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The Care Diamond: State Social Policy and the Market

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In this chapter, we examine the interface of state social policy, the market and ‘community’ organisations in making care practices within and without households and the labour/care regime, focussing on child care. Much of the discussion centres on one point of the care diamond - the state.² There is both a theoretical and heuristic purpose to this. The reach and financial clout of the state continues to make it a critical actor in modulating gender relations and care practices, whether it is through direct welfare measures or through purposive withdrawal/regulation in employment and the economy. Governments in India have had to appear, to varying degrees, responsive to both local constituencies and international pressures. Social and political movements have addressed themselves simultaneously to mobilisation of people and demanding action from governments and the state. Thus state policy, despite the labyrinthine and often obfuscating nature of its articulation, becomes a fruitful entry point in understanding the care regime in India. In taking this path, we follow measures of state policy that may have indirect implications for care and not just those which are explicitly tied to the issue. We find that state policy and the care diamond are differentiated in design and outcome, but focus more on the implications for and practices of the poor and the middle classes. Lastly, our attempt is to draw out the dynamic and changing aspects of the care regime as well as the continuities.

After a brief outline of the framework of government and development history, we examine the welfare regime in terms of both programmes in different areas of social policy and in terms of analytical-descriptive features. After a brief summary of our findings on time spent on paid and unpaid work, we turn to the care regime. We look at measures for workers in the formal and informal sectors as well as measures for citizens. We outline the contours of a growing market in care. Both in examining the welfare regime and in mapping the care regime, the links between state policy, the market, and political processes are drawn out.

1. The framework of governmental action and development policy

The welfare regime and social policy in India today have to be viewed in the context of the overall orientation of and shifts in state policy and government since 1947. With Independence, an interventionist and developmental state was seen as essential to achieve the stated aims of the ‘Directive Principles’ of State Policy³ - the removal of poverty, social justice, self-reliance, and growth. Different recipes and structures were debated and concretised in successive Five-Year Plans. The principles formulated included free and compulsory education to children, a public health care system and higher education system, economic and social rights to women, as well as Scheduled Castes, Scheduled Tribes, and Other Backward Classes and religious minorities along with adequate means of livelihood for all citizens linked to industrialisation and agrarian reform, equal pay for equal work for men and women, proper working conditions, protection against exploitation, reduction of the concentration of wealth and means of production and economic inequality.

The model of working conditions and social security that the new state announced for its employees was to act as a standard as well as to ensure the loyalty of the emerging middle class to the new state. Not only were these regulations rarely implemented beyond the public and for white collar workers

² On the care diamond and the labour/care regime, Razavi 2007; 2006.

³ These were formulated by the Constituent Assembly as guidelines for governance which should aim to give substance to the fundamental rights given in the Constitution.

in large-scale private enterprises, the proportion of citizen-workers who were able to avail of this model remained relatively small and gendered. The organised-formal sector, predominantly male, never grew beyond 10% of the employed. The paucity of benefits directed to women workers such as maternity leave, crèches, and other facilities in particular reiterated the tacit and overt distinction between male paid workers/employees and female family carers. That this distinction was a problem was overshadowed by the continuing high levels of unemployment and underemployment, which were simultaneous with high levels of overwork, child labour, poverty, and rural indebtedness and very low wages and labour productivity.

By the 1980s, the entrepreneurial classes no longer needed the infrastructural support of the state and saw the labour relations model as an obstacle to their further advancement, including that of limiting the labour supply. Since then, a neo-liberal economic strategy narrowly focussed on the market and growth continues to be advocated and the urban, middle and upper classes, who had palpably experienced the state in their everyday lives are a major constituency in favour of the policy. Social welfare now receives recognition in terms of the idea of a safety net against poverty rather than a means to social transformation and reduction of inequality.

The nature of Indian federalism is also important in understanding the welfare regime. The division of powers between the central government and the states/provinces was in favour of the centre, particularly in financial areas and through a central bureaucratic service controlled by the central government. While many areas of policy considered within the realm of social policy have fallen within the purview of provincial governments, the main instruments available to the state for accruing resources have been retained at the centre. In the early decades, the dynamics of centralisation were reinforced by the fact of the same political party being in power in the centre and most of the states. This last feature changed dramatically in the late seventies. Since then, not only are a large number of states ruled by parties which are in the opposition at the centre, many are ruled by regional parties. They may be part of the ruling or opposition alliances at the centre or remain outside of both. With this, one sees increasing differences in social policy between provinces, a result of differential resources as well as varying politics, ideologies, and party alliances.

The continuing and overwhelming agrarian nature of the Indian economy and society, based on family enterprises is also critical here, with growth in agriculture declining in the post-reform period. Provinces differ in average farm size, agrarian incomes and inequality and the extent of dependence on agriculture. In both the provinces chosen for closer study, Haryana and Tamil Nadu, agricultural productivity and agrarian incomes among large landowners had risen dramatically in the decades of the Green Revolution - the 1970s-80s. The rise in incomes among some of the agricultural classes and regions contrasts with the lack of food/work among others. Ups and down in agricultural development are paralleled by trends in migration and pressures on urban employment and a vast and growing informal sector. Social policy, including child welfare, education, and health has not touched more than the surface of the rural and informal sectors.

Whether there has been a real or relative decline in poverty in the decades of liberalisation is the centre of debate, with official figures and projections being contested. It is clear, however, that there has been simultaneously a rise in average per capita income with an expansion of the middle classes and of disposable income among them, a deceleration in wages of casual and regular workers, rural and urban, male and female and at all levels of education, and a slowing in the rate of decline of inequality even to the point of increasing inequality between regions, castes, genders, and classes. The impact of growth on poverty is reduced by adverse distribution in 13 states, including Haryana and TN (Dev 2008: 89).

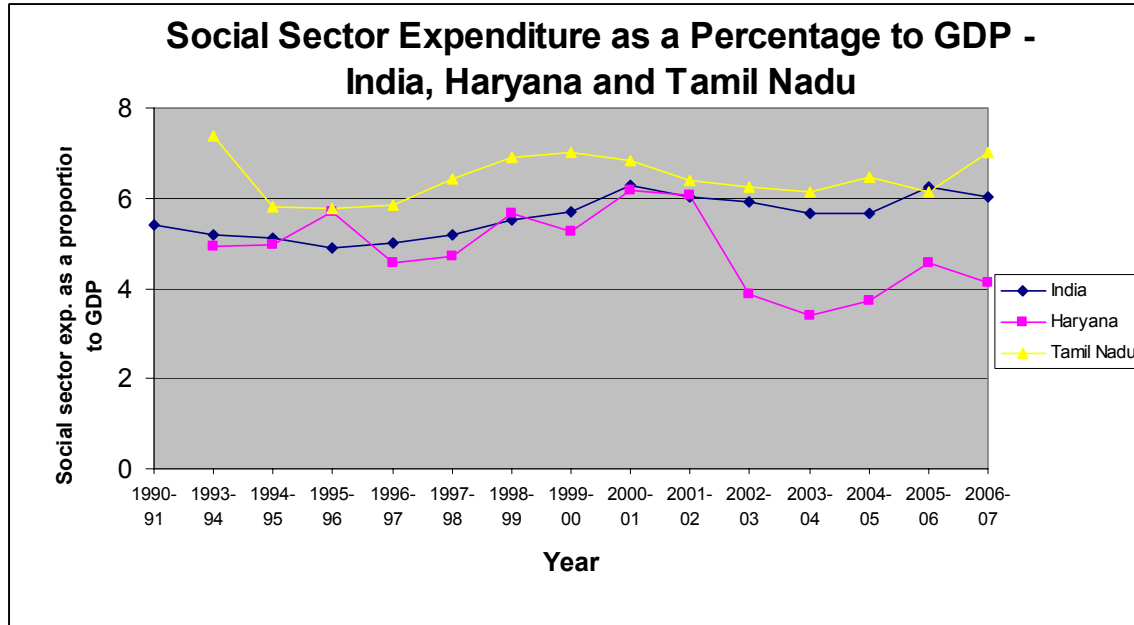
2. The welfare regime

India has a history of very detailed and diverse social policy programmes. This detailing in the policy discourse and the rhetoric may, at times, obscure the applicability of Titmuss' notion (1958) of a residual welfare state to the Indian case. Some scholars suggest that while the Second Plan (1956-61) had the least to say in terms of welfare it went further in laying out a social policy. On the other hand, while the rhetoric increased from the late sixties-early seventies Garibi Hatao ("Remove Poverty") slogan, it is from the Fourth Plan (1969-74) that the content of welfare policy has become fuzzy.⁴ The welfare regime became the patchwork of programmes described below, furthering its residual character and in line with Gough's description of the process as piecemeal, haphazard and reactive. The programmes through which stated intentions were to be translated were clearly meant to react to market or family "failures" and limit assistance to marginal or especially "deserving" social groups. They were not designed or funded, however, so as to provide assistance to even all members of any "deserving" group, allowing for political and bureaucratic patronage and corruption. This was especially true of the range of social services, including those under the head of "social welfare and nutrition". After the neo-liberal reforms begun at the end of the 1980s, there was a further and clear shift in advocating private sector expansion in health, education, and (other) "social services" and denial of state responsibility in these areas even for the "needy/poor" groups with the levying of user fees. The possibility and probability of simultaneous market and family "failures" have also been played down. The gradual withdrawal of the state (with a slight upturn in the last few years) and its ad hoc treatment of the social sector are reflected in the trends in social sector expenditure (Figure 1).⁵

⁴ Interview with Dr. Abhijit Sen, Member, Planning Commission.

⁵ Source for the social sector expenditure data graphs is the Reserve Bank of India: State Finances: A Study of Budgets of 2007-08 & Budget documents of various states.

Figure 1

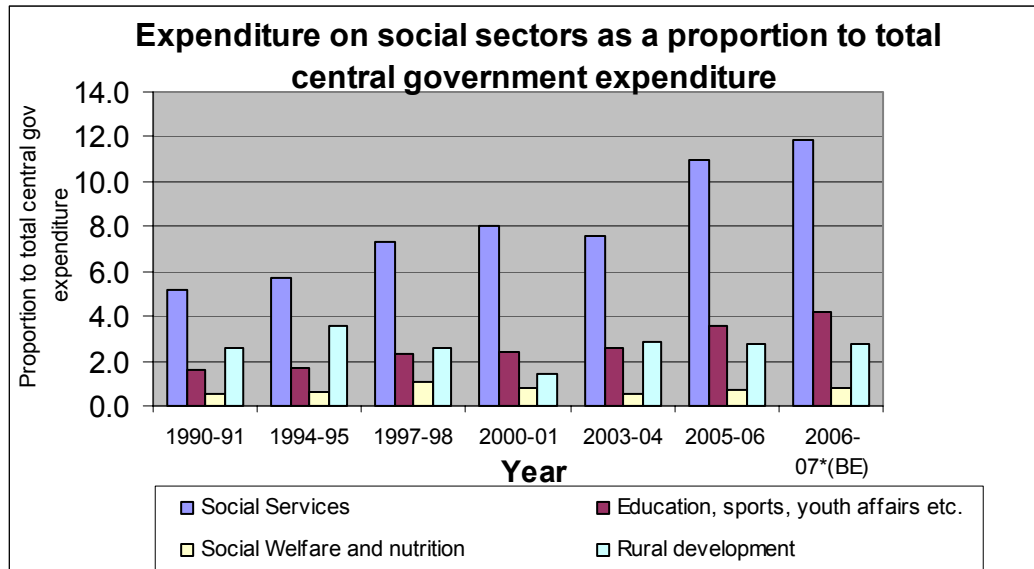


The above graph has to be read with two other sets of information. Tamil Nadu is much ahead of Haryana in the composite index of industrial development and GDP, but has a lower per capita income. Further, not only does Tamil Nadu have a higher poverty ratio over the last decade, the percentage growth of GDP between 1999 and 2005 has been approximately two thirds that of Haryana. However, as is clear from above there is a much greater attention to and development of a welfare regime policy in Tamil Nadu, which is seen in nutrition, pre-school and school programmes. We discuss this later.

The bias against agriculture in the terms of trade, the rural-urban income gap as well as rural-urban gap in public infrastructure - the urban bias- had been diagnosed as the problem in various studies. ‘Rural development’ has been an important component of social sector expenditure and a range of direct anti-poverty schemes and programmes directed to rural India had been initiated fairly early on, but funding and implementation were low and fluctuating. In order to cushion the worst effects of liberalisation on the poor, targeted “safety net” measures were advocated. From the mid-1990s, the emphasis shifted to human development and physical infrastructure, such that budget allocations to anti-poverty programmes declined (Dev 2008: 134). This decline in relative expenditure and importance was partly corrected from 2003-04.

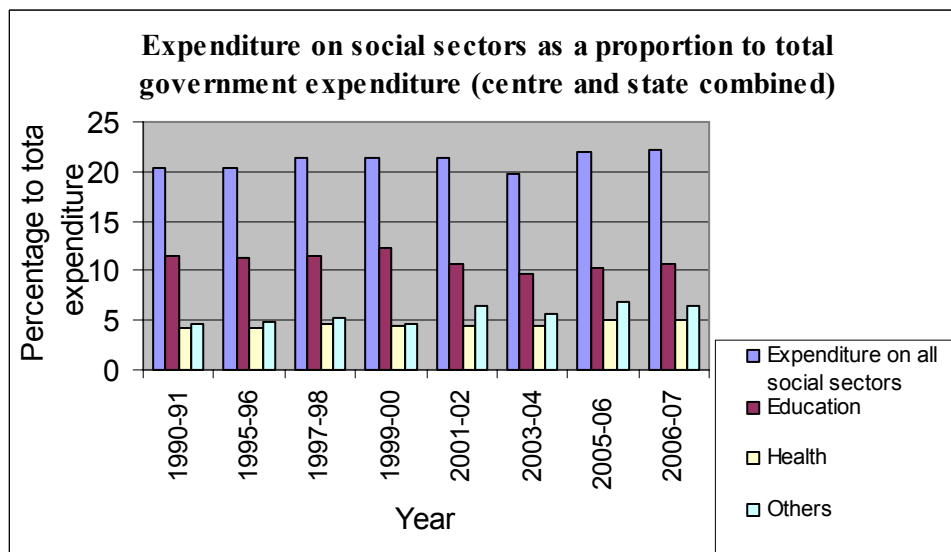
While the categories used in the following two graphs are not the same, they give an idea of the division of expenditure between various components forming the social sector and between the central and state governments. One feature which emerges starkly is that increases in central government expenditure have not meant an increase of total expenditure. State governments have argued that they are unable to increase their expenditure in the social sector - their main area of responsibility - due to the division and allocation of fiscal resources between the central and state governments. The category of social services which receives the highest allocation as seen in the first graph includes the range of non-universal, discretionary schemes for ‘deserving sections’ as well as the Integrated Child Development Scheme (ICDS) discussed later.

Figure 2



Note: Total expenditure on social sector includes expenditures on Social services and Rural Development. Education, sports, youth affairs etc and social welfare and nutrition are components of social services.

Figure 3



In the following sub-sections, India’s welfare regime is discussed through certain defining features of its social policy programmes. Despite various shifts in language, they remain pervasive. The filtering of social programmes through the absolute of privatisation seems to have both aided and been aided by some of these features, as will be indicated. Some features of social policy, such as those pertaining to primary schooling and health, directly relate to care. Others have an indirect impact on or implication for care, though their effect on the possibilities of acquiring the means for care, on the cost of care, the likelihood that people will choose to give care and to whom. While discussing them, we draw out their implications for care practices, which we turn to more centrally in a later section.

2.1 Limiting universality

There were very few ‘universal’ components in the Indian welfare regime. The few that were in place, as in health and education, were *differentially, unevenly and minimally available* or not accessed by those who had the means to avail of private facilities. Claims at striving for universal availability and access were not matched by allocated resources, leading to both a paucity of facilities and poor quality in services. This has been accentuated since the end of the 1980s with the push for privatisation and targeting of universal programmes. The poor often could/did not access public-funded facilities due to their non-availability or the immediate loss of wages or of family workers that accessing the facility (as with schooling) entailed. Unlike in Europe, where other than the elite, all sections accessed public health and education institutions, in India even the middle classes turned to private facilities, except in higher education and schools (Central and Army Schools) and hospitals (eg. All India Institute of Medical Sciences) designed for or available to public sector employees. Thus, those who run the government have had little stake in ensuring and improving government facilities or are able to access the ‘islands of excellence’ within them. Often they have familial links with those who set up private facilities.

2.1.1 Public Health

Health needs and care - of children, of the old, of the ill - and the responsibilities of giving care are issues for the practice of care which cuts across all sections of a society. The health system is critical to an understanding of the social and political economy of care in any national context and from the time of the Beveridge Plan became a standard measure for understanding and evaluating a welfare regime. In India, a public health system consisting of public facilities and health insurance for employees was to be one of the centre-pieces of its “socialist” orientation. However, from the start, the public health system was marked by all the characteristics noted for the schooling system: low funding, poor spread into rural areas, sub-standard infrastructure with islands of excellence, and paucity of staff. Again, the universality of the programme was denied in practice by non-availability, by the middle and upper classes opting for private health facilities and practitioners, and by doctors trained in government institutions opting for the private sector, preferably in another country. In addition, as population control became a principal ‘development’ strategy of the Indian state, allocations for health, especially of women and children were increasingly invested in family planning programmes - ‘family welfare’ being the euphemism. This made even the poor wary of public facilities. The neo-liberal advised institution of user fees and the rising costs of medicine within public institutions following market deregulation have further meant that for the poor there is often little difference in cost between public and private health institutions.

Hospital facilities are meagre. In 2000-02, urban areas had 4.48 hospitals, 6.16 dispensaries and 308 beds per 100,000 urban population; rural areas had only 0.77 hospitals, 1.37 dispensaries, 3.2 Primary Health Centres and 44 beds per 100,000 rural population (GOI figures cited in Duggal and Gangolli, 2005: 3).⁶ The dominance of the private sector and out-of-pocket expenses in health care in India, particularly in out-patient treatment, stands out (cf. Gough 2004, for a comparative view). In 1997, an estimated 68 per cent of hospitals, 56 per cent dispensaries, 37 per cent of beds, approximately 75 per cent of allopathic doctors and over 90 per cent non-allopathic doctors were in

⁶ In 2005, the Centre for Enquiry into Health Allied Themes (CEHAT - meaning in health in Hindustani) published a comprehensive “Review of Health Care in India” with contributions from a large number of scholars. Most of the following discussion on health has relied on this report.

the private sector. Most doctors were individual practitioners and formed the single largest category of health care services utilised by the people (Duggal and Gangolli, *ibid.*: 7).

“Progressive thinking and inadequate action” formed through the periodic addition to an unchanging framework of new schemes and dropping of earlier schemes is one description of health policy making in India (Duggal 2005a: 32). Funding has been increasingly directed to vertical programmes focussed on immunisation, single diseases such as tuberculosis and HIV-AIDS and other epidemics which depend on mass use of pharmaceuticals (Ritu Priya 2005: 56) rather than basic public health infrastructure. Existing, often poorly trained, staff have been given multiple tasks. Health services for children have centred on immunisation and supplementary nutrition, with some attention to the management of pneumonia, diarrhoea and promotion of breastfeeding (Duggal and Gangolli 2005: 14).

The following table summarises health care practice through the lens of state and private financial expenditures.

Table 1: Growth of Private Health Expenditures in India in Comparison to Public Expenditures 1961-2003

Health Expenditure as % of GDP	1961	1971	1981	1986	1991	1996	2000	2003
Public expenditure	0.71	0.84	1.05	1.19	0.92	0.91	0.87	1.00
Private expenditure	2.25	2.60	4.06	3.61	2.88	3.07	4.76	5.60
Private: Public ratio	3.4	3.3	4.1	3.1	2.9	3.3	4.7	5.7

(Derived from Table 3, Duggal, 2005b: p. 234. Source: Public Expenditures from Finance Accounts of state and central govts., and private expenditures from National Accounts Statistics of CSO.)

Public expenditure declined or remained stagnant as a percentage of GDP after neo-liberal reforms were set in place. The same is also true as a percentage of total government expenditure, while private health expenditure has kept increasing especially in the last decade. After hospital and dispensaries, the main heads of national public health expenditure have been ‘family welfare’, disease programmes and now medical education and research, the latter three together coming to a large proportion of total expenditure than the first since the early 1990s. Medical education expenditure can be seen to subsidise public health infrastructure in developed countries, disease programmes to support pharmaceuticals and family welfare has largely been family planning.

One more point may be noted regarding public health expenditure. As with education, the major responsibility for health, especially the primary health centres and staffing, is with the states. From among the 16 large states in the country, Haryana spends the least in absolute terms and as a percentage of government revenue expenditure, while Tamil Nadu is also pretty close to the bottom (derived from Duggal 2005b: 245-246). While for Haryana, this is in keeping with their general social policy, the Tamil Nadu figures contrasts with the state’s activity in education and the midday meal scheme as we will see later.

Finally, the above policy and expenditure trends have to be placed in the context of low health indicators, including very high maternal mortality rates, infant mortality rates, malnutrition, and the prevalence of various chronic and epidemiological diseases. Furthermore, there is a large disparity between the figures found in the top socio-economic and bottom socio-economic classes (Duggal and Gangolli *ibid.*: 3). While those at the top access paid facilities even when costs go up, the poor are selective in terms of who and what will be treated. This is exacerbated as the costs of drugs have almost tripled in the recent years (Prasad 2007: 22). The lack of medical infrastructure means that the care of the ill, and not just of the chronically sick, falls on family members, usually women and girls. Or the sick are left to recover on their own as best they can.

2.1.2 Primary Schooling

Schooling, in particular primary schooling, has been a minimum programme central to welfare claims of any government. In India, too, this was the case in terms of stated policy. In the first decades of Independent India, the number of illiterates and children out of school continued to grow despite higher enrolments, while drop-out rates of those enrolled also remained high. From the late 1980s, there was a new interest among state functionaries in primary education. A number of new and varied programmes were started with every Plan or even during a Plan period. The stated aims were to increase literacy levels in different age groups and sections (women in particular), stimulate parents to send children to school, and involve the community in primary and non-formal education.

During this period, public expenditure on education was the one component within the social sector which was higher than in the past, in absolute terms and as a percentage of the GDP and of all public expenditure. Though overall education allocations (as a percentage of expenditure) declined in the 1990s, an increasing proportion was spent on primary and secondary education rather than on higher education. Tamil Nadu invested much more than Haryana and the average for other states, in which the Midday Meal Scheme (discussed later) formed a major component. Education is primarily the financial responsibility of state governments rather than the central government. Yet, with the introduction of an education cess on income tax in 2004-05, a larger proportion of central government revenues were directed to elementary education, seen in the improvement in basic facilities in schools.

Table 2: Percentage of expenditure (RE) on Education & Training (Education and Other Depts.) of total budget disaggregated by state and central government

	Haryana	Tamil Nadu	Central Government
2000-01	18.76	23.91	4.56
2004-05	17.28	19.16	5.48

Source: Selected Educational Statistics, 2004-0, MHRD

Despite this, even in 2005-06, a fairly high percentage of primary and upper primary schools lacked toilets (45% and 15% respectively) and drinking water (15% and 5%). A small but significant percentage of habitations and populations did not have a primary school within an easily accessed distance. While the 11th Plan Working Group on Education stated that in 1993 less than 7% of the population lived at a distance of more than 1 km. from a primary school, an extensive survey by the NCAER covering 16 states found that 11% children lived in villages without schools (Borooah 2007: 391).

The enrolment figures for elementary education in 2005-06 showed full enrolment at the lower primary level and substantially higher figures at the upper primary level, especially the in southern and western states. Gender disparity in enrolment at the primary stage was also seen to have reduced significantly. Though higher at the upper primary stage, there too it was decreasing slowly.⁷ However, the figures are debated. It was acknowledged that during enrolment drives, teachers may have entered the names of all eligible children in school registers, but that some of this would be nominal enrolment (Working Group on Education 2007: 32). The enrolment figures have also been boosted by enrolment of ‘children of deprived sections and working children’ in non-formal education. This continues to be a feature of government policy. Further, higher enrolment does not necessarily mean retention. The Working Group pointed to a range of problems relating to high drop out rates, low-levels of learning achievement and low participation of girls, including what was called systemic issues such as inadequate infrastructure, high teacher absenteeism and vacancies, and inadequate teaching-learning material. Though recruitment and training of teachers were given importance from the late 1990s, 54% primary schools have only one or two teachers (Working Group on Education 2007: 26). If the one teacher takes leave or falls ill, school is not held. The one teacher might also find it difficult to fulfil all the functions falling on her/him, given the range of records that have to be kept in order. Children and parents come to expect little from school and attendance drops. In addition, work demands in the home and lack of resources for basic costs that fall on the parent, including suitable clothing, deter enrolment and attendance and lead to drop-outs, particularly of girls.

In 1997, net attendance in the primary level was only 66 per cent of enrolment (Planning Commission 2002). The mismatch between enrolment and attendance emerges in a detailed, fieldwork-based study, conducted in 2002 in both rural and urban areas in the three states of Andhra Pradesh, Karnataka and Uttar Pradesh (states with very different histories and current records of education). In all three states, teachers did not like to admit that children had dropped out and they would be shown on the rolls, with some marked as long term absentees. Children from poor households were more likely to be absent than others. Absenteeism was related to a number of factors: In Karnataka and UP, parents said it was difficult for them to ‘force’ their children to go to school, especially when nothing much happens there. Illness, migration for work or labour requirements at home for small chores, especially during the heavy/peak agricultural seasons, were among the reasons given by parents (Ramachandran et al. 2003). The gender division of work and added responsibility of household work on older girls in the family was marked in all the three states, an issue we return to later.

Over the last 25 years, the drop-out rate in elementary education as a whole reduced from 68% to 50% for boys and from 79% to 51% for girls in 2004-05.⁸ The trend of reduction in dropout rates, both at the primary and upper primary stages is nearly gender neutral, indicating that once girls are in school (gender disparity in enrolment continues) they are less likely to be pulled out. This is particularly true of some states such as Tamil Nadu. The national programme of mid-day meals, started in August, 1995 so as to promote access, retention and nutritional care of primary school children, has been critical in this regard. Various other incentive schemes like provision of free uniforms, textbooks, scholarships, etc. to poor children and girls were introduced by Central and State Governments. The Mid-day Meal Scheme will be discussed in the section on child welfare.

⁷ Source: Ministry of Human Resource Development (MHRD) Reports

⁸ Source : MHRD, Govt. of India. www.indiastat.com

The growth of the private sector

The neo-liberal orientation of the government and the preferences of the middle class were seen in the encouragement of private investment in education. Initially growing more rapidly in the urban areas, private, unaided as well as government-aided schools have been spreading in rural areas too. In Haryana, 97 per cent of the villages had a government school and 32 per cent had a private school in 1994. In urban India, 61 per cent of all new enrolments among boys between the years 1986-1993 were in private unaided schools; for girls the figure was 32 percent. For Scheduled Castes, 32 percent of boys were newly enrolled in private unaided schools with girls constituting 20 percent. In the case of Scheduled Tribes the corresponding figures were 34 percent for boys and 25 percent for girls respectively. In rural India, almost 30 per cent of new enrolment for boys and 9 per cent of girls was accounted for by private unaided schools (Tilak and Sudarshan 2007).

However, despite the rapid growth of the private schools, government schools continued to be preponderant in the 1990s. In the NCAER 1994 survey, 72% of the children (aged between 5-15) were in government schools, 18 per cent in government-aided schools and only 10 per cent in private schools (Tilak and Sudarshan *ibid.*). The access to private schools is differentiated, due to their much higher fees as well as admission policies which tend to discriminate against children from families with a poor educational history. Informants in Tilak and Sudarshan's study said that the demand for private education may be due to the general lack of quality in government schools which include teacher absenteeism and lack of physical and human infrastructure in government schools, which discourage students from attending school or remaining there through the school day. It may also be noted that due to the tuition culture, there may be little difference in costs to parents between government schools and the growing number of cheap, private schools with poorly paid teachers.

In the last 12 years or so, there has been a further shift from government-aided to private unaided institutions and to government/local bodies schools.⁹ In urban areas, the unaided schools were about two times the number of government-aided schools. Thus, rather than private-public partnerships there is a trend towards privatisation of primary education. Government-aided schools are subject to closer monitoring and regulation by the government in terms of the standards and pedagogy of education, the facilities provided to the students, and the pay and working conditions of teachers than are unaided schools. The increase in the numbers of private, unaided and unrecognised schools, without any proper regulation on the part of the state thus has implications for the quality of education provided. In addition, it may be noted that the mid-day meal scheme, discussed later, is not compulsory in private schools.

Care and primary schooling

The discussion on primary schooling is of particular import to our concern with the social and political economy of childcare. Publicly funded schooling means that along with pedagogical aims, some of the basic care of children of school-going ages becomes a state responsibility. Enrolment in primary schools should ensure that at least for the hours that they are in school, the care of children is removed from the domestic domain to the public domain of the school. However, if children do not attend school regularly, neither can the pedagogical functions be fulfilled, nor can the care/custodial functions be made a public responsibility. The poor infrastructure in schools is one reason why children play truant and drop out from school, and with primary school children this can mean that they are away from the care of both home and school, while thought to be in one or the other.

⁹ Source: SES, 2005-06, MHRD

Long distances to school and the absence of infrastructural facilities and teachers affects enrolment and retention of girls in particular. This is due to concerns regarding their sexual and physical safety, but also as it cuts into the time that labouring and poor families ask of their daughters in domestic and familial care work. This is born out by the trends noted in the Working Group report: enrolment is lower in rural than in urban areas, among girls than boys, in the upper primary than lower primary, among Muslims rather than other religious groups and among SC, ST, and OBC rather than among upper castes (due partly to location of schools close to lower caste neighbourhoods). Poor families in which all adult members are in paid work turn to children to care for their younger siblings and complete various tasks around the home. In particular, the early reiteration in a girl's life cycle of the gendered division of labour in domestic and care responsibilities means that girls have to take on these tasks, whether they are in school or not. This can lead to non-attendance and/or lack of time to keep up with school work and eventual drop-out, even if they are not directly withdrawn for reasons domestic or marital. Fees, as in private education, can compound the cost of the loss of this care labour and the lack of schooling for girls.

2.1.3 The Midday Meal Scheme

It has been argued by a number of commentators that a major factor in the higher enrolment and the decline in drop out rates in primary schools has been the introduction of the mid-day meal scheme through its contribution to the food security of the child and in turn the child's family (Supreme Court Commissioners 2005:81). The experience of Tamil Nadu is cited in this regard, a state which today has higher literacy and enrolment rates than the all-India average and was among the first to introduce this programme. Rajivan (2006) points to a long history of school meals in Tamil Nadu, first through public contributions in 1956, then through joint-public private funding, with donor assistance coming in 1961 enabling expanded coverage. The introduction of the daily, hot, cooked, noon meal scheme in TN in 1982 was a watershed in its impact on school attendance that the introduction of dry rations in many other states could not have. Teachers, especially in UP, suggested that children were regular only in the days prior to the periodic distribution of dry rations (Ramachandran et al. 2003).

The Tamil Nadu scheme was taken up as a centrally sponsored midday meal scheme - the National Programme for Nutritional Support to Primary Education in 1995, under which 3 kg grain per month or a cooked meal of 100 g. per day for 200 days was to be provided to all children enrolled in primary schools. In 2001, the Supreme Court directed State/UT Governments to provide every child in every government and government-aided primary school with a prepared meal for a minimum of 200 days, specifying also the nutritional content. The emphasis was on the last, but also on a daily, cooked meal rather than periodically distributed, dry rations. Subsequently, the government decided to provide midday meals to children living in drought prone areas even during the summer vacation.

As the MDMS currently stands, costs are to be provided from three sources. These are (i) PMGY (Pradhan Mantri Grameen Yojna) funds; (ii) Central Assistance and (iii) State/UT budgets. The average central assistance (per child per day) for implementation other than during the summer vacation stands at Rs. 2.21. State/UT governments are responsible for providing infrastructure, logistical and administrative requirements, and to make financial and other inputs over and above central assistance as required. They can use several centrally sponsored schemes, including rural and urban employment schemes, water provisioning programmes, and educational programmes in providing the infrastructure. This plethora of schemes and the complexity of co-ordination between

various departments at the state and central level make the MDMS, like many other government social sector programmes, complicated to implement or monitor.

The Supreme Court appointed commissioners to assist it in monitoring the implementation of its 2001 order. In 2005, these Commissioners reported that there continued to be large gaps in the implementation in many states. They found the data forwarded to them by the responsible government department (DoEEL) and ministry MoHRD) “unsatisfactory” - only in five states was the coverage of schools not reported as 100% and only in 4 was coverage of enrolled children not reported as 100%, though a year previously this had been far from the case. Both Haryana, where the performance had been low only a short time earlier, and Tamil Nadu, where high coverage was likely, reported 100% coverage. The Commissioners stated that they had received reports from civil society organisations indicating only paper implementation in many cases (2005: 76). They argued that this was also evident when the utilisation of food grains allocated for the scheme were examined (ibid.: 79). In the financial year 2004-05, utilisation of grain ranged from 0% in a number of states to over 100% in 2 north-eastern states, while in Haryana it was 45% and in Tamil Nadu 85%.¹⁰ Without enrolment data for the same year, they were unable to estimate actual coverage. Only in three states, TN, AP, and Karnataka were midday meals being provided during the summer vacations. Most states, including Haryana, were not allocating sufficient funds from their own budgets to meet the needs for cooking an adequate meal for children. This was compounded by non-utilisation of even these funds as well as allocations from the PMGY (ibid.: 89-91). Except in the States of Tamil Nadu and Uttaranchal, less than 50% of the schools had kitchens where the meal could be prepared,. In Haryana only 2% of the schools had kitchens (ibid.: 84).

Finally, while data on this aspect is not scattered, it appears that work of the cooked midday meal scheme often forces teachers away from teaching. Instead, they are preparing or supervising the meal to be served to the students. Or it falls on older or poorer students. Thus neither the pedagogic nor the care functions of the school are fulfilled, except during the actual meal. This has also meant a resistance from teachers to the MDM scheme. The Court had proscribed the engagement of private contractors due to reports of sub-standard and reduced meals being supplied and well-publicised cases of food poisoning. The Tenth Plan proposals acknowledged the need to limit the involvement of teachers in the MDMS to supervision. Yet in 2004, the Supreme Court again had to note the need to appoint cooks and helpers, but particularly that they should be from SC and ST categories as a step towards breaking caste barriers in the MDMS programme and more generally in society. Of those appointed as cooks and helpers, women are in a majority of the posts, but the proportion of SC/ST appointments is low. In Haryana, no helpers have been appointed and as in AP, the cooking of meals has been handed over to Self-Help Groups of women.

Despite all the shortcomings, in the areas where it has been implemented, the MDMS has had an impact in terms of nutrition levels of children and retention in school, even of girls. Apparently, the loss of the domestic and care labour of the last has been offset by the improvement in family food security. It also reduces the indirect care time spent by women and girls in cooking. There is considerable awareness at the local level of the MDMS across many states (Dev 2008). Thus electoral pressures mean that it cannot be easily discarded now, even though it was a point of popular mobilization in limited areas.

¹⁰ The data was supplied by the Department of Food and Public Distribution to the Commissioners.

2.1.4 The Public Distribution System

The one universal component of the welfare regime, which was accessed by large sections of the poor, the lower middle class and others was the public distribution system (PDS). This had been the major anti-poverty government programme, directed to a right to food and to that extent has indirect implications for care, in particular the familial care burden which malnutrition can engender. Dev et al. (cited in Dev 2008) found that of the 13 programmes they investigated, the highest awareness in the three states (Orissa, Madhya Pradesh and Karnataka) of their study, as well as the highest participation rate was in the PDS. Under the PDS, various grains and ‘basic needs’ items are sold at fixed prices from “fair price” shops to ration card holders. The PDS is operated under the joint responsibility of the Centre and State Governments and there is a network of over 4,78,000 Fair Price Shops across the country.

With liberalisation, the PDS came under attack as involving unaffordable subsidies (in ensuring reasonable prices) and leakages as grains were diverted and the non-poor too could avail of the goods. Hence, there was a shift to a targeted system - the TPDS - with differential pricing for those classified Below Poverty Line and Above Poverty Line. In Tamil Nadu, the share of some grains procured through the PDS in total consumption was extremely high, much higher than the all-India average, while in Haryana it was extremely low (Dev 2008, Table 5.4). This difference reflects the differences in agriculture, poverty, and the network of shops, allocations, and distribution of BPL cards of the TPDS system in the two states

While there is considerable variation between states in the operation of the TPDS, evaluations by official agencies (GOI (Programme Evaluation Organisation) 2005), scholars (Dev 2008) and women’s organisations (AIDWA 2008) have indicated some common trends. There are large errors of exclusion of BPL households. The rules of its operation enable corruption and patronage in issuing of cards. States fix poverty lines at levels which exclude large sections of the poor or “quotas” in a manner which does not match requirements. Furthermore, central allocations to some states, often based on political calculations by the central government, may be insufficient to the requirements (AIDWA *ibid.*). The TPDS has worked best where accountability of the state functionaries and fair price shop owners has been ensured through mass mobilisation and local elected representatives, as in the Left-ruled states of West Bengal, Kerala and Tripura, where lack of central allocation has been the major obstacle. In Tamil Nadu too the right to food has become part of the local political and electoral discourse, which has had implications for the Mid-Day Meal Scheme.

2.2 Exclusive social protection

A second marked feature of the welfare regime in India is that social protection measures are largely directed at the organised sector which forms a very small part of the economy. In particular pensions, medical leave, maternity, and termination benefits are not only limited to the organised sector, they tend to be limited to government employees (making the latter much sought after).

Only 11% of the working population is entitled to retirement benefits, including government employees, though when family pensioners¹¹ are added the proportion of the population receiving pension benefits goes up by a few percentage points. This becomes clear when we look at the total

¹¹ Families of deceased pensioners

number of state pensioners in Tamil Nadu, which relative to the total population above the age of 65 would be roughly less than 15%.¹²

The age of retirement varies between 58-65 as does the age and number of years of employment after which an employee is entitled to full pension or the possibilities of early retirement. The annual average increase in pension outgo by state governments during the late 1990s was a dramatically high 27 percent and pension expenditure as a proportion of revenue receipts rose from 5.4 percent in 1990-91 to more than 10 percent in 2000-01. The total outlay on pensions for Central Government employees as a proportion of the GDP rose from 0.38 percent in 1990-91 to 0.74 percent in 1999-2000, declining to 0.56 per cent in 2003-04 (RE). This rise is probably linked to the encouragement of early retirement (Voluntary Retirement Schemes) in the 1990s as part of the liberalisation policy. A measure that has been in place since the late 1980s/early 1990s is that posts vacated due to retirement or other reasons are not filled. Instead, governments have increasingly hired staff on a contract basis and such employees are not given social security or other benefits.¹³ Institutions funded by the government have also been directed to follow this policy. The intention is to reduce the expenditure on pensions and social security outlays. The effects of this policy can be seen in the case of Tamil Nadu, which has managed to reduce its relative expenditure on pensions over the last few years. The last was also accomplished by the move to a contributory pension scheme, which shifted some of the costs on to the future pensioner.

Overall cash transfer programmes beyond those tied to employment in the small organised sector are few, targeted by group, and distributed to a limited extent even within the targeted groups. These include schemes such as the Indira Awas Yojna (for housing), the National Old Age Pension, widow/disabled pension and rural educational scholarships. Haryana has only the basic schemes of the Central Government, while Tamil Nadu has developed various schemes for informal sector workers which have been the models for or have followed the central schemes. Not only are the pension/benefit amounts very low, so is coverage. This is related to the low allocations, the lack of awareness regarding many of these schemes as well as the very nature of the informal sector for which some of these schemes are designed. Workers keep moving, records are minimal, and pay is so low that workers do not wish to put aside even the little which is required as their contribution. Most critical is the long and complicated process which individuals have to go through to avail of them in which patronage and corruption are again pervasive. Beneficiaries find themselves at the mercy of bureaucrats at various levels. Non-universal schemes allow for 'constituency buying' and patronage, critical to electoral strategies.

2.3 Unregulated regulations

Third, even the few social protection measures which existed for the private sector were met more in the breach. Though there are many labour laws to protect the interests of the workers, their lax enforcement has been a major issue. Several studies have shown that labour laws, even laws related to minimum wages, equal remuneration, regulation of hours of work and maternity benefits do not get implemented (Mazumdar 2006; Upadhyaya 2003). Trade unions are constantly raising issues of

¹² Source: <http://www.tn.gov.in/dop/default.htm> Accessed on 23.1.2008. It may be noted, though it is not demonstrated here, that the survival rate of those receiving pension and retirement benefits is likely to be higher than those who do not.

¹³ Though a Karnataka High Court judgement makes this illegal.

the absence of factory inspectors, the double accounting¹⁴ of employee registration and wages paid to avoid bringing an enterprise within the purview of labour laws (which were not applicable to ‘small-scale’ units), and the refusal to hire married women in the child-bearing years. Even the limited regulation was seen as a hindrance to growth. While an easier exit policy for enterprises has not been formalised, in practice this has been occurring. Laxity in implementing labour laws acted as an indirect curb to union activity and has grown with the objective of attracting investments by ensuring ‘conflict free’ industrial relations and labour flexibility (Gothoskar 1992; Kargoakar 1995; Neetha & Varma 2005). With the drastic decline central government employment and in Public Sector Undertakings as well as the flattening in State government employment and undertakings from the 1990s, the proportion covered by social protection measures declined as has the ability of trade unions to pressurise for the implementation or enhancement of legal rights of protection and wages.

2.4 Rhetoric excess, ad hoc workfare

Fourth, as indicated earlier, a plethora of schemes are announced and give the appearance of an active and far-reaching welfare regime. In truth many of them are earlier programmes refitted and renamed after a different set of events and leaders. With every budget and every election, new schemes are announced. A scheme can be found in the books of one ministry or the other which addresses almost any issue of social or economic justice or welfare, which provides some ‘relief’ to ‘deserving’ or ‘deprived’ groups. These schemes attempt to balance ideological and normative commitments of the party in power, electoral strategy and oppositional political mobilisations, and vested interests, including of the bureaucracy. In most cases funding levels have remained low and the allocations are the same or less than that for the earlier schemes combined, and cannot lead to full coverage of the ‘deserving’ they are meant for. In a situation of poverty, the last feature enables patronage even though the amounts disbursed also tend to be very low.

This rejigging and insufficiency of budgetary allocations are evident in the various workfare programmes and through an examination of them a fifth feature of the welfare regime becomes manifest. The premise is that market and ‘developmental’ failures are bound to be temporary, such that stop-gap arrangements to plug crises created by natural and other disasters and extreme poverty is sufficient and efficient. Only with the Supreme Court judgement in relation to the right to food and the National Rural Employment Guarantee Scheme (NREGS) does it appear that allocations have or will increase, though there is a continued refusal to allow universality and citizen demand to determine the extent of the programmes. NREGS was put into place despite being contrary to the prevailing neo-liberal orthodoxy and the wishes of the ruling party. It was a result of mobilisation and lobbying of various civil society and political organisations as well as some recognition of the political spin-offs of earlier workfare programmes. A look at NREGS and its pre-history will help us tease out the rhetorical and stop-gap dimensions as well as the care and gender outlook of government social policy.

Rural employment programmes have been central to anti-poverty policy, starting from the Rural Manpower programme of 1960. With droughts and/or floods which could lead to famine, various Food for Work programmes and Drought Relief Programmes were started by state or central governments. These were stopped, restarted, rearranged at various times, including incorporation

¹⁴ Employers keep one register to show the labour inspector in rare change that there he visits and a second for their own accounts.

into a number of centrally-sponsored schemes started in the early 1980s and then in the '90s.¹⁵ The Sampoorna Grameen Rozgar Yojana (SGRY) was started in 2001, with the merger of the Jawahar Gram Samridhi Yojana and the Employment Assurance Scheme. The National Food for Work Programme (NFFWP) was formed in 2004, in which various state food for work schemes were amalgamated. The two national rural employment schemes, the NFFWP and the SGRY, were brought together with the launching of the NREGS in 200 (out of 596) rural districts in 2006. From 2002-03, with the merger of various schemes into the SGRY, the government allocation to employment schemes as a percentage of GSDP suddenly doubled and remained at that level (ISWSD 2006).

The NREGA was radical in its very premise compared to the earlier 40 years of workfare programmes - the guarantee of a hundred days of manual work within a five kilometre radius on a casual basis each year to each rural household that enrolled. The crisis is accepted as being endemic rather than only at times of natural disaster. Adults who are willing to undertake unskilled, manual labour are required to register with the relevant authority and to apply for work, specifying the period and timing of work for which they are ready. They are to be issued job cards and are to be paid the minimum wage fixed by the State Governments for agricultural labourers. The Centre has the power to notify wages under the Act, provided these are no lower than Rs 60 per day. A failure to provide work within 15 days of application requires state governments to pay an unemployment allowance to the worker, which is at least one-fourth of the wage rate for the first thirty days and not less than one-half of the wage rate for the remaining period. Some minimal worksite and welfare facilities are to be provided, such as a crèche, safe drinking water, first-aid, hospitalization in case of injury, ex-gratia payment, etc. If a worker does not show up for work after application, she will not be entitled to the unemployment allowance for the period of absence.

The most radical aspect of the programme was that it was to be demand driven, in that work had to be provided if people registered and asked for it. Policy officials wished to limit those who could avail of work under the NREGS, but the criterion of self-selection finally prevailed - in the rule book. It was argued that data indicated that only those in need were likely to join. A survey of three states (Dev et al. 2006, cited in Dev 2008) - Karnataka, Orissa, and Madhya Pradesh - reports that 59% of the female workers in SGRY were from the poorest quartile of households while over 80% men were from the second poorest quartile. The NREGS, like its predecessor workfare programmes, provides manual, unskilled, often back-breaking, work to those who join. Even in the most 'successful' programmes, the Maharashtra EGS and the SGRY, the difference made in people's lives was between starvation and survival rather than enabling them to move out of poverty or ensure economic independence, especially for women.

In early February 2008, the GOI issued a full-page advertisement in the national print media¹⁶ regarding the NREGS, owning a programme that it had initially been loath to initiate. The programme had been extended from 200 districts in February 2006, to 330 by April 2007 and it was

¹⁵ The Maharashtra Employment Guarantee Scheme (MEGS), launched in 1972-73 (the Act was passed in 1977), has been considered one of the most effective and important of state employment programmes. Important central schemes were the National Rural Employment Programme [NREP] 1980-89; Rural Landless Employment Guarantee Programme (RLEGP) 1983-89; Jawahar Rozgar Yojana (JRY) 1989-99; Employment Assurance Scheme (EAS) 1993-99; and the Jawahar Gram Samridhi Yojana (JGSY) 1999-2002 (which was the JRY revamped). The JRY generated around 10 billion person days of work per year in 1993-95 (Source: <http://planningcommission.nic.in/plans/planrel/fiveyr/9th/vol2/v2a2-1.htm>, accessed 21/01/08). Not least in the revamping was the removal by non-Congress governments of the name of the first prime minister, Jawahar, from these schemes.

¹⁶ '2 Years Ago On This Day We Made A Commitment' Saturday February 2, 2008, *The Indian Express*.

announced that it would be extended to the remaining rural districts over 2008-09. It reported that in 2006-07 the NREGS had provided employment to 21 million households, generating over 9 billion person days of employment. Of this, 44% were women-days, though the preference to be given to women under the act was only 33 per cent. This figure is strikingly higher than the comparative figure in the fore-runners of the NREGS such as the SGRY and JRY. 27% were SCs and 31% STs.

Various studies have found that awareness about the NREGS is very high in the sense that people know of the programme and that it assures 100 days of work in a year. In a study conducted by ISWDS (2006) in 2 districts each of 4 states, including Tamil Nadu, it was found that beyond this basic information, knowledge of the provisions is very sketchy, particularly about the registration process and wage rates. Ignorance of details is true not only of potential beneficiaries, but also of panchayat members and officials who are to implement it. The massive response and high number of labour days generated is notable, particularly as only 60% of the allocated funds were spent and most of the other conditions of work and pay were not met. Though the demand for employment has been high, the labour days created are less than under the SGRY and wages paid in many states are even lower than in the earlier public works schemes.

Shortcomings in the programme or problems faced by potential and current workers vary between states, some new to the NREGS due to the particularity of its rules, others showing a continuity in the orientation of officials and in organisation with earlier programmes. The verification process after registration is unnecessarily complicated and criteria for eligibility contrary to the Act such as age, BPL card, income, or disability have been added. Cards are not issued on various grounds, including use of the Census definition of the household as consisting of residents with a common kitchen, such that only one job card will be issued per kitchen though a number of nuclear units may be sharing it. Separated/ divorced women living in their natal homes and female headed households, the elderly, the handicapped and migrants are excluded. Unrealistically high productivity norms under piece rate with no reduction in output norms for women and the elderly make it difficult for women, the old and the handicapped. The latter are also resented by male, able-bodied workers as there is inadequate identification of separate labour processes or the component tasks, such that the inclusion of less able workers are seen to lower the general level of payment. Despite the amendment in Parliament deleting the requirement of 'diligence', most states have retained it to describe the work required. In a number of states, wages paid are late and less than the minimum. Unemployment allowance or compensation is not paid to anyone. The ISWSD and the ISST studies found that workers prefer wages in kind¹⁷ or in a combination of kind and cash, due to the unrealistic conversion of kind to cash and since they were working to ensure their basic food/grain requirements. Wages, however, were usually paid in cash.

In the first financial year, 2005-06, the programme cost about 1.5 percent of the total Central government expenditure. The Comptroller and Auditor General was critical of the performance, citing the underutilization of the funds as reflecting "the lack of administrative capacity to run this scheme in a decentralised manner." Sections of the media have been very hostile to this programme and latched on to this to suggest it be wound up. The performance in Tamil Nadu was cited as particularly poor, especially in terms of expenses on wages. In Haryana too, performance was below the all-India average though better than in Tamil Nadu. In contrast to both these states, however, in at least 30 districts nearly 90 percent of the allocated funds were spent, the targeted 100 days of work were generated, about 60 percent of the workers were women and the average wage rate paid to the

¹⁷ However, Narayanan (2008), found that in TN women preferred wages in cash.

workers was Rs. 70 per day (Hirway 2008). Mobilisation of the poor was a critical factor in these districts in which NREGS played an important role in ensuring subsistence among the poor.

This becomes clear when we address the question as to why women were joining work in the NREGS. In 2007, Narayanan surveyed 104 women working at NREGS worksites in Viluppuram district, each with at least one child below the age of six years. Most of the women were from landless households, with 87% being of Scheduled, Backward or More Backward Status.¹⁸ Most said that survival was based on their earnings from NREGS, especially in the off-agricultural season. Even women for whom this was not the only source of subsistence said that it gave them a source of independence and security and enabled them to stay in the village rather than migrate, while also freeing them from the landlords. One was simply happy to “work with others”. All these women were involved in *mannuvelai* or earthwork – mainly carrying mud from the site to its peripheries using minor implements.

Hirway (2008) and Ghosh (2008) highlight the short-term perspective of the implementers who view it as a temporary relief measure. Thus even tools are not bought! The lack of political will can be linked to a narrow focus on economic growth and the hostility of the local elite fearing the economic and political fall-out of a successful NREGS. Thus there is resistance to re-re-orienting the programme’s structure in terms of both labour and gender. Persistently, there are excessively high productivity norms, low (less than minimum) wages, a supply-driven organisation of work, and refusal to provide childcare and water-drinking facilities at the work-site. The absence of childcare facilities despite the very high percentage of female labour days (87% in TN, 36% in Haryana, 44% all-India - much higher than overall female work participation rates and those in earlier labour employment programmes) in NREGS work-sites is telling.

2.5 Gendered Familialism

The lack of concern to establish crèches at work sites, despite their specification in the NREG Act and the discussion around this facility when the Act was debated should not be surprising, given that many of the other radical features of the scheme are not being implemented. Yet it is important to note that it was linked to another specific feature of the developmental and social policy of the Indian state: the refusal to recognise care as a social responsibility and as work. This, our central concern here, will be elaborated in the next section. The non-recognition of care rests on two other features that we need to outline here. One is familialism - the assumption of family and community networks rather than individual citizens in the state’s interaction with people. It was assumed that these relationships formed the security net that people could and would turn to. Thus, as mentioned earlier, welfare policy was oriented to family “failures”, which were assumed to be the exception, the pathological as against the socially normal mode of life. The second was the assumption that women were dependent family members and mothers and to be treated as such, rather than as economically independent workers or citizens. Women going out of the home to work were seen as against tradition (a myth) and undesirable, all the more if care responsibilities were to be met.

It is not that these assumptions were unquestioned. In gender terms, state policy was caught in apparent contradictions. The first programmes for women, through the Central Social Welfare Board, were measures such as the Mahila Mandals (women’s groups) designed to enable poor and rural women to be good mothers or to help destitute women (women without husbands or adult

¹⁸ Various official classifications of castes as both an indicator of their socio-economic position and compensatory rights, with More Backward present in a few states.

sons). This was simultaneous with measures to meet the demands of the right to education, employment, and property along with the vote, which women's organisations had raised during the national movement. After the initial legislative reforms (reduced in scope), it was the CSWB which became the institutional arena of state activity. After a lull and with the Committee on the Status of Women in India, the women's movement again began pressing the state for a new gender orientation. Among the first responses was the setting up a Bureau for Women's Development. With the Sixth Plan (1980-1985) there was an assertion of a shift in approach from welfare as charity to welfare as development. With the seventh plan (1985-90) women's 'productive potential' was officially recognised, with the idea that women's earnings were a surer way to improve the conditions of poor families. It was in this light that women became independent 'beneficiaries' of government policy.

A whole slate of 'women' programmes oriented to 'income generation' were introduced at various times from the early 1980s, initially under the Ministry of Rural Development and finally under the Ministry of Women and Child Development.¹⁹ A few examples are outlined here. The DWCRA programme, which was begun in 1982-83 as a sub-programme of IRDP²⁰, was among the most important programmes for women. Along with credit, skills, training, and other support services were provided through women's groups. In 1990-91 it covered 187 districts, such that over 25% of the IRDP beneficiaries were women organised into 28,000 groups. In 1986-87, a scheme to provide support to training and employment of women (STEP) was launched. These programmes were meant to enable women of different occupational categories, including agricultural workers and farmers, traders, and artisans, earn higher incomes preferably from *home-based, self-employed or informal work*. Thus the sub-text of most programmes was that women's 'employment' should be informal or home-based so that it would not interfere with their primary responsibilities of care in the domestic domain. The emphasis on self-employment and the informal sector grew after the recommendations of the National Commission on Self-employed Women and Women in the Informal Sector (1988) towards improving women's working conditions in this sector, though most of those recommendations remain unimplemented. At the same time, reservations of 30-40% for women were introduced in many programmes which were applicable to both men and women. In the early '90s, Women's Development Corporations were set up in 11 States and one Union Territory to promote economic activities, organise training and generate employment.

Arguing that since the anti-poverty impact of many these programmes had been marginal, a committee appointed by the Planning Commission recommended their merger and a shift from individual beneficiaries to groups. This was done in 1999 with the formation of the Swarnajayanti Gram Swarozgar Yojana (SGSY - Village Self-Employment Programme) and in keeping with trends

¹⁹ These training-cum-employment-cum-income-generation programmes included the Integrated Rural Development Programme (IRDP), Training of Rural Youth for Self-Employment (TRYSEM), Nehru Rozgar Yojana (NRY), Jawahar Rozgar Yojana (JRY), Prime Minister's Rozgar Yojana (PMRY), Development of Women and Children in Rural Areas (DWCRA), Indira Mahila Yojana (IMY), Support for Training and Employment (STEP), NORAD-assisted Training-cum-Production Centres (popularly known as NORAD), and Socio-Economic Programme (SEP). There was a reservation for women of 30-40% in many of those programmes which were applicable to both men and women.

²⁰ In the late 1970s, the Integrated Rural Development Programme replaced the earlier Integrated Agricultural Development Programme, which had led the Green Revolution but was subsequently critiqued for its pro-rich peasant bias. The IRDP was designed to provide bank credit and subsidies to help beneficiaries in getting sustainable, income-generating assets. The target group became the landless and labourers, small and marginal farmers, rural artisans and others below the poverty line. Enhancement of self-employment potential was its *raison-d'être*.

in the international discourse in which the language of women's empowerment and the advocacy of micro-credit and self-help groups have become central. Informal schooling and literacy programmes, nutrition programmes, micro-credit and Self-Help Groups have now become the major planks of women-oriented programmes, found across the country. The need for childcare facilities for children of working women is acknowledged in words, but in poorly funded and meagre crèches (See Section 4). Even as women's participation in various workfare programmes has grown noticeably, the thrust and push remains home-based work and self-employment. This allows flexible timings and enables women to combine paid work and domestic care. In sum, the state's orientation has been that in paid work too, women remain familial workers, and some 'pro-women' lobbies reinforced this.

Women's Labour Force Participation and Wages

The nature of women's work has also meant that are not easily recorded as workers, giving low female participation rates. The sectoral distribution shows a stagnant and highly segregated picture with women concentrated in the primary sector, contrary to trends in other liberalised economies. Both men and women in paid work are largely in the informal sector and that too in agriculture, more so women than men. More than men, women are unpaid workers in family enterprises and there has been an increase in self-employment among women. Thus, women's labour is far from being commodified or defamilialised - possible paths to economic independence and recognition for the work of women and the poor as well as care work.

Relative to both Haryana and India, women's labour force participation is higher in Tamil Nadu. This has long been true, but comparing the two states does suggest a linkage between women's increased labour force participation and poverty and industry, as well as cultural norms which do not valorise seclusion. Thus, it is poverty which leads women into the labour market, even as employment is their way out of familial and economic dependence. Shifts from the family farm sector by women can be read variously: as commodification of women's labour or a distress shift to wage labour.

There has been a growth in women's employment in the service sector, both in 'respectable', middle class employment in services such as education, which can enable economic independence, and in 'private households with employed persons', a category which includes domestic workers.²¹ In education, female teachers at the primary level have increased slowly to about 40% in 2004-05. It is in domestic service, however, that there has been a sharp increase in the numbers and proportion of women. Thus, the growing areas of paid employment are those which appear to have a 'natural' link to women's care work and the timings of which are seen to enable them to fulfil their domestic 'responsibilities'. It is assumed that women can combine paid teaching or domestic work and unpaid care work, returning home when children are back from school.

On the balance and outside the middle classes, recent trends in women's employment have not meant their movement into higher wage sectors. This is evident in the decline in urban wage rates and the stagnation in rural casual wage rates (at constant 1993-94 prices) for women in particular. In Tamil Nadu, where the supply of female labour is much greater than in Haryana, wage rates are lower, a pattern with a long history.

²¹ Drawn from various rounds of the NSS.

Social policy pertaining to women was undergirded by the *gendered familialism* of employment and wage policy. Thus, the full complement of women's work remains unacknowledged, even while there has been some recognition of women's 'productive potential' and need for an income. The principles underlying wage policy as announced by a senior economic advisor of the government makes this evident.²² First, in fixing a minimum wage the government must balance a decent wage with ensuring a competitive market. Second, wage policy is based on the assumption that a person has already decided to work and not on the idea that the wage rate should act as a stimulus to a person to enter the paid labour market. This is particularly the case for women as implicit in the last principle is a construction of the welfare function of the family and the opportunity cost of welfare. Familial and gender relations ensure that unpaid female family members perform the tasks necessary for the welfare of the family and through their labour convert earnings into consumption and care goods. Thence, minimum wages should not be at a level which encourages the unpaid carer - women in the family - to enter the labour market and neglect domestic responsibilities. This will be mean neglect of the carees - the old, the sick, children and men.

What is not taken into account here is that the welfare function of the family may be reduced to the minimum as the wage levels force all members to search for paid work. The need for income means that care tasks may have to be abbreviated or neglected. Simultaneously, the paid care workers are devalued, reflected in the low wages and the lack of any labour policy or legislation for the growing number of domestic and personal service workers until the recent moves by the National Commission of Women.

Gendered familialism reiterates that care work is the responsibility of women, thereby defining the pool of carers as well as women's possibilities to acquire the resources necessary to enable care in the best manner possible. Women remain embedded in family relations in employment and in the formulation of social protection policy. There is a refusal to accept women's double day or the issue of care responsibilities as a collective concern of the state. In fact, the implicit and explicit concern is that the family is essential if the minimalist welfare regime is to work and women's care labour is essential to the family.

Before elaborating on the policies that are explicit in their connection to care, we summarise our findings on the time spent on unpaid care work.

3. The significance of unpaid care work

Social policy tends to neglect or overlook the huge investment of time that people spend on care work. This is especially so in the context of household care which is often taken as natural or given. The limited data which is available, analysed in the previous chapter, shows that time spent by households on unpaid care work is substantial.

Based on the TUS conducted in 1998-99, on average men spent 36 minutes per day on unpaid care work, while women spent about 5 hours. If the average is calculated only for those who actually participate in care work, men spent 1 hour and 12 minutes on such work, while women spent 5 hours

²² The following points were made by Dr. Pronab Sen, earlier Chief Economic Advisor, Planning Commission, now Chief Statistician of India, in an interview.

and 36 minutes, the pattern of change in the average time indicating that the proportion of men engaged in care work is small. The gendered patterns were more or less as expected. Men spent less time on unpaid care work than on paid work, while women spent much more time on it than on paid work. Women provide a disproportionate share of unpaid care work, which is indispensable for family welfare. However, since the work is performed within the familial, 'private' sphere, the extent of work they do is obscured. Their unpaid, familial responsibilities also decrease their opportunities for paid work. Together, these effects reinforce gender inequality.

Of the various components of unpaid care work, women spent by far the maximum part of their time on household maintenance and shopping for own household. Child care accounts for only a small proportion of total unpaid work, even as it was women who spent more time on it. We suggest that these figures do not represent the full extent of time spent on childcare tasks. This is on account of simultaneity and concepts and values around work which lead to a non-recognition of the time spent on childcare. Much of childcare can be and is undertaken along with other tasks and may not get reported. It is taken as so much a part of everything else that young mothers do while at home that it does not require separate mention. Further, baby-minding is often not seen as something which requires the full attention of the minder, especially outside the urban, middle class in India, among whom it has been elaborated to a vast degree. This is reflected in the observation made by employers of nannies that since the latter are sitting around with nothing much to do, they can be given other household tasks to perform. Over and above direct care, the presence of a 'potential' carer in the vicinity of the child is required, as may be acknowledged when difficulties arise in ensuring such a carer. This is a phenomenon that has been named 'Availability' (cf. Sriram and Ganapathy 2007: 66). Thus, the gross time required for child care, especially among those classes and groups who do not see care as requiring constant interaction with and activities for young children, is much more than the net time they may report.

Engagement in unpaid care work was significant across all categories of women whether they participated in paid or unpaid categories of work as understood in the economic literature. Non-employed women spent a relatively larger proportion of their day on unpaid care work, but the time spent by employed women on such work was also quite significant. Thus, women who participated in SNA work alongside unpaid care work are burdened with 'double shifts', an aspect repeatedly described in feminist writings on women, work, and family. The double shift burden is higher for women in unpaid (workers in family enterprises) rather than paid employment, with the former women spending on the average 5.6 hours in rural areas and 6.2 hours in urban areas. This unequal burden of unpaid work was seen across all economic groups, with more time spent on unpaid care work by women in urban areas compared to their counterparts in rural areas.

The value of unpaid work, even when one imputes the lowest wage rate to it - wages of domestic workers - accounts for a substantial proportion of GDP. It constitutes 27 per cent of GDP when wage rates of domestic workers are used, while it accounts for 63 percent when the average general wage rates/earnings are used. In absolute terms, the value of unpaid care is estimated as between Rs. 47865- 110028 billions, while person care is estimated as between Rs. 10470-24069 billions, depending on the wage rates used in the valuation.

In the following sections we will elaborate on the various governmental programmes which have direct implications for the care of infants and young children.

4. The care regime: Childcare and child welfare

In this section we will elaborate on state social policy measures that are directly linked to childcare, drawing out the interface with market and household practices of care. Social security and social policy in India can be divided into measures which all citizens can avail of and measures which citizen-workers can avail of. Childcare, as we know, falls primarily on women and though less than seven percent of employed women are in the organised-formal sector, we first outline the regulations pertaining to it. We then turn to those instruments which are directed at workers in the unorganised sector and finally to measures which are not tied to the work status of citizens. It is important to note at the outset that despite concerns being expressed over the rights of women and of women workers, childcare has been accepted as a legitimate concern of the state not in terms of the labour of care or as women's rights, but as a matter of child welfare and concerns regarding the nutrition, survival, and well-being of children. Similarly, pre-schools, which tie in with care practices, have been proposed in terms of child development and success in elementary education. In both, the 'poor quality' of care provided by mothers often appears a motif, but the issue of care time and the care burden is mostly absent.

The care-enabling measures tied to the work status of the mother can be grouped broadly into two: leave regulations which allow an employee to take time off for care obligations and crèche/pre-school facilities at the work-site or paid for by employers.

4.1 Maternity Benefits and Leave

Formal-Organised sector

In maternity leave three points of the care diamond come together - with the state and/or employers recognising the significance of familial care of infants within the household and enabling it. Hence, an elaboration of the situation in this area will be illuminating of the state and market orientation to care. Maternity leave is also the most important child care measure in India in terms of legal recognition.

The all-India civil service rules govern central government employees and usually represent the furthest that the state is prepared to go on social security and work-related leave benefits. The possibilities of leave for government employees are extensive and along with pension rules make the public sector among the most attractive areas of employment, including and especially for women. With the increasing visibility and pressure of women at various levels of governance and employment, provisions in the Maternity Benefit Act, 1961 were enhanced in 1997 to allow 135 days full-pay maternity leave instead of the earlier 90 days, pay being at the level last drawn. This leave can be extended up to two years by combining it with various types of paid and unpaid leave. Maternity leave is also permissible on adoption of a child aged between 0-9 months. However, despite the protests of women's organisations, there is now a condition that maternity leave can be availed for only two surviving children, tying this right to population control policy. Paternity leave of 15 days for the period of confinement of a wife has also been introduced. These provisions vary for state government employees.

As already pointed out, however, women form a very small percentage of formal, organised sector workers, including the government and public sector, and this keeps expenditure on maternity benefits low. This is also true about factories, plantations, and mines to which this law was extended. The number who made maternity benefit claims was very low, a small proportion of the already low proportion of women in these sectors. Though the absolute number of women employed in factories nearly doubled between 1988 and 1997 and the amount paid nearly tripled, the number of those who received maternity benefits increased by less than 29%. In plantations and mines, the total number of women workers, the number who received maternity benefits and the amount paid in 1997 fell dramatically by 50-96% (of the

1988 figures).²³ Generally, expenditure on leave provisions has been contained by omission - by not hiring women in the reproductive age group. Another well known ploy in private manufacturing has been to fire women workers on marriage. This is aided by the 'voluntary' exit of new mothers working in these sectors, who do not have familial/community support, due to the absence and poor quality of crèches for the under 3 age group (see later) and since their pay would not allow them to access the few commercial possibilities available.

Informal-Unorganised Sector

A majority of states do not have specific regulations and welfare boards to offer even a modicum of social security cover, especially in health and maternity, for workers in the informal sector. Among the exceptions is Tamil Nadu, where the Manual Workers' Social Security and Welfare Board (2004) was formed by merging nine earlier boards, covering a range of service and production occupations. It provides a maternity benefit of Rs. 2000 (as does the Tamil Nadu Construction Workers Welfare Board). However, the number of workers registered with either board is less than 70,000 and data are not available on how many of them are women and how many of the latter have claimed maternity benefits (NCEUS 2007).

The Unorganised Sector Workers Social Security Scheme (2004), launched on a pilot basis in 50 districts by the Central government, did not include any provisions for maternity leave or benefits. Five welfare funds were set up through acts of Parliament and are administered by the Ministry of Labour for workers engaged in selected mining operations, *beedi*-making, and film production workers. None have specific maternity benefits/leave provisions. The community-based Universal Health Insurance Scheme (UHIS) for BPL persons and families, which was initiated by four public sector insurance companies in 2004 excludes maternity benefits and outpatients care.

The New Insurance Scheme for Handloom Weavers and Artisans and the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 are among the few schemes/laws pertaining to workers in the unorganised sector, where maternity benefits find specific mention. The latter is applicable to every establishment that employs ten or more workers in any building or construction project valued above a minimum level (Rs. 1 million). The Welfare Funds proposed in the Act are financed by contributions from beneficiaries, levy of a cess on construction works at a rate ranging between 1 and 2 per cent of the construction cost incurred by an employer and non-mandatory grants by the State/Central governments. The extent of compliance is not known and, given the situation in monitoring labour laws, it can be assumed to be minimal.

The *Shram Shakti* report (1988) had emphasised that maternity benefits were necessary for women in the informal sector and suggested that all employers, irrespective of whether or not they employed women, pay a percentage of the wage bill towards a maternity benefit fund and that state governments had a responsibility too. The National Commission on Rural Labour had recommended a maternity leave for a period of 12 weeks for all rural women above the age of 18 years and belonging to families whose total annual income was less than a certain minimum. The suggested benefit was the daily minimum wage for unskilled labour in agriculture. However, the suggestion

²³ Source: Ministry of Labour and Employment, Govt. of India. <http://www.indiastat.com/india/ShowData.asp?secid=429859&ptid=17953&level=4>, Accessed on 5.3.2008

was again limited to a maximum of two live births. Though the National Commission on Enterprises in the Unorganised Sector on Social Security picked up these recommendations, maternity benefits seems to be a matter of responding to the scandalously high maternal mortality²⁴ and not the mundane requirements of childcare. This is evident both in the report and in its proposal for a National Social Security Scheme, as well as all the schemes designed for the unorganised sector. The amounts suggested can only cover the costs in and around delivery and not the intensive childcare required in the subsequent period. The silence on post-natal child care time may be related to the Commission's refusal to acknowledge unpaid, family enterprise workers as workers (Neetha 2006) or the general lack of acknowledgement of care itself as a reproductive and production cost.

The same philosophy permeates the National Maternity Benefit Scheme (NMBS), which was initiated in 1995-96 as part of the National Social Assistance Programme. Meant for pregnant women "Below Poverty Line" (BPL) and not just women in paid work, a Supreme Court order of 2001, pertaining also to the midday meal and ICDS (see below), converted the scheme into a universal entitlement for BPL pregnant women. Despite changes in administrative responsibility, in nomenclature and an enhancement of cash benefits (Rs. 1,300 in rural areas and Rs. 800 in urban areas) the amount remains small.

This scheme has the potential to become a programme for maternity leave for all women in the unorganised sector, but current allocations are insufficient to cover even its stated target group. The allocation under the 10th plan period (2002-2007) was a mere 36% of the required allocation and then was not fully implemented by state governments. Since its inception, only 18.5% of the estimated beneficiaries have been covered annually (Supreme Court Commissioners 2005). In 2003-04, Haryana covered 2.5% and Tamil Nadu 31.6% of the targeted beneficiaries. As with the pension scheme (NOAP), there was a great deal of fluctuation in coverage from year to year, continuing well into the 2000s. Such variation indicates the arbitrariness and lack of systemisation in its implementation, its low priority among the bureaucrats and legislators, as well as a lack of awareness on the part of beneficiaries.

Thus, even a pronounced concern regarding child welfare and maternal mortality has not resulted in provisions that would allow working mothers/parents to stay at home to care for their newly born infants. The assumption appears to be that women do not need to leave the home and that 'natural' and 'moral' mothers will not leave their homes during their children's infancy. In the following subsections, we examine the possibilities of organised/institutional childcare through crèches and pre-school facilities.

4.2 Creche and day care facilities for employees

At the time of Independence, provisions for statutory crèches were included in the Factory Act 1948, the Plantation Act 1951, and the Mines Act, 1952. This was a result of trade union pressure and the importance given in early socialist thought to child care as essential in promoting and supporting women's work force participation. These legislations made it mandatory for employers hiring more than a specified number of workers, whether private or the government, to set up day care centres. The table below summarises some of the legal provisions for crèches.

²⁴ It is another matter that the intervention proposed is likely to be too late and too little in most women's lives to substantially reduce maternal mortality.

Table 3: Legislation relating to Creches in India

Sl No	Name of Act	Min. no. of workers	Min. no. of children	Provision	Authority to make rules
1.	Factories Act 1948	30	--	A suitable room / rooms for the use of children with trained woman in charge.	State Govt. shall make rules regarding location, construction, furniture & equipment, amenities, food, breast- feeding, etc.
2.	Plantation Labour Act 1951	50	20	”	State Govt
3.	Mines Act 1952	No min. number	--	Room or rooms, amenities and supervision	Central Govt.
4.	Beedi & Cigar Workers (Conditions of Employment) Act 1966	50	--	Room or rooms and trained in-charge	State Govt.
5.	Contract Labour (Regulation & Abolition) Act 1970	20	--	Two rooms for children, one for play and one for sleeping	Chief Labour Commissioner, Central Govt.
6.	Inter-State Migrant Workers Act 1980	20	--	”	”
7.	Building and Construction Workers Act (Regulation of Employment and Conditions of work) 1996	50	--	”	”

Note : In all cases, the age of children specified is up to 6 yrs.

Source : M.S. Swaminathan Research Foundation, Chennai

Generally, there is little information regarding the numbers of children or women workers using employer provided crèche services or on the quality of services (Swaminathan n.d.). In the best documented sector - plantations - some crèches are being run for the 3-6 years age group, some catering also to infants, and mothers can and do regularly come to breastfeed. Even here, the common picture was of non-functioning crèches or lack of training and orientation of crèche workers and the absence of any form of professional monitoring (Gopal 1983). The poor quality deterred parents from placing their children in the crèches and the absence of the last could then be explained as caused by a lack of demand.

Crèche rules have been framed in a manner that makes it easy for employers to escape their legal obligations and women workers do not know of the provisions. A fact finding group (CLAP, Orissa FORCES, and OMVS 2007) stated that facilities such as first aid, cradles, cots, beds, linen, cooking

facilities, and play materials were not available in crèches provided under the Mines Creche Rules 1966. There were no qualified staff and the quality of the services was very poor. Mothers were asked to send their young ones with an older sibling to the centre as they did not have enough staff to care for children.

In factories, employers hire less than the specified minimum number of women workers or ensure that workers above this number are not entered into the log or they hire older women so as to avoid this provision. Efforts to amend the Factory Act of 1948 have not been successful. The factory inspectorate office tends to be hand-in-glove with employers and in any case crèche facilities are not in their list of priorities. Further, due to the difficulties in commuting in cities, especially with children, workers found it difficult to use even the available factory crèches (Rane 1978). They preferred crèches near their homes (Datta *ibid.*). With liberalisation the possibility of factory units with thirty and more women workers has also reduced (Datta *n.d.*), as has factory and labour department inspections.

Swaminathan (*n.d.*) suggests that “A major reason for the failure [to provide crèches or well-run crèches] is the exclusive financial and managerial responsibility placed on employers to provide crèches. There is no shared responsibility, no guidelines and no mechanism for supervision.” Suggestions to change the staffing pattern from nurses to child development workers or to provide a stimulating and child friendly environment were not being considered. Some employers in the public (Port Trust, Chennai) and private sectors (Glaxo, Mumbai), however, run model crèches in ideal conditions. Having appreciated the significance of child care services for women and children, they brought their crèche facilities into accordance with the provisions of the Factory Act of 1948 (Datta *n.d.* and set up crèches with appropriately qualified staff to help ensure the health, nutrition and education/stimulation of children. Some employers have opened the crèche to all employees, thereby enhancing the utilization of crèche facilities. In addition, there have been attempts to provide consortium-run child care services in industrial areas, but such examples are few and so far they have not been able to sustain themselves.

Thus, the range of acts and the details they contain are misleading. Statutory crèches are rarely in place or functional, even in public sector companies and government offices. The most recent experience of NREGS is ample evidence of the lack of state concern in this regard. The Act specifies that if there are five or more children aged 6 or less, a crèche is to be provided at the work-site and one of the women will be put in charge. Narayanan (2008) found that women were being dissuaded from bringing their children to the NREGS worksite and some were turned away if their child accompanied them. They were told, “If you want to feed your child, don’t come here, go home”. A few women reported that whenever they brought their children to the worksite, their wages were cut. Those who brought their children regardless of directions to the contrary were often “harassed” by the supervisor or by their co-workers. For instance, one was told, “If you keep breast-feeding your child, who will do your work?” In fact, of those who reported some form of harassment at the workplace from supervisors and colleagues, close to half stated that it was related to childcare (Narayanan 2008:11).

The effects of this are harsh. Economic compulsions brings women to work in manual labour within a couple of weeks of giving birth. However, only 5% of the children aged less than one year and 13% of those aged between 1-3 years in the sample of 104 were brought to the work-site, to be left at one corner and attended to whenever the mother could take a break. In most cases, children were left at home to be looked after by their siblings or by older relatives. Other children were left to their own devices – sometimes roaming around the streets, with their mothers relying on the goodwill of

neighbours to keep an eye on them. One child was tied to a table at home, with food left on a plate beside it (Narayanan 2008:12). There were even cases where babies as young as five to 10 months old were left at home, unattended. Not surprisingly, mothers were anxious about the welfare of their children.

4.3 Crèche and day care facilities for all citizens

As already indicated, the origins of official and voluntary sector programmes for crèches and day centres lay in concerns regarding child welfare: the malnutrition and high mortality of infants and children. Ignorance of mothers with regard to issues of hygiene and correct feeding/balanced diets were seen as the major reason for infant and maternal mortality, with resource and time constraints on care being a mere glimmer in the discussions on causal factors. ‘Proper’ mothering was stressed by state functionaries and by voluntary organisations, including ‘women’s groups’, from colonial times. In 1953, the Indian government set up the Central Social Welfare Board (CSWB), which funded women’s groups (Mahila Mandals) as part of rural Welfare Extension Projects and *balwadis* or childcare centres in urban areas. The focus was on nutrition, nutrition education and early childhood education and in the early seventies the *balwadi* scheme was extended to rural areas.

In 1975, the newly formulated National Policy on Children included a programme for crèches and day care centres in residential localities run by the voluntary sector with grants-in-aid from the government.²⁵ Crèche and Day Care services for children under five years of age of ‘working/ailing mothers’ - casual, migrant, agricultural, and construction workers - were set up. Being a non-expanding scheme, there was no expansion in the number of crèches after those established in its early years - 12470 crèches for 312,000 children. In 2005-06 these were merged into Rajiv Gandhi National Crèche Scheme, under which the number of crèches increased (See next section). Clearly, only a tiny percentage of mothers and children requiring the facility were covered. There was an abysmally low level of funding, lack of awareness among the organizers of the purpose of a crèche, lack of guidelines, training and supervision (Swaminathan n.d.).

In being described as day care for ‘ailing and working mothers’ it was made clear that day care was not meant for children of ‘fit’ and ‘non-working’ women who would and should be available and able to undertake the task themselves. Generally, the idea of crèches as enabling mothers to place their children in non-familial care did not draw wide support among policy makers. In fact, Swaminathan, a long-time observer and activist in this field, suggests that the government has been increasingly uncomfortable with the concept of day care not only for “non-working” women, but also “refuses to acknowledge the great need for day care among women working in diverse occupational situations in the unorganised sectors.”

In the Eighth Plan (1992-1997) two main programmes and strategies for crèches and day care were inscribed. One was the reiteration of the intention to implement existing laws regarding provision of crèche/day care facilities by employers in the organised sector. However, this was the very moment at which neo-liberalisation policies had come to define state economic policy and actions deterrent to profit-making were pulled back. As discussed earlier, labour and industry inspection was soft-footed rather than strengthened and the organised sector declined relatively.

²⁵ The implementation agencies till today are the Central Social Welfare Board, Bhartiya Adimjati Sewa Sangh (Indian Tribal Service Organisation) and the Indian Council for Child Welfare.

The second strategy was to expand the network of crèche and day-care facilities run by communities and voluntary organisations. The National Creche Fund was set up in 1993-94 with a corpus of Rs. 1.99 billions. It extended financial assistance for crèches in residential localities. Another 1803 creches were added, benefiting about 44,000 more children by 1997. Though the increase in the Ninth Plan was nearly double - 3,114 crèches covering 79,000 more children - this scheme is just another drop in the ocean and it carries all the organisational shortcomings of the earlier schemes.

The maximum number of state-sponsored 'crèches' open to all children has emerged under the ICDS programme, the flagship nutrition welfare scheme of the GOI for pregnant and nursing mothers and for children under the age of 6. In the following discussion, only those aspects of the ICDS which directly relate to children will be discussed, putting aside the parts of the programme which relate to pregnant and nursing mothers.

4. 4 Integrated Child Development Scheme

The issue of malnutrition has received greater political attention, internationally and nationally than the broader issues of care. Drawing on the earlier 'child welfare' experiences of Balwadis, in 1975 the Government of India started the Integrated Child Development Scheme (ICDS) in a mere 33 blocks. It was slowly expanded it into more and more areas. *Anganwadis* or centres were set up in residential neighbourhoods, initially in urban areas, and were run by an *anganwadi worker* (AWW) who had the responsibility of distributing dry food such as biscuits to the children enrolled and present. Often the centre was in the home of the AWW. By the end of December, 1991, about 13 million children below 6 years of age and more than 2.7 million pregnant and nursing mothers were getting supplementary nutrition under ICDS.²⁶ The Department of Women and Child Development conducted a survey of the outcome of the existing ICDS centres in 1992. It concluded that this programme had 'positively impacted the health of preschool children in terms of infant mortality rate (IMR), immunization coverage and nutritional status, and their continuation into primary school with as many as 89 percent of children with preschool experience continuing in school as compared to 52 to 60 percent without preschool experience' (Kaul 2002: 28). In terms of its stated aims, the programme was thus seen to have had an effect and the government decided to universalise the scheme. Over successive five-year plans coverage and issues to be addressed were also expanded.

Subsequent to a Public Interest Litigation (focusing on malnutrition) by civil rights organisations - mainly the People's Union of Civil Liberties - the Supreme Court directed the Government of India in 2001 to ensure one *anganwadi* centre per habitation of 1000 persons in rural and urban areas and 700 persons in tribal areas. In 2005, the government reiterated its decision to universalise the programme. The ICDS has become the largest child nutrition and early child development programme in the world, with the plan allocation doubling and the number of centres increasing by around 37% during the 10th plan (2002-2007). The services now offered include supplementary nutrition and immunization for children and pregnant and nursing mothers; referral services following health check ups; non-formal preschool education; and nutritional and health education about children below six years and pregnant and nursing women.

As has been noted earlier, there had also been constant and varied lobbying by a range of organisations on the need for crèche facilities. After 1975, there was a revival of this lobbying, though it has still not become a central focus of any major campaign by women's organisations. A decision was taken with the Tenth Plan and the National Creche Fund to convert Anganwadi Centres

²⁶ 8th Plan, para 15.7.2, <http://planningcommission.nic.in/plans/planrel/fiveyr/welcome.html>, accessed 21.2.08.

into Anganwadi-cum-Creches. The visibility of the ICDS programme and awareness of existence of the *anganwadi* worker (AWW) and helper is high, both in the villages and in urban slums, close to that regarding the Public Distribution System and Mid-day Meal Schemes - the other kind-based, food provisioning programmes (Dev 2008; Ramachandran et al. 2003).

Coverage

The number of centres and number of beneficiaries rose steadily with each plan. By February 2008, the number of operational Anganwadi Centres were over a million (1,010,912), the number in Haryana being 17,192 and in Tamil Nadu 47,265. The number of pre-school beneficiaries (age group 3-6) had increased from under 9 million in 1992 to 300.81 lakhs (30 million) in 2007. Albeit this expansion, the number of centres remain woefully inadequate. Based on the Supreme Court 2001 norms, the Commissioners appointed by the Court to monitor the implementation of its order, have suggested a requirement of 1.4 millions *anganwadis* for rural and tribal areas and about 0.3 million for urban areas. On the basis of these calculations, Tamil Nadu had only 45% of the *anganwadi* centres required and Haryana 48% in 2004-2005. Using 2001 Census population figures and the number of centres and children in these centres according to the official ICDS status report of 2005, the sixth report of the Commissioners estimated that only **26 percent of India's 0-6 year old children were covered**. The focus of the Court order and the Commissioners is on nutritional supplements and not on day care. Various studies have indicated that the proportion of children who actually spend time at the centres beyond meal timings is much less. The proportion of children below the age of three who are at the centres is particularly negligible (Ramachandran et al. 2003; Ghosh 2004; Gragnolati et al. 2006).

Financing

Within India's federal structure, the ICDS is a centrally sponsored scheme with the Ministry of Human Resource Development responsible for programme planning and the State/UT Governments responsible for programme implementation. Till 2004-05, the expenditure for running the ICDS programme was met from three sources: (i) central government grants under 'general ICDS'. These grants are to meet expenses on infrastructure, salaries and honorariums for ICDS staff, training, basic medical equipment including medicines, play school learning kits, etc.; (ii) allocations under respective state/UT budgets to provide supplementary nutrition to beneficiaries; (iii) grants from the Pradhan Mantri Gramodaya Yojna (PMGY-nutrition) as additional central assistance, to be used to provide *additional* supplementation to children in the 0 - 3 year age group (Annual Report 2003-2004, Department of Women and Child Development, Ministry of Human Resource Development, at pp. 16). The last was withdrawn in 2005-06, while the delay by the central government in transfer of resources for this programme remains a constant complaint.

Financial allocations in the Five Year Plans have increased exponentially, more than doubling between the eight and ninth plans and again between the ninth and tenth plans (to over Rs. 1186 billion).²⁷ Allocation and utilisation of state plan funds has been abysmal in most states, ranging between 78% allocation and 60% utilisation in Goa and 4% allocation and 5% utilisation in Manipur in 2004-05. Haryana allocated less than 8% of the funds required and, utilised only 18% of the funds it allocated. In the 2005-06 financial year, the Central Government withdrew the PMGY fund, but rather than making up the difference, state governments continued to allocate far less funds than the

²⁷ Unless otherwise indicated the source for the data presented on the ICDS is from the website of the Ministry and Child Development <http://wcd.nic.in/icds.htm>

amount required for implementation of ICDS services. State governments differ substantially in the amount and quality of supplementary nutrition that is provided and in some states the per child per day expenditure is much lower than the norms set by the DoWCD. An additional puzzle is that if the per beneficiary per day allocation standard was followed, far fewer beneficiaries should have been covered by them than have been reported. In Haryana, 96% more beneficiaries are reported to have been covered than should be the case based on funds utilised (Supreme Court Commissioners 2005), indicating formal rather than substantive coverage. These figures are an indication of the general weaknesses in the implementation of the programme and in its reach, not just in nutrition but day care goals also.

Issues and concerns - Nutrition or day care?

In many states, the decision expressed in the Tenth Plan and the National Creche Fund is not been implemented and the crèche function has not been taken seriously. While the crèche facilities relate primarily to small children in the age group of six months to two years, the ICDS programme requires such children to stay at home and be given “take-home rations” only (Sundaram 2006). The approach of the court commissioners is similar. They recommended that the primary focus of the ICDS be the 0-2 year age group and said that “This should be done by shifting the focus of implementation of the ICDS from the *anganwadi* centre itself to the community. Home visits by the *anganwadi* worker must be emphasised and family level nutrition and health counselling and monitoring must be undertaken.” Thus rather than emphasising adequate crèches for this age group as well as the age group 2-6, care of infants was to remain individualised in the domestic domain, with additional nutrition provided to them.

Various factors - financial, design and organisational - that limit the coverage are pinpointed in the Commissioners 6th Report (2005). ‘Below Poverty Line (BPL) status’ and a cap on the number of beneficiaries that each *anganwadi* can cater to continue to be used as eligibility criteria for the selection of beneficiaries in several states, despite a 2004 order of the Supreme Court against this. The location of the *anganwadis* tends to be in the main village or in upper or dominant caste hamlets in rural areas in most states. This not only restricts the access for communities such as SCs and STs who tend to be the poorest and live furthest from the village centre. It is in these communities that women are likely to have heavy work burdens with little time to drop and pick up their children from the centres.

The poor infrastructure and facilities with which the programme operates is a major factor in the poor utilization of *anganwadis* by parents for day care. Infrastructural facilities in the ICDS, the costs of which are to be met by the Central Government, continue to be absent. As many as ten states reported that less than 50 percent of the *anganwadis* in the state have a source of drinking water and a mere seven states reported that all centres in the state had medical kits. Each *anganwadi* is expected to have up to a 100 beneficiaries. By and large the available space is appropriate for about one fifth of this number and certainly not enough to accommodate two age groups of children at the same time. The reason for this is that in all ICDS Projects – rural, tribal and urban - the allocated sum for renting space is much less than what is required for renting adequate space. Concerns regarding children’s safety, dearth of materials, and inadequate attention given to children are some of the cited reasons by parents for their limited utilization of *anganwadis* (Datta 2001; National Institute of Public Cooperation and Child Development 1997, Swaminathan 1998).

The ICDS programme is overburdened with new tasks without additional resources and staff. Staffing is a seriously neglected issue in the ICDS programme. The implementation of the

programme requires coordination between the health, education, rural development and other departments. Supervisors and Child Development Programme Officers (CPDO), who are government employees have management responsibilities. At the ground level, the *anganwadi* centres are run by an *anganwadi* worker (AWW) and a helper. They are called ‘social workers’ rather than employees and are paid an honorarium of Rs. 1,000 per month for the worker and Rs. 500/- for the helper. Most AWW and helpers, however, view themselves as employees. That even this low income and semi-official status is prized is evident in the rampant corruption in appointment of AWWs, highlighted by the Commissioners. The characteristics and conditions of the AWWs will be discussed in more detail in the next report.

The Departments of Women and Child Development at the Centre and in the States are not filling the large number of vacancies in the sanctioned posts, creating difficulties in the functioning of the programme. Generally, the proportion of vacancies in posts of *anganwadi* worker (AWW) and *anganwadi* helper (AWH) posts are much lower than in the posts of CDPOs (Child Development Project Officers) and Supervisors. In 2005, over 60 percent of CDPO and 50% Supervisor posts were vacant in some states, the figures being 4% and 15% respectively in Tamil Nadu and 28% and 26% in Haryana. Vacancies in AWW posts, however, were in two digit figures in only four states.²⁸ The unavailability of women personnel with the higher level of education and skills required for the CDPO and supervisor posts than for the AWW and AWH seems unlikely in states like Tamil Nadu or even Haryana. It is more probably to do with the reluctance by state and central governments to spend on the salaries required for the former as against the ‘honorarium’ paid to AWW and AWH. It also reflects government policy at both the centre and in many states of not appointing regular employees, but using lower paid and insecure contract or volunteer workers. There is also an insufficiency of sanctioned AWW and AWH posts. All this underlines the attitude that care work is not valuable.

The lacunae created by vacancies in CDPO and Supervisor posts is exacerbated by giving ‘additional charge’ of projects without supervisors to existing appointees so that the burden of work leads to little or no supervision overall. Most critically, while the number of tasks designated to the ground-level staff, the AWW and AWH, has kept increasing, they continue to be treated as part-time volunteers with a stipend. Some of these other jobs relate to awareness creation in health services and population control and activities in literacy and education programmes. The idea appears to be to take advantage of the direct and close contact which AWW and AWH have with local women, but is also caused by an undervaluation of the time and effort required in the crèche functions of the ICDS.

Studies show that pre-school component of the ICDS programme is very weak. On an average, the AWW devotes just one hour of the 3-4 hours the centre is open to engage children in some meaningful activity (Datta 2001). It is not surprising that complaints are heard that children do not remain in the *anganwadis* once they can walk away. Many AWWs (especially in UP) were not trained, but learnt on the job. They look upon the ICDS as a nutrition programme and their role as one of distributing food and maintaining records. Interviews with AWWs in all the areas revealed that record keeping was seen as a key function. The AWW does not make any conscious effort to enrol the most deprived strata in some of these states (Ramachandran et al. 2003).

²⁸ Source: Performance Statement for ICDS Projects as on 31.05.05, DoWCD, GoI, cited in the Supreme Court Commissioners Report, 2005.

From the standpoint of the parents of children, the quality of the *anganwadis* and the attitude of the AWW and AWH are critical in whether they will leave their children in the centres or not. Poor quality of service leads to non-enrolment or formal enrolment or a visit at the time of the food service and not before or after. An additional problem for poor, working mothers is that their work load/timings make it difficult for them to bring children to the centres and collect them, which the location and the timings of the *anganwadis* does nothing to ease. They are open only for four hours a day. This continues to be the situation though the Tenth Plan had recommended extended day care facilities in the *anganwadi* centres and the court commissioners that an *anganwadi* must be located not more than half a kilometre from any habitation.

Despite all the problems listed, the ICDS programme has had a positive impact on children's health and nutritional status, contributed significantly to a decline in the mortality rate of children aged four years and below where it is functioning, and enhanced primary school enrolment of children from economically disadvantaged groups (NIPCCD 1997). It is reported that 85% of children in primary schools in ICDS areas come with pre-school experience (NIPCCD *ibid.*).

Comparing Haryana and Tamil Nadu

It may be illuminating to elaborate on the situation in Tamil Nadu, which seems to contrast with much of the above scenario, particularly that in Haryana. In the latter state, agriculture remains predominant, with industrialisation and a modern service sector limited to a few urban conglomerations. More critically, the Haryana government has not been ready to acknowledge the levels of poverty and malnutrition. Yet, 2-9 *anganwadi* centres per village were present in one block, which was surveyed during fieldwork we conducted in 2007-08. The preparation of the meal has been handed to Women's Self-Help Groups. In many of the villages, women complained that since the cooks varied from day to day nobody could be held responsible for the quality and quantity of the food, while fights had erupted among SHG members over money. Some *anganwadi* workers complained that they had to handle these petty quarrels over and above their own work! While the enrolment for the midday meal was relatively high, a much lower number came daily to the centre. In some cases, it was still mothers who came and collected the food for their children. In some centres, an *anganwadi* helper would collect the children and these were a few centres where some 'educational' or play activity took place. The last seemed to depend on the personal motivation and qualities of the AWW. In many of the centres there appeared to be no attempt to provide a crèche- or play group-like service. By and large, the day care function was absent and the *anganwadis* relieved mothers of child minding for two hours at the maximum. No infants below 6 months were enrolled and none below 2 years age spent time at the centre.

In Tamil Nadu, while not meeting the full demand and requirements for crèche services, the ICDS and MDMS have been qualitatively different from that in most other states. Combating child hunger and malnutrition became political priorities in Tamil Nadu well before the Supreme Court intervention (Rajivan 2006). It is perhaps the only Indian state where this issue has entered the political and electoral discourse and remained there for over four decades. Due to pressure from the electorate, it is difficult for an *anganwadi* to remain closed without immediate enquiry. School meals through public contributions were introduced in 1956, and soon evolved into joint public private funding. Donor assistance was introduced in 1961, helping to expand coverage. Shortly after ICDS began, in 1980, the Tamil Nadu Integrated Nutrition Programme (TINP) was initiated with the help of credit from the International Development Agency (IDA), in a few districts as a nutrition and health program aimed at pre-school children and pregnant mothers. The TINP focused on children under 36 months of age. Though these early ages are the hardest to reach as they need an adult to

bring them to a facility, malnutrition rates fell by 20-55% (Subbarao 1992; Balachander 1993). Today, virtually every child between the ages of 2 and 15 years is eligible for a daily hot lunch at the cost of the state in Tamil Nadu, which does not use the BPL eligibility criterion. According to Rajivan (2006), since malnutrition is not confined to poor households, universal coverage was more effective than targeted schemes.

From our field data, we found that while more than half of the households in both the Tamil Nadu and the Haryana village that we studied sent their children to the centre, in Haryana a much smaller proportion of children went there daily and regularly. Swaminathan (n.d.) relates the relative success of the TINP and the ICDS in Tamil Nadu to various factors. First, it was recognised that the AWW work day was already full and a second dedicated worker was needed to ensure the success of a scheme to provide a hot meal. The two-worker model came into existence - one worker focuses on the children below two years of age, their feeding and maintaining growth and health records, visiting homes, counselling mothers, registering pregnant women and so on. The second is more centre-bound and organizes educational activities for the older group. The first is a community nutrition worker, and the second a pre-school teacher. In some larger centres, there are even two helpers. The two-worker design of Tamil Nadu has become the model for the rest of the country, even while timings and training have not been extended. Second, in Tamil Nadu and in other Southern states, child care centres work for about six hours, from 9.00 a.m. to 3.00 p.m. or from 10.00 a.m. to 4.00 p.m. so that it is worth the effort for mothers to take their children there. Since these longer hours are more in tune with their hours of paid work they wish to enrol their children in the *anganwadis*. As we found during fieldwork, this has also been enhanced as the AWH picks up and drops the children to and from most centres.

Swaminathan,²⁹ however, feels that the ICDS in Tamil Nadu is over-rated. Narayanan found that only 12% of the children of her sample of women joining NREGS work-sites were in *anganwadis*. Women said that the *anganwadis* in their village were in poor shape or provided only food or not proper food or there was no teacher. Many families did not have easy access to an *anganwadi*, while the hours of *anganwadis* are shorter and different from the NREGS worksites. Rajivan (2006) points to a number of issues: centres still do not bring in children below the age of two; poor access in remote locations; staff motivation and training issues; and limited participation of local bodies and communities remain issues.

4.5 Early Childhood Care and Education (ECCE) and Creches: State and Market

The goals of pre-primary education and early child education, which could have encouraged the establishment of crèches/nurseries was not in the early years a priority of the government, despite the promise of free and compulsory education for all between the ages of 0-14. This was an area left to the NGO and/or private sector, but there were only a few organisations that were interested. Datta (n.d.) sees the history of pre-school education in India as dating back to the early part of the nineteenth century. It was largely in the private sector, run by a few educationists who believed that early childhood education provided a strong holistic foundation for children's development. Thus a network of Montessori schools built up.

²⁹ In an interview.

The government included some minimal early childhood education in the *balwadis* set up soon after Independence, but it was in 1968 that for the first time a government committee recommended heavy state investment in pre-school education (Kaul 2002).

Subsequently, activists, voluntary sector workers and educationists pushed the government to think beyond a custodial role and include early child education (ECE) in its programmes for children. In the 1980s, an expert group and then the National Policy on Education articulated a concern for “Early Childhood Care and Education” (ECCE). The idea of child welfare was broadened to the idea of child development. Furthermore, early child education was suggested as a means to arrest dropout rates in schools, an issue the government was more concerned with as schooling was articulated necessary to human resource development and both an index and a condition of development. Now, the need to ensure nutrition on one hand and, on the other, measures to increase the retention rate of children enrolled in primary schools acted as impetus to programmes of non-family/mother based childcare. Thus, the idea that ICDS centres should be more than just feeding centres was placed on the agenda.

In 1990, the target of 250,000 ECCE centres was formally achieved, but this apparently large number still meant that only 10% of the children in the age group 0-6 received some sort of care and only 15% in the age group 3-6 had some pre-school education (Ramamurti Committee, cited in Kaul 2002). This further expanded over the next decade and a half. However, rather than an alternative or additional network of childcare centres emerging with the new policy initiatives, the *anganwadis* became the main centres for ECCE.

One important implication of the focus on the ICDS centres as pre-schools was the lengthening of ICDS opening timings as in Tamil Nadu. In some states there has been an attempt to synchronise the timings of the *anganwadis* and primary schools so as to free the girl child from the responsibility of sibling care and enable her to attend school (Kaul 2002). Generally, however, day care continues to be absent or remains more or less a side-effect or unintended consequence in fulfilling supplementary nutrition goals in the ICDS programme. Not only are the basic staff and other facilities required for crèche services absent or below standard, the AWW has little time for pre-school education. Given the average of 30-40 children between the ages of 2-5 who may be at a centre daily, one pre-school teacher is barely sufficient, even if there is a helper around who will be busy cooking. The lack of learning materials including play materials, the limited skills of AWWs and the emphasis on rote learning means that there is little educational impact on children (Datta 2001; NIPCCD 1997). During fieldwork in Tamil Nadu, we found that the ‘teachers’ did not have the requisite training and confidence, and children were either left alone or the activities were not such as to involve the children except when they were ‘performing’ for visitors like us. It was not surprising that many parents did not leave their children at the centres as a matter of course.³⁰

Even with the expansion in ECCE, the total coverage not only remains small, it is not growing at the pace that it was in the late 1980s. It is perhaps no coincidence that in the 86th constitutional amendment making free and compulsory education a fundamental right, the age range shifts to 6-14 from the 0-14 range originally envisioned in article 45 of the Constitution.³¹ Swaminathan argues

³⁰ With the establishment of the centrally-sponsored District Primary Education Plan (DPEP) some attempts were initiated with regard to the quality of the education component of the ICDS, but do not have information as to whether there was an impact in terms of either the quality of pre-schooling or of day care.

³¹ The 86th Constitutional Amendment Act 2002 made education a Fundamental Right providing that “the State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine”.

that this “infamous legislation de-recognizes the needs and rights of the young child and frees the government of taking responsibility for care and development of children before school age and leaves early childhood education and care to the responsibility of the family alone” (2001: para 4).

Since the 1970s, there has been a tremendous growth of pre-school education in the private sector. These schools use teaching methods that are “highly didactic and verbal and pay little attention to individual development or to the development of cognitive skills, problem solving, language, imagination, curiosity, and social skills” (Swaminathan 1993: 225). Enrolment in pre-primary institutions is growing fast, by nearly 20% in one year in Haryana. Calculations, based on MHRD provided figures, suggest that up to 25% of children below the age of six in non-domestic care are in private or commercially managed facilities. However, the data is unreliable and there is little information on the number and age of the children catered to or the quality of services offered. Even the data for the number of pre-primary private institutions is very patchy. No data was available on Tamil Nadu and the figure for the number of children per institution for Haryana is dramatically unreal.

The paucity of state or employer-run crèches in urban contexts where family and community could not be called on for child-minding as well as a growing emphasis on pre-schooling, has led to the increase of a large number of privately funded crèches and nurseries catering to lower-middle, middle and upper-middle class women in urban areas. As outlined at the end of section 2.5, the share of education as a percentage of women’s employment has increased in the last 15 years. The bulk of women’s service sector employment is now made up of education and employment in “private households”. There has been a phenomenal increase in the last, absolutely and relative to total female paid employment.

Table 4: Coverage under Various Crèche Initiatives

Programmes	Number of Centres	Coverage
ICDS	767,680	24 million
Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers	22,038	0.55 million *
Pre Primary School	38,533	(1, 94,000) approximately 0.02 million
NGO Services for ECCE		Varying from 3-20 million
Private Initiatives		10 million approximately

Note : * The figure has been arrived at by assuming the presence of 25 children per centre
 Source: Working Group on Development of Children for the Eleventh Five Year Plan (2007-2012)-
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Employment as maids, nannies, helpers in crèches has become an expanding area of work open to women with little or no education or industrial skills. The numbers of men in domestic work has also grown though not to the same extent as with women. This is a spin-off of increasing female employment among the middle class, but also an expanding middle class that can afford domestic

workers. Many of the latter prefer nannies or maids who will baby-sit their children below the age of three at home, not only due to cultural norms and disbelief in the reliability of non-domestic care, but because of a situation wherein quality and affordable crèches, with timings which suit working parents, are not easily available. The market solution sought by the middle classes tends towards household-based care. Wages in most areas of care, particularly childcare, are at par with that for unskilled labour. While physical working conditions are better and the nature of work less strenuous than for example in construction, there is much greater control exercised by the employer and hours can be long. The impression which prospective employers of domestic workers give is that the demand is outstripping the supply.

Some of the market solutions are not captured in either employment or income data. This includes crèches and day care centres which women run in their homes. Datta (1995) tracks family day care as it emerged in the late 1980s in suburban Mumbai. Caregivers had to invest very little - only on toys and materials - in running centres in their homes. Their clients were neighbours or mothers living relatively nearby. When Datta did her study, these family day care services had been functioning for about seven years. They are largely run by women whose care responsibilities for their own children have diminished, have relatively low levels of education, and feel secure that this is an occupation in which they are not likely to fail - it is like being a mother. She found an average of nine children per home in her study, while a couple of family day care centres had twenty children. Most, however, did not take in infants. Typically, there was one carer, occasionally an additional nanny or another family member such as a young daughter who helped. Parents were looking for the convenience of location and flexible timing as well as warmth and security. Such family day care centres are commercial, larger, and more intense versions of fleeting and informal community and neighbourhood practices which working women often rely on. They also fill a gap in state and/or employer provided services and are cheaper versions of the more formal marketed care services.

4.5 Community and NGO Initiatives

Though the 1980s and 90s saw a vast growth the voluntary or NGO sector, only a few NGOs have included crèches into the range of programmes they may engage in. A range of innovative measures from model schools and crèches to day care centres have developed with NGO initiatives. Data for an overview picture is not available, but many case studies have been recorded. One well known and the leading example is that of Mobile Creches. Started in 1969 as a registered society with a bank balance of Rs. 100, the idea with which it was set up was to run crèches at the work-site, which was also the place of residence of immigrant construction workers. The crèche would move with the workers, their homes and their work-sites. To organise this, the cooperation of authorities ranging from the construction contractor, the labour sub-contractor, municipal officials to other NGOs have to be obtained. The centre is usually a temporary structure, built by the contractor, and decorated with toys and drawings. Mobile Creches has set standards for equipment, staff-child ratio and schedule of activities at each centre. The age groups at the centres are: 0-3 years---babies and toddlers; 3-5 years ---preschool group; 5-10 years--- older group. As the crèche is at the work-site/residence and since most building contractors employ the same set of labourers through the *jamadar* (labour contractor), moving them from one project to another, parents are often known to each other through prior links of kin and community. Children can be easily get to and from the creche.

As mentioned earlier, due to the absence of strict legal enforcement, the provision that a contractor has to run a crèche whenever twenty or more women workers are employed is easily evaded. Mobile

Creche has, however, succeeded in persuading many contractors of the value of a crèche. At the same time, ensuring the space, electricity, water and the payment of one or two token helpers that they are supposed to provide is often delayed and requires repeated negotiations. Many contractors do not know exactly what is going on, but they find that in the long run the presence of the centre is useful. They realise that the productivity of the women labourers improves since the latter no longer worry about the well being of their children during work hours.

In the early 1970s, when there was a lull in the construction sector, Mobile Creches began to work in slums and 'resettlement colonies' in Delhi. In these more settled neighbourhoods, many of the residents view Mobile Crèche as a service similar to a primary school. They refer to the centres as 'milk and cereal' distribution centres - highlighting that parents see nutrition as most important. The number of children in Mobile Creches centres in 1994 (Khalakdina 1995), while small for a huge country like India were large for a non-state and NGO initiative in childcare. The experiences of organisations and initiatives like Mobile Creches led to the establishment of a national network - the Forum for Creche and Child Care Services (FORCES). In mobilising and lobbying on the issue of childcare, FORCES collaborates with other women's organisations.

Another example is that of the rural wing of SEWA, a much documented and well-known organisation/trade union. SEWA began as a trade union of self-employed women in Ahmedabad and in course of time spread to parts of rural Gujarat as well as other parts of North India. Women workers in tobacco fields and factories who they had unionised had no childcare options and were taking children to work places where the environment was unsuitable for children's health and safety. SEWA involved the women, the village council (panchayat), the local leaders, and tobacco factory owners in organising the crèches. In 1998 there were about 20 creches called 'Shaishav' (childhood), which enrolled children between 0-3 years of age. These crèches started with a donor dependence of 80 percent, which reduced to 66 percent within a year, while the employers' contribution increased from 1 percent in 1993 to 16 percent in 1994. Community's contributions come through the provision of medical care and milk from milk cooperatives (Pandit 1998, cited in Datta n.d.).

The Delhi unit of the All India Democratic Women's Association, the Janwadi Mahila Samiti (JMS), ran a crèche for over ten years from the early 1980s into the late 1990s. The bulk of AIDWA's membership is working class and peasant women and it does not take funds from either the state or donors. In the early 1980s, the Delhi unit found that a number of its activists were constrained by the lack of childcare facilities and were also approached by other young mothers who lived or worked near their central office on the same issue. JMS/AIDWA was able to persuade a Left Member of Parliament sympathetic to their activities to allow them the use of a 2-roomed apartment allotted to him in a residential block for legislators in central Delhi. This was essentially an area of government offices. The statutory facilities were not present at these offices and a couple of other crèches run in the area by civil society and religious organisations were too expensive for many of AIDWA's activists. Through individual donations JMS was able to get the basic equipment needed in term of mattresses, dishes, toys, games, etc. Two workers were hired. Parents were charged per child, according to their income level, ensuring that the crèche ran on a no-profit, no-loss basis. The crèche was supervised by JMS members who were experienced as pre-school teachers. The crèche was soon full, with mothers who were working in the various offices and organisations in the vicinity or residing in the area bringing their children for half or full days. However, by the mid 1990s, costs had risen such that to cover costs the charges had to be raised beyond what paying members could afford and the MP could no longer provide the space. The crèche had to close.

The three cases described above indicate that non-state organisations are not likely to be able to satisfy the huge need for non-domestic child care services on their own. It is also difficult for them to maintain crèches that are both affordable and provides services at the required level without some state support or funds from employers, even when initiated by a group of women primarily to fulfil their own needs. The difficulties of involving state-sponsored women's groups, who may not have been inspired by issues of childcare also emerged in the context of the relationship between SHGs and *anganwadis* in Haryana. Yet, these cases also indicate that crèches are more likely to be set up and run successfully when women's needs are recognised and when they are organised with the involvement of users.

That state-sponsored crèches can be organised differently from the descriptions given earlier is seen in a project initiated under the Mahila Samakhya Programme at Vadodra (Gujarat). This was part of a strategy of community-state partnership embodied in the Mahila Samakhya (MS) programme launched in 1989 to further women's education and "empowerment". It operates through women's groups initiated by the government but led by women from the local community. With the intervention of child development researchers, childcare programmes were established on the basis of collective decisions made by the concerned women based on their particular needs over the choice of place and timings (Sriram 1995). The mothers using the child care services are in the age range of 18-24. The researchers involved argue that the child care programmes established under the Mahila Samakhya has brought changes in the lives of women, children, and community. Women feel encouraged to work because they have confidence that their child is in a secure environment. This initiative is also in keeping with Swaminathan's suggestion that to ensure and maintain the required standards, users of crèches have to be involved in the responsibility, guidelines, and mechanisms for supervision along with the managers.

Looking at more informal arrangements in the community, we found surprisingly that poor, working women were more likely to take help from their neighbours in child minding in urban rather than rural areas. This may be partly be related to the nature of urban and rural communities and family organisation in Tamil Nadu and Haryana. In rural areas, even nuclear families were likely to have kin living in the vicinity - of both parents in Tamil Nadu, of the father in Haryana. Mothers tended to fill the gap between care provided by household members and formal, non-domestic care by calling on kin rather than the community. This was an indication of the strong familialism which marked communities and women's lives.

5. Conclusion

Gough's description of the emergence of state social policy in most countries as "piecemeal and haphazard, reactive rather than proactive" (2004:18) may be true, but need not mark its later life. Unfortunately, in the case of India, not only does this description continue to be apt, the links between gender, care, and welfare of citizens remain a blind spot. On any social issue which can be named, taken from any angle, a government scheme can be pulled out to show that it has been taken cognizance of by the Indian state. It is another matter as to whether it is designed to systematically reach all the citizens who are in the situation that this scheme is to address. Yet, some systemic features have also emerged in the course of this chapter.

One is an outcome of a feature of the Indian economy discussed in Chapter 1 – the lack of paid work or of adequate wages and of 'commodification' of labour – for large sections of people, but particularly women. This marks the difficulties in survival and the continuation of poverty or low

standards of living despite the high rates of growth in recent years. The lack of commodification goes hand-in-hand with continuing of familism. The majority of women workers remain embedded within the family (enterprises) even if not in the household and this acts both to make their labour invisible and to reinforce their dependence on familial ties. Critically, in terms of our concerns here, it obscures the extent of care work that they are engaged in and the time that childcare demands from them.

The familial nature of their work also denies them the limited social security available in India, which accrues almost completely as rights to workers in the formal sector rather than in the informal sector or as rights to citizens. Even the limited social security available in formal sector is being attacked as a privilege, since comparisons are made with workers in the informal sector rather than with the top socio-economic classes. The last have either private wealth with which to purchase the care services required or are able to purchase/invest in private, market-based insurance or pension possibilities that have not been discussed here.

We see that much before the neo-liberal era, the philosophy of the Indian state appeared to be one of limited liability, except where electoral compulsions dictated otherwise. Possibilities of patronage and 'constituency nursing' were central to much of social policy design. This diminished the compensatory, equality, and transformative possibilities that a social policy stemming from the public recognition of need and right would have enabled. The residual nature of the welfare regime in India has been accentuated in the 1990s even if in absolute terms social expenditures are higher. More critically, the stratified reach of welfare and social security has not changed. Other than in education, there has been a scaling down of universal programmes into targeted ones or levels of benefits have been kept very low. Given the quality of government machinery and accountability, the exclusion of the targeted groups in these programmes is substantial. On the one hand, this further fosters social or political patronage. On the other hand, increasing macro-inequalities have accentuated the unequal outcomes of social policy - on gender, caste, class, and regional line. At the same time, due to the pressure of people's movements and civil society organisations, some important initiatives have emerged or expanded.

The nature of the state and political system in India means that local contingencies and political histories affect social policy quite distinctly. While, regional differences in agriculture, industrialisation, and income levels delimit the possibilities and choices, it is in social policy that provincial governments and regional parties can mark their difference from or unity with the central government. They can respond to as well as build local constituencies. Local networks are critical in the implementation of social programmes, especially where higher governmental levels do not give those programmes priority. The last is evident in the fluctuating figures for 'achievements' in a number of schemes, such as the NOAP.

The differences between Haryana and Tamil Nadu in social policy and the care regime can perhaps be better understood if we examine these features. There is a larger local population dependent on industry and casual labour in Tamil Nadu than in Haryana, with more urbanisation and lower per capita incomes in the former state. The desire for education and the acceptability of salaried employment among the middle classes as against farming, business, or the military has been relatively recent in Haryana. The political differences are even more striking.³² Competitive politics has a relatively short history in Haryana and the dominant, agricultural classes and castes continue to

³² The following analysis is speculative in the sense that all the details required to substantiate the arguments cannot be presented.

hold sway in the major political parties active in the state, both national and state-based. In Tamil Nadu, however, the anti-Brahmin movement brought new castes into dominance and gave an impetus to demands for a wider access to education. Since colonial times, aspirations of mobility had been linked to education and government employment. Thus there was community and electoral pressure on the government for school and higher education facilities. Competitive politics in the state became a seesaw between two, state-based, populist, Dravidian parties, who started as one from within the anti-Brahmin movement and this has possibly enabled a longer continuity to at least some of the schemes/programmes. The introduction of an extensive and cooked, midday meal scheme had its roots not only in earlier initiatives by civil society organisations, but also in the introduction of cheap rice and dry rations as an electoral gambit to consolidate political constituencies by one of these two major parties.

The better record of Tamil Nadu in programmes in PDS is striking, not only in comparison with many other states, but also in contrast to its record in workfare programmes and public health. The latter have not been central to mobility aspirations of the constituencies of the Dravidian parties, they are not the easily implemented measures that populist governance requires, and have not been owned by influential civil society organisations. They also undermine the interests of employers in maintaining cheap, casual labour and of the influential private health sector in Tamil Nadu. A long history of trade union organisation in both industrial and agricultural sectors had led to the instituting of some social security measures for workers in the informal economy. However, liberalisation weakened these movements. Furthermore, agricultural and casual workers had largely been organised by political opponents of the Dravidian parties and they were predominantly Scheduled Castes with whom the social base of the Dravidian parties were often in conflict. At the same time, middle class and urban-based civil society organisations in Tamil Nadu have lobbied on the issue of early childhood care. Where they could tie in with the food-based programmes owned by the Dravidian parties, child care programmes have had a 'good' record.

However, in Tamil Nadu as much as in Haryana and in the central government, familial and informal systems of (in)security and care continue to be assumed. Maternalistic and familial views of gender have remained strong. That care is a familial and female responsibility and that this pattern should not be disturbed is a continuing assumption in practice, if not always in statements. In effect, there is a continuing denial of the very requirements and practices of care – especially in relation to children. Many feminist groups and organisations, perhaps in reaction to the maternalistic thread in 'pro-women' policies and the traditionalist assertion that mothering is women's primary responsibility and basis of social status, have also not focussed on childcare (Palriwala 2002). Care has entered government policy inadvertently as pressure has built up to improve nutrition levels, lower infant and child mortality rates (ICDS), and enhance 'human resources' through education (ECE and schooling). Thus, despite the neo-liberal thrust that every citizen be viewed as a worker and that every sector be developed commercially, including that of care, articulations of the need and the impact of facilities which enable women/carers to enter the paid labour market is still limited. There is continuity in the poor reach, bad implementation and inadequate funding of most social sector programmes, particularly those related to care and child care. This partly rests on a view occasionally voiced that access to welfare benefits should be made difficult so that only those "really" in need will try for them. It is overlaid by a central and continuing part of state policy - population control. The last has been seen as sufficient reason to counter welfare steps for women and children as well women's political rights (in representing). In effect, even child welfare has been only partially integrated into government policy and easily put aside.

The lack of regulation of market solutions to care issues has been reinforced by neo-liberal premises. Private players have entered into the field of institutional, non-domestic childcare, whether in running day care centres and creches, pre-primary facilities, or schools. They remain largely outside public monitoring and accountability in terms of facilities provided and working conditions of employees. Legislation regarding the latter, such as a domestic workers' bill proposed by the National Commission on Women, are not being moved.

Finally, we can say that the care diamond in India institutes a labour/care regime in which care is socially and economically devalued. It has not shifted sufficiently into the public domain or in a more gender or class neutral direction. Where poverty is the stimulus for most women to enter non-domestic, paid work, the latter adds to women's burden or to that of other female members of the household or care is neglected. Where new opportunities and high earnings are the stimulus, it is largely new private care facilities, usually private nannies rather than institutional facilities which are tapped in the first few years. The value of care and of women's work and possibilities of economic independence are undermined. These issues will be discussed in more detail in later reports.

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