RIGHTS & DEVELOPMENT
BULLETIN
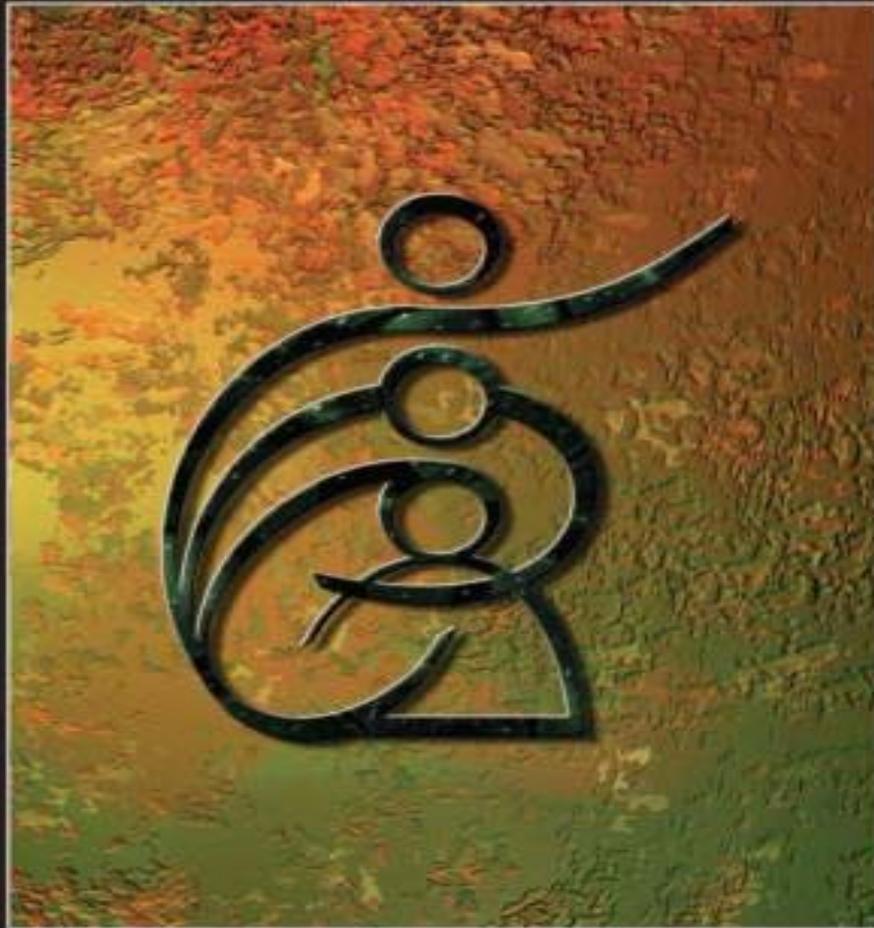
Centre for Development
and
Human Rights

Eradicating poverty is an ethical, social, political
and economic imperative of humankind

"To halve, by the year 2015, the proportion of the world's people
whose income is less than one dollar a day..."
Millennium development goal

Editor's Note

The Centre for Development and Human Rights (CDHR), New Delhi, has been publishing a quarterly 'bulletin' on rights and development since 2007. Our bulletin is addressed to human rights activists, academics, public servants, the NGO community and the interested public. Its purpose is to promote awareness of current developments in the area of human rights and development, with a focus on rights-based approaches to development and the Right to Development (RTD). Our bulletin's scope is broader than that of other rights-focused publications, in that we focus not only on concerns relating to civil and political rights, but also to economic, social and cultural rights, and group and collective rights (in other words, second and third generation rights).

Our primary focus is on India, though from time to time, we carry materials with a more regional or global focus. While the bulletin is prepared primarily by CDHR's staff researchers and interns, guest contributions are always welcome. In recognizing the importance of the next generation in the development and dissemination of the rights discourse, and are thus particularly interested in involving young people at the college and university level in the writing and production of the Bulletin, as well as in other aspects of the organization.

I am pleased to bring you the second issue of the Rights & Development Bulletin for 2012. This issue carries original articles on a range of topics relevant to development, human rights and social justice in India, including reports on the rights of domestic workers, the state of India's public healthcare system, the 'right to the city' in India, and proposals to make national budgeting more inclusive. In addition, the issue carries a 15-page overview of current issues in human rights and development -- an excellent, up-to-date resource for all parties interested in these areas.

We hope you enjoy the issue and return to us with comments and suggestions for improvement.

Dr. Mitu Sengupta

Editor-in-Chief, Rights & Development Bulletin

Table of Contents

Protecting Domestic Workers: A Distant Dream?

By Philip Varghese

Although the need for safeguarding the rights and according protection to domestic workers has been recognized recently, it is yet to yield benefits at the ground level. The tripartite Domestic Workers Welfare Board was constituted last year with the Principal Secretary, Labour, as the Chairperson and other nominees selected from the government, and from among workers and employers. Meanwhile, the Maharashtra government has gone a step further and brought domestic workers under the ambit of the Janashree Yojana, which provides them accident and death coverage, and offers limited scholarships for two children. The National Health Insurance scheme has also been extended to domestic workers, for which a budgetary allocation of Rs. 6.5 crores was made for the Board for the year 2012 (Menon, Meena, *"Ground Realities for Domestic Workers"*, The Hindu - January 13th, 2012, Available at: http://www.thehindu.com/todays-paper/tp-national/tp-newdelhi/article2797533.ece).   Most importantly, however, policy makers have never introduced a specific single scheme exclusively for the benefit of domestic workers.

Domestic work would imply nothing short of slavery, if the workers' rights are not protected through a specially monitored mechanism/legislations because domestic workers are routinely harassed and exploited by their employers, and deprived of their dues. Advocates of workers' rights have been working for more than 50 years to push through the requisite legislations for not only safeguarding their rights but also for implementing checks on the regulating agencies that undertake placements for these workers. In 1948, domestic workers were excluded from the purview of the National Minimum Wages Act. Later, various versions of the Domestic Workers (Conditions of Service) Bill were drafted separately during the years 1959, 1972, 1977, 1989, and 2004. The bill prepared through these drafts was also known as the Housemaids and the Domestic Servants bill. The objective of the proposed bill was to ensure minimum wages, holidays, and fixed hours of work for the domestic workers, and to prevent their financial and sexual exploitation by their employers.   In 2008, the Unorganized Workers' Social Security Act was enacted by the Central Government, following which a task force was set up to create a policy framework to oversee the implementation of the   Act

(file:///C:/DOCUME~1/admin/LOCALS~1/Temp/Domestic%20Help.pdf). This was followed by the enactment of the Domestic Workers' (Regulation of Employment, Conditions of Work, Social Security and Welfare) Bill that aimed to establish a compulsory registration procedure for all domestic workers, including both part-time and full-time workers. It also stipulated the setting up of a Domestic Workers Welfare Fund in order to ensure the registration of placement agencies, and the imposition of fines and imprisonment for violations. However, this bill was not passed. Subsequently, the task force of the National Social Security Board recommended that state governments should take steps to register placement agencies under the Shops and Establishments Act, and that domestic workers should be brought within the ambit of the Minimum Wages Act.

A major victory in terms of recognition of the domestic workers' rights was achieved on 16 June 2011 when India adopted the standards set by the International Labour Organization's (ILO's) Convention for Domestic Workers at its 100th annual conference in Geneva, which sought to bring an estimated 53 to 100 million workers worldwide under the realm of labour standards. Consequently, on 23 June 2011, the Union Cabinet of the Indian Government announced the extension of the Rashtriya Swasthya Bima Yojana (RSBY) for domestic workers, thereby providing them with health insurance for the first time. (Menon, Meena, "*Ground Realities for Domestic Workers*", The Hindu - January 13th, 2012. Available at: http://www.thehindu.com/todays-paper/tp-national/tp-newdelhi/article2797533.ece).

Domestic workers can be categorized as follows on the basis of the nature of their work and the specific issues affecting them: i) Full-time or part-time workers, who live either at their place of employment or in their own homes—this category may further be divided into child domestic workers and migrant workers; ii) Inter-country domestic workers, and iii) Foreign migrant domestic workers. The main factors that compel these workers to take up domestic work are abject poverty, the failure of government programmes to ensure poverty reduction, and the adverse impact of globalization on employment and income-generation activities.

The plight of female domestic servants is even worse than that of their male counterparts, as they earn lower wages as compared to the male workers for performing the same level and quantum of work. Full-time domestic workers are also often not provided adequate sanitation facilities at their place of work, and consequently suffer from diseases and illness, which also make them lose their jobs. They are usually burdened with extra work, for which they do not receive any bonus or extra pay from their employers. Since most of

these workers are illiterate or semi-literate, they lack the awareness needed to form a union for protecting their rights. Consequently, they have neither a forum nor any opportunity for raising their voice against the exploitation they suffer at the hands of their employers. Even the wages they receive in kind in the form of food and clothes are not sufficient to fulfill their daily needs. Further, the food given to them is often of inferior quality. Since employers do not enter into any written contract with these workers, the nature of the work they are supposed to perform remains vague, often varying from day to day and in terms of volume. They are also burdened with new tasks without any increase in wages, nor are they entitled to any annual wage increments. The workers often bear all this injustice quietly and perform all the work without any protest for fear of losing their jobs, which would further push them into poverty.

Albeit, the enactment of laws alone cannot deal with a complex humanitarian problem such as that faced by domestic workers, and other social measures are also needed to tackle it. For decades, groups like the National Domestic Workers' Movement have campaigned for recognition of domestic work as a form of labour. The diligence and persistence of such groups have resulted in the initiation of legislation by some states. For instance, both Andhra Pradesh and Karnataka have brought domestic workers under the purview of legal provisions for minimum wage. Tamil Nadu has included domestic work in the Manual Labour Act, and set up the Domestic Workers' Welfare Board in January 2007. Other states like Kerala, Bihar, and Rajasthan have also taken some steps in this direction. As mentioned earlier, the Central Government has included domestic workers in certain provisions of the Unorganized Sector Workers' Social Security Act that was passed in January 2011. And now Maharashtra has also passed its own law (http://southasia.oneworld.net).

Since no systematic studies have been undertaken to document either the number of domestic workers or the issues concerning them, no clear statistics are available regarding the number of people working as paid labourers in people's homes. This poses a big challenge, especially in terms of redressing the grievances of these workers and addressing their problems. The available data indicates that an overwhelming majority of domestic workers are women and girls, who are often subjected to abuse and even sexual exploitation by their employers. Significantly, this section of exploited workers largely comprises Dalits or Scheduled Castes (SCs), who also face caste-based violence and humiliations at the hands of their middle and upper class employers.

It is necessary to enact laws, but the implementation of laws relating to domestic workers can be effective only if they are accompanied by a change of attitude in the people who employ them. The various questions that need to be addressed in this context are: Do employers of domestic workers even know what the minimum wage is? Do they care enough about their workers to ensure that the latter are paid the wages due to them? How will the employers be penalized if they refuse to pay their workers? Can domestic workers ever become strong enough to refuse to work in a labour-surplus market like that of India? The rapid changes taking place in the economy and dynamic developmental policies are increasingly pushing more people into domestic work. The demand for domestic workers is also rising as nuclear families are replacing extended families, especially in the urban areas. This increase in demand for domestic workers ought to push up their wages. However, simultaneously, an increase in the number of infrastructure projects and industries is regularly displacing millions of people from their homes, particularly from the tribal areas. This includes a large number of women, who are consequently being forced to join the growing force of domestic workers in the cities. Due to the rising costs of urban living, most of these workers usually end up being indebted to their employers and often have to work their whole lives to pay off the debt.

Sometimes, the debt is even transferred to the next generation, and more often than not, it never really gets paid off. In such a situation, can the hapless domestic workers ever dream of freeing themselves from bondage? More importantly, can laws intervene to rescue them, and if so, how can that be achieved? It is thus imperative to urgently address the problems of domestic workers, from both the humanitarian and legal angles. The first step should be the setting up of an organization of domestic workers, which would help mobilize them, and form associations and unions to raise their concerns. This would not only ensure solidarity among the workers but also empower them to collectively bargain for their rights and dignity, besides helping build public opinion on this issue. The next step would be the employment of legislative mechanisms to grant them the official status of 'workers' and to protect their rights. Only such wide-ranging legal and attitudinal changes can guarantee that domestic workers receive not only recognition and minimum wages for their work but also the dignity and respect due to them as members of society.

Domestic workers in Delhi seek support at ILO (International Labour Organization) – Source: http://www.unmultimedia.org/radio/english/2011/06/ilo-gives-domestic-workers-international-recognition-and-protection/

Domestic Worker or Child?

By Urvashi Tilak

The recent incident of a 13-year old maidservant being allegedly locked in the house by a doctor couple, and the eventual rescue of the girl by an NGO and a police officer has once again brought to light the brutality with which child domestic workers are treated in the country. Girls from remote villages in the states of Jharkhand, Orissa, West Bengal and Madhya Pradesh (http://www.deccanherald.com/content/226513/girls-fall-placement-agency-traps.html) are brought to the city after false promises are made to their parents that they would be given good jobs and incomes. However, when these girls reach the city, they are kept in bondage, denied any payments and subjected to exploitation by their employers. Although such incidences have only recently been coming to light, this does not mean that the problem did not exist earlier. In 2004, a 14-year old girl servant was found hanging in one of Kolkata's Golpark homes; a 10-year old who was rescued from another such exploitative situation in August 2009 had severe burn injuries on her forearms and bruises all over her body; in September 2011, the charred body of a 12-year old was found at her employer's residence in Kurnool, Andhra Pradesh, and the discovery of the body was followed by allegations of rape against the employer; another a teenaged domestic help rescued from Bihar in April 2012 was raped and physically abused by her employers' children for over two years, and had burn marks to show for her ill-treatment (http://shaktivahini.wordpress.com/2012/04/18/the-newslaves/). How many more such instances do we need before taking stringent action against the perpetrators of such heinous acts?

Are the Laws Sufficient to Protect the Victims?

The Child Labour (Prohibition and Regulation) Act 1986 (CLPRA) makes employment of

children below the age of 14 years in hazardous sectors punishable (http://www.childlineindia.org.in/Child-Labour-Prohibition-and-Regulation-Act-1986.htm). This is one of the most debated acts on child labour, and has been highly criticized in many sectors. The Act was seen as legalizing the employment of children in certain sectors. In addition, it was beset with problems with regard to implementation mechanisms and weak punishments for those found guilty of violating the law. After India adopted and ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1992, a new dimension of criticism was added to the existing Act with regard to the definition of what constitutes a 'hazardous sector'. Civil society organizations (CSOs) working against child labour started exerting tremendous pressure on the Government soon thereafter. On 23 July 2002, proponents of the Campaign Against Child Labour (CACL) submitted a memorandum to the Government demanding the inclusion of domestic work and the hotel industry in the list of hazardous occupations and processes under the CLPRA, 1986 (CACL–CACT). Consequently, on 10 October 2006, the Government issued a notification on the inclusion of these two sectors under the hazardous occupations and processes.

Another important factor which adds to the existing confusion is the debate on the age of the children in the existing laws. The Child Labour (Prohibition and Regulation) Act, 1986 recognizes a person below the age of 14 years of age as a child. Under the Prohibition of Child Marriage Act, 2006, on the other hand, the definition of child includes girls below the age of 18 years and boys below the age of 21 years for the purpose of consent to marriage (Deshpande and Madhok, 2010).

Despite the existence of such strict laws against child labour, its incidence has been on the rise in cities. Globalization and an increase in the number of working men and women working has led to an increase in the demand for domestic workers. As a result, various agencies have sprung up to provide such help, with many of them being involved in trafficking children to cities for the purpose of domestic work. These children are held in bondage and placed in households under strict restrictions, where they are also prevented from establishing any contact with the outside world. Such isolation renders them even more vulnerable to harassment and sexual assault from the employers. Girls are usually more in demand for domestic work as they are believed to be equipped and trained to handle all the domestic work in addition to the fact that they can be controlled more than boys. It goes without saying that child labour is also in demand as it is cheaper than employing adult labour. The employers exploit the children to the maximum, and the fact that these children are confined in alien

environments further adds to their vulnerability.

In the case of children, the prevalent trend is that they are generally live-in domestic workers with only some of them being live-out domestic workers. The various reasons that compel these children to come to cities and work as live-in and live-out domestic workers include extreme poverty, lack of education facilities, the presence of large families, a stressful family environment at home, alcoholism, inability of the adults to shoulder the responsibility of these children, the perception of the girl child being a burden to the family, and the premature eviction of many of them from their rural homes into the city, to name a few (*ibid.*).

Children are brought into the city by agencies. There are different agencies operating in Delhi alone and the numbers are shocking—there are nearly 2,300 such agencies, out of which only 325 are registered. In Delhi alone, around 1000 children are rescued every year (http://traffickingnews.wordpress.com/2012/03/31/3283/). There are no clear data on the number of children employed in the domestic sector. It is estimated that roughly 20 per cent of the 12.6 million child workers in India are domestic workers (http://shaktivahini.wordpress.com/2012/04/14/all-work-no-play/).

Reasons for the Prevalence of Child Labour in the Domestic Sector

The treatment meted out to these girls is unfathomable. They are not only exposed to the risk of sexual exploitation but are also beaten up frequently and not given adequate food. Interestingly, in a majority of the cases, the employers of these girls are educated middle class families and couples, who exhibit a shocking lack of empathy for these children. Some of them even righteously claim that by providing the poor children with food and clothing, they are giving them a life better than what they deserve. Another dimension which needs to be pointed out here is that these domestic workers not only come from poor backgrounds but are also lower in the caste hierarchy. Therefore, the treatment they are subjected to is attributed to their position in the caste ladder.

They are treated as machines and are expected to work 24 hours a day. At an age when these children themselves need care and attention, they are forced to look after other households. Despite being children themselves, they have to perform the task of babysitting their employers' children, and consequently lose their childhood very early in their life. With no contact with their family or relatives, they often haplessly wait for a chance to escape or hope for rescue from some good Samaritan.

The Way Forward

Where exactly does the problem lie? Is it lack of empathy among educated urban households? Why are children from tribal or poor regions exploited so ruthlessly? Why is their right to live a dignified life so brazenly subverted? In fact, the inhuman treatment meted out to these under-privileged children shows that the problem is too deep-rooted to be easily resolved and cannot be tackled merely through the enforcement of laws. The problem is also not well addressed by law, which alone cannot be a measure for curbing such a practice. There is a need to identify and deal with the larger causes of this social malady—poverty, lack of employment and illiteracy at the places of origin of these children, which are generally located in the poor and tribal states. The lack of development and of opportunities for education and employment in these places of origin make matters worse. The situation must, therefore, be seen and addressed from a macro rather than a micro perspective.

References

Deshpande Anjali and Sujata Madhok (2010). *Child Domestic Labour in Delhi*, Centre for Education and Communication, New Delhi.

CACL (Campaign Against Child Labour)–CACT (Campaign Against Child Trafficking), October 2009–March 2010. 'Ban on Employment of Children in the Domestic Sector', National Social Audit, *Dhaba*s and Eateries.

Towards a More Inclusive Budget

By Philip Varghese

There has been a growing recognition of the important role that civil society organizations (CSOs) in the country can play not only to strengthen the system of accountability of the Government towards the elected people's representatives but also to make the Government accountable to people themselves. The Budget should be used as an effective and powerful tool to assert the socio-political and economic rights of the people for whom it is intended. Unfortunately, however, it has hitherto been used only by the technical experts within the bureaucracy and is still not disseminated among the general public. There is thus an urgent need to understand how the Budget can be used to promote accountability among those in the corridors of power. Even before the Budget is formulated, measures should be taken to ensure that it goes through a process of discussion and consultation by

various experts and CSOs which work to promote the socio-economic and political rights of various groups as also minority communities. The Government itself should take an initiative to make the Budget more inclusive and transparent in nature for the benefit of the general public. The only way of achieving this is to strengthen the process of public engagement in the Budget formulation and thereby ensure an improvement in public service delivery.

The need to ensure the democratic participation of the citizenry in the Budget drafting process is not a new idea. The first participatory budgeting process was initiated in the Brazilian city of Porto Allegre in 1989, when it was driven by active social movements and a leftist local government. Since then, participatory budgeting in Porto Allegre has developed into an annual process of deliberation and decision-making, wherein thousands of the city's residents decide how to allocate part of the municipal budget. In a series of neighbourhood, regional, and city-wide assemblies, local residents and elected budget delegates identify the spending priorities and vote on the priority areas that need to be covered in the Budget implementation (http://www.tni.org/archives/newpol-docs_pbcanada).

The next city to follow in the footsteps of Porto Allegre was the City of Guelph in Canada. The process here started off as a grassroots initiative and a coalition was formed to decide the kind of community service that the city government should take up. Thereafter, the participatory budget process in the Canadian city has made public participation more powerful, government decision–making more democratic, and public spending more equitable. The whole idea of this process is to extend participatory budgeting beyond individual budgets, to use it to influence other government bodies, shift the discourse on public spending, and build solidarity among the different stakeholders.

Another example of participatory budgeting is from Kenya, wherein an organization called the Social Audits in Budget has been working to ensure transparency and accountability in budget formulation. The activities of Muslims for Human Rights (MUHURI), a civil society organization (CSO) based in Mombasa, Kenya, demonstrate the significant role that Budget transparency plays in improving accountability. MUHURI's work also shows how public engagement in the budget process can strengthen oversight and lead to improved public service delivery. At the same time, however, the impact of MUHURI's work has been restricted by the lack of enactment of a Freedom of Information (FOI) law in Kenya, along with the other broad transparency

challenges that the organization faces in the country. Kenya scores 57 out of 100 on the Open Budget Index 2008 (www.openbudgetindex.org), indicating that the Government provides the public with some, albeit incomplete, information on the Central Government's Budget and financial activities undertaken during the course of the budget year (http://internationalbudget.org/wp-content/uploads/Impact-Story-Kenya-English.pdf).

The International Budget partnership is another initiative that has been taken to enhance the impact of budget formulation in selected countries in sub-Saharan Africa, Asia and Latin America. The Partnership Initiative(PI) is focused on developing or strengthening the work of over 35 CSOs in analyzing budgets, monitoring government programmes, and increasing the positive outcomes of public budgets on poor communities in their countries. The PI's objectives are to:

- Build sustainable institutions with a dedicated capacity to conduct evidence-based budget advocacy;
- Increase public access to timely, reliable, and useful information;
- Enhance the effective participation of civil society in policy and budget processes;

- Improve and influence the budget policies, institutions, allocations, and execution; and
- Establish a foundation of good practice for public budgeting which future generations can build upon.

The guiding principles of the above initiative are as follows:

- *Institution building*: This entails a multi-year package of financial support, technical assistance, and peer networking.
- *Ownership*: This implies that the each of the partner organizations should establish its own project priorities.
- *Horizontality*: This indicates that peer interaction and learning constitute the most effective way of providing mentoring and technical assistance.
- *Diversity*: The various organizations involved in the initiative should work with a wide range of civil society groups and, whenever possible, with multiple initiatives within a country.
- *Collaboration*: this is intended to promote partnerships among civil society groups, legislatures, budgeting officials, and the media within each country.
- *Solidarity*: This signifies the commitment among various organizations to support each other in achieving their common goals.
- *Empowerment*: this entails developing capacities for citizen action, particularly among the marginalized communities

The above International Budget Partnership (IBP) model also constitutes an inclusive approach, which should be adopted accordingly to suit the Indian environment.

A similar initiative in India is the People's Budget Initiative, which is a coalition of various civil societies with expertise on various issues. It has mainly been formed for the inclusion of people's e-movements, grassroots organizations and NGOs in the policy process that determines the priorities underlying government budgets in India. Hundreds of CSOs across the nation participated in the consultative process as part of this initiative. Before the preparation of the 2012–13 Union Budget, a Charter of Demands was presented for the Union Budget 2012–13. This Charter points out the key budgetary and policy-related concerns and recommendations emerging from the consultation process.

The Charter discusses the budget for various critical sectors such as education, healthcare, water and sanitation, rural development and Panchayati Raj Institutions (PRIs), agriculture, food security and responsiveness to climate change, as also the budgets for the sections of the population needing special attention including children, women, the Scheduled Castes (SCs), Scheduled Tribes (STs), religious minorities, disabled people, and unorganized workers.

For instance, as regards SCs, who comprise one of the most disadvantaged sections of society, one of the demands is the effective implementation of the Scheduled Caste Sub-Plan (SCP). It has, however, been noted that in the Twelfth Plan alone, a whopping sum of Rs. 96, 236.7 crore has been denied to the SCs under the SCP. This does not take into account similar non-allocations or deviations by the states, which have the power to allocate similar or higher amounts for the development of SCs and STs.

Similarly, in recent budgets, one can also observe a conscious neglect of the critical sectors like water and sanitation, and healthcare, which have been accorded very minimal allocations while the more market-oriented sectors have been given greater priority. In such a situation, it is necessary to ensure a participatory process in budget making in order to ensure that no sector or community gets completely ignored or is denied its actual entitlements.

Over the last two decades, a number of CSOs in India have started engaging substantively with budget analysis and advocacy efforts for improving transparency, participation and accountability in governance. While some of

these CSOs have adopted the lens of specific disadvantaged sections of the population including children, Dalits or *Adivasi*s, some organizations have been focusing primarily on specific sectors like healthcare, education and decentralization of governance. Some of these CSOs have also adopted budget analysis and advocacy as a tool for strengthening their existing interventions to bring about improvements in public policies and processes in a number of sectors.

Civil society budget work in India was initiated by Developing Initiatives for Social and Human Action (DISHA), a people-centred organization based in Gujarat, which used budget analysis and advocacy as a tool to assess the priority accorded to the tribal and indigenous population in the state Budgets of Gujarat. In the 1990s, a few other CSOs across different parts of the country started incorporating budget analysis and advocacy as a tool for strengthening their existing interventions. These included the Centre for Budget and Policy Studies in Karnataka, Vidhayak Sansad in Maharashtra, and Social Watch—Tamil Nadu in the state of Tamil Nadu. During the subsequent decade, a sizable number of CSOs have started incorporating budget analysis and advocacy efforts as one of their priority areas of work, while a few new CSOs have been established primarily to focus on government budgets from the perspective of the poor and

disadvantaged sections of the population (http://www.cbgaindia.org/index.php).

The above developments indicate that there is a need for a participatory procedure in budget-making, wherein experts and members of the affected community can participate in identifying the problems pertaining to each sector or community, and make the necessary allocations for that purpose accordingly. A blanket budgetary allocation would not help in achieving equity and, therefore, specific budgetary allocations should be encouraged. This can be achieved only by making the budgetary process more democratic and participatory, as also the adoption of a bottoms-up approach rather than a totalitarian bureaucratic one.

The Right to Work: A Good Idea Abused

By John Pope

The concept of the right to work as a human right and the belief that governments have an obligation do everything that they can to ensure the fulfillment of this human right is enshrined in the Universal Declaration of Human Rights (UDHR) and recognized in international human rights law through its inclusion in the International Covenant on

Economic, Social and Cultural Rights (ICESCR). In February this year the Republican Party dominated state legislature of Indiana enacted what are called "right to work laws" which made it the 23rd state in America to have passed such legislation. In this context this could appear to be an example of enlightened and progressive law-making but as we shall argue below nothing could be further from the truth. In this article we will examine the underlying principles of these two concepts of the right to work and we will show that the ultimate goals of the right to work as a human right found in the UDHR and the ICESCR and the "right to work laws" in America have absolutely nothing in common with each other.

The basic underlying principles of the concept of the right to work as a human right are laid out in Articles 22 and 23 of the UDHR and in Articles 6, 7, & 8 of the ICESCR. This particular concept of the right to work is predicated upon the argument that all societies have an obligation to guarantee access to the material and social supports necessary for its members to maintain a dignified existence. It is this requirement that makes it necessary for the state to recognize the right to work as a human right and then, play a major role in the realization and attainment of this right (Article 23 UDHR and Articles 6&7 ICESCR). This means that the state is obliged to take the appropriate steps

to safeguard this right by guaranteeing the right of access to employment, the right to a free choice of employment, and the prevention of arbitrary dismissal. To achieve these goals the state is expected to provide the appropriate technical and vocational guidance and training programmes as well as enacting the appropriate policies to achieve the steady economic, social and cultural development of their society and the full and productive employment of its citizens (Article 6 ICESCR).

This conception of the right to work is not just concerned with the provision of jobs it also concerned with actual conditions in the workplace. The state is called upon to ensure the right of everyone to the enjoyment of just and favourable conditions at work. This means, fair wages that will provide a decent standard of living for workers and their families, supplemented if necessary, by some form of social protection; safe and healthy working conditions; equal pay for work of equal value; equal opportunity for all workers for promotion; as well as reasonable working hours and regular paid holidays to ensure that workers get the rest and leisure they need for a dignified life for them and their families.[1] The state is also called upon to recognize that workers have the right to form and join unions for the protection and promotion of their economic and social interests and that these unions must also have the right to carry out

---

[1] Article 23 UDHR and Article 7 ICESCR

their function in promoting the interests of their members including the right to strike as long as these actions are not a threat to the rights and freedoms of others or a threat to national security or public order and are in conformity with the laws of their particular country.[2]

This concept of the right to work as a human right is predicated upon a broad understanding of the role and importance of work in the social, economic and cultural development of individuals and the nation's overall social, political, cultural and economic development. It is also concerned with the role work should play with regard to human fulfillment, human dignity, human freedom and social inclusion and this is why the state and unions are expected to play a major role in the actual realization of the right to work as a human right.

The concept of the right to work that underpins the "right to work laws" in America, despite what the phrase may suggest, is not concerned with the provision of jobs for all those who want to work, they are instead, statutes that are directly aimed at the eventual undermining of unions in America. The major promoters of these "right to work laws" are the National Right to Work Committee, and the National Right to Work Legal Defense Foundation which are both based in Springfield Virginia. The former was originally founded in the1950s by business interests in

the southern states with the express purpose of fighting unions in the south while the latter was founded in1968 with the express purpose of fighting the union movement throughout America. Both of these organizations receive millions of dollars in grants from various foundations controlled by major industrialists and other conservative groups linked to the Republican Party who are also opposed to unions. These two organizations have long sought the implementation of federal laws to place curbs on trade union activity throughout the whole of America but their inability to achieve this has led them to focus instead on the implementation of "right to work laws" by state government throughout all of America.

The aim of these laws is the eventual undermining of the National Labour Relations Act (NLRA) that was enacted by President Roosevelt in1935. This Act structures and regulates private sector unionism in America. The NLRA allowed workers to form unions, protected their right to go on strike and granted them the exclusive right to engage in collective bargaining on behalf of their members. It also allowed both unions and employers to agree to a union security clause in their collective bargaining contracts that required all employees in unionized workplaces to either join the union or pay union dues as a condition of their employment. These union security clauses are very important for the financial viability

---

[2] Article 23 UDHR and Article 8 ICESCR

and survival of the unions because they use the dues they collect to fund an organization that allows them to look after the interests of all their members at the local, state and federal levels. It is these union security clauses that are the target of these "right to work laws."

The enactment of the Taft-Hartley Act which amended the NLRA in 1947 gave the opponents of unions the opportunity to attack the union movement. The legal basis and origins of the "right to work laws" are found in Section 14(b) of this Act which gave state governments the power to enact labour legislation that would override the jurisdiction of the federal labour laws found in the NLRA. Section 14(b) gave individual state governments the power in their jurisdictions to proscribe any collective bargaining agreements between unions and employers that contained any union security clauses that made membership, the payment of union dues or fees a condition of employment, either before or after hiring. This statute turned all the unionized workplaces, in the states that enacted Section 14(b) into state law, into so-called "open shops" where an employee could not be required to join a union or pay the equivalent of dues to a union in order to secure or maintain their employment. These laws are called "right to work laws" by those who promote and defend them because they argue that it is the unions with their security

clauses that are preventing willing workers from securing employment and that the abolition of these security clauses mean that those who do not want to be union members or pay union dues get the same "right to work" if they wish to work as do union members in unionized workplaces. In theory this law gives workers the right to join or refrain from joining the union but the reality is that the employers who own these so-called "open shops" tend to only employ those who will not join the union or those who can easily be coerced into not joining the union.

It is clear that the underlying principles and the goal of the so-called "right to work laws" that have been enacted by 23 state governments in America have absolutely nothing in common with the concept of the right to work as a human right that is found in both the UDHR and the ICESCR. It is also obvious that these so-called "right to work laws" have absolutely nothing to do with giving those who want to work the right to work. These "right to work laws" are instead part of a political strategy to undermine both the NLRA and the union movement in America. The ability of state governments to proscribe the insertion of security clauses in the collective bargaining contracts of unions is a key part of this strategy. This weakens the individual unions as it undermines their ability to collect the union dues that they need to maintain their organizations which allow them

to defend and represent their member's interests. This will inevitably lead to a decline in union membership as workers will not want to pay union dues to a union that is unable to either adequately defend or represent their interests, a trend that could lead to the slow death of the union movement as a whole.

The major beneficiaries of the enactment of these "right to work laws" are the employers rather than the employees. The weakening of the unions inevitably leads to lower wages and the loss of benefits for workers and in many cases the demise of full-time employment and its replacement with part time and casual employment. In light of this it is very easy to see why many people often refer to "right-to work" states as either "right to work for less" states or "right-to-fire" states, as the absence of unions in the workplace leaves workers at the tender mercies of their employers and in the present context of an economic crisis and high unemployment the employers have absolutely no reason to show their employees any mercy.

Worker opposing Right to Work legislation in the United States (Source: http://www.workingclassheroes.me/?p=442)

Improving Healthcare: A New Government Report

By Neha Mahal

Availing of healthcare facilities has become a major drain on the pockets of the average Indian, especially in view of the rising inflation in the country. As per the available information, the per capita per annum expenditure on healthcare in India during the year 2010 was about $109, with the total healthcare expenditure being in the range of 4.9 per cent of the country's Gross Domestic Product (GDP). Most of the expenditure in this category occurs in the private sector with the public sector contributing a mere $ 19 per capita per annum to this total expenditure

(http://journal.managementinhealth.com/index.php/rms/article/view/199/571).

In order to address this grim state of affairs, the Prime Minister's Office (PMO) has decided to triple the allocation for expenditure on improving public healthcare during the current Twelfth Five Year Plan by taking into account the recommendations made by the high level expert group constituted by the Planning Commission of India on Universal Health Coverage (UHC) for India. This report takes a holistic view of the provision of universal healthcare by laying a stress on the non bio-medical health factors as well as on increasing the availability of adequate healthcare infrastructure, augmenting the skilled health workforce, and offering the public access to affordable drugs and technologies in order to ensure the entitled level and quality of care provided to every citizen in the country. Further, the expert group's report focuses on the design and delivery of health programmes and services, which necessitates both the setting up of efficient management systems as well as the active engagement of empowered communities.

The report attaches significance to the unequal positioning of people in the social hierarchy and to the social determinants of health for determining the chances that these underprivileged people have of availing of healthcare services. The expert group has also suggested multiple ways to overcome these obstacles in order to create a health system wherein quality healthcare helps improve the quality of life by preventing the occurrence of diseases. To this effect, it proposes the adoption of an all-inclusive and multi-sectoral approach to healthcare, which would encompass all sections of society. This implies that the State would fulfill its obligation to provide to all citizens adequate food and nutrition, appropriate medical care, access to safe drinking water, proper sanitation, education facilities, health-related information, and other amenities which nourish the body and contribute to the overall good health of the public.

Taking the concept of inclusiveness one step ahead, the expert group's report also brings into focus the gendered perspective on healthcare, which would thus imply catering to the health needs of all categories of people with diverse sexual identities including "heterosexual, homosexual, lesbian, gay, bisexual, 'queer', transgendered, trans-sexual, and asexual" people. The validation of such a gender-sensitive approach lies in the fact that the very framework and principles of UHC for India would be severely undermined if the issues of gender insensitivity and gender discrimination remain unaddressed.

The report also contains comprehensive and far-reaching suggestions for tackling the health issue at its roots. If implemented in its entirety, this report can, therefore, completely transform the state of healthcare in India, especially in the rural areas and among urban poor.

INDIA, LAGGING

In comparison with its neighbours, India lags in almost all key health indicator

	India	China	Sri Lanka	Thailand
Infant deaths/1000 births	50	17	13	12
Under-5 deaths/1000 births	66	19	16	13
Fully immunized (%)	66	95	99	98
Birth by skilled attendants	47	96	97	99

Country	Total public spending as % GDP (fiscal capacity)	Public spending on health as % of GDP
INDIA	33.6%	1.4%
Sri Lanka	24.5%	1.8%
China	22.3%	2.3%
Thailand	23.3%	3.3%

SOURCE: WHO DATABASE, 2009

Source: http://www.hindustantimes.com/India-news/NewDelhi/Spend-more-on-health-Plan-panel/Article1-775282.aspx

Towards Healthcare for All

By Neha Mahal

Good health and access to healthcare are considered as the fundamental requirements for ensuring a respectable quality of life in modern civilized societies across the world. Despite the vital role it plays in improving the lives of people, there are huge disparities in access to healthcare in India on account of several fault lines such as gender and rural–urban and rich–poor disparities, which hinder the delivery of equitable healthcare services to all in the absence of an effective universal healthcare system.

The need to set up a universal healthcare system, which could not find its way beyond the electoral manifestoes of political parties during the last many years, has become an issue of major concern for the current UPA Government. The High Level Expert Group (HLEG) on Universal Health Coverage (UHC), constituted by the Planning Commission in 2010, has developed a framework for providing easily accessible and affordable healthcare to all Indians and increasing the expenditure on healthcare from merely about 1 per cent at present to 2.5 per cent in the Twelfth Five-Year Plan *(High Level Expert Group Report on Universal Healthcare Coverage For India, The Planning Commission of India, 2011)*. The HLEG report recommends the drafting of a comprehensive blueprint for resurrecting the healthcare infrastructure and delivery system in India, but its suggestions on the delivery of UHC through public insurance, which would decide the *quality of healthcare delivered* to citizens and the role of the social determinants of health, which would encourage the *prevention of diseases*, must be seen in the context of

similar previous experiences and broader policy leanings.

The report proposes that *'healthcare services to all citizens under UHC will be made available through both public sector and contracted in private facilities'* through an insurance-based delivery system. The inclusion of formal private sector hospitals in the delivery of UHC can prove to be detrimental to the task of guaranteeing the effective and genuine delivery of healthcare to citizens. The private sector is undoubtedly the largest healthcare provider in India, especially in urban areas, due to the dearth and inefficient functioning of public hospitals in large parts of the country. However, the private sector is also marred by the occurrence of a number of malpractices, which reduce its credibility in providing cost-effective and genuine healthcare to citizens. The goal of private sector units to maximize profits instead of ensuring public good has led to widespread corrupt practices such as overcharging, unnecessary tests and screenings of patients, prescriptions of costly medicines, performance of needless surgeries, and prolonged and often unnecessary hospitalization of patients in order to increase their income. Thus, the contracting in of the private sector may make the insured UHC beneficiaries vulnerable to the same kind of exploitation. Since the payment of services availed of under UHC in private hospitals would be made by the government, it would increase the risk of rampant supply-side malpractices for maximizing income.

One of the erstwhile insurance-based healthcare schemes of the government is the Rashtriya Swasthya Beema Yojana (RSBY), which provides an insurance cover of up to Rs. 30,000 to Below the Poverty Line (BPL) families that can be utilized in either public or private hospitals. This scheme has been extensively abused, leading to corrupt supply-side corrupt practices, especially because it caters to the most poor and least aware section of the society, which can be easily influenced by the private hospitals into being subjected to needless or wrong treatments and tests. Indeed, many private hospitals in Uttar Pradesh deliberately refrained from providing actual treatment to the patients coming to them under RSBY and instead used the latter's identities to claim reimbursement for fake treatments and surgeries which were not even performed on them (http://indiatoday.intoday.in/story/up-hospitals-misusing-rsby,-treating-men-for-gynaecological-diseases/1/110828.html).

This raises questions as to how poor patients, who choose to visit private hospitals, would be protected under UHC in the absence of the existence of any strong monitoring system to check malpractices in this sector. Any sincere

effort to upgrade the monitoring and evaluation process of private hospitals to the desirable and standard level would lead to a significant escalation of cost. In the wake of the fiscal rationalization ideas mooted by the Government, it remains to be seen how much financial resources the Government would commit for monitoring and preventing fraudulent practices by private hospitals.

If based on the insurance model redeemable in the private sector, the UHC may also interfere with the upgradation of public hospitals and facilities. If it entails the twin expenditure of paying insurance bills and simultaneously enhancing the infrastructure of public hospitals, it could lead to a situation where in the former takes precedence over the latter. An insurance-based healthcare delivery system, especially when it can be utilized in well-equipped private hospitals, would be able to meet both the short-term and medium-term healthcare needs, while capacity building at public hospitals may take a back seat as more funds may be utilized for increasing insurance cover, which would assure immediate results. In the long term, this may prove to be deleterious, as UHC cannot depend on private hospitals as the prime channel of healthcare delivery. This could also tilt the focus on secondary and tertiary level healthcare facilities while sidelining the primary healthcare ones, which constitute the foundation of UHC.

Previous experiences with insurance-based healthcare redeemable at private hospitals have also shown that tertiary and secondary level facilities were included while primary care was left out from the health packages *(A Critical Assessment of the Existing Health Insurance Models In India, Research by Public Health Foundation of India, sponsored by Socio-economic Research, The Planning Commission of India, 2011)*. Should a similar pattern be followed in UHC, it could distort its very foundation and purpose. Hence, it must be ensured that primary healthcare is covered adequately in UHC.

Another important element, that is, the social determinants of health, also has an important role to play in influencing healthcare outcomes. The World Health Organization (WHO) defines these as '*the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at the global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries*' (http://www.who.int/social_determinants/en/).

Although the correction of social determinants is considered as external to healthcare and multi-sectoral in approach, yet given its crucial role in mitigating the vicious and harsh effects of social inequities in providing access to healthcare and in preventing the burden of disease, it should be considered as the building block of UHC. Thus, the enhancement of food security, provision of drinking water supply and sanitation facilities, and eradication of poverty and gender bias, in ensuring access to resources should be accorded as much importance as the direct medical healthcare needs of people for achieving long-term and affordable universal healthcare. Several programmes are being sponsored by various international agencies such as WHO and the World Bank, as also the Indian Government to upgrade the delivery system for clean drinking water and sanitation in a number of urban and rural areas across India. However, the situation at macro level is far from satisfactory. The lack of focus on identifying and doing away with the sources of contamination of surface and underground water, that is, mainly industrial wastes and chemicals used in agriculture, has resulted in a limited impact of such projects. The proliferation of chemical contaminants, namely fluoride, arsenic and selenium, poses a very serious health hazard in the country. It is estimated that about 70 million people in 20 states and about 10 million people, respectively, are at risk due to exposure to

excess fluoride and excess arsenic in groundwater. Apart from this, an increase in the concentration of chloride, TDS, nitrate, and iron in groundwater is a matter of great concern. All these threats need to be tackled holistically. The over-extraction of groundwater is regularly increasing the concentration of chemicals in it (*http://www.whoindia.org/LinkFiles/SDEWorkshop_Water_Quality_In_India_MOH.pdf*). The desired course of action should be the enactment of stringent laws for industries with regard to industrial wastes, while farmers should also be discouraged from resorting to the excessive use of chemicals in agricultural activities. Albeit, this may be difficult to achieve in view of the structural adjustments it entails in the prevalent economic set-up in the country. This situation has also restricted the impact of various initiatives intended to provide safe drinking water to people and thereby improving their health.

Further, the lack of availability of clean drinking water is also reflected in the increasing sales of water purifiers in India. During the year 2010-11, 3,627,759 units of water purifiers were sold in India by five leading brands (*http://www.adi-media.com/PDF/TVJ/annual_issue/011-Water-Purifiers.pdf*). The growing market for such products, which are targeted at the middle- and high-income groups, indicates that clean drinking water remains unavailable

even to the financially affluent people in the urban areas. Hence, the plight of the urban poor and rural people is bound to be much worse in such a scenario.

All efforts to improve sanitation standards in the country have also faced similar hurdles. Sanitation does not end with the construction of in-house toilets at home and the provision of mobile toilets in urban slums. The lack of maintenance of these toilets and absence of regular cleanliness either due to lack of awareness in the households that have in-house toilets or the negligence of authorities in maintaining public toilets have caused the persistence of diseases due to an unclean environment.

The situation with regard to food security and nutrition remains equally worrisome. It is well known by now that nutritious food is the prime determinant of good health and the prevention of many diseases. A number of schemes such as the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls—'Sabla'—are being carried out to improve the nutrition requirements of the vulnerable sections of society, but the impact of such ambitious schemes is restricted by their fragmented and limited reach. Hardly any, or at best only a very few of them operate: 1) on the all-India level, and 2) as an entitlement. These schemes may be withdrawn or modified as per the will of the State. Also, entitlement is

not guaranteed to the beneficiaries of the schemes, which highlights their ad hoc nature. The fact that the Food Security Bill, which aims to enhance basic food availability to the population, has been in the dock for quite some time now and has not yet been passed, further underlines the complacency and apathy of the State in tackling the scourge of starvation and under-nourishment in India.

The present situation pertaining to these social determinants of health hints at the lax attitude of the State in dealing with problems that afflict the healthcare system in the country, and the health of the people at large. Such complacency results in the continually high incidence of preventable illness, which accounts for a substantial burden of disease in India, arising out of malnutrition or the lack of availability of safe drinking water and sanitation. It also raises serious questions about the sincerity of the government to bring about genuine improvements in the social determinants of healthcare in the country. In this context, it must be pointed out that the State has continuously been highlighting the fact that poverty has been gradually declining in India; however, it is not the reduction of individual poverty alone which can improve the standard of living and health conditions of the people, instead there is a need to tackle the poverty (or helplessness and powerlessness) of the people in terms of being deprived of quality public services and

adequate and sustainable resources, as that too seriously hampers the well-being of the people. Since the policy environment itself is fuelling such a situation where in a majority of the population cannot avail of public services or resources in the desired way due to glaring loopholes in the delivery system, it is unlikely that the health of people in the country would improve any time soon in India.

Irrespective of whether the question is that of inclusion of the private sector in insurance-based UHC or of half hearted attempts being made to improve the social determinants of healthcare, the bottom line is that both the policy imperatives and political will should be in tune with the objectives they seek to attain if the long-term healthcare needs of the people of this country are to be met.

India supports UHC at the 65th World Health Assembly, Geneva, May, 2012
Source:
http://www.internationalnewsandviews.com

Source: www.resultsfordevelopment.org

The 'Right to the City' in India

By Joanne Tan

With the advent of the new millennium came the realization that half the world's population lived in cities, and predictions that by 2050, this number would rise to 65 percent. This recognition awakened, in the international civil society, the need to improve the conditions of urban living which were hitherto

unsatisfactory. From this then, the campaign for the right to the city was born, and was codified in the World Charter on the Right to the City, which was presented in 2004 at the World Urban Forum in Barcelona, Spain. Just as the global pace of urbanization had lent impetus to a world-wide right to the city, so would the urbanization process in India inspire the similar calls for urban amelioration.

According to the latest census, 31 percent of the Indian population is classified as "urban". While this percentage may pale in comparison to the global average, it actually corresponds to a whopping 377 million urban dwellers (http://censusindia.gov.in/2011census/censusinfodashboard/index.html). Further, the absolute urban population is expected to double to exceed 600 million by 2030. In fact, by 2030, India is expected to be home to six mega cities (population exceeding 10 million), with Delhi and Mumbai to be among the five most populated cities in the world. Faced with these formidable figures then, it is clear that urban issues can no longer be ignored.

In light of the need for urban improvement then, one would inadvertently ask *how* better urban policy could be conducted. In response, this paper advocates the Right to the City (RTTC) as the key framework through which the lives of *all* urban inhabitants may be improved, and highlights its particular pertinence and application to cities in India.

Part One: The RTTC - indispensable for the sustainability of India's cities

While the notion of the RTTC was conceived as early as the 1960s by French thinker Henry Lefebvre, it was only with the elaboration of the World Charter on the Right to the City that the definition of the RTTC was elucidated. In his seminal "*Le droit à la ville*", Lefebvre wrote of urban citizens having the right to participate in the "consumption" and "production" of the city, a proposition that, although groundbreaking, was rather vague. Subsequently, the World Charter on the Right to the City, finalized in 2004, defined the RTTC as "the equitable usufruct of cities within the principles of sustainability, democracy, equity, and social justice. It is the collective right of the inhabitants of cities, in particular of the vulnerable and marginalized groups, that confers upon them legitimacy of action and organization, with the objective to achieve full exercise of the right to free self-determination and an adequate standard of living."

As such, the RTTC confers upon each urban inhabitant the title of "citizen", which implies his/her, possession of rights and duties within the urban sphere, so as to fully enjoy what the city has to offer. That said, it is crucial to note that the RTTC is not a new legal right per se. Rather, it encompasses the realization of the

existing fundamental rights, within the city. As elaborated by the World Charter: "The Right to the City is interdependent of all internationally recognized and integrally conceived human rights, and therefore includes all the civil, political, economic, social, cultural and environmental rights which are already regulated in the international human rights treaties."

Hence, the RTTC may be viewed as a rights-based approach to urban policy making. Indeed, the World Charter identifies 6 "strategic foundations" of the RTTC, which are: 1) full exercise of citizenship and democratic management of the city, 2) the social function of the city and of urban property, 3) equality and non-discrimination, 4) special protection of groups and persons in vulnerable situations, 5) social commitment of the private sector, and 6) promotion of the solidary economy and progressive taxation policies.

Having examined the concept of the RTTC, it may be tempting to dismiss the RTTC as part of a lofty theoretical discourse on unattainable ideals. However, this paper argues that the RTTC is of particular pertinence to India, and the sustainability of its cities.

Cities are undeniably significant in India. As noted earlier, the process of urbanization has created a significant and rapidly increasing urban population. Together with their demographic significance, Indian cities are the country's economic powerhouses. In fact, it is estimated that by 2030, cities will contribute to 70 percent of India's GDP, up from 58 percent today. (http://www.business-standard.com/india/news/cities-to-contribute-70-to-gdp-by-2030/454323/) What plagues the cities can hence be expected to have ramifications for the country at large. It is thus crucial for India to ensure the sustainable growth of its cities, a key prerequisite of which is the respect of human rights.

Already, there are noticeable signs of strain in India's cities. The most visible of these would doubtlessly be the ubiquitous slums that dot the urban landscape. According to government sources, the slum population in India totaled 42.6 million in 2001, making up 23 percent of the overall urban population. This figure was expected to hit 93 million by 2011. (Taken from: http://pib.nic.in/newsite/erelease.aspx?relid=71733) More worryingly in fact, according to broader definition of "slum "as defined by UN-Habitat (characterized by inadequate access to safe water and to sanitation and other infrastructure, poor structural quality of housing, overcrowding and insecure residential status), there were already 158.42 million slum dwellers in 2001, a whopping 55 percent of the total urban population. With a substantial proportion of urban dwellers in

precarious living conditions, India's cities face an untenable situation.

The sustainability of Indian cities is further menaced by urban poverty that pervades Indian cities. According to government figures (in the National Urban Poverty Reduction Strategy 2010-2020, found at: http://www.nipfp.org.in/opm_files/opmathur/Final%20Poverty%20Rep.pdf), 25.7 percent of urban dwellers (80.8 million) live under the poverty line of 19 rupees a day. Assuming, quite optimistically, that the GDP growth rates and urban population growth rates of 1993-2004 prevail over the next period, the number of urban poor is expected to rise to hit at least 87.8 million by 2020. The sheer number of urban inhabitants living in poverty certainly does not bode well for viable cities.

In addition, because the enjoyment of some fundamental rights in the city, such as the right to vote in local elections, and the right to free education and to subsidized food grain, are contingent upon one's proof of residence, a whole segment of the urban population is left excluded. According to the data from the National Sample Survey Office, the percentage of in-migrants out of the total urban population rose from 31.6 percent in 1983 to 35 percent in 2007-2008. Because most of these migrant workers work in the informal sector, they are further denied other entitlements that come with formal work (e.g.

health insurance). This is despite the fact that migrants, by providing an abundant pool of inexpensive labour, are key contributors to the flourishing of cities.

Perched precariously on the vast underbelly of the disenfranchised and exploited urban population, India's cities face a ticking social bomb. Without the uplifting of this large segment of people, the growth and development of India's cities cannot be sustainable. Because the RTC's human rights based approach, and because it explicitly emphasizes the empowerment of vulnerable groups, it is the framework through which the inclusive, and hence sustainable, growth of Indian cities can be achieved.

Part Two: The application of the RTTC to Indian cities

While several urban renewal projects have already been undertaken at the federal and state level, these do not always comply with the basic principles of the RTTC. In fact, some actions, undertaken under the aegis of urban renewal, have led to the further marginalization and exclusion of vulnerable groups in the city, a clear violation of the RTTC.

In a laudable bid to increase democratic participation in cities, the 74th constitutional amendment was promulgated in 1992, which

de jure decentralized power to the local city governments. Provisions under the 74th amendment include regular local elections, the decentralization of some functions from the state to the local level, and the promotion of citizen participation in urban policy through the formation of ward committees. However, these provisions have been unsatisfactorily implemented, what with the dismal turn out at local elections, the inconsequentiality of ward committees and the reluctance of states to devolve power to city authorities.

The next leap in revamping urban policy began in 2005, with the launch of the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) by the Ministry of Urban Development. The JNNURM's aim has been to "encourage reforms and fast track planned development of identified cities", and includes two sub-missions: urban infrastructure and governance and basic services to the urban poor. Core strategies of the mission identified were the funding by the Central and State governments of worthy projects formulated by urban governments under their "City Development Plan", and the incorporation of "private sector efficiencies" in urban policy. In testimony to the inadequacy of the former, the JNNURM also called for the proper implementation of the 74th amendment.

In 2010, in line with the launch of the National Urban Poverty Reduction Strategy, the Rajiv

Awas Yojana Programme (RAY) was introduced, as the new prong under the JNNURM urban poor submission, to achieve "slum-free cities". (The details on RAY may be found at: http://mhupa.gov.in/w_new/RAY%20Guidelines-%20English.pdf) To reach its goal, RAY was to act to prevent the formation of more slums, the conferring of property rights to existing slum dwellers, the redevelopment of existing slums and the shifting of "untenable" slums.

While these key initiatives are certainly aimed at urban renewal and beautification, it has become apparent that they by no means respect the principles of the RTTC. In fact, these initiatives seem to confer only on the middle and upper classes the "usufruct of the city", leaving the underbelly of the urban population in the dust. A stark example of this would be the attempted transformation of Delhi into a "world class city" for the 2010 Commonwealth Games.

According to a fact-finding mission report by the Habitat International Coalition (full report may be found at: http://www.hic-sarp.org/documents/Planned%20Dispossession.pdf), more than 200,000 slum dwellers were forcibly evicted from their homes, spanning across 19 slum sites, for reasons including the widening of roads, stadium construction, city beautification and general security, in preparation for the Commonwealth

Games. For most of the evictions, the report found that adequate prior notice was not provided. Further, injury and deaths as a result of unnecessary brutality were reported. In addition, many slum dwellers were given neither compensation nor proper relocation following the eviction. Also, the anti-begging campaign conducted throughout Delhi prior to the Games saw hundreds of beggars rounded up by the authorities. The blatant violation of the right to housing and right to work of the urban underclass assures that, for whatever aesthetic goals Delhi's urban renewal mission achieved, it remains an anathema to the RTTC.

To move Indian cities towards achieving the RTTC then, urban policies should first and foremost respect the rights of *all* urban citizens. While urban renewal and beautification are not in themselves censurable, they should be conducted within the framework of the RTTC, and in compliance with the RTTC's six principles, all of which are underscored by the notion of *inclusiveness*.

As such then, the JNNURM should place greater emphasis on its second sub-mission on basic services for the poor, and should ensure that the pursuit of its first sub-mission on improving urban infrastructure does not occur at the expense of those who happen to be "in the way". Further, developments in urban infrastructure should aim to benefit the large majority of the urban population, which in turn implies that any incorporation of "private sector efficiencies" should be done cautiously and not at the expense of the affordability of essential amenities for the poor. In addition, the goal of "slum-free cities" should not be the green light for the widespread demolition of slums. Indeed, the priority for urban authorities should be the welfare of slum dwellers rather than urban aesthetics. Since migrants do not have proof of residency in city, they are likely to be left out from certain programmes. As such, the JNNURM should draw special attention to the rights of this group to the city.

Lastly, in order for urban dwellers to participate and be included in urban management, the education of the urban population on their right to the city is imperative. Indeed, it is only through the recognition of their rights and duties as city dwellers that urban inhabitants become urban citizens, which is in turn a key step towards the proper fulfillment of the 74th amendment.

Conclusion

To conclude then, with the realization that cities are, in great part, the face of the future, the sustainable development of cities has become a key concern amongst policy makers. The sustainability of cities cannot be

achieved while a large segment of the urban population remains poor, disenfranchised and exploited, and while an elite few enjoy the benefits of urban life. Because of its focus inclusiveness and participation of all in a rights-based urban policy, the RTTC is the framework through which the development of cities can be viable over the long term. The pertinence of the RTTC to India's cities, which are already facing social strains and tensions, cannot be understated, and it is only through urban planning that upholds the rights of all urban citizens that they will truly be "world-class".

Right to the City campaign in Cape Town (Source: http://www.abahlali.org/taxonomy/term/1093)

Service Delivery and the Urban Poor – Lessons from Karachi

By Faisal Shaheen

Pakistan's urban challenges are exemplified by the day to day struggles of Karachi's marginalized communities. Development studies and social policy research in Pakistan have examined their condition against Karachi's turbulent history of ethnic clashes, sectarian violence, antagonistic political relations, overwhelmed administrative capacities and corrosive development context (Hasan, A., 2002; Zaidi, A., 2008). In more recent times, the struggles of the urban poor, many of whom are internally displaced people and/or migrant labourers, have informed social policy research's understanding of community centered and bottom-up development.

Several national and provincial governments have introduced social programs to engage broad as well as targeted segments of the urban poor. However, evidence from critical policy research reveals that a large proportion of intended benefits have either been captured by higher income groups or have been consumed by the corruption and inefficiency of the state. Furthermore, limited social policy development activity has been concerned more with 'policy formulation' rather

than program implementation, evaluation or improvement. Of the laws and policies that have been introduced by military and democratic administrations, very few have sustained political or administrative support on an ongoing basis. Rather, existing policies and their departments are undermined by successive governments and new initiatives are introduced and funded to gather political support. In addition to the overlap and duplication introduced by political actors, the design of these policies and programs neglects the social conditions, contexts and location of the informal sector.

There is a discernible trend found across Pakistan in which the state is moving away from being the monopoly provider of social services and is outsourcing service delivery for a range of social services to non-state actors (Anwar, H.N. and Zafar, M.N., 2003). The non-profit sector in Pakistan has grown considerably in recent years, both in size and scope of work. Pakistan's 45,000 citizen organizations employ about 300,000 persons, 200,000 full time volunteers, and engage in a wide set of activities. While state engagement is inconsistent, the legal framework can be called generally enabling for civil society and the activities of NGOs, in spite of its being fragmented (Zaidi, A., 2008). In light of the ineffectiveness of social policy development, policy commentators have argued that more

attention be paid by urban policy makers to ensuring the provision of basic services.

Service Delivery Challenges in Informal Settlements

As with most urban contexts, the poor lack access to basic services such as housing/shelter, water and sanitation. The gap between Karachi's government service delivery providers and marginalized communities has been bridged by a handful of innovative, self help based organizations, founded by the late social philanthropist, Akhtar Hameed Khan. The most celebrated organizations of his legacy have been the Orangi Pilot Project and Saiban. Often working in collaboration, the two CBOs have pioneered the 'low cost sanitation'/'component sharing' and 'incremental housing' models of development. Both models have been built upon multi stakeholder cooperation and participation between different levels of state and the informal settlements and communities in need of service delivery. While government functionaries are often accused of being disconnected from the needs of the urban poor, these development models and their NGOs reveal the facilitating role that autonomous lower tier and non-state actors play in translating self help development from one community to another (Siddiqui, T., 2005; Zaidi, A., 2008; Shaheen, F.H, 2009).

In Karachi's water and sanitation sector, a persistent, knowledge rich cadre of professionals has galvanized a civil society networked aimed at bridging the gaps in water, sanitation, housing and shelter service delivery (Pervaiz, A., Rahman, P. and Hasan, A., 2008; Siddiqui, T., 2005; ASB, 2011). The Orangi Pilot Project has mobilized neglected laneway communities in informal housing colonies to develop their own water and sanitation piping network to connect to a single connection managed by the municipal water utility. The 'component sharing model', which sees communities managing neighbourhood infrastructure and coordinating bill payments for the single connection to the municipal water and sewage utility, has promoted the recognition of informal settlements as rate payers by the state. The success and scaling up of infrastructure experiments into community self-help networks which facilitate health and education programs; has elevated their profile and facilitated their expansion into other cities. After 25 years of persistent efforts, the component sharing model has been recognized in national water and sanitation policy documents. The facilitating role of these technically specialized CBOs highlights the ability of state recognition of community mobilization and the compatibility of front line service providers and communities in service delivery extension to the under serviced (Shaheen, F.H., 2009).

Karachi's housing and shelter crisis has witnessed the entry of a similarly organized self help organization, aimed at facilitating the allocation of public land to landless families. The 'incremental housing approach' pioneered by SAIBAN and other shelter and housing cooperatives provides publicly owned land to individual families on simple terms and conditions. The CBO only requires that the family occupy the plot of land and slowly participate in its development, through the building of walls, roofs and even utilities into the home. The acquisition of materials, utilities and services is also facilitated by the CBO. State machinery which has proven to be ineffective in assigning land, often falling vulnerable to land mafias, are now bypassed as the CBO manages the administration of land plots to the landless. In an increasing number of cases, the state appoints SAIBAN to allocate plots of land to the urban poor. This model was initially piloted within the state administrative machinery, through the Sindh Katchi Abadi Authority (SKAA), as a means to formalize the plethora of informal settlements that have been consumed by Karachi's urbanization. As with the component sharing model, community organization, local champions and CBO facilitation enables persistent lobbying, formal engagement, policy persuasion and service delivery extension (or shared extension) to poor communities. Community recognition efforts

through other services continue in the struggle against forced evictions, as land prices continue to rise around poor community settlements.

Institutions and Interests in Extending Services

A number of state actors have been engaged by community based organizations to provide social services. As per Sansom's framework of state engagement, most of Karachi's urban state-non state activity falls within the facilitation/collaboration category, with medium levels of engagement resulting in the scaling up of services (Sansom, K., 2006).

In Karachi, municipal agencies are also encouraged to engage informal sector communities as 'rate paying groups'. Municipal authorities responsible for service delivery include the City District Government of Karachi which manages the operational departments of the city. The Karachi Sewerage and Water Board was initially hesitant to engage in the Orangi Pilot Project's component sharing model, but persistence by the CBO and several of its community champions paid off in persuading front line officers to embrace the model and work with the community. Now, several networks of municipal engineers have facilitated the replication of the OPP component sharing model across several of Karachi's lower

income housing colonies and katchi abadis. Similarly, the People's Housing Authority recognizes incremental housing at the municipal level.

Provincial authorities include the Sindh Katchi Abadi Authority (now People's Housing Cell) as well as the KDA. During the 1990s, the province-based Sindh Katchi Abadi Authority (SKAA) established itself as a public sector model of one-window housing assistance and service delivery to the urban poor (Government of Sindh, 2011; Zaidi, A., 2008). Since its decline and marginalization, the City District Government department responsible for social service engagement only serves to recognize registered NGOs working in the sector (KCDG, 2011).

A strong civil society movement has emerged to make up for shortfalls in water, sanitation, housing and shelter service delivery (Pervaiz, A., Rahman, P. and Hasan, A., 2008; Siddiqui, T., 2005; ASB, 2011). As per Sansom's framework of government engagement, the scaling up of community self-help networks into health and education has witnessed their expansion into the Punjab, highlighting the need for more policy attention to a growing segment of marginalized communities, capable of participating in development (Shaheen, F.H, 2009). Informal sector communities follow the lead of other organizations that have experience success in

their areas. In Karachi, 90% of the poor communities that exist are now obtaining water and sanitation piping and services. In these service delivery contexts, the CBOs have been the Orangi Pilot Project as well as SAIBAN. Other NGOs (service providers and research support centers) facilitate the presence and reach of the network in Karachi and beyond. These groups not only struggle to obtain services for the urban poor, they also participate in lobbying for the recognition of marginalized groups when urban planning neglects their social contexts in projects such as highways, land development, etc. In the intergovernmental melee, a number of municipal and provincial departments work at cross purposes due to irrational departmental mandates, politicized checks and balances and obsolete legacy institutions. CBOs are in no position to rationalize the inter-governmental situation and as a result, serve to navigate through the various departments in order to assist communities who are without any relationships with state departments or their officials.

Experience of Service Delivery Extension to the Urban Poor

In order for state and non state actors to engage in extending services, a number of enabling factors have been noted by community based and academic researchers.

Firstly, there is a need for the persistent engagement of administrative officials and local officers of the state to participate in community led initiatives. While the engagement of public officials is difficult, over time, key supporters are good at promoting the effort in adjacent jurisdictions. The presence and influence of community leaders at all levels of government is also critical. There is a need for local community based champions in this regard. Without leadership, communities are not capable of sustained engagement.

The following disabling factors are prominent as reasons for policy failure. The primacy given to donor driven agendas and unsustainable solutions undermines existing public sector machinery and urban planning efforts. Community strife is exacerbated by ethnic violence, sectarianism and a conflict prone context. While the police give priority to foreign led operations to hunt terrorists, gang violence – a product of ethnic tensions, continues unabated. Market-led growth that is polarized and elitist driven also skews development agendas. Political interference also hinders the operation of already over burdened administrative machinery and perpetuates nepotism and cronyism. These interests frequently crowd out the rights and needs of the poor from the urban policy theatre. Continued pressure by communities

and facilitating NGOs is required for the extension of services to informal settlements.

Challenges and Opportunities in Light of Continued Urbanization

Karachi's continued growth is inevitable. Unlike other large urban centers, its geographic directions for growth are neither landlocked nor bordered by mountainous terrain. Regional climate change, rural marginalization and conflict will only swell the river of internally displaced people and migrant labourers seeking employment in Karachi. The economic possibilities are equal to the social challenges faced by the urban poor in their relationship with the state. For state actors, there is a need to recognize and engage the urban poor as active participants and contributors to urban development. Municipal state actors must concede the need for support in extending service delivery and support to informal settlements and all contributors of the local economy. Signals by the KWSB to embrace the submission of citizen report cards to improve service to low, medium and high income communities, through the WSP, has been a recent development. The engagement of informal sector actors and the urban poor, will lead to a more acute understanding of their contribution to Karachi's economy.

For civil society, the facilitated engagement of communities and their leaders with state actors can force their recognition by policy makers and local program officers. Civil society and community organizations must not allow the political inflammation of ethnic and sectarian divides to distract their efforts from engaging state machinery and administrative offices. Such efforts may increasingly result from land mafia and development actors who exploit community disunity as eviction efforts continue in the face of rising land prices. The success of the component sharing model and incremental housing approach attests to the success of sustaining relationships with municipal institutions. As studies have also shown, such efforts can yield more positive development outcomes as compared to conventional high rise building solutions to housing the poor. It is possible that a move to higher levels of engagement may result in longer term agreements between governments and civil society to formally manage service provision to the urban poor.

Bibliography

1. Anwar, H.N. and Zafar, M.N., 2003. 'Social Cultural Impact of Katchi Abadi Improvement Programme on Squatters', *International Journal of Agriculture and Biology*, 5 (3), pp 253-257.

2. Zaidi, A., 2008, Issues in Pakistan's Economy – Second Edition. Karachi: Oxford University Press.

3. Hasan, A., 2002, 'Understanding Karachi, planning and reform for the future, 2nd ed., with postscript', Karachi: City Press

4. Siddiqui, T., 2005, 'Dynamics of Social Change', Karachi: Sama Press.

5. Shaheen, F.H., 2009, 'Examining the effectiveness of state-informal settlements engagement in municipal Pakistan political vs. institutional constraints'. Ryerson University Library Digital Commons, *Theses and dissertations.* Paper 544. http://digitalcommons.ryerson.ca/dissertations/544

6. Pervaiz, A., Rahman, P. and Hasan, A., 2008. 'Lessons from Karachi – the Role of Demonstration, Documentation, Mapping and Relationship Building in Advocacy for Improved Urban Sanitation and Water Services', Working Paper Series, International Institute for Environment and Development

7. ASB, 2011, Anjuman Samaji Behbood (ASB), accessed January 31, 2011, http://www.asb.org.pk/

8. Government of Sindh, 2011, Government of Sindh – People's Housing Cell, Accessed January 31, 2011, http://www.sindh.gov.pk/dpt/PHC/aBOUT.htm

9. Karachi City District Government, 2011, Karachi City District Government – Official Website – Accessed January 31, 2011, www.karachicity.gov.pk/

Human Rights & Development: Current Issues

By Hilary Ferguson

The following backgrounder provides an overview of the contemporary organizational focus of rights-based development organizations across the globe, considering the contributions of local and international NGOs, multilateral and bilateral institutions and foundations, social movements and civil society, trade unions, and academic experts. It is undeniable that multiple human rights agendas are called upon to support various development initiatives, and vice versa; it is widely recognized that all human rights are interconnected and interdependent. In this overview, the following key issues representing current trends in the sector will be discussed:

- Rights-based approaches promoting sustainable development;
- The right to social and economic justice;
- The right to education;
- Property rights;

- The right to political freedoms and rights-based approaches promoting democratization;
- The right to peace/security and rights-based approaches that promote conflict resolution;
- The right to health;
- Gender and human rights;
- Children's rights;
- The right to food;
- Minority rights;
- The right to work; and
- Rights-based approaches promoting international advocacy and obligations.

1. Sustainable development

Human rights organizations focused on sustainable development consider the challenges and dilemmas posed by development initiatives. They integrate rights and development, being careful to examine the ways through which the promotion of socioeconomic development has the potential to counteract the human rights agenda. Taking the stance that development must be sustainable in nature, such that it does not pose risks to vulnerable populations, this approach recognizes that development is multi-faceted process. For example, the Greenbelt Movement (GBM), a Kenyan movement established in 1977, institutes

development projects at the local scale in a manner that promotes natural resource protection alongside of livelihood development, an approach which many NGOs, bilateral agencies, and multilateral institutions now encourage. In order to encourage sustainability and equity simultaneously, these organizations advocate that development initiatives must consider various means through which capabilities and entitlements can be enhanced in the long-term, ensuring that gaining improvements in one area does not limit another.

Recently, there has been an organized effort to increase the human rights agenda as it pertains to sustainable development that has voiced the need to introduce a rights-based perspective during the RIO+20 United Nations (UN) Conference on Sustainability, held June 20-22 2012 in Brazil. Experts in the field of human rights called for the forum to incorporate and agree upon universal international standards and accountability mechanisms, with the aim of producing actionable outcomes by building upon the weaknesses of the UN's Millennium Development Goals (MDGs). These efforts take into consideration global changes that have occurred since previous UN conferences related to sustainability, the environment, and development, aiming to integrate social progress alongside of economic progress.

Currently, trends in the rights and development sector also emphasize ethics and models of social corporate responsibility (CSR), with many NGOs, bilateral agencies, and multilateral institutions now promoting the adoption of ethical business models in the developing world. The purpose of this is to improve economic outcomes while providing benefits to the communities where multinational and regionally-based corporations conduct business. For example, to promote ethical business practices, in 2000 the UN launched its Global Compact in an attempt to standardize business activities worldwide. The Global Compact has established principles focused on human rights, labour standards, environment, and anti-corruption. It also highlights that there are mutual benefits associated with adopting the UN's ethical business model, for both businesses and the communities these businesses work within. Although compliance with the principles of the Global Compact cannot be enforced, the model serves to establish important networks through which dialogue can be established between corporations, governments, civil society organizations, and other stakeholders.

Example Organizations:
Centre for Development and Environment (SUM-Norway)
Greenbelt Movement Kenya

National Alliance of People's Movement (NAPM)

References:

http://www.un.org/esa/dsd/

http://www.un.org/apps/news/story.asp?NewsID=41574&Cr=Sustainable+Development&Cr1

http://www.unglobalcompact.org/index.html

2. Social and economic justice

The development process is often criticized for overlooking its negative potential to produce outcomes that contribute to economic and social rights violations. Human rights organizations that focus on social and economic justice make the claim that development initiatives must ensure an equitable distribution of wealth that does not discriminate, intentionally or otherwise. Such organizations also tend to focus on issues related to minority rights, including race, class and caste-based forms of discrimination. Advocates of social and economic justice argue that policy decisions can aggravate or create divides, thereby exacerbating poverty and contributing to social and economic deprivation; decision-makers must therefore be careful to consider the various potential outcomes of policy prior to implementation in order to avoid such negative impacts.

Broadly speaking, all development organizations that take a rights-based approach seek to improve social justice in tandem with economic progress. That being said, some organizations and researchers and particularly critical of how the human rights agenda has been integrated within the realm of development; as abstract and lofty goals rather than actionable policy prescriptions. The Centre for Economic and Social Rights (CESR), for example, is an international NGO that criticizes the mainstream approach often taken through rights-based development initiatives. It is particularly critical of the MDGs, which it believes have failed to addressed the structural causes of poverty. CESR, along with other organizations at both the local and international scales, argues that in order for development initiatives to achieve an honest, accountable and rights-based approach that promotes socioeconomic justice and equality, these initiatives must more directly involve communities by allowing for greater participation in the process.

Example Organization:
Centre for Economic and Social Rights (CESR)

Reference:

http://www.cesr.org/

3. Right to education

Organizations focused on the right to education take the stance that education is a fundamental right which should be enshrined in all national constitutions. This is viewed as a policy that must be supported by states worldwide and by the international community. Education is understood as a key instrument that enables citizens to develop the capacity to participate more fully in society; it improves individuals' ability to access greater capabilities by empowering them to demand greater access to their entitlements. Furthermore, the proponents of this right feel that education should not only be available universally, it should also be meaningful such that it promotes personal development, dignity and opportunity.

Currently, the Right to Education Project, a movement supported by several major international NGOs, including ActionAid, the Global Campaign for Education, and Amnesty International, has established an innovative partnership that mobilizes support for the right to education in the developing world. To further its cause, this partnership has published a variety of educational and practical content on its website in an effort to promote research and engagement between development actors. Furthermore, the United Nations Educational, Scientific and Cultural Organization (UNESCO) prioritizes 'education

for all' as an attainable goal. Similarly, in support of MDG-2, the United Nations Children's Fund (UNICEF) advocates in support of achieving universal primary education, with a particular focus on improving gender equity. Evidently, the aim to improve literacy rates in the developing world tends to overlap with the promotion of children's rights and gender equality. In addition, similarly, at the local scale the right to education is included as a focus of child right's NGOs.

Example Organizations:

ActionAid

Global Campaign for Education

UNICEF

UNESCO

Reference:

http://www.right-to-education.org/

4. Property rights

Proponents of the right to property advocate for equitable access to land, housing and natural resources. This often includes a focus on environmental rights and conservation, as well as a focus on social and economic rights in relation to individual rights, such as inheritance and ownership. Property rights are interconnected with other basic rights. For example, land ownership is tied to livelihood development and income security, food

security and health, and sustainable development, among others. Oftentimes, property rights also overlap with gender and minority rights, where access and ownership to land tends to be inequitable for women, indigenous populations, and other vulnerable citizens.

The Landless Workers' Movement (MST) in Brazil, a large-scale social movement started by rural citizens fighting for land reform, is a current example of how change leading to improved property rights can be initiated from the bottom-up. For over two decades, the movement has used the tactic of occupying land to fight for land ownership, which has resulted in the successful realization of various social, political, cultural, environmental and economic rights, among them property rights leading to more equitable land distribution and ownership for Brazil's disenfranchised rural population. The success of MST is legitimized via the movement's interpretation of the current Constitution of Brazil, developed in 1998, which implies that land is obliged to fulfill a social function. Furthermore, this regional movement has drawn international focus, facilitated in part by Friends of the MST (FMST), a network of organizations that supports the MST and its objectives in the English-speaking world, making the movement's advocacy work accessible to a wider audience and thereby increasing its support.

Example Organizations:

Centre on Housing Rights and Evictions (COHRE)
Housing and Land Rights Network (HLRN)
Landless Workers' Movement (MST) Brazil

Reference:

http://www.mstbrazil.org/

5. Political freedoms and democratization

Democratization and the freedom to participate in political society are perceived as key rights that contribute towards the development process. Freedom of speech, media, association and expression; rule of law; access to information; and anti-corruption and government accountability are examples of such civil and political rights. Advocates that seek to advance these rights aim to ensure that governments and institutions, both locally and globally, are contributing to public welfare rather than suppressing democratic participation and/or harming basic human rights and freedoms. Organizations that work to further this field of the rights and development agenda aspire to improve the accountability and transparency of the states and agencies that claim to serve populations in the developing world.

India's National Campaign for People's Right to Information (NCPRI), founded in 1996, is a current example of a movement that aims to improve access to information and state transparency. Its membership, composed of journalists, activists, lawyers and former civil servants, among others, calls for the institutions and agencies of the Indian state to disclose information to the public. The argument is that if individuals have comprehensive knowledge and awareness of the government's undertakings they will gain the capability to better participate in public policy dialogue, which includes challenging the state's decisions and decision-making processes, thereby promoting public participation in democracy.

Movements calling for democratization also occur at the international scale. For example, Freedom House International, an NGO based in the United States, launched in 1941, aims to promote democratic freedoms across the globe by acting to monitor human rights by working in partnership with national civil society organizations. The organization takes an analytical approach, attempting to measure freedoms and quantify corruption levels in order to give weight to its advocacy measures, which seek to strengthen democratic participation and access to information.

Example Organizations:

National Campaign for People's Right to Information (NCPRI)
Freedom House International

References:
http://righttoinformation.info/
http://www.freedomhouse.org

6. Peace, security, and conflict resolution

The right to peace and security is seen as essential to both human rights and development. Organizations working in this field aim to uncover how conflict can contribute to poverty and human rights violations. They often seek methods of conflict resolution that serve to support vulnerable citizens in hostile states or war zones while contributing to development process through peace building and reconciliation efforts. Rights organizations focused on the right to peace and security also examine how conflict resolution involving military action and external intervention can exacerbate conflict or contribute to human rights violations. In addition, the notion of political security can extend beyond the state at an individual scale; security of the person. In particular, the international community is called upon to protect individuals or groups who are persecuted against for reasons related to social, economic or cultural identities, for

example; for instance, by advocating that refugees have the right to safe haven.

At the global scale, Franciscans International (FI), an NGO with UN General Consultative Status that is inspired by Roman Catholic religious values, seeks to promote peace worldwide. Although the organization has religious roots, it supports inter-religious dialogue through its initiatives. FI perceives freedom from conflict as a human dignity, which it links to environmental sustainability and the equitable distribution of resources. It also serves to undertake peace-building advocacy by working at the local level, then bringing community concerns to the international scale in order to influence the policy-making process. The organization remains current by publishing reports that raise awareness regarding human rights issues across the globe, supporting emerging local movements, and bringing attention to ongoing conflicts in unstable regions such as Sudan. FI states that its approach is strengthened by its close ties with the UN's Security Council, which places the organization very well to advocate for peace-building efforts with the international community as its audience.

Local NGOs also play a role in promoting peace-building. The Cambodian NGO, Development and Partnership in Action (DPA), is such an example. The organization

lobbied for international support with rebuilding Cambodia post-genocide. Since its inception in the 1980s, it has played a large role in assisting with reconstruction efforts, for instance, by engaging the international community in efforts to address the problem of unexploded ordinances. Work in this area paved the way for further rights to be attained; detonating landmines opened up the countryside to greater access which encouraged faming to improve livelihoods through agriculture. In turn, these initiatives had positive outcomes on income levels, food security, and health, among others. Currently, as Cambodia recovers from its previous years of conflict, DPA also contributes to improving good governance and decentralization, environmental protection, and minority and gender rights.

Example Organizations:
Development and Partnership in Action (DAP) Cambodia
Franciscans International (FI)

References:
http://www.franciscansinternational.org/Franciscans-International.2.0.html
http://www.dpacam.org/index.php

7. Right to health

Many organizations that take a rights-based approach to development advocate for the right to health. This advocacy work highlights the need to improve the availability and access to drugs and healthcare, secure sexual and reproductive rights, and provide opportunities to expand and enhance health education, particularly where healthcare infrastructure is limited. Primary healthcare is viewed as a right that should be equitably distributed, since it is a precursor for enhancing the capabilities that enable people to maintain livelihoods and participate in society to their fullest. Many social, economic and political rights are related to and contingent upon health, and thus health is seen as a fundamental human right that must be protected by development processes at the state level and also through international laws, for example, those that allow affordable access to lifesaving medical treatments such as anti-retroviral therapies. The view is that health is a right that should be achievable, regardless of one's level of income or country of residence.

There are many high-profile international NGOs that are focused on health and development. These include, CARE, International Committee of the Red Cross, Médecins Sans Frontières (MSF), Oxfam, and Save the Children; organizations that have

chapters across the globe that help further their mission to improve healthcare provision in the developing world. Although many of these organizations provide relief during emergency situations, they also place emphasis on developing long-term improvements in healthcare by building the capacity of practitioners and infrastructure. These NGOs also come together to form networks during times of emergency; for example, the Canadian chapters of CARE, Oxfam, Plan, and Save the Children have formed the Humanitarian Coalition, using a partnership model to raise awareness and action through appeals for donor support for relief projects in disaster-stricken regions, most recently through the Sahel Drought 2012 campaign. On the ground, the funds collected go towards both disaster relief and prevention, as well as sustainable development approaches that support the right to health while recognizing its connection to food security, environmental protection, and livelihood development.

Multilateral organizations, such as the World Health Organization (WHO), and bilateral agencies also play a role in supporting and funding rights-based approaches to development. Supporting maternal health initiatives has been a recent trend in the funding development projects, as evidenced by the global Muskoka Initiative launched during the 2010 G-8 summit. Seeking

improved health and health education for mothers is proven to result in positive outcomes for their children and families, including a reduction in mortality rates and improvements in nutrition and disease prevention. International NGOs partner with community based organizations in developing countries, helping them partner with their communities to further maternal health initiatives, with support and funding from multilateral organizations and bilateral agencies.

Furthermore, many nationally driven campaigns seek to enhance the right to health; for example, the Bangladeshi Rural Advancement Committee (BRAC), works with the support of foundations such as the Bill and Melinda Gates Foundation to improve the maternal health of impoverished slum-dwellers. BRAC's programming connects pregnant women to health facilities and birthing attendants, provides education and counselling to improve health outcomes for women and newborns, and assists with health infrastructure development.

Example Organizations:

Bangladeshi Rural Advancement Committee (BRAC)
François-Xavier Bagnoud Centre for Health and Human Rights
Humanitarian Coalition
NAZ India
Operation ASHA
People's Health Movement
Treatment Action Campaign (TAC) South Africa

References:

http://www.brac.net/content/bangladesh-health-maternal-and-child-health
http://humanitariancoalition.ca/
http://www.who.int/hhr/en/

8. Gender and human rights

A lens examining human rights through a gendered perspective is applied by many organizations that are proponents of a rights-based approach to development. This includes women's rights, sexual and reproductive rights, and rights related to sexual orientation. Equality, self-determination, and the independence of minority groups that are persecuted against based on their gender or sexual preference must be protected; when persecution occurs on these grounds, access to other fundamental social, economic, and political rights can be obstructed. For example, women are often unable to own or inherent property including assets such as land or businesses, which can hinder their livelihood security and in turn reduce their ability to access the rights to health, food, and overall security, increasing their dependence on men while

reducing their freedoms. Moreover, as another example, in various developing countries, the lesbian, gay, bisexual, transgender, queer and intersexed (LGBTQI) community is persecuted against by the state, reducing sexual freedoms and endangering personal security. Various local and international development organizations take a role in enhancing the policy and legal/regulatory systems in the developing world to support both gender equality and sexual freedoms.

Gendered perspectives have been standardized as a component of most NGOs, multilateral institutions, and bilateral agencies. When programming is developed or supported through grants, gender equality is often viewed as a pre-requisite to compliance with the 'best practices' of development. In addition, local NGOs with community-based approaches also play a large role in furthering gender rights. For example, at the local level, women have been successful in coming together to form their own cooperative associations and trade unions with the aim to further their independence by contributing to the development process, for instance, by kick-starting livelihood improvement initiatives. The Self-Employed Women's Association in India is a prime illustration of such a grassroots movement. This trade union, initiated in 1972, is composed of disenfranchised self-employed women who find strength in numbers. By organizing

themselves as a group, they are better able to protect their rights as female workers belonging to the informal sector as they strengthening their leadership skills, thereby enhancing their bargaining power in order to access greater representation in the policy-making process.

Example Organizations:
International Women's Health Coalition (IWHC)
Self-Employed Women's Association

References:
http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/
http://www.sewa.org/index.asp

9. Children's rights

Rights-based organizations that promote children's rights in the development process recognize that providing children with opportunities by fulfilling their basic needs can act to serve these children and their communities. Essentially, children act as the backbone of all communities and can help establish security and rights for future generations. Because children are dependent on adults to defend their rights they receive special protection under the Universal Declaration of Human Rights, with additional treaties and the UN Convention on the Rights

of the Child providing supplementary protection to their social, cultural, political, and economic rights. As such, children should be protected from child labour, armed conflict, violent or unfair legal system practices, neglect and abuse. They should also be protected when they face discrimination, disability, sexual exploitation, violence, and poverty, for example. The basic rights of children, including but not limited to health and education, must be upheld. Children's rights organizations expect governments worldwide to protect the rights of children within their own borders, and to intervene when other governments elsewhere are neglecting to do so. In addition to protection from abuse at the international level, state governments must uphold children's rights at the national scale, also serving as an example and enforcing them at the household and community levels.

The Children's Rights Information Network (CRIN), established in 1995 and based in London, UK, is an international advocacy group that calls for a systemic shift in how children are perceived by government, policy-makers, and society at large. The global network derives its legitimacy from and is influenced by the UN Convention on the Rights of the Child, acting as a leader in the sector by guiding children's rights coalitions and providing education on key issues by conducting research and publishing reports. Its campaigns remain current, with examples including transparency campaigns that aim to ensure accountability processes in the election of upper management for key children's rights organizations such as UNICEF, efforts to reduce violent forms of jail sentencing for children, and lobbying the UN to establish a mechanisms through which children can collective and lodge complaints when they feel their rights have been violated. Similar coalitions exist at the national scale; the Uganda Child Rights NGO Network (UCRNN) established in 1997 is a collective of Ugandan civil society organizations focused on children's rights. Although UCRNN's member organizations work in different areas of the country and focus on different children's issues, the network enables these organizations to cooperate on matters in order to further their rights-based agendas through information sharing and the creation of joint initiatives.

Example Organizations:
Amnesty International
Children's Rights Information Network (CRIN)
Uganda Child Rights NGO Network

References:
http://www.amnesty.ca/themes/children_overview.php
http://www.crin.org/about/index.asp
http://www.ucrnn.net

10. Right to food

The right to food focuses on promoting food security in a sustainable manner, such that all people are able to feed themselves. In this sense, freedom from hunger is not about charity, but about enhancing the capabilities that allow individuals to access adequate amounts of nutritious food. The right to food involves combating increasing trade liberalization in agriculture, worsening food insecurity, landlessness, erosion of agricultural biodiversity and the suppression of peasants' democratic rights. For example, agricultural and livelihood development, as well as land ownership and environmental rights, are directly linked to the right to food. Food security should also be examined at the local, national and international scales, with policy and program implementation at all levels requiring attention.

The UN World Food Programme (WFP), an example of an international organization promoting the right to food, provides relief during food crises in the developing world while establishing programming that aims to provide sustainable, long-term solutions in chronically food insecure regions. For example, the WFP works with smallholder farmers, assisting them to develop secure livelihoods through farming. The organization's Purchase for Progress (P4P)

program supports farming communities to enhance crop outputs and organize collectively, encouraging them to bulk their food produce such that it can be purchased by the WFP and other purchasers. When the WFP purchases food through the P4P program, it is distributed as food aid in food insecure regions nearby. Such programs develop the capacity of farming communities such that they can increase their own food security while expanding the business skills that allow farming collectives to have better command over the produce that they bulk for sale in local markets. Enhancing agriculture and food security in developing countries also reduces the WFP's dependence on internationally sourced food aid, which is costly to ship and disperse, and which can distort the local markets where the food aid is distributed. The focus of such programs is to support agriculture and food security from the bottom-up by working with local community-based organizations.

Local and regional NGO responses to food security also play a large role in furthering the right to food. This includes food sovereignty movements, such as the Asian Pacific Network on Food Sovereignty (APNFS), which unites NGOs, social movements, farming cooperatives, and women's organizations in the region under one roof. Together, these groups aim to address inequalities in the global food system, the negative impacts of

trade liberalization, issues pertaining to land and environmental rights, and the resulting difficulties with accessing food.

Resources:

http://www.wfp.org/purchase-progress

http://www.righttofood.org/new/html/WhatRighttofood.html

11. Minority rights

Right-based development organizations work to secure and protect the rights of vulnerable, persecuted and/or non-dominant ethnic, cultural, religious and linguistic minorities and indigenous peoples. Minority groups also include peoples with physical, mental, and psychological disabilities, and discrimination can also be based on age, gender and class, among other factors. Organizations that support minority rights seek to include minority groups in development process and prevent discrimination based on minority status. They promote the implementation of policy and programming that enables minorities to engage to their full capacity in society by allowing them equal access to all fundamental human rights, at both the community and individual scale.

At the national scale, in India, the National Campaign for Dalit Human Rights (NCDHR) is a movement that aims to end forms of caste-based discrimination. It endeavours to organize all similar campaigns under one roof to collectively organize for this cause. NCDHR has successfully brought awareness to the problem of discrimination based on caste within India and other caste-based societies, both nationally and internationally, for example, by garnering global media attention. The campaign has also highlighted the responsibility of the state to uphold equal justice for all; it works to pressure the criminal justice system to recognize persecution against Dalits and to protect this vulnerable group.

At the global scale, Minority Rights Group International (MRGI) takes on a similar cause. It also advocates for the protection of vulnerable groups, such as Dalits and also the Batwa of Central Africa and Christians in Iraq, to name a few. This NGO takes a similar approach to NCDHR but works worldwide; it holds consultative status with the UN Economic and Social Council (ECOSOC) and also possesses observer status with the African Commission for Human and Peoples' Rights, resulting in strong lobbying influence and an expansive reach. Significantly, MRGI

has been involved in legal cases that have challenged discrimination worldwide, and also contributes to research, reporting and educational pieces that raise awareness of human rights abuses involving the persecution of minority populations.

Example Organizations:
Minority Rights Group International (MRGI)
National Campaign for Dalit Human Rights (NCDHR)

Resources:
http://www.minorityrights.org/
http://nationaldalitwatch-ncdhr.blogspot.ca/p/about-national-campaign-on-dalit-human.html

12. Right to work

The right to work is emphasized by right-based organizations that promote development by increasing employment opportunities that enable individuals to obtain safe, suitable, and sustainable livelihoods. Secure employment provides a source of income security, which has the potential to support access to other fundamental rights at the individual, household and community-levels. This requires adequate labour laws, union representation, and fair wages, for example.

An organization that was previously mentioned, the Self-Employed Women's Association in India, is a prime illustration of a community based approach that enhances employment opportunities, labour representation and protection, and bargaining power, in this case, targeted a disenfranchised female workers of the informal sector. In India, other movements, such as the Karnataka Domestic Workers' Movement, have also been successful in their campaigns, establishing unions aimed at registering and protecting domestic workers, as well as ensuring payment and fair wages. In this sector, fair treatment and safety also extends to freedom from sexual harassment, since those who work in the domestic sphere are primarily women who are vulnerable to such rights violations.

At the global scale, the UN's International Labour Organization (ILO) establishes and oversees international labour standards and codes. Its global membership is composed of workers, governments and employers. The ILO focuses on furthering labour standards that support the right to work in the developing world; specifically it aims to promote the establishment of decent work. Through its Decent Work agenda, the ILO establishes linkages with national governments and organizations to provide guidance on a variety of issues such as child labour, forced labour, employment security, labour migration, the

formation of cooperative associations, small enterprises and microloans, health and safety, and working conditions.

Example Organizations:

Greenbelt Movement (Kenya)

Karnataka Domestic Workers' Movement

Self-Employed Women's Association

Resources:

http://www.ilo.org/global/lang--en/index.htm

http://www.thehindu.com/todays-paper/tp-national/tp-karnataka/ article2789195.ece

http://www.sewa.org/index.asp

13. International advocacy/obligations

Many international NGOs and multilateral organizations take the stance that the international community must play a role in improving access to rights and development across the globe. Often, these groups advocate that fair trade, debt relief, international assistance, and humanitarian intervention are the obligations of the Western world to uphold; prosperous nations should be required to conduct international business and develop foreign policy that promotes rights in the developing world. International NGOs that take a rights-based approach, such as Oxfam and Human Rights Watch, recognize that the relationships and power dynamic experienced between developed and developing countries can aggravate inequality on a global scale.

The participation of community-based organizations (CBOs) in the Fourth High Level Forum on Aid Effectiveness (HLF4), held in Busan, Korea from November 29 to December 1, 2011, is an example of how local issues can be brought to a global audience. During the HLF4, over 3,000 delegates met to discuss the implementation of the Paris Declaration and its internationally agreed upon principles for improving aid effectiveness, which were developed in February 2005. Prior to their participation in the HLF4, CSOs worldwide joined together to assemble their own dialogue through the Open Forum for CSO Development Effectiveness, involving consultation in over 50 countries from 2009-2011. The Open Forum recognized that many CSOs are not able to directly influence the international aid system, of which they are a part of. The purpose of the Open Forum's collective action was to prepare for CBOs to give voice to their concerns. The idea was to empower CBOs to influence an "enabling environment" that would allow them to participate more effectively in the international humanitarian system. This involved addressing their issues with the principles set out in the Paris Declaration, which CBOs have found can act hinder their effectiveness in opposition with the intentions of the declaration's principles.

Throughout this process, CBOs created the own set of guidelines, the Istanbul Principles, which were presented during the HLF4 to communicate key concerns regarding aid effectiveness to an audience of international decision-makers, where they were successful in shedding light on the inequitable relationships that can arise between local organizations and larger global institutions. Through this movement, CBOs hope to have better positioned themselves to engage in meaningful rights-based development initiatives with the support and in collaboration with larger and more powerful international organizations.

Example Organizations:

Commonwealth Human Rights Initiative (CHRI)

Human Rights Watch

Open Forum for CSO Development Effectiveness

Oxfam

Social Watch

Working Group on Human Rights in India and the UN

Resources:

http://www.aideffectiveness.org/busanhlf4/

Healthcare for Women—A Reality Check

By Urvashi Tilak

The provision of healthcare for women in India, in particular, and the South Asia region, in general, has been insufficient owing to the deplorable condition of women in the region. The existing caste system, social evils like dowry and the prevalence of female foeticide are themselves indicators of the condition of women in the country. India has the largest number of births, that is, 27 million per year, in the world. In view of the high maternal mortality rate (MMR) of about 300–500 per 100,000 births, about 75,000 to 1,50,000 maternal deaths occur every year in India (http://www.who.int/bulletin/volumes/86/4/07-048454/en/index.html).

According to reports released by the Human Rights Watch (HRW), India's MMR is 16 times higher than that of Russia and 10 times higher than that of China. In 2005, the MMR in India was 450 per 1,00,000 live births, which was slightly lower than the average ratio of South Asia, estimated to be 490, which is considered the second highest in the region next to Africa (http://southasia.oneworld.net/todaysheadlines/india-midwives-should-be-empowered-not-phased-out). This accounts for 20 per cent of the global burden, which is why India's progress in achieving better healthcare for its

women is important in attainment of the Millennium Development Goals (MDGs).

According to the United Nations Children's Fund (UNICEF), 80,000 Indian women, including either pregnant women or new mothers, die each year from preventable causes such as hemorrhage, eclampsia, sepsis, and anaemia (*ibid.*). According to the HRW report, the status of maternal healthcare in India, especially in the state of Uttar Pradesh, indicates serious failure in the provision of care for women. The maternal deaths have been attributed to caste discrimination, lack of accountability and limited access to emergency care (*ibid.*). The situation is much worse for women belonging to the marginalized sections. This is largely because sufficient services for prenatal care are not available to women to deal with the situation, and the quality of services offered to pregnant women is compromised.

With the large-scale privatization of hospitals, these services have also become inaccessible to a large chunk of the population seeking basic medical help. The access to medical aid is limited not only in terms of physical access but also social access. In the Indian context, as pointed out earlier, caste plays an important role though class is also an important factor. The basic infrastructure for healthcare is concentrated in urban areas, and the rural areas are usually neglected. The

reproductive health of women is often ignored due to lack of knowledge or their reluctance to approach someone in case of a health problem. It is estimated that 1.6 million abortions in the country are handled by informal providers, in the tribal, rural as well as urban areas. The methods used by informal workers are varied, ranging from the administration of oral herbal medicines to the use of invasive methods like the insertion of roots and sticks in the vagina or of modern methods like injections (Mishra, 2006: 43).

The issue of reproductive health gained importance after a study undertaken by Bang, *et al.* The study, which was conducted among 650 women in two villages of the backward district of Gadchiroli, in the state of Maharashtra, revealed that an astonishing 92.2 per cent of all women have one or more gynecological or sexual diseases, with an average of 3.6 diseases per women (*ibid.*: 11). Some of the glaring shortcomings in terms of healthcare services like the poor quality of antenatal care, unsafe deliveries, lack of emergency obstetric care, and poor referral services contribute to the high rate of maternal deaths in the country (*ibid.*: 15). The National Family Heath Survey—2 estimates the maternal mortality ratio in the country to be 540 per 1,00,000 live births for the two-year period before the survey. The ratio, at 619 per 1, 00,000 live births, is even higher for rural India. The ratio was also found to be

comparatively higher for some groups like the Scheduled Castes (SCs), Scheduled Tribes (STs), less developed villages, illiterate women and Hindus (*ibid*.: 15).

Another important factor to be noted is that the affected women usually give birth at homes rather than in hospitals. In the case of urban India, almost two-thirds (65.1 per cent) of the births took place in healthcare facilities, but the figures came down to a quarter (24.6 per cent) for rural India (Mishra, 2006: 41). Another study conducted by Bang in the Gadchiroli district of Maharashtra followed 772 pregnant women from the third trimester onwards till the period of 28 days postpartum. It showed that almost 15 per cent of the women who deliver in rural homes potentially need emergency obstetric care and 34.7 per cent are in need of medical attention (emergency or non-emergency) (*ibid*.: 16). The other important factor that causes morbidity is the rate of abortions. In one study of the community in Maharashtra, post-abortion morbidities were reported in more than 60 per cent of the cases pertaining to both spontaneous as well as induced abortions. Symptoms like excessive bleeding, pains and aches together accounted for almost half of the morbidities. Other complaints by the affected women included early infections, menstrual irregularities and vaginal discharge. These complaints were

found more in rural areas and were higher in the case of induced abortions (*ibid*.: 16).

The need for treating the women with care and concern is also hardly recognized in most of the areas in the country. In the states of Bihar, Jharkhand, Gujarat, Tamil Nadu, and Uttar Pradesh, though the doctors approved of abortion, their interaction with women seeking abortion was not respectful and many insisted on sterilization as a precondition for conducting abortions. Only a few of the women were informed of the possible side-effects of sterilization or of the need for post-abortion care (Barua and Apte, 2007: 72). Here, it is pertinent to point out that the abortions also often result from efforts to determine the sex of the child, as a woman is forced to undergo an abortion if she is carrying a girl child.

The provision of antenatal care services is also very deplorable throughout the country. Women of certain backgrounds, including tribals, and illiterate and poor women are less likely to receive antenatal care during pregnancy. Half of the births among illiterate women (48.4 per cent) and poor women (45.1 per cent) are not preceded by any antenatal check-ups (Mishra, 2006: 39). The conduction of post-natal check-ups is also skewed against women in these categories.

Over a span of the last fifty years, there has been a rise in increasing awareness regarding contraception. The NFHS–2 reports that 99 per cent of the currently married women in the country are aware of various contraceptive methods (*ibid.*: 37). The private sector is the dominant provider of contraception, though its share came down from 79 per cent in the NFHS–1 to 76 per cent in NFHS–2 (*ibid.*: 37). In spite of the universal knowledge of contraception, however, there is an unmet need for the same. According to the NFHS–2, women in Jharkhand get married early and about 27.6 per cent of them use a temporary method of contraception while one-fifth of them are sterilized by their mid-20s. The unmet need for contraception is 24 per cent amongst women in the age group of 15–24 years. Thus, the use of induced abortion as a method for limiting family size is not surprising (Barua and Apte, 2007: 73).

The table at the end of the article shows the unmet need of family planning among different religious groups, and also takes into account the education level of different groups to understand their unmet needs.

The belief that the MMR can be brought down increasing the level of skilled attendance for women has lead to the training of midwives. The auxiliary services in rural India were earlier carried out by *dai*s (midwives), who were considered to be illiterate, unskilled and difficult to train. Thereafter, India launched its flagship National Rural Health Mission (NRHM) in 2005, wherein millions of *dai*s were estimated to have been given training as also some recognition (http://southasia.oneworld.net/todaysheadlines/india-midwives-should-be-empowered-not-phased-out). Since then, however, these *dai*s have been replaced by Accredited Social Health Activists (ASHAs). The role of an ASHA worker is to get pregnant women registered in government facilities and to urge them to seek care in the facility. Studies show that auxiliary nurse midwives were unable to define quality services or suggest how family planning measures could be improved. Further, they were of the opinion that in the state of Uttar Pradesh, poor and illiterate women do not expect any counselling nor do they want to make an informed choice; some even questioned the provider's need to seek the clients' preferences (Barua and Apte, 2007: 72).

However, as Annie Raja, General Secretary of the Communist Party of India (CPI)-affiliated National Federation of Indian Women (NFIW), points out, the failures in the field of providing adequate healthcare to women were due to the implementation of policies which were designed merely to meet the MDGs rather than taking the ground realities into account. An ASHA worker is entitled to a sum of Rs. 600 for accompanying a pregnant woman to a

government facility. This cost also includes the travelling expense and any other expense that may need to be incurred. However, if the woman gives birth anywhere else except in a hospital, then the ASHA worker is not entitled to any sum. Another such programme for providing healthcare to women and children was the Integrated Child Development Scheme (ICDS). This is a Centrally-sponsored programme and has been operational since 1975. Although this scheme is mainly aimed at meeting the health needs of children, it also includes services for pregnant women, who are eligible for getting medicines and nursing care, to some extent. However, this programme has not been a success with pregnant women, as the supplementary nutrition meant for women is often collected and supposedly consumed by the women at home (Mishra, 2006: 33).

Women patients often complain that there are not enough lady doctors to cater to their health needs in the rural areas, which makes it difficult for them to express the problems. In many cases, it has also been observed that patients prefer private rather than government facilities for going through abortions owing to the secrecy they are assured of in the private hospitals.

In view of the above findings, it is important to ensure that ground realities are kept in mind during the formulation or implementation of a policy. The most vulnerable section of the society hardly reaps any benefit from the schemes. Another important factor which has to be borne in mind is the social constraints and ostracism that women from the marginalized communities face. There is thus a need to strengthen the provision of healthcare facilities universally. In addition, a sensitive approach should be adopted by the service providers dealing with pregnant women. Further, the number of lady doctors catering to women patients, especially in the rural areas, should be increased in order to make the women more amenable to seeking health services.

References

Barua, Alka and Hemant Apte (2007). 'Quality of Abortion Care: Perspectives of Clients and Providers in Jharkhand', *Economic and Political Weekly*, Vol. 42, No. 48, 1–7 December 2007, pp. 71–80.

Mishra, Mansee (2006). *Gendered Vulnerabilities: Women's Health and Access to Healthcare in India*, Centre for Enquiry into Health and Allied Themes, Mumbai.

		Unmet Need For Family Planning		
Fertility and Unmet Need *for Family Planning among Select Groups*				
		For Spacing	*For Spacing*	*Total*
Residence				
Urban	2.27	6.7	6.7	13.4
Rural	3.07	8.9	7.8	16.7
Education				
Illiterate	3.47	7.8	8.5	16.2
Literate (less than middle school)	2.64	8.4	6.1	14.4
Literate (middle school complete)	2.26	11.1	6.1	17.1
Literate (high school complete and above)	1.99	8.8	6.3	15.1
Religion				
Hindu	2.78	8	7.1	15.1
Muslim	3.59	11	11	22
Christian	2.44	8.7	6.1	14.8
Sikh	2.26	3.6	5.1	8.6
Jain	1.9	5.9	3.6	9.5
Buddhist/Neo-Buddhist	2.13	7.4	5.3	12.7
Others	2.33	6.9	5.4	12.3
No religion	3.91	14.2	11.4	25.6
Caste/Tribe				
Scheduled Castes (SCs)	3.15	8.6	8.2	16.8
Scheduled Tribes (STs)	3.06	8.8	7	15.9
Other Backward Classes (OBCs)	2.83	8.6	7.1	15.7
Others	2.66	7.7	7.5	15.2
Standard of Living Index				
Low	3.37	9	8.8	17.9
Medium	2.85	8.5	7.2	15.6
High	2.1	6.7	6.1	12.8
Total	2.85	8.3	7.5	15.8

Source: NFHS–2 (Mishra, 2006: 38).