Analysis of Five Year Plans: The Sixth Five Year Plan (1982-87) of the GOI first recognized "opportunities for independent employment and income" for women as a necessary condition for raising the social status of women, and accepted that there was a need to promote women's skills and productivity to raise agricultural growth. In the Seventh, Eighth, and Ninth Plans several more schemes were introduced, with a view to promoting skill development and employment of women in agriculture and allied activities. In the Tenth Plan, there was a shift in the approach from a "women" focus to "gender mainstreaming." The Tenth Plan introduced some important reforms in agricultural extension, including the setting up of the National Gender Resource Centre in Agriculture (NGRCA),[51] and Agriculture Technology Management Agency (ATMA).[52]

The Eleventh Plan (2007-2012), which aims at faster and inclusive economic growth, recognizes the importance of the role of women farmers and recommends ways to remove some of the constraints faced by them. The Plan for the Agriculture Sector states that "given that 80% of farmers are small and marginal, and, increasingly female, special steps will be needed to improve their effective access to inputs, credit, extension services, and output markets."[53] Further, the Eleventh Plan acknowledges that with the increasing number of women agricultural workers, and of female-headed households, there is an urgent need to ensure women's rights to land and infrastructure support. The following actions are suggested in order to do so, although it is yet to be seen how these will be translated into practice:

- Women's names should be recorded as cultivators in revenue records on family farms where women operate the land having ownership in the name of male members.
- The gender bias in functioning of institutions for information, extension, credit, inputs, and marketing should be corrected by gender-sensitizing the existing infrastructure providers.
- Women's co-operatives and other forms of group effort should be promoted for the dissemination of agricultural technology and other inputs, as well as for marketing of produce.

[50] Ibid
[51] The National Gender Resource Centre in Agriculture (NGRCA) set up in the Directorate of Extension, Department of Agriculture and Cooperation is a focal point for convergence of all gender related issues in agriculture and is to serve as an epicenter to coordinate and synergize various efforts aiming at women's empowerment though agriculture.
[52] The Agriculture Technology Management Agency scheme aims to revitalize the extension services. Under this scheme ATMAs will be set up in all districts.
[53] Planning Commission, Government of India, Eleventh Plan, Chapter One, Agriculture, page 8.

- Wherever possible a group approach for investment and production among small-scale women farmers, be it on purchased or leased land, should be promoted. Women farmers are typically unable to access inputs, information, and market produce on an individual basis. A group approach would empower them.[54]

The Eleventh Plan recognizes that the next phase of agricultural growth will have to focus on rain-fed areas and dryland farming, (which constitutes more than 60% of cultivable land in the country[55]) and on diversification of agriculture. The National Rainfed Areas Authority is expected to work with the state governments to improve productivity in the rain-fed areas. Some specific areas identified for improvement and intervention include promotion of soil testing to determine optimal nutrient requirements, increasing the yields in cereals, pulses, and oilseeds, diversification into horticulture and floriculture with appropriate market linkages, development of modern agricultural markets and modern marketing practices such as grading, post-harvest management and cold chains, establishment of direct market linkages with farmers rather than through traditional trade channels, organization of small farmers into groups in order to empower them, prioritizing areas for research and strengthening the existing extension systems such as the Krishi Vigyan Kendras set up by Indian Council of Agricultural Research and the ATMA model of extension being promoted by Department of Agriculture and Cooperation, promotion of farmer friendly credit systems and risk management systems such as crop insurance, development of viable policy packages specific to the different agro-climatic zones, improvement of water management practices in rain-fed areas and promotion of watershed management, rain water harvesting and groundwater recharge, expansion of irrigation, modernization and restoration of irrigation systems, and water distribution through farmer participation.

The shift in focus from irrigated areas to non-irrigated or rain-fed areas and on the cultivation of cereals and pulses, has the potential to open up a larger space for women to play an important role in crop cultivation, natural resource management, and agricultural diversification, particularly as these are areas in which women are already playing a major role, such as in the cultivation of staple crops, in the development of common property resources, wastelands, pastures and livestock, inland fishery, plantation and collection of non-timber forest products (NTFPs).

There has been a positive though gradual shift in the perspective on gender mainstreaming and women's empowerment in the context of agriculture, from viewing women as farm workers to recognizing them as agricultural producers or co-farmers. However this shift has not yet resulted in gaining recognition for women as primary stakeholders in the processes of agricultural growth. The present approach still perceives gender mainstreaming as fulfilling the requirement that 30% of the recipients of schemes and services related to agriculture and extension should be women.[56]

Policies: The Draft National Policy for Farmers[57] (October 2006) prepared by the National Commission of Farmers specifies that the term farmer as defined by the policy includes men and women farmers, agricultural laborers, share-croppers, and all those engaged in agricultural related activities. The policy lays out ten major goals; the second goal is to "mainstream human and gender dimensions in all farm policies and programs and give explicit attention to sustainable rural livelihoods." Another goal relates to fostering community-centered food, water, and energy security systems in rural India and to ensuring nutrition security at the level of every child, woman, and man. Although the National Commission on Farmers has tried to make the policy gender inclusive and makes explicit references to women farmers in

[54] Ibid page 39
[55] Planning Commission, Govt. of India, Eleventh Plan 2007-2012, Chapter One, Agriculture, page 25
[56] Department of Agriculture and Cooperation, Ministry of Agriculture, Government of India, July 2009, "Annual Report 2008-09", Ministry of Agriculture, Government of India, page 135
[57] National Commission of Farmers, October 2006, Revised Draft National Policy for Farmers

several places, it does not offer any guidelines or solutions to removing the constraints faced by women farmers, nor does it attempt to tackle the social and cultural barriers that prevent women farmers from acquiring productive resources and assets. The National Commission of Farmers has neither women members nor persons with specific expertise in gender.

In recognition of the gaps in the Revised Draft National Policy for Farmers, which was finalized and published by the Ministry of Agriculture, the National Commission for Women prepared a Draft National Policy for Women in Agriculture.[58] The policy gives specific directions for all aspects of the agricultural value chain from "access to productive assets" to "marketing and trade," which have been summarized in the Eleventh Plan (2007-2012) as "actions to be taken" to ensure women's rights to land and infrastructure support.

The GOI National Nutrition Policy (1993) of the Government of India acknowledges that "while the poor constitute nutritionally at risk population, within this group, women and children represent nutritionally the most vulnerable sections. This is the result of intra-household gender discrimination, which perpetuates age-old inequities. Mere economic development or even adequacy of food at household level is no guarantee for a satisfactory nutritional status for all members."[59]
The National Nutrition Policy advocates a comprehensive inter-sectoral strategy for alleviating all the multi-faceted problems of under-nutrition and malnutrition and its related deficiencies and diseases so as to achieve an optimal state of nutrition for all sections of society but with a special priority for women, mothers and children who are vulnerable as well as "at-risk."[60] The major deficiencies that women, mothers and children suffer from are macro-nutritional deficiencies manifested through chronic energy deficiency (CED) and micro-nutritional deficiencies which are reflected in Vitamin A, iron and iodine deficiencies.

Government schemes: A wide range of national and state level schemes have been designed by different Central Ministries and by state governments for women in agriculture. Those of the Ministry of Agriculture, which make a special provision for targeting women as beneficiaries, are supported under the Extension Division of the Ministry of Agriculture. The NGRCA is expected to serve as a focal point for the convergence of these schemes and for improving access to them for women farmers.

Although there have been several positive impacts of these schemes, these have been limited by low budgetary support, gaps in access to technology and markets, lack of appropriate implementing agencies and weak implementation in general. The efforts, on the whole, are thinly spread and lack focus.[61] The actual spending of the budgetary allocations as per the Women Component Plan is significantly below 30%[62], clearly indicating that not enough efforts are being made to ensure that these schemes reach women beneficiaries. To give an example, the present administrative arrangement for Agricultural Technology Management Agency (ATMA) does not require that women staff be appointed on the team that will manage the agency at the district level. Another important factor is the lack of coordination between the Women Component Plan of the different Ministries.[63]

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[58]National Commission for Women, April 2008, Draft National Policy for Women in Agriculture.
59 http://nrcw nic.in, accessed 15 January 2010.
60 Ibid.
61 Report of the Sub-group on Gender and Agriculture, Working Group on Gender Issues, Panchayat Raj Institutions, Public Private Partnership, Innovative Finance and Micro Finance in Agriculture For the Eleventh Five Year Plan (2007 – 2012), January 2007, Planning Commission, Government of India.
62 Ibid.
63 Women Component Plan is the allocation of 30% of the schemes to benefit women, now being further enforced through Gender Budgeting

To explain further, the schemes are based on the assumption that information dissemination and training, and access to credit will lead to women's empowerment, however, although enhancement of skills and knowledge is necessary, it is not enough to remove the constraints faced by women as agricultural producers. It is clear that agricultural productivity will depend increasingly on the ability of women to function effectively as farmers, which would in turn depend upon how effectively or to what extent the constraints faced by them have been removed. In order to facilitate and empower women to become successful agricultural producers, it would be necessary to establish cross-cutting links between the schemes for agricultural development and those for poverty alleviation, women's welfare, social justice, etc., as this would help to remove the social and cultural barriers as well. It would also be necessary to integrate schemes related to agriculture, livestock, fish, forestry, and water resources, instead of treating these as separate sectors as at present. Essentially, an interlinked Women Component Plan across sectors and ministries would be required.

The National Rural Employment Guarantee Act (NREGA) 2005, recently renamed as The Mahatma Gandhi NREGA, aims at enhancing the livelihood security of people in rural areas by guaranteeing hundred days of wage-employment in a financial year to a rural household whose adult members volunteer to do unskilled manual work[64]. A large number of works undertaken under the provisions of this Act are related to improving land and water regimes, forestation, plantation, land development, soil conservation etc. The Act therefore provides for increasing food security of rural households by providing wage employment and by improving natural resources required for agricultural production. The Act provides for priority to be given to women so that one third of beneficiaries who receive employment under the Act are women.[65] In order to facilitate women's participation in the employment scheme, childcare facilities are provided on site for children under the age of six years. Although 50% of the population that receives wage employment under this Act is women,[66] it is necessary to upgrade their skills so that they can work as "mates" or supervisors on the sites.

The GOI Ninth Five Year Plan adopted strategies to address the problems related to under-nutrition and malnutrition which included screening of all pregnant women and lactating mothers for CED; identifying women with weight below 40 kg (88 lbs) and providing adequate ante-natal, intra-partum and neo-natal care under the Reproductive and Child Health (RCH) program and ensuring they receive food supplementation through the Integrated Child Development Services (ICDS) Scheme. The ICDS, launched in 1975, provides supplementary feeding to bridge the nutritional gaps that exist in respect of children below six years and expectant and nursing mothers. In addition, since 2000-1, the Government of India has been providing Additional Central Assistance to the states under the nutrition component of Pradhan Mantri Gramodaya Yojana (PMGY) in an effort to prevent the onset of under-nutrition in the age-group 6-24 months. Supplementary nutrition is also provided to 105 million school-going children under the National Program of Nutritional Support to Primary Education (also popularly known as Mid-Day Meals Program).[67]

In spite of these efforts, the calorie consumption *on average* in rural areas has fallen significantly below the calorie-norm for the rural poverty line (2,400 calories)[68], and the intra-household allocation, not just among the poor but also among those who are marginally above the poverty line, remains highly skewed against women and girls. Factors that have contributed to this situation are decline in per capita

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[64] For details see, http://nrega.nic.in/netnrega/home.aspx
[65] Legislative Department, Ministry of Law and Justice, Government of India, September 2005, National Rural Employment Guarantee Act, http://rural.nic.in/rajaswa.pdf
[66] Information provided by Ms Rita Sharma, Secretary, Government of India, Department of Rural Development, Ministry of Rural Development
[67] Ibid
[68] Planning Commission, Government of India, Eleventh Five Year Plan 2007-2012, Volume II, Social Sector, Chapter 4, Nutrition and Safety Net, pages 130-133

availability of cereals, which has not been compensated by an increase in the share of non-cereals in food consumption, largely due to the lack of purchasing power of poorer sections of the population to diversify their food consumption away from cereals.

The ICDS, which has been in existence for over three decades, was intended to address the problem of child and maternal malnutrition, but has clearly had limited impact. Child malnutrition has barely declined at all in a decade and a half, anemia among women and children has actually risen, and a third of all adult women were undernourished as per the data available at the end of 1990s and also for the year 2005–2006.[69] The Planning Commission in its Eleventh Five Year Plan recognizes the following challenges:

- High levels of adult malnutrition affecting a third of the country's adults;
- Inappropriate infant feeding and caring practices;
- High levels of under-nutrition, particularly in women and children;
- Micronutrient under-nutrition;
- Emerging diet-related diseases; and
- Inadequate access to health care.

It further recommends increasing the ICDS program to ensure rapid universal coverage; changing the design of the program; and strengthening the implementation of all its original six services (i) supplementary nutrition program (SNP), (ii) immunization, (iii) health check-up, (iv) health and nutrition education, (v) referral services, and (vi) preschool education.

A.4 NGO and USAID/India Responses to Gender Challenges in Food Security

NGOs and donor-funded programs have provided many innovative approaches to overcoming some of the constraints faced by women agricultural producers, and for improving food security. The most important approach has been that of forming self help groups (SHGs) for women to enable them to access micro-credit and encourage self-employment. The concept of SHGs for generating micro-credit was first initiated in the 1980s and gradually become a mass movement in the country with the support from the government and the National Bank for Agriculture and Rural Development (NABARD). In 1999, the GOI merged and refined various credit programs, and launched a new national program called Swaranjayanti Gram Swarazagar Yojana (SGSY). The mandate of SGSY is to continue to provide subsidized credit to the poor through the banking sector to generate self-employment through a SHG approach.

Today there are 6,121,147 SHGs in the country (out of which 1,505,581 SHGs have been set up under the SGSY scheme), with a total savings of Rps. 5545.62 crores (approximately 1 billion USD). The average savings per SHG with banks was 9060 INR (approximately 196 USD) as of March 2009. Approximately 79.5% of savings-linked[70] and 85.4% of credit-linked[71] SHGs are women's SHGs.[72]

These micro-credit groups have expanded vigorously into other development domains, including education, water management, housing, sanitation, and disaster prevention, effecting significant changes

[69] Planning Commission, Government of India, Eleventh Five Year Plan 2007-2012, Volume II, Social Sector, Chapter 4, Nutrition and Safety Net, pages 132-133
[70] An SHG is "savings linked" when the group has opened a savings bank account in which the combined savings of the SHG are deposited. For more information, see www nabard.org
[71] An SHG is "credit linked" when the group has been given a combined loan from the bank in which they have their savings account. SHGs become eligible for a bank loan after they have deposited savings into their savings account every month for 6 months, and fulfill other criteria set out by the bank. For more information, see www nabard.org
[72] National Bank for Agriculture and Rural Development, Status of Micro Finance in India 2008-2009

in women's status. One of the most important effects of group membership for poor women is the development of self-esteem, solidarity, and shared identity. Although there have been many critical evaluations of SHGs to determine their impact across caste and economic divides, there is no doubt of the potential of these groups to forge empowering social and political identities for poor women, making groups a powerful channel for women to demand and effect social change, especially when large numbers of groups federate and act together. There are many examples to show that women's empowerment through participation in groups is especially important for attacking root causes of rural women's poverty: lack of entitlement to key economic resources, drudgery and weak bargaining power within the household, domestic violence, and sexual oppression.[73]

Different types of SHGs have been used by organizations such as SEWA[74] for community farming by women, MYRADA[75] as self-help affinity groups for supporting livelihood strategies, and PRADAN for empowering women and supporting livelihoods.[76]

Women's self-help groups form an important part of civil society in India.

Some of the initiatives taken by SEWA include organizing women agriculture workers/farmers in Sabarkantha, Gujarat to undertake watershed development and reclaim 3,000 hectares of ravine land on which 1,17,700 saplings are planted every year. Tree-grower societies are formed for setting up nurseries and have a license to distribute seeds. Women are organized into SHGs and trained in leadership development, awareness generation, and capacity building. In Vadodara District women's groups have treated and converted 2,000 hectares into productive land.

SEWA's Integrated Land and Water Management (ILWM) is implemented in 400 villages covering 40,000 small and marginal farmers the dry districts of Patan, Surendranager and Kutch. The activities integrate watershed development, water harvesting, animal husbandry, fodder banks, grain banks, seed banks, and forestry, thereby making agriculture more sustainable. Women also manage village level tools and equipment libraries. Currently 10,000 hectares of land in 40 villages is being regenerated. In 2003, 542 MT of fodder worth about Rs. 19,00,000 was distributed, 52.2 MT of grains worth Rs. 3,13,200 were distributed. From seed banks, eight kgs of seeds each were distributed to 200 farmers in Patan District.

The Deccan Development Society in Andhra Pradesh has organized 2,000 women to implement a food security program, whereby they grow, store, and consume local food. This has created food security for *Dalit* women and improved the nutritional status of women, children and men. Low input agriculture is practiced with use of bio-fertilizer, including vermi-compost, non-chemical approach to pest management

[73] The World Bank, Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, 2009, "Gender in Agriculture Sourcebook", pgs 63 to 70.
[74] For details, see Report of Sub-Group on Gender and Agriculture, Eleventh Five Year Plan, Govt. of India
[75] See MYRADA Annual Report 2008-2009
[76] Professional Assistance for Development Action, www.pradan.net

and maintaining complete control over seeds. An International Fund for Agricultural Development (IFAD) supported development project in Tamil Nadu used SHGs to take loans from their own savings plus bank loans, with which 1,571 members leased land for collective cultivation and shared responsibility for planting, weeding, watering, and harvesting.[77] While some NGOs have been focusing on setting up SHGs only for women, others like MYRADA set up groups of men and women, either with joint membership, or separately for men and women. The structure and functions of these groups are similar.

World Vision, under the Partnerships for Innovation and Knowledge Alliance (PIKA) supported by USAID has set up separate SHGs for men and women. Out of a total of 107 SHGs, 48 SHGs are of men and 59 of women. In the beginning it was difficult to get men and women to participate in activities together. Separate SHGs were formed for men and women in order to encourage and facilitate the participation of women. Similar awareness-raising activities are conducted in the SHGs for men and women about social issues and concerns, in addition to the agriculture-related activities and interventions. An important outcome is that there is better understanding among the men of the constraints faced by women and greater cooperation within households in adopting progressive farming technologies, resulting in increased yields. This was evident through discussions during the field visit.[78] As seen elsewhere, SHGs provide important social capital, and since 2007, there have been no maternal deaths in the Sitapur project area due to constant monitoring of pregnant women by members of the SHGs. Other impacts of SHGs include success in delaying the marriage of girls, increased knowledge about health and spacing of children, and greater participation in the community.

The Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) under the Rajiv Gandhi Charitable Trust is a partner organization in the University of Wisconsin-Madison project on “Increasing Productivity and Value Chain Links for High Value Agricultural Products” funded by USAID. The RGMVP covers 255,052 families organized into 21,142 SHGs spread across 50 blocks or administrative units in 16 districts of Uttar Pradesh. The SHGs have now been federated into 566 village-level SHG federations (cluster -level associations or CLAs) and 15 block level associations (BLAs) across the project area. The SHGs have generated a total savings corpus of over Rs 92 million, and more than 10,632 SHGs have been credit linked with public sector banks in the region with access to a cumulative credit line of Rs 601 million. Apart from poverty alleviation and financial inclusion, the Mission has had a profound empowering impact on more than two million individuals who are directly or indirectly associated with the project activities.[79].

The RGMVP uses the SHG platform to disseminate knowledge and information on best practices in dairy, sustainable farming practices, and health issues through women leaders who are trained in specific knowledge areas. With the help of women leaders in the community farmer schools for men are being set up. Social impacts of SHGs are increased emergence from the *purdah* system, especially by SHG women, increased rejection of caste/class discrimination, and rejection of caste or class discrimination within SHGs, increased mobility and social interaction of women, increased recognition of the identity of the SHG women by their own names in the community rather than by their husband or family, enrollment of girls in schools, collective action to resolve problems in the community, and dealing with social issues such as violence against women. SHGs have set up grain banks and have initiated the setting up of seed banks in order to increase food security within their communities.

[77] Report of Sub-Group on Gender and Agriculture, Eleventh Five Year Plan, Govt. of India
[78] As part of the Gender Assessment, a team member visited Lucknow to meet with PIKA partners, and interacted with villagers in Adilpur village in Sitapur district, UP
[79] Information provided during Gender Assessment team member’s field visit to Rae Bareilly and Amethi and accessed through the website http://rgmvp.org

Conclusions: If sustainable agricultural development is to be translated into food and nutrition security, then the active engagement of women in the value chain is absolutely necessary. Facilitating women's participation in sustainable agricultural development requires that innovative and progressive approaches that go beyond traditional interventions are followed so that constraints placed by social beliefs and perceptions are removed.

There is a wide range of government schemes, subsidies, and policy directives relevant to almost all aspects of agriculture and food production. These need to be accessed and utilized effectively by communities. USAID could facilitate the utilization by mobilizing communities and creating a demand for effective and transparent implementation of the relevant schemes and policy directions. This could be done in partnership with reputable NGOs who have the experience and capacity to undertake large-scale community mobilization and implementation of programs in agricultural and rural development.

Programmatic interventions would be more effective if planned and implemented at the district levels since the utilization of budgets for the various schemes are ultimately managed at the district level. Convergence of schemes of different relevant ministries and departments can also be achieved more effectively at the district level.

A.5 Recommendations for Gender Investments in Food Security by IR, and Sub-IR

IR1: Use of appropriate practices, innovations and research by farmers increased

1. **Value chain analysis and needs assessment**: Identify knowledge gaps related to farming practices for men and women farmers, and understand constraints faced by men and women in achieving food security is the areas of availability, access and utilization.

2. **Training and communication**: Disseminate technology and information that encourages sustainable agriculture, enhances food security in all three areas of availability, access, and utilization, using forms of communication appropriate for reaching women as well as men, such as through farmer schools, women's meetings in the neighborhood, and other activities.

3. **Create demand for extension and accountability in implementing government subsidies and schemes**: Establish linkages with agriculture and extension services such as KVK and ATMA and district level DAC departments and line agencies for accessing government schemes and subsidies, such as NREGA and facilitating convergence for an integrated approach to food security. Facilitate the farmers to find out information of all the schemes and subsidies available to the community in the project area and promote "demand" for extension services and accountability in implementation of government and programs by mobilizing men and women farmers, for example, using the Right to Information Act, and the Women Component Plan. "Demand" is created when men and women farmers apply for subsidies, training and information under various schemes and pursue the applications by demanding the services from the government departments. As mentioned earlier, the 30% budget allotted for women under the schemes is underutilized, and thus provide an opportunity for women to apply for benefits under these schemes.

4. **Promote appropriate technologies**: Establish linkages with government, public and private research organizations as appropriate and facilitate the promotion of technologies and practices that can be used by men and women effectively and those that reduce the work burden of women. Examples are the new methods for planting rice, new types of weeding implements, tools which

are lighter and easy to repair, etc. Undertake technology transfer to women in various aspects of farming.

5. **Engage women and men farmers in research**: Encourage and facilitate the participation of men and women farmers in demonstration and trials of new technologies and practices. Women farmers can be encouraged to participate not only to ensure that their perceptions and needs are taken into account but also to enable them to learn new methods and technologies.

Illustrative Indicators

- Number and type of knowledge gaps identified for men and women
- Evidence of x number of men and women benefited from different government schemes and subsidies
- Number of women and men who have completed needs based training
- Number of men and women who have adopted new technologies and or practices
- Evidence that work burden of x men and women reduced due to adoption of technology
- Evidence that x number of men and women benefitted from engagement in research activities, for example, after participating in trials and adopting the new technologies, how many men and women farmers can report an increase in yields, improved soil fertility, reduced pest attacks, etc.
- Number of men and women engaging directly with government department and officials for accessing information and schemes. Number of men and women who have approached the government department without assistance from the NGO or facilitating agency, number of men and women who have received subsidy, assistance or information after contacting the government departments on their own.

IR2: Agricultural productivity increased

1. **Facilitate access to inputs and productive resources**: It is important for men and women farmers to be able to access and use inputs such as seeds, fertilizer, and water as required for the completion of cultivation processes. Appropriate quantities and quality of inputs is important. These inputs need to be accessed from traders, seed companies, and government facilities. Farmers need guidance and information about what to get from where. Local men and women leaders can be trained to provide this information to the farmers. Self-help groups of men and women can be formed to facilitate access to credit. These groups will also provide a platform for dissemination of information, build leadership, and coordinate project activities. Seed banks and Fodder banks can also be set up. NREGA can be accessed to implement water harvesting and soil and water conservation activities

2. **Promote sustainable agriculture**: Focus on agricultural research that provides solutions to farmers' location-specific problems based on soil and moisture conditions, methods of sowing, application of inputs, types and dosage of nutrients, pesticides, and crop mix on seed production and storage, compost, green manure, etc. using forms of communication and training appropriate for reaching women as well as men. For example, greater use of audio-visual communication will be required for women with low literacy levels, level of language used will depend upon the level of education, time and location of meetings will depend upon the convenience and mobility of the women.

3. **Increase yields through efficient use of resources**: Techniques that support efficient use of land and water resources can be promoted such as advanced cropping technologies, water harvesting, groundwater management, and soil conservation. NREGA can be used here as well. This

indicator is the same for men and women farmers. When NREGA is accessed for these interventions, special attention can be paid to involving women and ensuring that they are paid equal wages as men for equal work. Women can also be encouraged to become supervisors on field sites.

Illustrative Indicators

- Evidence that x number of men and women farmers have had access to inputs during the cropping seasons
- Evidence that x number of men and women farmers are practicing sustainable agriculture[80]
- Changes in soil, crop, and pasture condition in farmland, before and after program activities with area covered (such as nutrient levels and percentage ground cover) % increase in yields of x number of men and women farmers
- Percent increase in cash resources for men and women.

IR3: Farmers linked to markets

1. **Build women's capacities and bargaining power**: It is usually men who take the produce to the market and retain control over the profits generated from the sale. Women are hesitant to go to the market as they do not have the confidence, skills and bargaining power to deal with the market interactions. The first step therefore would be to develop leadership and bargaining skills and expose women to market interactions.

2. **Encourage and facilitate the formation of producers' groups with opportunities for women to play leadership roles:** Facilitate the formation of farmers groups for taking produce directly to markets instead of through traders and middlemen. Create access for women in markets at different levels through these groups from village to market yards.

3. **Facilitate access to information on market dynamics and enable men and women to make informed choices about when and where to sell their produce:** Partner organizations can facilitate men and women farmers to link up to market information networks such AgmarkNet[81] of the Directorate of Marketing and Inspection, Ministry of Agriculture, ITC echoupals,[82] IFFCO Kisan Sanchar Ltd.,[83] and Reuters Market Light text service for farmers,[84] for accessing market-related information.

[80] Sustainable agriculture integrates three main goals of environmental stewardship, farm profitability and prosperous farming communities. Sustainable agriculture refers to agricultural production that can be maintained without harming the environment. For more information see http://www nal.usda.gov/afsic/pubs/terms/srb9902.shtml#toc2
[81] See http://agmarket nic.in
[82] www.itcportal.com/rural-development/echoupal htm
[83] www.iffco nic.in/sanchar
[84] www reuters.com

Illustrative Indicators

- Number of women farmers taking produce to the market for sale
- Evidence that men and women participate in taking market decisions and share control over financial gains
- Evidence of % improved income from sale of produce for x number of men and women farmer members of the producers groups
- Number of men and women farmers over x period of time making informed choices about when and where to sell their produce

IR4: Trade expanded

1. **Link women with markets so they connect to local, regional and global economy from which they are currently sidelined.**

2. **Explore options for engaging with fair trade schemes.** Fair trade schemes often include gender equity as one of their standards in certification programs. The World Fair Trade Organization includes gender equity as one of its principles stating, "Fair Trade means that women's work is properly valued and rewarded." Fair Trade Forum – India (FTF-I)[85] is the national network for fair trade in India, and is the country office of the World Fair Trade Organization Asia. Other organizations to explore are Fairtrade Foundation,[86] ENGAGE,[87] and the agriculture section of InfoChange India.[88]

Illustrative Indicators

- Evidence of attempt made to explore engaging with fair trade schemes
- X number of women connected to markets at local and regional level

IR5: Nutrition improved

1. **Integrated farming-systems**: Promote integrated farming systems that include food production, livestock management, and fisheries wherever applicable. This will enable farming families to have diversified sources of nutritious foods, and will allow space for farming activities in which women are engaged in and which provide them with cash resources such as dairy and livestock management.

2. **Production of nutritious food basket**: Encourage production of staple foods, vegetables, and fruits in household farm plots. Again, women are generally engaged in production of staple foods and vegetables. Encouraging and facilitating women to grow these in farm plots will ensure that these items are included in the daily diets of families. Combined with nutrition education this will enable women (since they most often cook the food) to provide their families with a healthy diet.

3. **Increase food security at community level**: Encourage formation of community grain, seed & fodder banks. Experience has shown that grain, seed and fodder banks which are usually managed by women's groups contribute to increasing the food security at the community level and helping

[85] http://www.fairtradeforum.org
[86] http://www fairtrade.org.uk
[87] http://engagetheworld.org
[88] http://infochangeindia.org

poor families to access food, particularly when crops fail or when the family is facing a financial crisis. See NGO in Section II.A.5.

4. **Improve utilization of food at household level**: Address access to nutrition and food security within households by creating awareness among men and women about differential access to food and differences in food consumption patterns and practices which are determined by social customs. Also provide information about incorporating various foods as sources of nutrition in the daily diet.

5. **Address issues of water quality and nutrition:** Groundwater is used for drinking and irrigation. There is evidence of excess fluoride in groundwater in many states across India[89], including those in which USAID projects are currently ongoing. It has been found that improved nutrition lowers the negative impact of excess intake of fluoride. The concentration of fluoride can be diluted with fresh water. Efforts need to be made to harvest rainwater and recharge groundwater in these areas. The Mahatma Gandhi NREGA can be used for enhancing the water regimes in the area. This will also help in increasing the availability of water for drinking, domestic and irrigation purposes, reduce the work burden of women, and improve the health of households and livestock.

Illustrative Indicators

- Number of farming households who have adopted integrated farming systems that include crop production, livestock and fisheries as and where feasible
- Evidence that food basket of x households in the project area includes fruits, vegetables, animal products, fish, and grains (either grown or accessed from the market)
- Evidence over a period of time that households in the project area are able to meet their food requirements within the community (changes in number of households migrating in search of employment, indebtedness due to hunger, households borrowing from community grain banks)
- Change in food consumption by women, men, boys, and girls per quarter

USAID partner World Vision works regularly with men and women in self-help groups in agricultural production.

[89] Pangare, Ganesh, Vasudha Pangare and Binayak Das. 2006. "Springs of Life: India's Water Resources." New Delhi: Academic Foundation, World Water Institute, BIRDS, pages 199, 204-206

- Change in amount of milk, eggs, fish, and animal protein, vegetables, cereals, pulses consumed by household family members (disaggregated by women, men, boys, and girls)
- Change in nutritional status of children under age five, before and after program activities (disaggregated by boys and girls)
- Change in birth weight of male and female babies, before and after program activities
- Availability over a period of time of good quality water within the environs of the community

B. Health

B.1 Background on Gender and Health

The intersections of gender and health play out in several areas. Understanding the patterns of ill health among men and women (who gets ill, when, and where) requires examining levels and patterns of morbidity and mortality and their causes and how they differ between men and women. Women and men's distinct health problems reflect profoundly entrenched gender inequalities and discrimination, and relate to their roles, behavior and the way each is treated. In many Indian households, for example, girls and women, whether employed or unemployed, are burdened with physically demanding domestic work yet eat last, eat least, and often receive the least nutritious foods.

Gender roles also influence men and women's *response* to ill health and their burden of care. This requires understanding social expectations of males and females and the opportunities available to them, the activities in which they engage, their access to and control over resources. The factors to bear in mind include how men and women admit to being ill, how they seek treatment or treatment is sought for them, their authority and ability to make decisions regarding their health and how all of these are shaped by their roles and responsibilities. Also fundamental are their decision-making power, their access to and control over health-related resources (information, services), and local perceptions of illness and local norms concerning illness and treatment.

Health systems themselves play an important role in reinforcing inequity and stigma. Gender transgressive behavior is often "punished" by the health system, for example, when unmarried women or sex workers face discrimination in many settings when they seek out healthcare. Health systems' response to women's specific reproductive and maternal health needs often reflects a "burdens" perspective rather than a sense of rights and entitlements. Globalized economies can also mean decreased food security and nutrition for the poor, which can affect women's health and well-being especially. To ensure health, a person needs to have access to employment, job security, a safe and healthy work environment especially in the unorganized sector, schooling, and equal opportunities and access to resources within family and community.

B.2 Evidence on Gender Disparities in Health in India

India is a signatory to the Alma Ata Declaration of 1978 hat committed to the goal of "Health For All" by 2000. The National Health Policy of 1983 evolved out of this commitment as a blueprint for combined action by the government and voluntary organizations. The emphasis was on preventive health care and the need to establish primary health care services to reach the most remote areas. As noted above, despite considerable reach, India's primary health care system is of inconsistent quality and effectiveness.

Most of the poor face limited access to health care in India, and women are especially disadvantaged. Women's low status is reflected in their limited access to education and money, limited mobility, lack of decision-making power, poor nutrition, heavy workloads and tedious, menial labor. Caste-based discrimination and tenacious poverty, particularly among women in the lowest castes, exacerbates these

inequalities and limit access to health care in the Indian context. Stigma and discrimination in HIV and other areas of health hit women hardest.[90]

HIV

Male gender norms, including sexual risk-taking (multiple sexual partners, unprotected sex outside of marriage, inconsistent condom use) and violence against women undermine both men's and women's health. Ninety percent of HIV-positive women in India are monogamous, for example, indicating they contracted HIV from their husbands.[91] Working with women on health promotion – particularly in the reproductive health arena – can meet with only limited success if little effort is made to work with men.

Community-based commercial sex workers in Mahabalipuram perform a skit on the impact of HIV in their communities.

The area of HIV/AIDS is one in which the Government of India has moved considerably in its thinking about gender. Despite being essentially conservative the Government of India's stand on HIV/AIDS has been remarkably progressive and is driven primarily by practical concerns. Thus in 2007, the NACP III (2007-2012) was launched to consolidate the progresses made under NACP II, with the overall goal of halting and reversing the epidemic in India over a five-year period. NACP III has a strong and explicit policy commitment to ensure that its implementation is guided by social inclusion and gender. It is possible to tease out from within the scope of NACP III's mission many opportunities to strengthen prevention, treatment, care and support interventions by ensuring inclusion and equity for marginalized populations who are most at risk of HIV (key populations) or are living with HIV (PLHIV). In fact HIV/AIDS has in a way promoted a more complex understanding of gender and gender inequalities and stimulated efforts to address structural factors that shape social relations and marginalization.[92]

Maternal and Child Health (MCH)

According to the Registrar General's report, during the period 2004-2006 India's Maternal Mortality Ratio (MMR) was 254/100,000, which translates into 100,000 maternal deaths in India each year.[93] As of

[90] Bandyopadhyay, Nandinee, Vandana Mahajan, and Tara Appachu Sharma. 2009-2010. Mid-Term Review (MTR) of the National AIDS Control Programme - Phase III (NACP-III); Draft Report.
[91] Malviya, Alankar and Niranjan Saggurti. 2009. "HIV Transmission in Intimate Partner Relations in India." New Delhi: UNAIDS and Population Council.
[92] Malviya, Alankar and Niranjan Saggurti. 2009. "HIV Transmission in Intimate Partner Relations in India". New Delhi: UNAIDS and Population Council.
[93] Registrar General of India, Maternal Mortality in India: 2004-2006, unpaginated.

2009, one of every 70 Indian girls who reach reproductive age will eventually die because of pregnancy, childbirth, or unsafe abortion, a higher rate than that of 120 other countries, including neighbors Pakistan, Sri Lanka, and China.[94] For every death, many more women sustain serious and preventable injuries, infections, and disabilities due to lack of proper care. Public health experts and activists in India reported that poor overall health and nutrition, poor education, women's lack of decision-making power within families, domestic violence, and son-preference coupled with women's poor autonomy in using contraceptives of their choice all adversely influenced maternal health.[95] While the Indian central government has identified maternal mortality reduction as a national priority,[96] lowering India's high maternal mortality and morbidity will be as complex as the problem itself.

Sex ratios, son preference, and gender discrimination

In India, gender-based inequalities translate into valuing the health and survival of boys more than girls. This is reflected in a declining sex ratio at birth - 927/1000 for the country as a whole according to the 2001 census compared to 945/1000 of the 1991 census.[97] Sex ratios at birth by birth order illustrate the pervasiveness of son preference, which continues to influence fertility decisions in most of India. While for the period 1984-1998, the average sex ratio for the country as a whole was 108 boys per 100 girls, in Punjab, the figure was 120.[98] The figure in Punjab for a second birth was 124, and for a third, 136. As fertility declines, the use of sex-selective abortion becomes more common.[99]

Unlike many other health indicators, higher levels of education do not translate into more equitable outcomes. According to the NFHS-3 data, ultrasound is chosen by 9% of mothers with no education as compared to 58% of mothers with 10 or more years of education.[100] Infant and child mortality by sex (the post-neonatal mortality rate is 21 girls to 15 boys aged 1-11 months; the death rate for girls aged 1-4 years girls is 23 per 1000, 61% higher than for boys at 14 per 1,000.[101]

Family planning and reproductive health

NFHS-3 data indicate that marriage before the age of 15 continues to be common as even in the age group between 25-29 one in four women were married before age 15.[102] This proportion has declined from its high of 33% among women age 40-49 but continues to be significant. Again in comparison with men in the age group 25-29 only 13% of men were married compared with more than half of the women being married. Very early marriage (particularly before the age of 16) curtails access to education and other life opportunities and leaves young brides extremely vulnerable to STIs, including HIV as they are unable to negotiate safe sex with spouses who are much older. Early marriage most often leads to early childbearing, sharply increasing the risks of maternal and infant mortality.

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[94] Human Rights Watch. 2009. "No Tally of the Anguish: Accountability in Maternal Health Care in India". Human Rights Watch: New York. http://www hrw.org/en/node/85773/section/7#_ftn55. (Accessed February 7, 2010).

[95] Human Rights Watch. 2009. "No Tally of the Anguish: Accountability in Maternal Health Care in India". Human Rights Watch: New York. http://www hrw.org/en/node/85773/section/7#_ftn55. (Accessed February 7, 2010).

[96] Ministry of Health and Family Welfare, Government of India, "National Rural Health Mission: Meeting people's needs in rural areas, Framework for implementation 2005-2012," http://mohfw nic.in/NRHM/Documents/NRHM%20-%20Framework%20for%20Implementation.pdf. (accessed May 15, 2009), p. 10.

97 National Family Health Survey (NFHS-3). 2005-2006. Government of India: 8.

98 Retherford, Robert D., Roy T. K., 2003. Factors Affecting Sex-Selective Abortion in India and 17 Major States. National Family Health Survey Subject Reports No. 21, Mumbai: International Institute for Population Sciences.

99 Guilmoto, Christophe Z. 2007. "Characteristics of Sex-Ratio Imbalance in India, and Future Scenarios." 4th Asia Pacific Conference on Reproductive and Sexual Health and Rights, October 29-31, 2007, Hyderabad, India. UNFPA.

100 National Family Health Survey (NFHS-3). 2005-2006. Government of India: 11.

101 National Family Health Survey (NFHS-3). 2005-2006. Government of India: 16.

102 Kishor, Sunita and Kamla Gupta. 2009. Gender Equality and Women's Empowerment in India. National Family Health Survey (NFHS-3), India, 2005-06. Mumbai: International Institute for Population Sciences; Calverton, Maryland, USA: ICF Macro.
http://www nfhsindia.org/a_subject_report_gender_for_website.pdf

A sexual double standard contributes to harming women's – and men's – reproductive health. Men's more numerous sexual relationships before and outside of marriage, the lack of communication between partners and women's inability to protect themselves from STIs when they have sex with their husbands all contribute to greater sexual risks for both men and women.[103] Work on HIV with high-risk groups is now paying attention to masculinity and sexuality among Indian men and how these determine men's behavior. Yet the relevance of these factors to the health of the population at large has scarcely been explored.

Tuberculosis

Tuberculosis is a disease of poor people, affecting mostly young adults in their most productive years, with implications for family life and household poverty.[104] Poor people are more vulnerable to the disease because of their living and working conditions and poor nutrition; the poor can become even poorer as a consequence of tuberculosis. Research has shown that a person with tuberculosis loses a significant fraction of household income due to illness.

In most of the world, more men than women are diagnosed with tuberculosis and die from it.[105] In India, however, deaths from TB are higher among young women in their teens and twenties compared to males the same age. Detecting tuberculosis in women can be more difficult than detecting it in men because women put off seeking care so they do not spend limited family resources.[106] Since their mobility is often limited, they are less likely to be seen by public health workers, and they may not go for services out of fear of having to explain why. Women also face greater stigma if they are diagnosed as having tuberculosis. Tuberculosis in pregnant women is generally no more serious than in others of the same age and health.[107] Diagnosis with x-rays should take care to shield the woman's abdomen, but indications for treatment are the same as for non-pregnant women, and congenital tuberculosis is rare. Breastfeeding during treatment may be maintained, though treatment should be taken immediately after breastfeeding to ensure minimal levels of drugs to the infant.

B.3 Policy and Institutional Gender Challenges and Opportunities in Health

Despite their very significant reach, health services in India are of relatively poor quality, particularly in the public sector. Women's subordinate positions expose them to biological and social risks that adversely affect their reproductive health. Health services are often insensitive to women's constraints and needs. Substantial funds are being invested through the National Rural Health Mission (NRHM) to address India's high Maternal Mortality Ratio, but even when good policies and schemes exist, they are often undermined by corruption, absenteeism, and poor logistics. The National Rural Health Mission (NRHM), which was launched in April 2005 for a period of seven years, (2005-2012) is a national effort at ensuring effective healthcare especially to the poor and vulnerable sections through a range of interventions at individual, household, community, and most critically at the health system levels. The NRHM covers all the villages through village-based "Accredited Social Health Activists" (ASHAs) who act as links between the health centers and the villagers. One ASHA is selected from every village or cluster of villages and trained to advise villagers on health issues ranging from sanitation and hygiene to contraception and maternal health.

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103 Verma, R.K., Pelto, P.J., Schensul, S.L., Joshi, A. (In Press). Sexuality in the Time of AIDS: Contemporary Perspectives from Communities in India. New Delhi: Sage Publications.
104 Laxminarayan, Ramanan, Eili Klein, Christopher Dye, Katherine Floyd, Sarah Darley and Olusoji Adeyi P. 2007. "Economic Benefit of Tuberculosis Control." Policy Research Working Paper 4295. Washington, DC: World Bank.
[105] World Health Organization. 2002. "Gender and Tuberculosis." *Gender and Health.* Geneva: WHO.
[106] http://www.tbalert.org/worldwide/TBandwomen.php.
[107] Khilnani, G.C. 2004. "Tuberculosis and Pregnancy." *Indian J Chest Dis Allied Sci* 46: 105-111.

The major objectives of the NRHM are to:

- Decrease the infant mortality rate and maternal mortality rate
- Provide access to public health services for every citizen
- Prevent and control communicable and non-communicable diseases
- Control population as well as ensure gender and demographic balance
- Encourage a healthy lifestyle and alternative systems of medicine

NRHM pursues its goals by working closely with civil society organizations and Panchayati Raj Institutions and strengthening existing primary health centers, community health centers, and district health missions.

The realities of women's lives are not always adequately considered in the design of national programs. For instance the Janani Suraksha Yojana (JSY), one of the most prominent components of NRHM, is focused on achieving 100% institutional deliveries to address the problem of maternal mortality.[108] JSY integrates help in the form of cash with antenatal care during pregnancy and institutional care during delivery and in the postpartum period. The program is implemented by field-level health workers. While many complications occur during delivery and immediately postpartum, complications can also occur outside that time, and without a focus on the "continuum of care," the JSY offers only a partial response reducing maternal mortality. In addition many other access barriers may constrain women's access to institutional deliveries, especially in rural areas, which are not sufficiently addressed by the program. These include women's lack of decision making and control over resources, poor roads and transport, and a cultural preference to give birth at home.

At the programmatic level, efforts to address health do address the underlying structural inequalities faced by women that contribute to their poor health. Representatives of Indian governmental agencies and NGOs working in health recognize that unequal power relations undermine women's health outcomes, but they have little understanding of how health programs could contribute to addressing these inequalities. Most efforts have a very narrow sectoral approach and have not adequately analyzed the intersections of women's health with poverty, food security, education, and women's lack of decision making in both the private and public domains.

In India, the general discourse continues to focus on women's disempowerment and men's domination. Most policies are primarily situated within the Women in Development (WID) paradigm, meaning they focus on redressing the disadvantages faced by women. This limited take on "gender" negates the ways gender roles harm men's health, sidesteps widespread male control over sexuality and reproduction, and misses opportunities to catalyze social change and improve women's *and* men's health by involving both sexes. Men are essential to "gender," and changing the harmful gender norms that undermine health requires everyone's participation; and that efforts to engage men and empower women benefit both sexes.

One exception to the women-centric policy focus in India is the response of the health sector to the emergence of HIV/AIDS in India. Policymakers have responded to the epidemic with a sense of urgency to understand and engage with men and masculinities, acknowledging that the behavior of men, and the social forces that drive those behaviors, are at the root of preventing and mitigating HIV/AIDS in the country. India is targeting policies towards men particularly vulnerable to HIV infection (men who have sex with men; intravenous drug users, and truckers), who do not necessarily belong to the privileged

[108] Janani Suraksha Yojana (JSY): http://india.gov.in/citizen/health/janani_suraksha.php.

groups in society. Men also face gender-related vulnerabilities in health.[109] Research shows that dominant forms of masculinity drive high morbidity and mortality rates due to alcohol, tobacco and substance abuse, traffic accidents, occupational illness, and suicide, all of which negatively impact not only men, but on women (and families and communities where men live), and thus society as a whole.[110]

Health sector organizations rarely view gender as integral to their work. When they do recognize the need to address gender, they most often see targeting women as enough, and treat "gender programs" as separate activities. Even in the area of HIV/AIDS where there is much more discussion and awareness on issues of social exclusion and rights and the GOI polices in parts are amazingly progressive there is still a big gap on the question of gender. The midterm review of NACP III shows that the program still needs a strategic focus and a concerted thrust to address the entrenched gender and social inequities and make its services more equitable. The review also shows that that there is no comprehensive or focused strategy to address gender and social exclusion based vulnerabilities of key populations as a "core business "of the targeted interventions. As is the case in most programs gender focused activities are simply added on at the discretion of individual program managers and on an *ad hoc* basis.[111]

A gendered approach to women and health must take look at the relevant health issues across people's lives, and must also not be restricted to issues of reproductive health and childbearing. For more long-term impact of programs on women's health and health needs must be designed taking in women's different roles and realities. If a gender perspective and an intentional attempt to look at the interconnectedness of different issues do not form part of the design than these will also not be part of the expected outcomes. Given that women's health needs are at the bottom of the list of priorities in India, poverty is a very important driving factor of determining whether women will avail of healthcare.

The private sector accounts for more than three-fourths of all health expenditures in India.[112] Private spending on health is among the highest in the world. All private spending is out-of pocket at the point of service and costly for most people, but especially for the poor. Only 17% of all health expenditures are borne by the GOI and 82% are "out of pocket" expenses.[113] In addition the private sector is minimally regulated and monitored so there is little assurance of quality of care. The lack of privacy and respect accorded patients in the public sector is an important reason people give for their decision to use private sector services.

The voucher scheme being implemented by the Futures Group aims to expand availability of health services for poor women through a public private partnership in Uttarakhand. The voucher scheme offers users choice of venue, and is designed to increase use of services and quality of care. While the voucher program expands availability of care under the governmental JSY program, described above, which aims at decreasing the access barrier of cost, it has farther to go in addressing quality and nondiscriminatory care.

By involving the women and men who use private services in defining quality of care in terms of their different preferences and needs, USAID partners can gain insights into how best to address the sociocultural and gender-based obstacles to care that contribute to India's high rates of maternal and

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109 Greene, Margaret E. and Gary Barker. Forthcoming. "Masculinity and Its Public Health Implications for Sexual and Reproductive Health and HIV Prevention." New York: Routledge.
110 Sahayog and CHSJ. 2008. Men, Gender Equality and Policy Response in India: An Exploration. New Delhi: Sahayog and CHSJ.
111 Mid Term Review Of NACP III - Draft report - Nandinee Bandyopadhyay, Vandana Mahajan, Tara Appachu Sharma.
112 Morbidity and Treatment of Ailments, NSSO 52nd Round, (2001), Dept of Statistics, GOI, New Delhi. Also cited in WHO Country Cooperation Strategy for India: http://www.searo.who.int/LinkFiles/WHO_Country_Cooperation_Strategy_-_India_Health_Development_Challenges.pdf, accessed 20 January 2010.
113 Gangolly, Leena et al, eds. 2005. Review of Health Care in India. CEHAT.

neonatal mortality. For instance, since many women are more comfortable delivering with the assistance of traditional birth attendants (TBAs), the voucher scheme could pay TBAs for every woman they refer and accompany to healthcare facilities. This way, someone women trust would be present while they underwent unfamiliar procedures in an unfamiliar setting. TBAs could play the role of patient advocate and community interlocutor that would build on their connection to women without necessarily relying on their technical skills.

Partners like the Hope Foundation's *Chotton Ki Asha* and Counterpart International's *Garima* communicated in the interviews that for any meaningful transformation to take place programming must be holistic and multilayered. These organizations, driven by commitments to social justice and the need to address discrimination against the most marginalized, were clearly able to take the programs beyond the mandate of the project. For example, the Hope Foundation has worked hard with the GOI in a public-private partnership to set up a gender-friendly health facility. Being sensitive to gender concerns and the need to respect women's time, the Hope Foundation issues tokens to pregnant clients waiting at the MCH clinics. The inter-institutional arrangements ensure that women receive respectful care and prevent them from being abused and mistreated by the health providers. The positive treatment serves as an incentive to seek care as well. The facility is also open in the evenings and on Saturdays to allow men to accompany their sick children or pregnant wives to the health facility.

While the provision of healthcare is principally a responsibility of state government, the federal government has been more progressive on mainstreaming gender, social inclusion, social justice and accountability in policies and national schemes. A pending challenge is to work with the state governments to raise their awareness and capacity to address issues of gender and health in interventions at the State level. USAID in strengthening and deepening its own work on gender could play an important role in ensuring this, by being a interlocutor between national gender initiatives and the state and local governments in the geographic areas where USAID works.

B.4 NGO and USAID/India Responses to Gender Challenges in Health

The health sector provides many important opportunities for working on gender. However, addressing gender in the health sector is complicated by the reality of physiological differences and needs on the part of men and women. Because many USAID partners are working to improve women's health, they see themselves as addressing gender. Some promising activities currently underway – and illustrative opportunities to do more – include the following:

The Futures Group's work through ITAP (II Technical Assistance Project) to increase public and private collaboration and women's use of services appears very promising. Through a combination of social marketing and capacity building, they are making progress in getting more women to health facilities for family planning and other services. They have realized that they need to work with men as well, and are conducting a campaign for male involvement that includes training on no-scalpel vasectomy, as well as special training for clinical staff on working with men. Their work with men is an opportunity to address gendered obstacles to health, including any resistance men may have to women's use of services.

The Hope Foundation's Chotton Ki Asha program works in urban slum areas of Delhi, with a focus on maternal and child health. Women of reproductive age and children are the main focus, but they are also reaching out to men as decision-makers via local TV ads for services, prevention messages, and encouragement to bring their wives and children. They have also worked with religious leaders and men at mosques about the importance of taking their wives for services. The program does community outreach through the formation of women's health groups. Seventy-five groups of ten women each focused on health. These groups offer some access to credit, for which the program had to make the case with USAID. The program's multi-sectoral approach to health has allowed it to incorporate gender in a very practical way.

EngenderHealth has worked on gender in various aspects of its programs, but they recognize they could do much more. EngenderHealth conducted a project with the Positive Network to sensitize network members on voluntary testing and counseling, focusing on men with benefits for women. They had a one-year International Foundation for Electoral Systems (IFES)-funded pilot engaging men as partners in ending violence against women, but this was not integrated into further work once the pilot was over. Their work on no-scalpel vasectomy with the RESPOND project is likewise a project where they believe they could do more to address gender. Enormous scope for introducing gender exists in work on sexual and reproductive health. EngenderHealth is struggling with how to make gender issues more apparent. EngenderHealth undertook a research study last year in Utter Pradesh with Family Health International (FHI) on acceptability and concerns with masculinity, but are uncertain about precisely how to integrate the findings into the programmatic activities going forward.

Counterpart International's work on women and law through the Garima program is very interesting and includes varied activities, all of which have implications for health and other programs in USAID's portfolio. The challenge is that like a few other explicitly gender-related projects, Garima's work has occurred in parallel with other sectoral programs rather than informing them or being fully integrated with them. The disparate and interesting set of activities has received somewhat inconsistent funding at a relatively low level. Garima works closely with the state government of Rajasthan to promote the dignity and worth of the girl child. In the state of Rajasthan, where gender relations are highly unequal, they have worked out innovative ways to involve men in supporting girls' education and in creating awareness about the negative consequences of early marriage. In addition, they work closely with national women's organizations like Women Power Connect to enhance women's roles in political decision making.

Garima's work has created awareness on sex-selective abortion and the immunization and school attendance of girls; created community groups to monitor conditions; worked with local religious leaders to look more closely at what is happening with girls; and linked people up to the state programs of Rajlaxmi, Apni Beti Apna Dhan, which congratulate families who give birth to girls. The program sees a need to integrate gender into the training of the *anganwadi* workers. Their Muslim Women's Initiative has worked with women to inform them of their constitutional rights and the rights of women in the Qur'an. Their basic message has been, "your country gives you rights and your religion itself gives you rights. Know them and take them." Much has emerged from the program's activities that could inform health programs.

The AIDS Prevention and Control project (APAC), based in Chennai, works in a wide variety of ways and with varied partners on HIV prevention, testing, treatment and care. A long-standing project of the Voluntary Health Trust, APAC has enormous capacity and could be an excellent partner for working on gender. Reflecting the National AIDS Control Organization's (NACOs) commitment to working with high-risk groups, APAC has worked with these groups and has been a model for other organizations throughout the

Children act in a play about HIV-affected households.

country. They currently support one group working with men who have sex with men in Pondicherry and another working through a "peer educators association" with mostly home-based commercial sex workers based in Mamallapuram. These programs are of high quality and they provide excellent support for their beneficiaries. The huge opportunity here, however, is to extend some of the creative thinking that has gone into creating these interventions to the general population. There is a strong need to address violence, homophobia, sexual double standards, and other attitudes and norms among both men and women.

B.5 Recommendations for Gender Investments by IR, and Sub-IR

IR 1: Access to quality services increased

1. **Training and capacity building**: Provide training for staff of government and other partners to address gender. Partner with GOI to create quality care units within government hospitals at state and district level. Quality of care can encompass technical and clinical aspects of health while factoring in gender, poverty and caste-based discrimination faced by women and men seeking healthcare in India.

2. **Outreach and recruitment of staff**: Incentivize efforts to hire female staff, by making efforts to improve safety and flexibility of working conditions, where their numbers are low, and hire staff with expertise in addressing gender and working with high-risk groups. Encourage women to occupy leadership positions and regularly assess their integration into various staffing levels. Collect information on the relative wages and positions of comparable male and female employees as a way of increasing female recruitment and assessing partners' commitment to gender equality.

3. **Cross-sectoral program linkages**: Incentivize efforts to link with other services outside the health sector, since access to health services is often limited by financial and other constraints. These linkages can be encouraged by collecting client-centered data that includes reference to referrals and whether their problems have been solved versus whether x or y service has been provided, which is service-centered.

4. **Monitor performance as experienced by specific beneficiaries**: Collect data on the profiles and experiences of clients of individual staff members to obtain a cumulative sense of their sensitivity, communication skills, and competence in dealing with men and with women. Collect data on the experiences and satisfaction of male and female clients of various profiles.

<u>Illustrative Indicators</u>

- Number of men and women benefitting from different government and private-sector services
- Number of staff, male and female, who have completed training on gender
- Number of staff who have adopted new gender-specific practices in engaging with clients
- Number of different service delivery models designed to address men or women specifically
- Number of facilities that have integrated high-risk groups, whether male or female, into service delivery
- Number of female and male employees at each job level among grantees
- Number of facilities with referral to services for women experiencing gender-based violence

IR2: Policy implementation strengthened

1. **Support cross-sectoral collaborations in pursuit of shared goals**: While building partnerships with State Governments, strengthen ties with diverse Central Government departments on health as well as with the Ministry of Women and Child and the Ministry of Rural Development and others in order to facilitate multi-sectoral thinking. Promote coalitions between partners working on nutrition (an easy intersection between health and food security) and forums working on gender budgeting and accountability (a systematic way of tracking funding and investments as they benefit specific groups).

2. **Promote civil society and other support of implementation**: Empower and build the capacities of women and men – *panchayat* members – by providing training and information relevant to their decision making to facilitate gender-responsive implementation and monitoring of NRHM and the NREGA schemes. Support cooperation between partners working on quality of care and civil society organizations involved in the Right to Information Act to facilitate effective implementation. Engage with and support ICPD+15 monitoring and facilitate efforts to meet the GOI's progressive and women-centered ICPD commitments.

3. **Establish monitoring benchmarks for implementation**: Work with advocacy partners to develop benchmarks that help assess how effectively and rapidly specific policies of relevance to gender are being implemented, and whether they are being implemented in ways that address gender inequities.

4. **Focus on specific policies that merit attention**: Partner with GOI to implement existing good policies of strong relevance to gender. Implementation of minimum age at marriage laws might be one place to start. Working with NACO to carry through on its high-level commitment to addressing gender in HIV work would be another. Identify and adopt a strong policy and work intensively in one or two states to bring about change, e.g., facilitate aspects of the National Rural Health Mission like strengthening public health infrastructure in two or three districts in a state.

Two girls play the role of a family member and a social worker in a skit about HIV.

Illustrative Indicators

- Number of operational plans that make explicit reference to gender
- Number of gender-related implementation benchmarks achieved over a given period
- Number of cross-sectoral or departmental collaborations (that address gender-related problems) encouraged by USAID
- Number of MOUs signed between State and Central health departments/Women and Child Development/other collaborating health institutions
- Number of MOUs for cross-sectoral collaboration in food security, energy, health, gender and accountability
- Number of NRHM and NREGA activities with gender responsive implementation and monitoring
- Number of *panchayat* members (sex disaggregated) who receive training or mentoring in securing health services
  - *Note: These indicators measure the impact of policy implementation per this IR, not the ultimate impact of resulting programmatic activities.*

IR3: Demand for quality services and improved health behaviors increased

1. **Obtain input from the public**: Recruit women's and men's participation in mapping the strengths and weaknesses of public and private health facilities and how they can be improved. Promote consultations among public and private sectors and community-based organizations to diagnose what is not working and for whom in a given setting.

2. **Learn from work with high-risk groups**: Mobilize lessons learned from working with high-risk groups – for whom the *social* challenges to improving their health are so obvious – on removing the social obstacles to good health to messages and services directed at the general population.

3. **Increase expectations of health services**: Mobilize communities around a rights-based perspective on what they can expect from health services and encourage their role in stimulating quality and accountability. Women in particular have very low expectations of health services, and providers often take advantage of women patients' subordinate position to offer services under circumstances (long waits, disrespectful interactions) that men would never accept. Provide more information about health and health services. Encourage institutional accountability to clients on quality and satisfaction.

4. **Work to change rigid and harmful gender norms**: Build on existing media messaging, particularly from work with high-risk groups and social marketing, for the general population, working especially with men and boys. Link services with resources that address gender-based violence. Hold community events to discuss health and wellbeing and how they could be improved by overcoming social obstacles to health.

5. **Seek collaborations with civil society**: Seek partnerships and engage in consultations with leading gender and health rights organizations (see Annex D for specific suggestions) in India as well as civil society involved in the Right to Food campaign.

Illustrative Indicators

- Number of consultations held to obtain input from clients
- Number program activities that build on lessons learned from work with high-risk groups
- Number community mobilization efforts to stimulate higher expectations from health services
- Number media campaigns to address male gender norms
- Number partnerships with recognized organizational leaders in gender and health rights
- Percentage of men reporting changes in attitudes and behaviors regarding sexual behavior or reproductive health
- Percentage of clients reporting satisfaction with quality of services delivered by public health system
- Percentage of clients using public versus private services
  - *Note: work to change gender norms will require the development of short-term, medium-term and longer-term impact, since norms can be slow to change.*

IR4: Use of strategic information strengthened for programming, policy, and resource allocation

1. **Conduct gender analyses, including gender budgeting**: Ensure that programs and policies are informed by an understanding of gender relations and how they affect the sector. Ensure translation of that understanding into indicators and evaluation. Ensure that specific beneficiary groups are truly receiving the resources allocated to them by a given policy.

2. **Ensure use of existing research on gender and health**: Find ways of providing evidence from around the world on innovative ways of addressing the health problems India also faces. Share evidence across the Mission and with implementing partners on gender-transformative programs that improve health and contribute to other development outcomes. Use USAID's and its partners' own pilot research on gender to inform programs and policies, or the effort will have been wasted, both in terms of the resources spent and the relationships forged in conducting the research.

3. **Data collection**: Collect sex-disaggregated data for monitoring and evaluation of virtually any kind of program. Collect "social" measures that provide the basis for assessing progress on more "clinical" measures of program benefit. Collect other specific measure of gender.

4. **Capacity building in research and evaluation**: Ensure that gender is incorporated into expectations around monitoring and evaluation and is part of training and technical assistance that partners receive. Hold consultations that bring partners together to share experiences on addressing gender in health, and integrating gender into their programs.

Illustrative Indicators

- Number of partners' programs launched after gender analyses have been conducted
- Number of partners collecting sex disaggregated data
- Number of partners collecting specific measures on gender. These measures could include supportiveness of spouse, other measures of gender inequality in the home, sex and number of children, for example.
- Number of gender analyses conducted by programs about to be implemented
- Number of organizations that have received training and TA on gender, including learning about existing research

IR5: Private sector engagement strengthened to leverage resources, expand reach, and influence impact

1. **Work with the private sector *and* build government capacity to monitor private sector partners**: A major problem in the health sector in India is that there are many unregulated private providers who do not adhere to standards. Part of improving quality while expanding access is to ensure that private and public sector services are of high quality. Strengthen public sector capacity to monitor quality of care from a gender perspective in private and NGO healthcare facilities. Resources include *Manual for Evaluating Quality of Care from a Gender Perspective:* http://www.ippfwhr.org/en/node/292#attachments and *Gender, Access to Care and Quality of Care:* www.igwg.org/presentations/**Gender**Accesto**Care**.ppt

2. **Promote work on gender by private sector partners**: Provide incentives, including assessing them with gender-specific measures, or private sector providers to develop gender-sensitive models of care for men and women. Private sector partners may require additional technical assistance in order to achieve these new expectations.

3. **Make gender "officially" valued**: Support development of certification process for healthcare facilities that provide gender sensitive care.[114] Such a system has been developed for services that meet quality standards; these can be expanded to reflect special efforts to overcome gender-related obstacles to service use.

4. **Make social marketing live up to its potential**: Expand private sector social marketing concepts beyond a product focus, e.g., condom sales, to promoting healthy behaviors and gender equitable values and questioning harmful gender norms.

Illustrative Indicators

- Number of USAID assisted private sector healthcare partners that have written gender equality/nondiscrimination policies and operating procedures
- Number of USAID assisted private sector healthcare partners where patients' rights are posted prominently
- Number of public and private healthcare partners that have citizen oversight boards with men and women members

C. Global Climate Change

C.1 Background on Gender and Global Climate Change (GCC)

There is now considerable evidence that climate change affects poor and marginalized populations most adversely than wealthier citizens, as seen in recent instances of drought, floods, and other natural disasters. Recovery and adaptation in countries with great socioeconomic inequality are also considerably

114 The International Planned Parenthood Federation (IPPF) has a process for clinics to develop quality of care from a gender perspective. Resources include: Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services, Third Edition. 2004. IPPF: London. http://www.ippf.org/NR/rdonlyres/DD4055C9-8125-474A-9EC9-C16571DD72F5/0/medservdelivery04.pdf. This also allows for public or nonprofit organizations to certify healthcare facilities as delivery quality of care from a gender perspective, as was done by the PROCOSI NGO Network in Bolivia (www.popcouncil.org/pdfs/frontiers/reports/GuiasGenero.pdf). International Planned Parenthood Federation, Western Hemisphere Region, Inc., Manual to Evaluate Quality of Care from a Gender Perspective, New York: IPPF/WHR, January 2000 http://www.ippfwhr.org/en/node/292#attachments.

more difficult than in more equitable distribution of income and access to economic opportunities.[115] Gender inequalities, in conjunction with caste and ethnicity, are a major basis for socioeconomic inequalities in India. Success in forging a clean energy partnership depends on directly tackling the underlying structures that reinforce gender inequality in households, governmental and private institutions in communities and the country, including energy markets.

The Indian 2009 Integrated Energy policy explicitly links investments in women's empowerment to increasing access to and use of renewable energy resources. Gender equitable access to reliable and clean energy will similarly contribute to the Mission's twin program goals of mitigating the impact of global warming on India's most vulnerable populations, and strengthening adaptation to the effects of global warming. A gender-equitable approach to energy will help to address the social and economic disadvantages, ill health, and discrimination women currently experience as a result of their lack of access to affordable, reliable, and cleaner energy.

Investments in gender equality and energy efficiency, cleanliness, and conservation can positively impact women's and men's livelihoods, health, and education, as well as improve their stewardship and management of energy and natural resources. The present challenge is to translate policy into concrete actions that increase women's and men's equitable access to, use of, and benefits from current and new renewable energy sources. To achieve this goal, it is necessary to consult both men and women about their energy needs and preferences. It is also critical to understand how they use and benefit from different sources of energy. Programs focused on increasing access to existing and new sources of energy will have greater success if they engage both men and women as managers and skilled technicians of energy systems As few women are involved in any of these activities, their active participation will only be possible if energy development programs invest in understanding and removing gender-based constraints to their education, decision-making, and management

A gender responsive approach to global climate change requires collection and analysis of sex disaggregated data in order to identify and understand existing inequalities between men and women that may affect their differential vulnerabilities and relative capacities to respond, mitigate and adapt to changes in their environments. It also requires establishing mechanisms and practices through which both men and women, and boys and girls can participate and apply their diverse knowledge to addressing new challenges, and making decisions about viable, cost effective, and sustainable solutions. A first step is to conduct a gender analysis to accurately identify and understand how gender differences result in inequalities in the energy sector and contribute to different and unequal vulnerabilities to climate change.

C.2 Evidence of Gender Disparities in Global Climate Change

A large and growing gap exists between rural energy requirement and supply. Non-commercial energy consumption accounts for around 30% of the total energy consumption. Non-commercial energy sources such as fire-wood, agricultural and animal wastes account for a large proportion of energy in rural areas. Despite efforts made for more than two decades, renewable energy systems meet less than 1% of the rural energy needs. The major source of household energy use is biofuel, which accounts for about 80 % of household energy, and 30% of total energy consumed in India.[116] Indian forests are the source of 39% of the fuel wood, resulting in 314 Mt of bio-fuels gathered annually. The proportion of households dependent on biofuels has decreased less than 20 percentage points since 1950.

115 Neumayer, Eric, and Thomas Plumper. (2007), "The Gendered Nature of Natural Disasters: The impact of Catastrophic Events on the Gender Gap in Life Expectancy, 1981-2002." Annals of the Association of American Geographers 97:551-566.
[116] Parikh, Jyoti (2009, Gender Analysis of Renewable Energy in India: Present Status, Issues, Approaches and New Initiatives. New Delhi: IRADe and Energia, p. 11.

Impact on livelihoods: The burden of customary energy use falls disproportionately on women who spend an average of 1-5 hours per day on fuel collection in fuel scarce areas[117] and are responsible for the collection of 28% of all energy consumed in India.[118] Men spend approximately ten times less time on this task. [119] Women's primary responsibility for fuel collection, adds up to spending 30 billion hours annually in fuel wood gathering.[120]

Women also work longer hours than men, as much as 3 to 4 times in agriculture.[121] Access to a reliable and clean energy source can reduce the time it takes to do many routine tasks. There has been little attention to introducing technologies that make these processes more efficient to increase productivity– e.g., grinders and hullers. One notable exception to this is the rice warmer developed by EMC in Kerala that reduces cooking time for rice from one hour and a half to fifteen minutes. After removal from the flame, the pot of rice is placed in the warmer (a cube made of corrugated cardboard or plastic that sits on a foam board) for an hour, after which it is ready to eat. The warmer also can be used for keeping the rice warm over night so that it is ready to eat in the morning, a measure that potentially allows women at least an extra hour of sleep in the morning.

Women and men have different degrees of control over energy resources and decisions. In spite of the fact that women are closely involved with collecting and processing fuel resources, they rarely have control over their production or use besides for cooking (UNDP 2000). This lack of control is one of the conditions that make women especially vulnerable to environmental degradation as well as to other adverse impacts on their livelihoods (including agricultural production), health, education, and political participation.

Scarcity of biomass fuel sources, lack of access to reliable electricity, and limited availability of renewable energy sources such as wind, solar, micro-hydro, biodiesel, or biogas, constrain both women's and men's livelihood opportunities. In the Indian context, women tend to be additionally disadvantaged by their overwhelming responsibility for collecting fuel and the linked opportunity costs imposed by their domestic obligations for cooking, washing (i.e. heating water), and food processing which are unnecessarily time-consuming because they use inefficient energy. This leaves them less time to pursue educational and income generating opportunities beneficial to them and their families.

Men and women also react differently to the effects of insecure and unsustainable supplies of energy. Where it impacts directly on household incomes, men often respond by migrating in search of employment elsewhere. The impact on women is generally an increase in their labor burden, both in terms of additional time spent locating and collecting scarce fuel, and in bearing additional responsibilities for agricultural tasks abandoned by their absent male partners. A Food and Agriculture Organization (FAO) study in Andhra Pradesh found that when faced with the effects of climate change and variability, men and women opt for different livelihood strategies. Men prefer to migrate (47% men compared to 18% of women). Women prefer to look for wage labor (57% as compared to 38% of men). In addition, women (24.4%) are more likely than men to (7.4%) to report that women were most affected by drought.[122]

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[117] Soma (August 2009) Gender Assessment for South Asia Regional Initiative for Energy(SARI/E) .
[118] Parikh (2009)
[119] World Bank (2000) Gender and Agriculture Sourcebook. Washington D.C.: World Bank
[120] Parikh Jyoti K. et al (2005) "Lack of Energy, Water and Sanitation and its Impact on Rural India" in Parikh Kirit S. and R. Radhakrishna (eds.), India Development Report 2004-2005, Oxford University Press, New Delhi.
[121] Kelkar, G and Nathan , D (2005) "Gender, Livelihoods and Resources in south Asia," Paper for the 5th South Asian Regional Ministerial Conference, Celebrating Beijing Plus Ten, Islamabad, Pakistan, 3-5 May 2005.
[122] Lambrou, Yiana (nd) "Does gender make a difference in dealing with climate shifts?" FAO www.fao.org/climatechange/54818/en

Climate change can have a profound impact on household food security and agricultural productivity. Particularly in rural areas, these adverse effects are likely to have significant impacts on men and boys whose socially constructed roles as principal bread winner place considerable social and emotional burdens on them to seek alternative sources of livelihood outside of their home communities. This in turn leaves women and girls with responsibility for trying to produce food and other crops under difficult conditions, and often without the authority for decision making and access to the productive inputs (credit, fertilizer, pesticides, water, and sufficient labor) to maintain even existing low production levels. Increased access by women to efficient energy, and adaptation of agricultural machinery (e.g. tractors, mills, and crushers), to their needs, would help to reduce the burden of women's farm labor and improve productivity.[123]

Access to energy and technologies is intrinsically linked to being a productive farmer and to transforming their production into valued-added products through processing. Married women whose husbands are absent from their communities, or other women heads of households, may also have limited access to irrigation by not being official members of water user organizations, or may lack money for purchasing fuel to run pumps and grinding mills. They may also have little say about distribution and control over land which they often risk losing to other male members of their husbands' families. Women's heavy labor burdens also prevent them from playing a prominent role in planning for energy and water infrastructure.

Women and men also have different perceptions about the benefits of energy use in the household. While men tend to focus on the benefits of electricity in terms of leisure, quality of life, and education for their children, women are more likely to value electricity as a means to reduce their workloads, improve health, and reduce household expenditures.[124] Satisfaction of these different preferences may be either fulfilled or frustrated by the selection of type of energy source. For instance, solar lighting systems may satisfy men's access to entertainment media while not satisfying women's demands for cooking or heating. [125]

Women's own sources of livelihoods are also affected by whether or not they have access to electricity and other reliable sources of energy. Women use energy for businesses. 53% of women's businesses are home-based; many are heat-intensive (food processing), labor intensive; and/or light-intensive (home based cottage industries with work in evenings. The lack of adequate energy supplies for these activities adversely affects women's ability to profitably and safely generate income for their households in both rural and urban areas.[126] Women also have little access to credit and other productive capital to invest in energy and time saving measures and related businesses.

Women's labor often is used to subsidize, or compensate, and substitute for inefficient household energy sources. The value of women's labor to gather fuel and to cook with inefficient fuel, and the corresponding opportunity costs are never monetized. Women-specific tasks are rarely considered as a focus for investment in labor saving energy technologies, as they are perceived to be free of any monetary cost. As a result, routine tasks are extremely time consuming and have a high degree of drudgery, preventing women from using their time for more lucrative pursuits, and preventing girls from going to school or performing well in school as they have little free time for their studies.

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[123] Parikh, Jyoti (2009) Gender Analysis of Renewable Energy in India: Present Status, Issues, Approaches and New Initiatives. New Delhi: IRADe and Energia.

[124] Clancy, J.S., M. Skutsch, and S. Batchelor (2003) The Gender- Energy-Poverty Nexus: Finding the energy to address gender concerns in development. Paper prepared for the UK Department of International Development (DFID) Project CNTR998521. www.utwente nl/dg

[125] Parikh 2009

[126] Dutta, Soma (2003) Mainstreaming Gender in Energy Planning and Policies, UNDP

Participation, decision-making and leadership: In households where there are adult men and women, the gendered division of labor generally allocates to women the responsibility for household energy provision related to their spheres of influence in the household, in particular activities centered on the kitchen. However, when energy has to be purchased, men take control of decision-making and women are generally not consulted nor are they able to make purchasing decisions independently. As men often are not involved in household chores on a regular basis, they do not prioritize the purchase of items they associate with women's responsibilities.

Women's lack of economic decision-making power also has consequences for the uptake of more efficient and sustainable practices, such as the use of more environmentally friendly cook stoves, fuels (e.g., LPG), and energy-saving light bulbs and energy efficient appliances. Even in areas of the country where women have more possibility of making decisions about household purchases, they rarely have access to the information they need to make informed decisions.

Health: Smoke from biomass energy disproportionately causes morbidity in women and children. Recent evidence demonstrates that indoor air pollution from solid fuels is the third highest risk to human health in India. [127]The greater time women and children under five spend indoors in houses with biomass cook stoves subjects them to much higher average daily exposures than other family members. Young children who accompany their mothers while they cook are most vulnerable to the health risks of smoke and pollutants because they are exposed during a developmentally sensitive period in their lives, both prior to and after birth. Smoke from indoor fires accounts for between 410,000 and 570,000 premature deaths each year in India, which is the number one risk of neonatal death. Women also suffer from acute respiratory problems, and increased incidence of lung cancer, and TB, as a result of their constant exposure to smoke and noxious particulates. These findings were emphasized as a major health problem in India in the USAID-hosted conference on Advanced Cook Stoves for Improved Health of Women and Children held on December 10, 2009. Pregnant women who cook with biomass fuels also have a higher risk of stillbirth.[128]

Use of more efficient, less polluting, and better ventilated cook stoves would help to reduce women's and children's exposure to indoor air pollution. There are currently numerous designs on the market, but it is not clear to what extent they respond to the varied needs and preferences of women across India. There are also concerns about affordability, and depending on the model, to what extent they meet the different objectives of reducing pollution and decreasing the amount of time women need to invest in cooking. Prior attempts by the GOI to widely distribute more fuel efficient and less polluting stoves were met with little interest on the part of rural women, as they were rarely consulted on their needs and had little input into design of the stoves. No program has yet addressed the major impediment to purchase of new stoves, most women who use biomass stoves, do not have power over purchasing decisions. Simply marketing the stoves to men, who make most decisions about large expenditures, is not sufficient, as most men do not regard stoves as a critical investment, especially when resources are scarce. Outreach to both men and women on the potential health and economic advantages of the new stoves, and active engagement of both in a needs assessment, would likely increase the demand.

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[127] It ranks just below malnutrition and lack of safe sanitation and drinking water, according to the WHO, as cited in Kalpana Balakrishnan1, Sumi Mehta , Satish Kumar and Priti Kumar "Exposure to Indoor Air Pollution: Evidence from Andhra Pradesh, India," Regional Health Forum WHO South-East Asia Region, Volume 7, Number 1

[128] Parikh, Jyoti et (1999) Indoor Air Pollution: A Reflection on Gender Bias, " Economic and Political Weekly, Volume XXXIV, No. 9; Kalpana Balakrishnan1, Sumi Mehta , Satish Kumar and Priti Kumar. "Exposure to Indoor Air Pollution: Evidence from Andhra Pradesh, India," Regional Health Forum WHO South-East Asia Region, Volume 7, Number 1; Mavalankar, Dileep (1991) "Levels of of Risk Factors for Perinatal Mortality in Ahmedabad, India. Bulletin of the World Health Organization, Volume 69.

Security: Rural electrification affects men and women differently, including decisions about where to place public lighting and where to place light bulbs and outlets in the household, such as in the kitchen where women and children spend about 50% of their time, or in areas of the house used for leisure– activities mostly enjoyed by men.

Where and when lighting is available in public spaces affects women's real and perceived security/safety and either impedes or facilitates freedom of mobility outside of the home, especially at night. Lighting in public places increases women's and girls' capacity to attend public meetings, continue their education, and to congregate with other women in self-help groups, as well as to run businesses, such as food stalls and other retain businesses in the evenings.

Power levels and supply hours also have differential impact on men's and women's activities. Women need reliable electricity for domestic tasks, such as cooking, heating, and ironing. These appliances use higher level of energy in the household than men's activities, which are generally for less power hungry devices, such as radios and televisions. Therefore, a solar photovoltaic system may not respond as well to women's needs as to men's.[129] Conversely, renewable fuels that substitute for fossil fuels used to power farm machinery and irrigation pumps may not be equally suited for running household appliances or other machinery (e.g., sewing machines) that women use for their own businesses.

Education: Availability of electricity for lightening enables girls to have more equal access to education, to perform better, and to complete higher levels of schooling. Girls, more than boys, are burdened with reproductive (domestic) and productive tasks in addition to their school work. Public and private lightening permit girls to attend school or complete their homework in the evening thus enhancing their school performance and completion.

C.3 Policy and Institutional Gender Challenges and Opportunities in GCC

Policies: Most policy makers regard energy policies as gender neutral, as they do not see themselves as purposely excluding women or men from access to energy, but as the forgoing analysis demonstrates, women and men have differential needs, preferences, access, and realize unequal benefits from national and local decisions about investments in energy development.

India's Integrate Energy Policy (IEP) is a significant advance in recognizing the fallacy of not taking gender into account when formulating policy. It specifically highlights the interdependence of women's empowerment and energy security in the country, especially the value of secure energy availability and access for rural women's livelihoods.

<u>Household Energy Security</u> : Electricity and Clean Fuels for All: One of toughest challenges is to provide electricity and clean fuels to all, particularly rural populations; considering the poor paying capacity, the limited availability of local resources for clean cooking energy and the size of the country and its population. Yet, given the fact that women and the girl child carry most of the burden of the drudgery of gathering fuel wood, agricultural wastes and animal dung and also bear the brunt of the indoor air pollution; the urgency to meet the challenge should be high, if we are to achieve universal primary education for girls, promote gender equality and empower women. The considerable effort spent on gathering the bio-mass and the cow-dung & preparing the same for use is not priced into the cost of such energy. These fuels create smoke and indoor air pollution and are inconvenient to use. They have adverse impact on the health of people, particularly women and children. Easy availability of a certain amount of clean energy, required to maintain life, should be considered as a basic necessity. Energy security at the

[129] Parikh, Jyoti (2009) Gender Analysis of Renewable Energy in India: Present Status, Issues, Approaches and New Initiatives. New Delhi: IRADe and Energia: p.24.

individual level means to ensure supply of such lifeline energy need. India cannot be energy secure if her people remain without secure supply of energy at affordable cost.[130]

It emphasizes the importance of renewable energy sources and supports subsidies for renewable fuels, particularly as a means of accelerating access to energy for areas of the country that are not yet connected to the national grid. While recognizing that easy availability of a certain amount of clean energy, required to maintain life, should be considered as a basic necessity for the benefits in empowerment, health, environment and reduced pressure on deforestation, and the likely increase in productivity of rural India, the Planning Commission, the GOI recommends the following actions:

- Finance a large scale socio-economic experiment to operate community sized bio-gas plants as a commercial enterprise either by a community cooperative or by a commercial entrepreneur, as such bio-gas plants can meet the need for clean cooking energy of a sizable segment of the rural population.
- Improve the efficiency of domestic *chulhas* and lanterns from the prevailing 10-12% to 20-25%, which is easily attainable, and promote the improvement of ventilation in the cooking area of the dwellings.
- Develop woodlots within one kilometer of the village. Women's groups can form co-operatives for developing and managing fuel wood or oil seed plantations with the same efforts that they put in searching and gathering fuel wood today. Provide finance through self-help groups to transform women, who are today energy gatherers into micro-entrepreneurs engaged in rural energy markets and energy management.
- Generate electricity through wood gasifiers or burning surplus biogas from the community bio-gas plants. Such distributed generators may be able to reach electricity to villages sooner than the grid and may be connected to the grid with a feed-in tariff as and when it reaches the villages. Cover such distributed generation together with the local grid under the subsidy scheme of RGGVY (Rajiv Gandhi Grameen Vidyutikaran Yojna). Formulate a tariff policy for such distributed generation for both household and productive use including agriculture.
- Encourage the organized sector to adopt rural community/communities in their areas of operation.

A Women Cell was set up in the Ministry of New and Renewable Energy in 1997. This Cell reviews plans, schemes, and progress of various programs with a view to ensure that all aspects of women's development are promoted through them, wherever feasible, as per the recommendations contained in the National Perspective Plan for Women.

To realize the full benefit of the policy in programming, a recent gender audit of the policy advocates for taking women's needs and interests into account when allocating subsidies, as well as involving women in management and operations of energy systems. The anticipated benefits would be to generate employment for rural women while also ensuring the financial sustainability of the new systems. Added benefits would be realized from training women in the operation and maintenance of the new energy technology. This would be a significant departure from the current situation in which men dominate management of the energy sector, *without an adequate appreciation or understanding of how energy affects women's responsibility for productive and reproductive work.* [131]

Programs: The GOI no longer plans to actively promote improved cook stoves. Frustrated by the poor performance of the National Program for Improved *Chulhas* (NPIC) from 1985 to 2002, the government now views this as the responsibility of state governments and the private commercial and NGO sectors.

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[130] Planning Commission (December 2005), Draft Report of the Expert Committee on Integrated Energy Policy, New Delhi: Government of India, pp. xi-xii.
[131] Parikh (2009), p. 21; Parikh, Jyoti (nd) Seven Policy Recommendations of the Collaborative Research Group on Gender and Energy (CRGGE), www.irade.org

The aims of the NPIC were to conserve forests, reduce women's burden for fuel collection, and minimize their exposure to indoor air pollution. By the end of the program in 2002, it had distributed 34 million stoves instead of the planned 120 million, and only 16% of the distributed stoves were actually used.[132] The program was implemented in a top-down fashion with little consultation of women about their needs or interests. The substitute stoves also were not terribly fuel-efficient, did not take into consideration the cost of fuel in terms of labor or cash, and the designs did not meet the variety of uses that household have for stove, beyond cooking meals, such as heating the home, processing products for sale, dying cloth, and other activities.[133]

The experience has been more successful in some states where NGOs have taken a more bottom-up approach to cook stove technology. Nevertheless, scale-up of these efforts has been hampered by similar challenges: there is little availability of the alternative stoves; a single design does not respond adequately to women's diverse cooking styles and other uses from place to place; processing and distributing specialized fuels, like wood chips or pellets is difficult; and women have little control over household purchasing decisions.

Demand for alternative stoves might increase if:

- Women end-users were involved in the design and marketing of the stoves, and management of the programs to introduce them to new users.
- There were greater and more comprehensible dissemination of the health benefits for all members of the family.
- Credit was more available for the purchase and sale of the stoves.
- Stoves were bundled with other energy actions, such as development of renewable energy systems of different types (e.g. solar, micro-hydro, biogas, and other biofuels), and the installation of drinking water and sanitation systems.
- Programs worked through women's self-help groups rather than targeting individual women or households.

A number of programs in India have had success in supporting women's self-help group projects to strengthen women's access to a more secure fuel source in conjunction with expanding their economic opportunities.

- **Biodiesel from local seeds in Orissa:**[134] This project was implemented by CTxGreEn, a Canadian NGO, and Gram Vikas, a local NGO with 25 years of experience in the region. The project introduced a small-scale pedal driven processor that produces batches of 5 and 20 liters. Inputs include oil from locally grown seeds, alcohol, and lye. The products are biodiesel, glycerin, which is used to make soap, and residual seed cakes which serve as animal fodder. Two villages of 16 and 31 households were involved in the pilot study, but a feasibility study demonstrated it could be scaled up to serve 50 villages with a total of 1m500 households. The hybrid biodiesel generator used by the villages provides one hour of compact fluorescent lighting through a 220-volt mini-grid. It also charges a battery bank for additional hours of LED lighting. Men villagers, in particular, realized several direct and indirect benefits from the project, including:

[132] Parikh, Jyoti (2009) Gender Analysis of Renewable Energy in India: Present Status, Issues, Approaches and New Initiatives. New Delhi: IRADe and Energia: 30-31

[133] Dutta, Soma (2003) Mainstreaming Gender in Energy Planning and Policies, UNESCAP Project: Background Paper for Expert Group Meeting.

[134] Based on a paper by Geeta Vaidyanathan and Ramani Sankaranarayana, (nd) "India: Producing Biodiesel Fuel from Local Seeds for Livelihoods, Water Pumping and Power-generation." CTxGreEn, Canada/Gram Vikas-CtxGreEn Biodiesel Project, Orissa.

- Renewable energy fuel for water pumping, mechanized tilling, and threshing.
- Increased agricultural productivity from increased soil fertility enhanced by the use of the oil cake as fertilizer. This also reduced swidden agricultural practices that entail burning down trees**,** permitting regeneration of local forests.
- Increased income for local entrepreneurs from sale of biodiesel services and from oil cake, glycerin, and soap sales.

Even though the project design included explicit objectives for involving women in the planning, operation, and management of the system, men dominated the process. The lesson learned, according to the implementing organizations, is that ensuring women's participation has to be a labor-intensive and deliberate process. They are now training young girls as barefoot technicians to provide quality control and supervision of the operation of the machines. This is meeting with a good response. They also stress the importance of developing strategies to support women's and youth's businesses.

- **Barefoot Electricians trained in the Barefoot College in Tilonia, Rajasthan:**[135] Since the 1990s, Barefoot College, an NGO in Rajasthan, has trained semi-literate and illiterate women to install and maintain solar voltaic cell systems. The women learn to install solar panels and to connect them to batteries and inverters that produce alternating current. They also are trained to build solar lanterns and to repair the systems and lanterns in electronic workshops that they also learn to build in their home communities. Women "barefoot engineers" are about ¼ of the 270 engineers trained by Barefoot College. They operate in eight Indian States where 8,700 solar units had been installed by the end of 2007. These units generate 500 kilowatts per day and benefitted over 100,000 people in 574 villages and 870 schools. Barefoot College has also trained women Barefoot Engineers in Ghana, Mauritius, Morocco, and from several Latin American countries.

While the project described below is not explicitly aimed at producing or using alternative fuels, it does offer an interesting model of how to combine carbon sequestration with other livelihood options.

- **Carbon sequestration project:**[136] An agroforestry project in Gudibanda Taluk, Karnataka (implemented by the NGO Women for Sustainable Development [WSD]), supports local women and men farmers in planting mango, tamarind and jackfruit tree orchards for harvest and carbon sequestration. The project supports women's participation in decision-making processes by taking into account women's special condition in respect of their cultural constraints and time schedule when establishing public forums. The project established a prototype carbon marketing facility to sell the certified emissions reduction of the global environmental services that the participating poor rural women and men provide. Because farmers have an average annual income of less than US$100, they cannot afford to plant fruit trees without financial assistance. Success also requires expensive irrigation changes and planting tools. Since harvesting the crops is possible only about four years after planting, farmers will live on the carbon sales from their mango plantations until they harvest their crop. When fruit production starts one acre of crop will at least triple their annual income. The project lifetime is 35 years, with an estimated CO^2 benefit of 23 tons of carbon sequestration per acre. The project target is 35,000 acres, for a total sequestration of 575,000 tons of carbon.

[135] Information from Dutta (2009):p 29. See also infochangeindia.org/…/Barefoot-female-and-a-solar-engineer html and http://www kip ke.wipo net/wipo_magazine/en/2009/03articule_0002 html

[136] This information appears in Box 2 on p.155 of Aguilar, Lorena (2009) Training Manual on Gender and Climate Change. NY: IUCN, UNDP, Finland Ministry of Foreign Affairs.

There are also a number of continuing and new initiatives proposed by the GOI, which would benefit from USAID technical support for gender mainstreaming. These are activities that have the potential to produce significant benefits for both men and women, if both are included in program design, implementation, and monitoring and evaluation. A few that merit consideration when developing USAID Mission technical assistance activities in energy are:

- **The Ministry of New and Renewable Energy** has proposed a scheme to provide solar lanterns free of cost to girls. The scheme will be available to one school-going girl in Class IX to XII per family BPL (below poverty line) residing in unelectrified villages and hamlets of the special category states and unions such as Arunachal Pradesh, Assam, Himachal Pradesh, Jammu and Kashmir, Meghalaya, Mizoram, Nagaland, Sikkim, Tirupura, Andaman and Nicobar Island, and Lakshadweep.

- **Tata Energy Research Institute (TERI)** has undertaken an action research study to demonstrate promotion of village energy security through NREGA. The overall aim of the study is to promote decentralized energy generation systems through employment generation under NREGA.[137] The study proposes to undertake a demonstration program to create a bio-resource base for a sustainable fuel supply which in turn can be utilized in energy efficient technologies and services. The creation of bio-resource base would be designed to generate employment.

- **The Village Energy Security Test Projects (VESP)** aim at meeting the total energy requirements, such as cooking, lighting and motive power of villages, with full participation of the local communities, including women. The projects are environment-friendly and create avenues for local employment and improve the quality of life. Test projects on village energy security were underway during 2009 to demonstrate the techno-economic parameters, provide operational experience, mobilize local communities, and solidify institutional arrangements. Project activities include: preparation of a village energy plan, including assessment of resources, energy services required and configuration of energy production systems; formation of a village energy committee; creation of a village energy fund; plantations and installation of energy production systems; operation & maintenance; and capacity building including training. Options for energy production systems consist of: improved *chulhas*; dung or oil cake-based or leafy biomass biogas plants; biomass gasifiers coupled with 100% producer gas engines; and, biofuel based engines run on 100% straight vegetable oils (SVOs) for lighting and biofuel based pump sets for meeting the motive power requirements. Energy plantations are an integral part of these projects. A village energy committee (VEC) is to be constituted through the Gram Sabha, duly notified by the Gram Panchayat as a Sub-Committee or Standing Committee of the Gram Panchayat. The projects involve village-level planning and implementation in order to meet the total energy requirements of the village mainly through local biomass resources. The energy services are to be owned and maintained by the village community. The projects involve active community participation and have considerable potential for local employment generation.[138]

- **Integrated technology package**: In 2009, the Ministry took up a new initiative to demonstrate an Integrated Technology-package in entrepreneurial mode on medium size (200-1000 cu.m./day)

[137] Source: www.teriin.org

[138] The Ministry provides 90% of the project cost for meeting the total domestic and community energy requirements using new and renewable energy systems. The balance 10% of the project cost is to be mobilized by the community implementing agency / State Nodal Agency. Support is also provided towards professional charges to Implementing Agencies and administrative / service charges to State Nodal Agencies and towards O&M of equipment for a limited period. The funds released by the Ministry are placed in a bank account called Capital Account opened for this purpose by the Village Energy Committee (VEC). A Village Energy Fund is created with initial contribution from the villagers. 37 projects have so far been commissioned, of which, 13 test projects have been commissioned during the year. During the year, 17 new test projects have been sanctioned.

biogas fertilizer plants (BGFP) for generation, purification/enrichment, bottling and piped distribution of biogas. Installation of such plants aims at meeting stationary and motive power, cooling, refrigeration and electricity needs in addition to cooking and heating requirements. There exists a potential of installation of 1-6 *lakh* medium size biogas-fertilizer plants in various villages of the country. Under the demonstration phase, the Ministry is providing a central financial assistance of 50%of the cost (excluding cost of land) for a limited number of such projects for implementation following an entrepreneurial mode.

- **National Biogas and Manure Management Program** (NBMMP) for promotion of indigenously developed simple-to-construct and easy-to-operate family type biogas plants. There is an estimated potential for the installation of 12 million family type biogas plants. The Ministry is providing central financial assistance for harnessing this potential in the country under the NBMMP. The Program is implemented through State Government Departments, State Nodal Agencies and KVIC following a multi-model and multi-agency approach. In support of the program, 11 Biogas Development and Training Centers (BDTCs) have been set up in Universities, Indian Institute of Technologies (IITs) and other technical institutions of the country to provide technical back up and training. Installation of 4.12 million family type biogas plants has reached 34% of potential users has so far. [139] The plants also promise social benefits for rural families, such as reducing drudgery of women involved in collecting fuel wood and minimizing health hazards of smoky kitchens. It is estimated that the construction of 101,529 biogas plants would have generated about 3.05 million person-days of employment for skilled and unskilled workers in rural areas during the year.

C.4 NGO and USAID/India Responses to Gender Challenges in the Energy Sector

The importance of providing women with information about sustainable energy practices, as well as access to the economic resources necessary to implement their decisions is demonstrated by the results obtained by the EMC[140] project supported by USAID in Kerala. The project trains women community volunteers to promote sustainable uses of electricity among groups of women in their communities. Through group talks and informal conversations and visits, the volunteers highlight the financial savings and environmental benefits of using florescent light bulbs and more. In addition, the project connects them to sources of microfinance and wholesale suppliers of both bulbs and appliances so those who are interest can purchase products at below market prices for resale in their communities.

The decision of USAID Missions in South Asia, under SARI/Energy, to support the Women institute for Sustainable Energy Research (WISER), is a major contribution to enhancing gender mainstreaming in energy policies and programs in the region.

[139] Functionality of the biogas plants is about 95.80% as per the evaluation study conducted by APITCO, Hyderabad in 2008-09 for the plants installed during 10th Plan under National Biogas and Manure Management Program (NBMMP) for six representative States in different regions of the country. Installation of 1,01,529 family type biogas plants during the year is likely to result in the estimated saving of about 1.20 lakh tonnes of fuel wood equivalent and production of about 6.5 million tonnes of urea equivalent or 12 lakh tonnes of organic manure per year.

[140] Project of the Energy Management Centre, Ministry of Power, Kerala

The objectives of WISER, the Center of Excellence for South Asia Women in Energy, are to provide a platform to support empowerment of women in energy through:

- Networking and sharing of information across and within countries in South Asia
- Awareness and alliance building
- Research, knowledge creation, and documentation of best practices in energy
- Transfer, development, and certification of technologies responsive to the different needs and interests of men and women
- Design and implementation of projects
- Knowledge management through a regional documentation center
- Training and institutional capacity building
- Showcasing clean energy technologies and incubate energy efficiency and renewable energy system for women entrepreneurs in South Asia.
- Provision of small grants and awards for successful initiatives related to women's energy access issues
- Policy advocacy; and
- Fund raising.

In addition WISER will provide a home base for South Asia Women in Energy Network (SAWIE). The network brings together women energy professionals from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. The network currently has approximately 100 members. The network serves as a professional organization for identifying, and developing sustainable low-cost efficient energy for poor women and men in rural and urban areas of the region.[141]

The Center has the potential to serve as a resource to support gender integration in USAID-funded energy activities in India, as well as in the rest of South Asia.

C.5 Recommendations on Gender Investments in GCC by IR and Sub-IR

USAID India's Global Climate Change Strategy focuses on lowering greenhouse gases by helping India to diversify into cleaner sources of power through a Clean Energy Technology Partnership Program (CETP). The strategy, which supports the goals of India's Integrated Energy Policy (IEP), aims to improve power supply and efficiency, introduce new energy efficient technologies, and advance markets for renewable energy. In conjunction with the Mission's Food Security Strategy, the CETP will also enhance the capacity of India's population to adapt to global warming.

IR1: Energy Efficiency Enhanced

1. **Shift focus from "technology" to "energy service" provision**. Invest in energy infrastructure technologies that directly meet poor women's energy demands and make their labor more productive, such as: improved cook stoves and fuels; food processing technologies (e.g, grinding mills, water pumps, transport, electric lighting and media).[142]

2. **Link energy efficiency to entrepreneurial activities for women.** For highest impact, promote sustainable livelihoods through modern energy services that permit poor women to increase their productivity and income and the value of their labor. Encourage adoption of modern energy services in the home. Also, involve women in supply side activities (e.g., sale of energy efficient fuels, light bulbs, and appliances) and in producing and marketing new energy resources and

[141] Dutta, Soma (August 2009) Gender Assessment for South Asia Regional Initiative for Energy, prepared under the Development Training Services (dts) subcontract to under PAE Consulting for the SARI/Energy Project .
[142] Parikh (nd)

services. Support women's micro-enterprises in accessing and using modern energy services and complementary business inputs.

3. **Increase women's/men's participation in energy use mapping, audits, and development of solutions for greater energy efficiency**. Prioritize complementary inputs for gender equality. Modern energy services are most likely to produce benefits for women if they are implemented in the context of a deliberate gender strategy in project planning and implementation as well as institutions that ensure women's access to energy sources and technologies that reflect their needs and interests. Support community-based organizations that enhance women's effective participation and decision-making. Work with groups of men and women in communities, national and local governmental organizations, and private industry to promote gender relations that value women's labor and decision making as well as men's.

4. **Promote consultations among Ministries to develop guidelines to implement gender goals of Integrated Energy Policy.** Include and document gender analysis at each step of policy, program and project planning, implementation, monitoring and evaluation. Collect sex-disaggregated data. Inter-ministerial cooperation is vital to making LPG, kerosene, and electricity more available throughout the country. Constraints in supply systems, particularly for LPG lmit its use. USAID can play a role in supporting inter-ministerial and intersectoral dialogue (as was done on cook stoves) conjunction with the private sector (NGO and commercial) to alleviate constraints that limit availability and choice of renewable and less polluting fossil fuels.

Illustrative Indicators

- Average number of hours men and women (boys and girls) spend in fuel collection
- Number of hours women spend on energy-linked household tasks
- Percentage of women and men participating in decisions about energy systems (village, district, state, and national)
- Reduction of use and expenditure on traditional energy sources/electricity substitutes
- Percentage of women and men trained in clean technology at different levels (professional and technical)
- Percentage of firms, NGOs, GOs, and other manufacturers of clean technology that conduct research on user's preferences and needs, and or solicit input from potential users on design specs and price points.

IR2: Access to Clean Power Increased[143]

1. **Ensure clean energy products respond to different consumer concerns and needs of men and women**. Current cooking energy use in developing countries has severely negative impacts on the health of women and children, via low birth weights and infant mortality, and substituting these fuels with more efficient biomass or fossil fuels would add little to global emissions. Provide information to women and men so that they can make informed decisions to select energy sources that reduce indoor air pollution and thereby contribute to reducing child mortality and women's and children's morbidity.

2. **Promote labor saving technologies that run on clean energy.** Time use studies demonstrate that women have little time for leisure, education, or sleep. If introduced technologies and new sources of energy do not save women's time, there is little likelihood that they will adopt them.

[143] This section relies heavily on Jyoti Parikh's gender analysis of the IEP (2009) cited above.

3. **Promote women as energy entrepreneurs, engineers, technicians, and self-help groups as potential rural electrification franchisees.** When women's groups operate enterprises aimed at providing renewable energy, they also develop managerial and business skills that allow them to improve their live livelihoods while helping to reduce greenhouse gas emissions. A little explored outgrowth of these activities would be to investigate opportunities to gain access to voluntary carbon credit markets (IUCN 2009:161).

4. **Increase knowledge and skills via capacity building and networking**, Build capacity of women to work in the energy sector and of both men and women to engage with gender issues in energy systems. Our research showed a need for capacity building at all levels, ranging from training for poor rural women who need skills to operate energy technologies and businesses, to female and male energy practitioners, researchers, and policy makers who need tools to engage effectively with gender. Improving linkages and networks among researchers, the grassroots level, and policymakers is a powerful means for generating self-confidence and increasing visibility at every level.

5. **Support gender integration and women's full participation in Village Energy (VESP) sponsored by the Ministry of Renewable Energy.** The projects aim to guarantee access to a minimal set of energy services (lighting, cooking, street lighting, water pumping for drinking water and electricity for schools and health centers) for villages that are not on the national grid. VESP projects would benefit from conducting a gender analysis prior to beginning activities to identify how to involve men and women equally in planning and implementation, and maintenance of the systems.

6. **Social marketing of energy efficient technologies, such as fuel efficient and non-polluting cook stoves.** Conduct gender analysis in the context of sociological and ethnographic research to better understand how women and other household members use stoves and other household-based technologies in different parts of the country. Use the information to develop social marketing strategies for energy efficient and non-polluting technologies. Also, look for ways to engage women in the marketing of stoves (and fuel) and through a social marketing/village distribution system.

Illustrative Indicators

- Number of new businesses created in villages with renewable energy systems (disaggregated by sex of business owner)
- Level of energy system use and awareness, among men and women, including level of satisfaction, level of awareness regarding technical package chosen, patterns of use, and access rates by men and women
- Availability of efficient equipment for cooking, heating, water supply, lighting, and for productive activities (disaggregated by sex of user of different types of equipment)
- Number of new women's organizations actively participating in energy system decisions, maintenance, and management
- Percentage of service providers that solicit information on user satisfaction from both men and women
- Percentage of woodlots within one kilometer of households

IR3: Cleaner Coal Technology Developed and Commercialized

None identified.

IR4: Vulnerability to GCC Impacts Reduced

1. **Incorporate women /men in planning and decision-making on GCC mitigation and adaptation initiatives**. The Community-based Risk Screening Tool (CRISAL) is a decision-making tool that examines climate adaptation within a livelihood framework in conjunction with a gender vulnerability analysis to identify gender-specific measures for responding to climate-related risks.[144] Attention to gender in the context of GCC adaption involves: analyzing change from men's and women's perspectives; incorporating those perspectives into program design; collection of sex-disaggregated data to monitor implementation; ensuring equitable access to resources, information, and education; and ensuring that women and men are equally involved in decision-making.

2. **Promote vulnerability-reduction measures that target women's and men's different needs and vulnerabilities, and build on men's and women's local and indigenous knowledge and coping skills.** For instance, the IEP stipulates that woodlots should be accessible within one kilometer from households. As women have little control over property, *Panchati Raj's* can make public lands available to women's self-help groups to manage community plots and profit from woodlots by planting trees that also produce non-timber products (e.g., seeds for making biofuel, fruit, and nuts). Women and men have different knowledge bases and skills that can contribute to developing adaptive strategies, such as planting water hungry tree species, such as eucalyptus in areas where there is a problem with standing water. Invest in measures that provide men with alternatives to out migration. Introduction of new livelihood strategies can support more gender equitable economic opportunities, as new schemes do not have the legacy of long established gender-based division of labor.

Illustrative Indicators

- Percent of women out of total participants trained to deal with climate related risks including disasters, livelihood security and health impacts.
- Number of gender-sensitive capacity-building programs designed and conducted at the community level to ensure women's priorities are taken into account
- Percent of men and women participating in development of disaster risk reduction/management plans
- Percent of adaptation strategies that take both men's and women's differential vulnerabilities, interests, skills, knowledge and needs into account
- Percent of women and men participating in environmental education and awareness raising activities
- Percent of women and men implementing new sustainable practices applicable to traditional and new livelihood activities

IR5: Centers of Excellence on Clean Energy and GCC Institutionalized (CERDI)

1. **Develop evidence linking attention to gender in energy policy and projects to equitable, efficient and sustainable outcomes.** Make each center of excellence, in conjunction with WISER, collecting and analyzing sex-disaggregated data to assess progress and impact of mainstreaming gender in each sub sector. Ensure that WISER receives financing, or is able to

[144] See www.iisd.org/security/es/resillience/climate_phase2.asp to download the tool.

charge for services, to other centers and for conducting gender analysis for other USAID energy projects in India and the rest of South Asia.

2. **Identify and document best practices on gender and energy.** Invest resources in research and evaluation to measure impact and document best practices. Create virtual platforms for sharing these experiences. Foster exchange of experiences between villages that have engaged in successful practices, as well as among development practitioners.

Illustrative Indicators

- WISER Center established
- Number of requests from other CERDI for WISER technical assistance to mainstream gender in their center activities
- Number of publications on gender and energy best practices, evaluations, and gender and energy analysis tools disseminated
- Number of grants distributed and programs implemented with WISER support

III. Next Steps for USAID/INDIA

USAID/India is strongly committed to working on gender throughout its portfolio and has many resources to draw upon as well as many organizations addressing or eager to address this large set of interrelated issues. Strong civil society networks are working to overcome gender-related inequalities. This section of the report provides six suggestions for the first things the Mission should do as it moves forward.

Recommendations for USAID/India: How to address gender more fully in its portfolio

1. Assess gender-related capacity at USAID and among partners:
   - Gender audit by an organization such as InterAction to assess staff knowledge, attitudes, and capacity with regard to gender: In order to take steps toward building capacity on gender, an assessment, structured through a process staff respect, must be conducted, and the results shared.
   - Gender audit on one of USAID's longstanding programs: Also worthwhile would be to conduct an audit of one of USAID's large programs that has gone on for a number of years. This process would provide specific ideas for how to include, support and monitor gender work in an ongoing way.

Illustrative Indicators

- Presence of explicit gender policies, guidelines, and implementation frameworks.
- Established capacities for systematic gender analysis in planning and programming.
- Use of tracking and accountability systems with specific performance indicators.

2. Build USAID staff capacity by hiring and by providing training for USAID staff and partners that includes exposure to evidence on integrating gender with programs.
   - Gender training for USAID staff, perhaps packaged as broader training on how social inequities undermine outcomes. A brief internal assessment of precisely what kind of training and for whom would be most useful.

- Develop and circulate summary evidence for including gender in development: Since one source of skepticism about working on gender is unfamiliarity with the evidence, providing a brief and accessible reference to existing data and resources would be useful.
- Build professional capacity in gender by hiring at USAID: Various groups have talked about the need for more leadership on these issues from USAID. One configuration would be to hire someone who works half of their time on gender and the other half on a specific topical area. The person must have his or her own portfolio and decision-making authority over some subset of work.

3. Select some new partners and grantees, as well as set up new roles for old partners. We have tried to provide illustrative roles or various organizations in each section.

- Integrate gender into framework that structures the Mission's work: The integration of gender into the basic justification for the Mission's portfolio will show partners of all kinds how serious it is about addressing gender.
- Partnership with specific donors: Several bilateral donors, most notably NORAD and SIDA, have worked extensively on gender. Their experiences could prove very useful to USAID.
- Work with existing networks: Collaborate with India's dynamic civil society movements that work precisely on gender and specific sectors, including health. USAID is currently not working at all with these players despite their topical interest and commitment.
- Select some new partners: The decision to focus on gender provides USAID with an opportunity to assess the government and NGO landscape and consider taking on some new partners.
- Ask existing partners to do things differently: As a crosscutting issue, gender must be addressed through *how* programs work, not simply *what* they are doing. Grantees need guidance on how to address and measure and how working on gender fits with their objectives and goals.
- Set up a system for providing technical assistance: USAID/India's move away from implementation and toward TA fits well with its commitment to working on gender. This TA will be very important for organizations uncertain of how to alter their work and address gender. A number of organizations with expertise on gender would be well-suited to working supportively with other grantees (see sub-sections A.4, B.4, and C.4 in Section II; and Annex D for specific suggestions).

4. Create procurement mechanisms that reward and reinforce a commitment to gender.

- Establish gender criteria for RFAs and RFPs: Grantees should be responding to well-structured Requests that require a thorough treatment of gender, including in their monitoring and evaluation system.
- Establish small grants program: As an area of work that requires ongoing innovation, gender in the Mission's portfolio would be served well by the establishment of a small grants program. This could be used to test out ideas that contribute to the Mission's overall agenda, particularly when the organizations or effort are too small to merit the regular demanding proposal process.
- Increase flexibility in grants: Gender-related obstacles to programming often arise once a program is underway. Greater flexibility in programming and reporting requirement will allow grantees to respond to circumstances that arise by building in additional efforts to address gender.
- Integrate gender fully into monitoring and evaluation: The Mission is well aware that in order to bring about changed programs, it needs to require new indicators that measure programs' effects on gender. A lingering challenge is that this often requires a longer timeframe to measure real change.

5. Establish system for ongoing sharing and technical assistance to partners.

- Establish a gender advisory team in Delhi made up of gender experts in universities, women's groups, the government, and other donors: The Mission would likely find it helpful to bring together an advisory team in Delhi including program partners. The team could provide advice on various aspects of its program, the politics of working on gender, the difficulties encountered by grantees, and so on.
- Create local advisory resources for grantees: In each state at least, a cluster of individuals with expertise in gender, indicators, and the specific sectors of work in the area can be made available for partners to turn to with questions about implementation and evaluation.

6. Specific substantive areas may represent "low-hanging fruit" for USAID/India. Three areas particularly stand out:

- Work multi-sectorally: Addressing gender ultimately requires doing multi-sectoral work. But what does this mean in practical terms? One manageable way to take this up is to make some investments at the intersection of two or three sectors. For instance:

    a) Bundle access to electricity, water and sanitation in support of men's and women's businesses in rural areas, and to enhance health and hygiene.
    b) Encourage villages that develop solar, wind, and micro-hydro electrification systems to promote girls' education and to encourage the Ministry of Education and State Governments to make teachers available to teach classes in the evening for women and girls who can't attend school during the day and provide electrification and labor-saving energy services.
    c) Collaborate with HIV/AIDS care and support programs to increase access to electricity and reliable and accessible energy resources to reduce the burden of and increase the quality of care.
    d) Take advantage of the introduction of public lighting systems as an opportunity to address gender-based violence and personal security through informal education, media, and community social mobilization.
    e) Build information about health into food security activities so that people can learn about the links between health and nutritional requirements at various stages of life.
    f) Encourage communities to ferment animal waste in biogas digesters, replacing polluting biofuel fires with methane, and thereby improving health.
    g) Use social marketing campaigns on gender norms to drive improvements in attitudes and behaviors that affect women's social status and their health and access to agricultural resources

  Potentially interesting partners or resources for the Mission are the Planning Commission, which is very interested in stimulating more cross-sector collaboration to address gender; and the UN's Safer Cities initiative, which has involved training an extremely diverse group including police, bus drivers and architects, with one consequence being that girls able to play in public spaces for the first time.

- Move from a supply-side orientation to demand creation: In focusing on the strengthening of services, for example, USAID has worked on the supply side of the issues of interest. Working on gender requires in part paying closer attention to the demand side, and the creation of demand for quality services in the population, men and women (boys and girls). This entails involving local young and adult women and men in the planning, design, and monitoring and evaluation of

programs. Addressing gender norms and obstacles at the aggregate level is an important way of supporting individual service use.

- Work with men to change gender norms: Men's perceptions of and behavior toward women tend to reinforce gender inequality and reduce program reach and effectiveness with women. The lessons learned from HIV work with high-risk groups on norms and stigma can be expanded to the general population, and to thinking in other sectors. India's growing movement of gender-equitable men could be an important resource for this work (see information in Annex D).

Illustrative Indicators (Impact at National Level)

- Ratio of girls to boys in primary, secondary, and tertiary education (could be specified for areas with USAID programs)
- Share of women in wage employment in the non-agricultural sector (as above)
- Proportion of women in national parliament (could be adjusted for local representation in Panchayati Raj institutions in USAID areas)
- Prevalence of Gender-based Violence (disaggregated by sex0
- Sex ratio at birth indicator
- Levels of anemia among women
- Child marriage rates

ANNEXES

ANNEX A: Scope of Work for Gender Assessment

DRAFT SCOPE OF WORK
Gender Assessment
USAID/India
December 2009

I. PURPOSE OF THE SCOPE OF WORK

The purpose of this Scope of Work (SOW) is to acquire technical assistance from EGAT/WID and GH/PRH, through the WID/IQC Short-term Technical Assistance and Training Task Order, and Health Policy Initiative/Interagency Gender Working Group Gender Technical Assistance Task Order respectively. Based on findings the team of two international consultants and three local consultants) will recommend how to systematically integrate gender issues into USAID/India's new strategy. They will seek to address the main gender consideration as described in ADS 201.3.8.4.

II. BACKGROUND

India's recent economic growth rate has masked problems still faced by the majority of its female citizens. Living with economic insecurity and social discrimination, many women face constant threats of violence including sexual assault, sex-selective abortions, domestic violence and trafficking. The World Economic Forum's (WEF) 2008 Gender Gap Index ranks India 113th out of 130 countries on the basis of four indicators: economic participation and opportunity, educational attainment, health and survival, and political empowerment. The practice of dowry continues, and the gender ratio for 0-6 year olds has declined for girls indicating an increase in sex-selective abortions, which is illegal in India. Every third woman faces domestic abuse. Close to 50% of women get married before the legal age of 18. There are an estimated 3 million sex workers; about 40-45% are children, largely girls. More than 60% of women are chronically poor and 96% of all women active in the workforce are employed in the informal sector that provides no social protection. When education levels, nutrition and health outcomes, and access to power sources are compared, Indian men and boys fare much better than women and girls, further demonstrating the deep-seated discrimination against women in Indian society.

India's impressive economic growth has not translated into better human development indices for women despite efforts in behalf of the GOI and the NGO community. For example, key GOI institutions such as the National Human Rights Commission, the National Legal Services Authority, the National Commission for Women focus on gender budgeting that requires all Ministries to track expenditures by gender. Other organizations have recognized and benefitted from the path-breaking interventions of USAID supported WomenPowerConnect, a lobbying network of over 700 civil society organizations in India. Though the Government of India (GOI) is committed to women's empowerment and human rights, formal and deep-rooted informal systems do not deliver on the promise of equality. The inability of the marginalized to protect their interests is the weakest link in India's democracy.

In recognition of these challenges, USAID/India is initiating development of a new 5-year strategic plan focusing on the following three strategic areas:

- Food Security
- Global Climate Change
- Health

The Mission has identified gender as one of the critical cross-cutting themes that needs to be more fully integrated across the sectoral areas relevant to the new strategy.

III. GENDER AS A CROSS-CUTTING THEME

Gender issues are integrated into USAID/India's current programs to the extent possible. The development of the new strategy and the paradigm shift, however, present an opportunity to not only assess the challenges and successes of integrating gender into the current programs, but also explore how to integrate gender sensitive interventions across sectors in a more synergistic fashion. The Mission places great importance in conducting a gender analysis to fully examine sectoral issues within the approved strategic areas and develop strategies. The most recent gender assessment for USAID/India was conducted in July 2001.

The assessment needs to fit directly into the Mission's strategic dialogue, with a focus on program design for food security, global climate change, and health. The assessment needs to question not only the different roles of men and women, but also the relationship and balance between them and the institutional structures that support them. Male involvement needs to be considered as a crucial component of the strategy. It is mandatory that the conclusions of gender considerations and any gender analysis performed are documented at the project and activity approval stage.

The gender analysis is intended to guide the development of the Mission strategy which is focused to strengthen the country's economic and social resiliency. ADS 201.3.8.4 - "USAID's gender mainstreaming approach requires that appropriate gender analysis be applied into the range of technical issues that are considered in the development of a given Strategic Plan."

THE SCOPE OF WORK

The purpose of this Scope of Work (SOW) is to acquire technical assistance from EGAT/WID and GH/PRH through the WID/IQC Short-term Technical Assistance and Training Task Order, and Health Policy Initiative/Interagency Gender Working Group Gender Technical Assistance Task Order, respectively. The short-term Technical Assistance (TA) will carry out a gender analysis which will outline the main areas where gender issues are of greatest relevance within the sectoral areas on which USAID/India's new strategy will focus. Information and data will be collected on the gender dynamics in all sectors. Main questions according to ADS 201.3.8.4: (a) how will gender relations affect the achievement of results? (b) how will proposed results affect the relative status of men and women? Based on findings the TA should make recommendations on ways how to systematically integrate gender issues into USAID/India's new strategy.

V. SPECIFIC OBJECTIVES

- Examine published literature and background documentation regarding the relationships between gender, vulnerability, and social norms in influencing development in India, with a focus on the Mission's three strategic focus areas: food security, global climate change, and health.
- Analyze existing formal laws and informal social norms that govern issues related to gender within food security, global climate change and health
- Assess selected USAID/India's current programs from a gender perspective.
- Analyze the impact of the Mission's strategic approach on the relative status of men and women in India.
- Determine whether the approved strategic plans include provision of gender considerations.
- Assess how gender is integrated into the planning and design of new programs and the monitoring and evaluation of existing activities.

- Determine whether gender plays a role or is a major determinant of outcomes and impact in USAID/India activities.
- In approved performance monitoring plans (PMPs) and results frameworks, determine whether gender-related intermediate results are included.
- Evaluate the Mission's gender policy, human resources and associated gender-related trainings. How is gender integrated into the existing program design and implementation?

Based on the analysis:

1) Identify critical gender-based constraints to equitable participation and access of men and women to programs and services implemented by USAID/India.

2) Provide specific recommendations on the strategies and approaches USAID/India can use to enhance the accessibility and equity of its programs, and effectively promote gender equity and empowerment of women within the Mission's strategic sector frameworks, e.g., what strategies can be used to scale up successful programs, what interventions are needed, how can we promote synergies for improving gender relations across all sectors?

3) Identify key gender issues outside of the Mission's current scope of investment that represent strong candidates for meaningful, high-impact support within the strategic framework

4) Provide recommendations to improve the Mission's operational practices as related to results and USAID policy, e.g., trainings, technical assistance, staff qualifications. Provide clear guidance of what USAID means by gender, and how it applies to programs, i.e., are we promoting equality, or trying to make our programs more efficient (women-centered versus project centered approach)?

5) How does the Mission maintain adequate emphasis on gender considerations throughout the program cycle, and across sectors?

6) Suggest preliminary gender-sensitive indicators to ensure that gender becomes an important element in determining program performance

7) Provide recommendations to improve the abilities of Cooperating Agencies who are currently implementing activities, e.g., trainings, technical assistance, staff qualifications.

8) Provide recommendations about designing procurements that effectively take into account gender considerations.

VI. METHODOLOGY

The gender analysis will be conducted using a participatory process involving the Mission's SO Teams, key partners and other relevant stakeholders. Elizabeth Callender, Aaron Schubert, and Ky Lam will be the primary points of contact who will organize the work in close consultation and collaboration with the Mission's sector representatives and other staff.
It is recommended that the following approach be undertaken which includes a combination of a desk review, key informant interviews and potential site visits.

1. Comprehensive literature review of pertinent documents including: (a.) studies and assessments conducted by other donors, NGOs, the Government of India (GOI), and the academic community,

and (b.) USAID documents including but not limited to the existing USAID/India Strategic Plan, PMPs, assessments, evaluations, solicitations and proposals.

2. Assess key policies relating to gender and identify opportunities for collaboration and mutual strengthening of gendered approaches.

3. Discussions and interviews with key donors, NGOs active in gender, GOI officials; the assessment team will be expected to develop a list of key contacts and to provide the list to USAID.

4. Meetings with USAID implementing partners (contractors, grantees, PVOs/NGOs) and each technical team; technical teams will assist with identifying the most important partner contacts;

5. Site visits to project activities, if feasible and appropriate.

VII. DELIVERABLES

Deliverables will include:

- Submission of list of proposed stakeholders to interview, one week before arrival.
- A brief 1-2 page Gender Design Considerations for each strategic sector (FS, GCC and Health) which will be included in Mission Activity Approval Documents (Please refer to ADS 201.3.9.3 Gender Considerations) These should be submitted before consultants leave India.
- Presentation at the Mission before departure to summarize and share main assessment findings
- Submission of a draft gender assessment report with recommendations at least two weeks prior to submission of final report.
- Submission of a final report with input from USAID/India, due two weeks after departure from India.

ANNEX B: List of Meetings, Interviews and Site Visits

USAID India: Elizabeth Warfield, Mercy Thomas, Monique Mosolf, Dr. Kimberly Waller,Dr. Sanjay Kapoor, Aaron Schubert, Gary Robbins, Lalita Shankar, Elizabeth Callendar, Kendra Phillips, Anand Rudra, Dr. Gaurav Bhatiani

USAID Washington: Anne Williams, Sahara Moon Chapotin, Patty Alleman, Diana Prieto

World Vision (Partnership for Innovation and Knowledge in Agriculture): Mr. James Varghese

Futures Group International (IFPS, IPAT, HPI): Dr. Gadde Narayana, Ms. Hemani Sethi

Population Services International (Connect): Mr. Atul Kapoor, Binoy, Ravi Subbiah, Niraj Deshpande, Chandrika, Iba, Ruchira Gujral

Jagori: Dr. Suneeta Dhar

Family Health International (Samarth): Dr. Bitra George

Hope Foundation India (Chotton Ki Asha): Mr. Mark Templer, Ms. Rachna Sujay

Karnataka Health Promotion Trust (Samastha): Dr. Naina Rani

India Health Action Trust: Kulandai Raj

Counterpart International (India Gender and Law Project): Ms. Tara Appachu Sharma, Dr. Suraiya Tabassum

Voluntary Health Services (AIDS Prevention and Control – APAC): Dr. Bimal Charles, Dr. IC Thangaraj, Dr. Mahalingam, Mr. Joseph Savy, Mr. Ebenezer

Sahodharan: Mr. Ganesh, MSMs

Commercial Sex Workers Project: Mr. Hariharan, CSWs

CHES: Dr. Manorama

EngenderHealth (RESPOND): Dr. B.P. Singh, Dr. Hari Singh

Planning Commission: Dr. Syeda Hamid

International Development Research Centre: Dr. Sara Ahmed

PA Consulting Group: Rakesh Kumar Goyal, Reena Suri, Michael Hajny

International Center for Research on Women: Dr. Priya Nanda, Dr. Ravi Verma

Maternal and Child Health Integrated Program: Dr. Karan Singh Sagar

Ministry of Rural Development: Dr. Rita Sharma

Energia/dts: Soma Dutta (independent consultant)

Envirofit (India) Private Limited: Harish Anchan

Envirofit International: Martha Kohlhagen, Ron Bills

UNIFEM: Dr. Govind Kelkar

Indian Council for Research on International Economic Relations: Dr. Surabhi Mittal, Michael Dickerson

Energy Management Centre: Prof. V.K. Damodaran, K.M. Dharesan Unnithan

ITC Limited Agri Business Division: G. Sunil

Swiss Agency for Development and Cooperation: Dr. Veena Joshi

Institute for Financial Management and Research, Centre for Development Finance: Richard Woodbridge

Philips Electronics India, Ltd: Unmesh Kulkarni

Centers for Disease Control, Global AIDS Program / India: Dr. Geeta Ann Joseph

MCH STAR: Dr. Marta Levitt-Dayal

Vistaar: Madhuri Narayanan, Urmila Bendre

Embassy of the United States of America: Alissa Redmond

Department of Extension, Ministry of Agriculture: Mr. N K Das, Sanjeev Gupta, Jt Secretary Extension and other officials from the department (New Delhi), Mrs V Natarajan

Action For Food Production (AFPRO): Mr. D K Manavalan (New Delhi)

University of Wisconsin-Madison : Dr. John Peters and Soil Scientist (Lucknow)

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP): Mr. P Sampath Kumar (Rae Bareli), Mr. Ajay Singh (Lucknow)

World Vision India: Deepak Daniel Mohan (Lucknow), Dr. Sanjay Avinash Mall (Lucknow)

International Rice Research Institute: Dr. Surendra Kumar Sharma (Lucknow)

Action For Food Production (AFPRO): Mr Sieti Immanuel (Lucknow)

ACDI VOCA: Amit Kumar Singh (Lucknow)

RGMVP: Charikapurva village, Amewa Block, Rae Bareilly district; Block Level Federation Office (Beerganj)

PIKA: World Vision Program Office (Sitapur), Macherla village, Adilpur

ANNEX C: Additional Documents Reviewed and Resource Documents

Most of the references are in footnotes. In addition, the following documents were reviewed:

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Illustrative List of Gender and Development Websites:

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2. BRIDGE, a searchable database of gender and development materials and online resources, www.bridge.ids.ac.uk/
3. Canadian International Development Agency (CIDA), www.acdi-cida.gc.ca.
4. Gender Equality Group, OECD, Development Assistance Committee (DAC): DAC Guiding Principles for Aid Effectiveness, Gender Equality and Women's Empowerment, 2008, www.oecd.org/dac/gender
5. ICRW Publications (http://catalog.icrw.org/pubsearchbytopic.htm)
6. IGWG Publications (at www.igwg.org/publications.aspx)
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Cross-Cutting Resources

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ANNEX D: Potential New Partners or Partnerships for USAID

Gender and Health

International Center for Research on Women

ICRW is strong in both research and program design. Priya Nanda has worked extensively on health sector reform in various countries and understands how systems work. Ravi Verma is a very distinguished researcher in gender and health, and has a strong interest in the roles of men and boys. pnanda@icrw.org, rverma@icrw.org

Priya Nanda pnanda@icrw.org

Ravi Verna rverma@icrw.org

Jagori

Jagori is a prominent player in the intersections between gender and development and participates in various important advocacy networks. They could be a great resource

Suneeta Dhar, B-114, Shivalik, Malviya Nagar, New Delhi 110017-12
Tel. + 1 11 2669 1219, +91 11 2669 1220.
Fax: +91 11 2669 1221
Email: jagori@jagori.org

FEM - Forum To Engage Men and Boys on Gender Equality and Address Violence
FEM brings together a large number of groups around India that are working to support and promote gender equitable attitudes among men and boys. They are organizing a meeting co-hosted by FEM, IPPF and ICRW and have invited Sheena Chabbra of USAID to attend.

Satish Kumar Singh, Coordinator, Forum to Engage Men, c/o Centre for Health and Social Justice, House 3 C, H Block, Saket, New Delhi
Tel. 011- 40517478

Hope Foundation India (Chotton Ki Asha)
Intuitively gets the gender-related challenges in their work and has looked for creative solutions across sectors. Very receptive to working on gender and sees the issues as integral to their work.

Mark Templer
Tel. +91-9818406885
,www.hopefoundation.org.in

Counterpart International
The work being done by the India Gender and Law Project could be systematized more and many of the ideas incorporated into programmatic activities of other organizations.

Tara Appachu Sharma and Dr. Suraiya Tabassum

AIDS Prevention and Control (APAC) of Voluntary Health Services Chennai
APAC has high capacity and a great interest in working more effectively to address gender inequality as it plays out in health. Their work with high-risk groups could easily be translated into much more

comprehensive work with men and women in the general population.

Dr. Ilanchezhian Thangaraj
AIDS Prevention And Control (APAC) Project, (APAC – VHS – USAID)
T.T.T.I. Post, Rajiv Gandhi Road, Adyar, Chennai – 113. Tamil Nadu
Tel. 044 – 2254 1965 Mobile : 94449 43334 / 90030 88881
ilanchezhiant@yahoo.com & driciec@gmail.com

Population Services International (Connect) – PSI is an enormous untapped resource for gender in general, and gender and health in particular. With some strong guidance on being far more ambitious in their messaging, PSI could move this work forward decisively.

Atul Kapoor, Population Services International (PSI)
116, Railway Parallel Road, 8th Cross, Kumara Park (W), Bangalore - 560020
Tel: 080 – 40855600, Cell: +9916678000
atul@psi.org.in

Gender and Energy

Integrated Research and Action for Development (IRADe)/ Energia

Works on all areas of energy, with special focus on gender.

www.rade.org contact

Jyoti Prarikh. Jyoti Parikh is also the representative for Energia in India (India Gender and Energy) Network 50 Asian Games Village, Khelgaon, New Delhi 110049
Tel/Fax: +91.11.2649 5522 +91.11.2649 5522 / +91.11.2649 0126 +91.11.2649 0126

Soma Dutta

Gender and Energy specialist who is an independent consultant closely allied with **Energia**
somadutta2010@gmail.com

Govind Kelkar

Gender and energy specialist at UNIFEM who also does independent consulting.

govindklkr@gmail.com

Gender and Food Security

Rajiv Gandhi Charitable Trust: Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP)
Current partners but very strong on gender. They first concentrated on empowering women but have now also started activities for men farmers. They have good dedicated staff and take activities to scale because of their outreach.

Mr. P Sampath Kumar, CEO
Rajiv Gandhi Mahila Pariyojana, Raebareli, UP
619, Kanpur Road, Rana Nagar, Raebareli 229001Uttar Pradesh
Tel. +91 5352211304; Fax: +91 535 2211300
info@rgmvp.org & www.rgmvp.org

Self Employed Women's Association (SEWA)
Very good resource for learning how women's groups and SHGs can provide a platform for empowering women farmers. They have been successful in empowering women farmers in many ways and have given them technical training, access to markets, etc.

Ms Reema Nanavaty, Director (Economic and Rural Development)
Self Employed Women's Association
SEWA Reception Centre, Opp. Victoria Garden, Bhadra, Ahmedabad - 380 001
Phone : 91-79-25506444 / 25506477 / 25506441, Fax : 91 - 79 – 25506446
mail@sewa.org, & www.sewa.org

Professional Assistance for Development Action, (PRADAN)
PRADAN will be a good resource for understanding how SHGs work with a focus on livelihoods, especially land based livelihoods.
Mr.Deep Joshi, Advisor
PRADAN Delhi
Post Box No.3827, 3 Community Shopping Centre, Niti Bagh, New Delhi-110049
Telfax: 011-26518619, 26514682 26528534, 41640611
headoffice@pradan.net & www.pradan.net