
UNIT: 8 NATIONAL INITIATIVES – INDIA

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8.1 INTRODUCTION

International organizations like the UN and its agencies have played a significant role in promoting gender equality and equity and they have influenced the Government and civil society organizations to mainstream gender in all its activities. In India, gender mainstreaming initiatives have been taken by the Government and civil society organizations. In the preceding Courses of this Programme we have discussed in several Units with regard to the initiatives taken by the Government of India to mainstream gender. In Unit we will discuss few measures taken by civil society organizations to mainstream gender.

8.2 OBJECTIVES

After studying this Unit, you should be able to:

- Explain the various dimensions of gender mainstreaming activities of civil society and non-governmental organizations;
- Elucidate the process of gender equality through empowerment; and
- Examine the problems associated with the implementation of gender mainstreaming process in India.

8.3 BETTER LIFE OPTIONS PROGRAMME: PROMOTING GENDER EQUALITY THROUGH EMPOWERMENT AND HEALTH SERVICES

The Centre for Development and Population Activities (CEDPA) established the global Better Life Options Programme (BLP). The programme promotes opportunities for adolescent girls and boys to make better life choices concerning their health, economic status, civic participation, education, employment, decision-making abilities and family planning. The programme is based on an empowerment model and combines elements of:

- education,
- family life education,
- life skills,
- vocational training,
- health services, and
- personality development

CEDPA initiated the BLP for girls based on the belief that early intervention would be most effective in improving their long term status and empowering them to later take their place as full and equal partners with men in Indian society. While working with girls, CEDPA perceived that true women's empowerment would be possible and sustainable only if male support and behavior change was forthcoming for women's issues. "You have changed my life, now please change the thinking of my future husband" was an often heard refrain at CEDPA's programmes. The need for a similar empowerment programme for adolescent boys, to effectively challenge gender inequalities, was also expressed by the communities and by the boys themselves.

When a programme for boys was first discussed, it was as a strategy for empowering girls, since boys form part of the “enabling environment” that either hinders or enhances the process of empowerment for girls. However, CEDPA’s thinking has changed over time and the boys’ programme is currently implemented not just to enhance the empowerment of girls but also because boys are limited by gender roles and stereotypes as well, and have very real needs and rights of their own that must be addressed if they are to be partners with women in development and achieve their full potential. Thus, empowerment is examined within the construct of gender by looking at the power, which boys and girls have in relation to one another and in relation to society.

BLP uses a programme guide for facilitators entitled “Choose a Future! Issues and Options for Adolescent Girls in India” and “Choose a Future! Issues and Options for Adolescent Boys in India.” It actively involves adolescents (10-19 years old) in creating their own solutions to situations they encounter at home, in their neighborhood, in school, at work and with male and female peers.

Integrating adolescent-friendly health services into the Better Life Options Programme CEDPA’s approach to empowerment also recognizes that a variety of approaches and contents are required, ranging from non-health empowerment activities such as microenterprise, literacy, and legal literacy to health information, counseling and services.

Adolescent girls participating in the BLP had frequently confided in the programme facilitators about their health problems. It was observed that they suffered from menstrual problems, reproductive tract infections (RTIs), anemia and weakness, and other health complaints. Yet little importance was placed on these problems by their families. During a needs assessment with boys and girls, participants expressed the need for information about reproductive organs, physical and emotional changes, menstruation (girls), prevention of RTIs, masturbation and use of condoms (boys). They also claimed that health facilities were not accessible and reported stigmatization, lack of privacy and confidentiality, and unfriendly health providers at the health centers.

Realizing the need to provide health services to adolescents, CEDPA integrated a health services component into its existing BLP programme. In July 2001, CEDPA India launched the ‘Adolescent Friendly Reproductive Health Services Project (AFRHS)’ with financial assistance

from the United States Agency for International Development (USAID). This was done in collaboration with four partner organizations. The organizations that were awarded sub-grants were:

Bharatiya Grameen Mahila Sangh (BGMS) in Madhya Pradesh, Young Women's Christian Association (YWCA) and Prayatin in Delhi and the Society for the Promotion of Youth and Masses (SPYM) in Delhi and Haryana. The duration of the project was from July 2001 to December 2002. Its beneficiaries included adolescent boys and girls, both married and unmarried, in-school and out-of-school.

The overall goal of this programme was to implement community-based adolescent friendly services using strength-based approaches. The objectives of the programme were defined by the partners themselves and included: □ □ empowering adolescent boys and girls by providing them with a comprehensive package of skill building, family life education (FLE), and sexual and reproductive health (RH) awareness;

- Providing adolescent-friendly health services through adolescent-friendly service providers;
- Sensitizing the 'gate-keepers' – parents, teachers, community and local leaders – towards the special health needs of adolescent boys and girls (thus, ensuring community ownership and participation); and
- Establishing a cadre of peer educators-cum-counselors from among the project participants to ensure sustainability of the project. Activities undertaken under the AFRHS Project
- The project activities were officially launched through an orientation meeting attended by the organization heads of the partner non-government organizations (NGOs) and the project staff responsible for implementation of the project.
- Two or three programme staff were identified from each NGO. Then, a 10- day programme management training cum training of trainers (TOT) for using CEDPA's Choose a Future! training package was provided by the CEDPA training team. The TOT was organized in three phases, staggered over six months. This proved beneficial to the programme managers, who had

- The opportunity to clarify their questions and concerns, especially on reproductive health (RH) issues. The programme managers, in turn, provided training to the grassroots facilitators in their
- Respective project areas, who subsequently reached out to the adolescents. Technical assistance and mentoring was also provided by CEDPA during these training programmes. □ □ □ The initial ground work in the communities was done by the project partners. They organized meetings with
- Community leaders, parents and teachers to sensitize them to adolescent needs and issues and orient them about the programme. The need for providing medical services was also shared with the parents. This created a feeling of mutual trust and respect between the NGO and the community.
- Community participation was ensured throughout the duration of the project and 'sensitization camps' (held regularly) for parents and other community members. Issues including the importance of girl child education, evils of dowry, age at marriage, gender equality and Acquired Immune Deficiency Syndrome (AIDS) awareness were discussed from time to time with community members.
- Health services were provided to the adolescent participants during this period. To be culturally appropriate in the conservative social environment in which adolescents mature, reproductive health services were provided within the context of general health services to adolescents.
- A protocol was developed for providing medical services, which was shared with the partner organizations. The project partners hired part-time doctors and laboratory technicians to provide the adolescents with health services as per this medical protocol.
- At the time of enrolment, all adolescents attended a general health checkup. Doctors (preferably female doctors) were taken to the community to provide the services. As per the medical protocol, adolescent girls enrolled in the programme were checked for their Hemoglobin percentage (Hb%) and provided with a course of de-worming tablets and 100 tablets of Iron Folic Acid (IFA) for the treatment of anemia. After 3-4 months, Hb% was estimated again. Occasionally, eye check-ups, ear, nose and throat examinations, screening for tuberculosis, gynecological check-ups and counseling sessions were also organized for both boys and girls. Adolescents diagnosed as having serious health

problems were referred and escorted to the nearest public/private health facility to ensure that treatment was provided. This also helped in compliance as the facilitators would counsel the parents and make sure that the drugs prescribed were taken and follow-up visits were made.

- Counseling services were provided for RH issues, drug abuse, RTIs, domestic violence and incest. Approaches used in reaching out to adolescents 1 Long-term integrated approach Batches of 20-25 adolescents were imparted the Choose a Future! curriculum over a period of 3-4 months by the partner organizations. Sessions were held at a time that was convenient to the participants (2-3 hours a day, 2-3 times a week to cover the entire 140 hours of Choose a Future!). To ensure that participants were not bored, the programme was integrated into vocational training courses, remedial coaching, gym activities, and recreational clubs. The participating adolescents were asked to fill out a pre-programme and post-programme knowledge-based evaluation forms, which included questions related to RH, family planning and HIV/AIDS. Health services were provided to the adolescent participants as per the medical protocol.

Day camps

Week-long intensive day-camps were organized during holidays to impart a shortened version of Choose a Future! Sessions which were held for about six hours a day. To make the programme more interesting and practical, short courses on food preservation, beauty culture, electrical repair, and theater training were some of the short courses integrated into the programme. Game competitions like cricket or football matches and cooking competitions, especially for boys, were also held. Health services, as per the medical protocol, were provided during the camps. To ensure compliance, continuous follow-ups were carried out for three months.

School programmes

Sessions were held during school hours, after securing permission from the school authorities. A shortened version of Choose a Future! was used during these programmes and usually took 7-8 months to complete. Health services were provided to the school students.

General health camps

In addition to the services provided to programme participants, health camps were also organized in the community to address the needs of the non-enrolled adolescents. Occasionally, adults living in these communities also benefited from health check-ups.

Peer educators training

Programme alumni, with good communications skills and leadership qualities were identified and trained as peer educators, through refresher trainings. As peer educators, they co-facilitated the sessions, provided counseling support, and helped in identifying health problems among the adolescents during health camps and follow-ups.

Community-based advocacy

Adolescents were involved in community mobilization through clubs and theater groups that were formed during the project period. Issues related to reproductive health, drug addiction, early marriage, importance of education, HIV/AIDS, etc. were taken up. The project also demanded networking with government agencies, other NGO networks in the area, private doctors, international donors and others. This was necessary to provide quality health services including identifying service providers and maintaining a steady supply of medicines.

BOX 8.1:AND HOW IT AFFECTED THEIR LIVES

At 15, Prathama was on the verge of dropping out of school. Her father was the only earning family member, trying to make both ends meet by working as a security guard in a nearby factory. Today, at 19, Prathama is financially independent and in charge of her own life. She takes home US\$43 every month, a princely sum for a family of four living in one of the slums outside Delhi, more than matching her family's total income.

From a lady in the neighborhood, she learned about the BLP. During this programme, she learned that girls such as herself had the right to make choices about education, career, economic independence, about when and whom to marry and about when to have children and how many. She was chosen as one of the 24 girls who were trained in computers. She was a quick learner and as a reward, when the course was over, the Computer Center decided to retain her as a trainer. Today, she is a trainer in a computer center. She not only trains but is also learning an advanced computer course, offered to her gratis by the Center, as a reward to her sincerity and keenness to learn and do better in life.

She credits the BLP as the harbinger of changes in her life. She says that the programme opened her eyes to the rights of girls – that it is not a cardinal rule that girls are meant to be married early and sent off to her husband's house. She realized how important it is for a girl to work and be economically independent, to contribute to her family's kitty and earn not just for herself but for her parents and her brother. Prathama who refuses to be married before she is 21 dreams of

running her own computer center, where girls like her can embark on a new career.

8.4.1 Lessons Learned

- Adolescents have a wide range of information and health care needs that must be addressed in a sensitive and adolescent-friendly manner.
- In conservative societies such as in India provision of adolescent reproductive health services is highly controversial and sensitive. Such services must be provided through an integrated approach consisting of service delivery, life skill development, and informal/formal educational opportunities.
- Adolescent boys have their own unique sets of needs. It is essential to have a programme that not only views boys in light of gender roles vis-à-vis girls, but also addresses their specific needs.
- Adolescents especially girls and their parents are often reluctant to go to existing health facilities for adolescent health care needs as this might stigmatize them.
- When services are brought to programme sites, there is an overwhelming response and interest shown by the community. Doctors found the medical protocols useful as they had no specialized training on adolescent health.
- In some cases, it was difficult to find doctors willing to go to villages to provide care for adolescents. Networking with local qualified health providers helped in some cases. In other instances, project partners reached an understanding to share their medical and paramedical personnel.
- Maintaining a steady supply of medicines was found to be difficult especially in rural areas. Sometimes, projects would purchase medicines from the market using their own funds to tide over the shortfall. In other cases, project partners would bail each other out by sharing their medical supplies with each other.
- The project helped in creating an enabling environment where adolescents could freely express their thoughts and personal problems to trained adolescent-friendly providers.
- Programme alumni can be used as an entry point for programme development and expansion. It is useful to build on these existing relationships.

Check Your Progress Exercise 1:

Note: a) Use the space given below to answer the questions.

b) Compare your answer with the one given at the end of this unit.

1) Suggest few points on how to provide Reproductive Health awareness to adolescent girls and boys?

8.5 MOUNTAIN WOMEN'S INITIATIVE: A COLLECTIVE APPROACH TO SUSTAINABLE ECONOMIC DEVELOPMENT SOCIAL AND CULTURAL CONTEXT

Uttaranchal, traditionally is a land of rich natural and cultural heritage. The Uttarakhand people live mainly from agriculture and dairy farming. Like other societies in the world, the Uttarakhand society is marked by an unequal division of labor, power and property between male and female. Women are very hardworking. They toil hard in the field to provide food to the family, carry out household responsibilities, take care of the livestock, procure fuel, water and minor forest produce to meet the survival needs of the family. They have a very important role in the subsistence economy, but this is considered only secondary to the role of the men. Women are economically, socially and emotionally dependent on the male head of their family. Although the mountain women, with their greater freedom of mobility and decision making to some extent, seem more independent than the women in the lowlands, they nevertheless suffer from discrimination, poverty and exclusion from mainstream development. They do almost 90% of agricultural work but have no land in their name. They contribute tremendously to the socioeconomic development of the family, the community and nation but their contribution remains invisible, unrecognized and hardly counted in policy making.

In the Uttarkashi district of Uttarakhand is the valley of Rawain. On an average, 23% of the population of Rawain is scheduled caste¹. Like other areas of Uttarakhand, Rawain Valley also had a rich tradition and culture of community based institutions and practices of collective planning and resource management. Over the past decades, rich traditions like community solidarity, traditional practices of managing natural resources, and systems of collective problem solving (which were the strength of the village people) have declined because of the modern top-down approach to the development process. As a result, the community's sense of ownership of decision making decreased and the people became more dependent on government development programmes. Because of this trend, the people have become less concerned about managing and conserving their resources, and misuse of natural resources has increased. Low productivity of

the land, lack of new technical knowledge, poor market linkages, and lack of strong and active people's institutions have resulted in low production and limited livelihood options for the people. Those who may have had any surplus agricultural produce to sell in the market were exploited by the middlemen.

The Mahila Mangal Dals (village-level women welfare groups) came into existence during the implementation of government development schemes in Rawain Valley. They became inactive from a lack of proper vision, guidance, future plan of action. Women have a low level of awareness and have little or no opportunity to participate in village meetings or decision-making at the community level. The men have control over the cash, and the environment is not conducive nor is there social acceptance for women to start income generating activities like trading of agriculture produce. These prevailing social norms had relegated women to secondary status in society and not valued their traditional knowledge, practical experiences, and managerial skills. Women themselves did not recognize their qualities and potential, and accepted their status as part of their lives. Women also lacked entrepreneurial attitudes and skills. Empowering mountain women through collective enterprise To address these issues in a holistic and integrated way, the Himalayan Action Research Centre (HARC), with a special focus on women, embarked on a process of building and strengthening people's institutions to increase food and socioeconomic security and promote their livelihood options.

HARC identified the following priority needs:

- Empowering the community-based institutions on the basis of economic, social and gender equity.
- Increasing production and crop diversification for food security and sustained livelihood.
- Adopting special approaches and programmes for women according to their aspirations, felt needs and stated priorities.
- Building and strengthening financial and rural marketing linkages.
- Adopting a holistic approach to regenerate the overall biomass productivity and restoring the balance of nature. Using the model it developed for a collective approach to economic development, HARC set out on a slow but determined process of developing women's entrepreneurial disposition and enhancing their participation in decision-making, their

income-generating ability, and their socioeconomic status in the community. HARC's Collective Enterprise Process

8.5.1 Step 1: Strengthening the Planning Process

Community mobilization for bottom-up planning

The process started in Rawain Valley of Uttaranchal State with mobilizing the community to analyze their resources, problems, opportunities, strengths and weakness through the micro-planning exercise in the villages. Based on these collective activities, the community people prepared their village action plan. To encourage women to participate, HARC initiated discussions with them whenever and wherever they were available – in their homes, in the field, near water resources, or on the way to the forest. Efforts were made so that planning meetings suited the schedules of the women. By facilitating women's own identification and analysis of their practical and strategic needs during the village meetings, women realized their importance in planning and decision making. Issues identified by the women were included in the village action plan. Regular networking with the men folk of the village and sensitizing them on the needs and priorities of women were an integral part of the process. All-women meetings were conducted on women's issues, while joint meetings with men were organized to discuss common issues.

This helped sensitize the menfolk on the problems of women and their burdens. 2 Developing a cadre of barefoot scientists HARC built a cadre of barefoot scientists recognized as paratechnicians or paratechs (men and women who provide technical assistance) and women motivators in the area. A total of 40 paratechs and 45 women motivators underwent multifaceted capacity enhancement trainings and, by the end of one year, were ready to pass on what they had learned. These barefoot scientists were instrumental in building the environment for enhancing women's participation in preparing the village action plan according to their and the local people's needs and priorities.

8.5.2 Step 2: Building and Strengthening People's Groups and Institutions

Formation of women's collectives

Because of socio-cultural barriers, women had very limited say and access to decision making when men were present in the meetings. After a long discussion with the village men and women, it was decided that women farmers' self-help groups and men farmers' interest groups would be formed and strengthened in the village. HARC started a campaign to facilitate the

process of group formation among the men and women in the village. Women motivators and paratechs who took the lead in this process tried to convince the people that a collective approach could enhance their socioeconomic status, sometimes citing examples of success stories of women collectives in other villages. This process which started in 67 villages of Rawain Valley eventually led to the formation of 100 women's groups doing their own savings and credit activities. This occurred because of the positive attitude of village menfolk towards the advancement of village women.

HARC gave equal attention to the organization of men farmers' interest groups. As a result, 50 men farmers' groups were formed and registered their federation as the "Rawain Valley Fruits and Vegetables Growers Association." This parallel intervention also helped create an enabling environment for bringing women out of the four walls of their homes and getting them organized.

Knowledge and skill building

After the formation of women's collectives in the villages, the second most important intervention was to strengthen these collectives. To increase the skill, knowledge and information level of people, HARC organized exposure and capacity-building programmes on various issues, such as building an understanding of group dynamics, management, leadership, and documentation. Village information centers were established to enhance the access of women to all development information. HARC organized separate skills development programmes for women only and encouraged the menfolk to send the women to attend these programmes. In some places where women's participation in meetings and trainings was very low, the men were asked to help ensure women's participation. Women motivators took care of motivating the women of the village. This process took almost a year.

8.5.3 Step 3: Resource-Based Development for Sustainable Livelihood

Mission: to promote production of local traditional crops as the process of strengthening women's collectives went on, some groups felt the need to start income-generating projects (IGP) to earn cash. To address this need, an intensive exercise on identification of the income generation activities was conducted at the group level. Most of the women's groups agreed that the income generating activity must be based on their local agro-economic resources. After conducting the resource analysis exercise with the women, it was unanimously decided that women would increase the production of traditional crops, pulses, grains, spices, millets, and

market the surplus produce. Production of jam, pickle, juice, and squash, along with locally available raw materials, were also included among the IGPs.

Income generation activities by women groups

Those groups that were mature enough and had a good record of group management, had strong and effective leadership, and had saved some amount of money to start an IGP were given entrepreneurship development training. Agro-eco-based, specifically biomass-based activities – the prevailing subsistence economy in the mountain areas – became the main IGP of the groups. Agro-eco-based income generation activities are cost-effective and socially acceptable, and the resources, skills and market are locally available so the chances of success were great. Although women showed their willingness to start IGPs, it was not an easy task for women. Also, finding spare time from their busy schedules was itself problematic.

Traditional crops: Back to basics

In Rawain Valley, traditional crops like pulses, millet, and spices are grown by following traditional environment friendly organic methods of farming, but over the last three decades production of these crops have declined because of the promotion of high-valued cash crops. Although traditional crops are in great demand in the market, they are not promoted in a planned way, nor are there systematic marketing strategies for these products. HARC made it its mission to increase the production of these traditional crops by promoting women's participation in this sector.

The productivity of these crops is being increased by exchanging the seeds, improving cultivation methods, and promoting organic practices. In rural areas of India; women do all of the agricultural work but the men of the family are the ones who sell the surplus produce in the market. Women had no access to market and hardly handled cash. These socio-cultural barriers made the task of engaging women to start IGPs in trading activities a big challenge for HARC. So initially, the strategy for income generation was adopted only among a small group of women at the village level. Since men farmers were dealing with the marketing of fruits and vegetables, women farmers decided to buy and market pulses, grains, millets, spices and some processed items made with locally available raw materials. All these arrangements helped in getting the menfolk to share in the agricultural activities, thus reducing women's agricultural workload. HARC organized a number of training programmes for enhancing women's risktaking

capacities, fruit and vegetable processing skills, grading and packaging, quality control and cost analysis of products. Women of the groups started collecting surplus products and after grading, packing and labeling, the products were sold in the local market and some products were marketed in big cities during fairs and exhibitions. This was the first attempt of these women in trading, and the first time the women of Rawain could get direct cash in their hands by selling agro-eco products. It was only a small-scale venture, but because they invested their own money, time, and energy, they felt confident and realized their power and potential to establish micro enterprises that are managed and controlled by women only. Extension centers in and outside of the State helped women enhance their skills in crop production, processing of the raw materials, and quality control of the products.

8.5.4 Step 4: Developing Financial and Rural Marketing Linkages

The need to build a federation and capital fund

The first attempt of women in a trading activity was quite encouraging, but they had to face a lot of challenges. The biggest challenges were: improving and maintaining the quality of the products, tough competition in the market, and lack of marketing skills among women. These indicated the need for combined efforts in women's trading activities.

At that time, however, there was no women's federation for trading anywhere in Uttaranchal. It was decided then that a women-only federation should be formed by the women collectives engaged in income generating activities in order to give women equal opportunity to manage and control a trade, make their own decisions, and have control over their financial and marketing dealings without interference from others. The men folk were invited to the meetings so that they would realize the importance of their support to the women. Thus, the women's federation was formed without any objection from the men folk of the villages. These women collectives held several meetings to discuss the structure of the federation and building of a capital fund. Some members of the group and men of the village were suspicious about the use of capital fund and did not allow the women to join the federation. Again motivators took the responsibility to convince all the members and the menfolk of the village. Finally, 13 groups had come forward to be organized into a federation. Each member of the group decided to contribute a share of INRs.500/-(US\$10) to the capital fund to start trading activities collectively. The federation was formally established in October 2002. They elected their office bearers and distributed the responsibilities among them. Marketing linkages once the cooperative assumed legal status, the

most important task was to align its activities towards the achievement of its goal. The first priority was to build financial linkages to start production and trading activities. Exploring market channels for selling the products was the second most important step. With the help of HARC and market experts, the cooperative members prepared their market strategy. Women collectives were linked with banks and had regular interface with the bankers.

Financial institutions like the State Bank in Naugaon and Barkot and National Bank for Agriculture and Rural Development (NABARD) helped in developing clarity among women to manage their accounts systematically. Banks also sanctioned Cash Credit Limit (CCL) for some of the women's groups. Through this, the groups could then get loans from the bank. The cooperative is engaged in the trade of millet, grains, spices, and pulses, using the brand name, Rawain's Nature's Pure. The board of directors decides the rates of purchase and sale. For marketing the products locally, an outlet was opened in Naugaon Uttarkashi and in Dehradun, the capital of the state. Marketing linkages were built with retailers and wholesalers in some big cities of India, like Dehradun, Delhi, Chandigarh and Bangalore. Intensive efforts were made to strengthen backward and forward linkages. The cooperative also participated in national and international trade fairs to popularize its products. During the first year, the federation did a business of INR 300,000 (US\$6,543.07), and at the end of the year distributed the dividend among members. This year the cooperative has fixed a business target of INR 1.5 million (US\$32,500). At present the cooperative deals in more than 25 items, most of them grown the traditional way and free of chemical pesticides and fertilizers. This is the strength of the products of Rawain Mahila Multipurpose Autonomous Cooperative Society Ltd. The State government of Uttaranchal supported women's groups and their cooperative by providing them the opportunity to participate in state, national and international trade fairs. This increased the publicity of different products of the cooperative.

8.5.5 Step 5: Ensuring Sustainability

Right from the beginning, the matter of sustainability was addressed by the development of the cooperative based on women's capacities and local agro-eco resources. The most important factor is the collective approach to economic development, which is based on felt needs of the women. HARC focused on building the federation instead of creating it. The vision, mission, objective and operational strategies were clearly defined and made understandable to the members from the beginning. The members made all the financial investments so they have a

strong sense of ownership in the cooperative. Some major lessons that HARC and the women's cooperative have learned from this collective approach to sustainable economic development and its recommendations for replication:

- There is no single approach to addressing gender issues; the need is to adopt a multi-pronged strategy.
- To create an enabling environment for women's active and effective participation in any process or action, family level sensitization, involvement of men and seeking their suggestions in joint meetings are essential.
- Social transformation and behavioral change, especially changing the mindset and the attitude of men towards women, is a time-consuming process.
- Collective efforts and voices help women to articulate their concerns and negotiate effectively for their rights. Thus the need to strengthen and promote local women's groups and their coalitions.
- There is a great scope and potential for increasing income from agro-economic based activities by encouraging small enterprises.
- Skills development and training efforts have to be undertaken to develop the capacity of women to undertake such activities.
- The success of any collective approach to development is based on the principles, values, behavior and attitude and capacities of stakeholders, male and female.
- To inculcate a sense of ownership, rigorous and meaningful participation of women and men at every level of project planning, implementation and monitoring is essential.
- Trading is a male dominated area. Promoting women in this field is a great challenge but there are ways of getting around it if there is strong will and determination.
- Effective leadership, the skill to resolve conflicts, strong backward and forward linkages, a sense of ownership, and knowledge of markets and its trends are key to women's success in micro-enterprise.
- The development of local level experts able to respond to the needs and requirements of the community can contribute to the success of the mission.

Check Your Progress Exercise 2:

Note: a) Use the space given below to answer the questions.

b) Compare your answer with the one given at the end of this unit.

1) What are the few lessons learnt from the HARC experience?

8.6 SUMMING UP

In recent years, gender mainstreaming has emerged as a set of concrete ways to pro-actively promote gender equity. This involves two distinct, but inter-related, courses of action – integrating women and their specific concerns and issues in the development process; and incorporating gender analysis in policy and programme design, as a means of identifying the different interests and needs of males and females to enhance the effectiveness of international and national development agencies. This Unit highlights and draws attention to innovative experiences from India which merit broader practice among development practitioners that feature practical experiences in gender mainstreaming – at grassroots, programme and institutional levels.

8.7 GLOSSARY

Civil Society: Civil society is the arena outside of the family, the state, and the market where people associate to advance common interests.

Advocacy: Advocacy is a set of actions whose main objective is to sensitize with a view to influencing decisions about a cause or policy in a stated direction.

8.8 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1:

1.

- Providing adolescent-friendly health services through adolescent-friendly service providers;

- Establishing a cadre of peer educators-cum-counselors from among the project participants to ensure sustainability of the project.
- Sensitizing parents, teachers, community and local leaders – towards the special health needs of adolescent boys and girls (thus, ensuring community ownership and participation);

Check Your Progress Exercise 2:

1.
 - There is no single approach to addressing gender issues; the need is to adopt a multi-pronged strategy.
 - To create an enabling environment for women's active and effective participation in any process or action, family level sensitization, involvement of men and seeking their suggestions in joint meetings are essential.
 - Social transformation and behavioral change, especially changing the mindset and the attitude of men towards women, is a time-consuming process.

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8.10 QUESTIONS FOR REFLECTION AND PRACTICE

1. What is the lesson learnt from promoting gender equality through empowerment and health services?
2. Explain the process of building and strengthening people's groups and institutions.
3. How to develop financial and rural marketing linkages? Explain it from the case study described in this Unit.