



House of Commons  
International Development  
Committee

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# The Future of DFID's Programme in India

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**Eighth Report of Session 2010–12**

***Volume II***

*Additional Written Evidence*

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## International Development Committee

The International Development Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department for International Development and its associated public bodies.

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## Written evidence submitted by Christian Aid

### 1. INTRODUCTION

1.1 Christian Aid is a Christian organisation that insists the world can and must be swiftly changed to one where everyone can live a full life, free from poverty. We work globally in over 40 countries for profound change that eradicates the causes of poverty, striving to achieve equality, dignity and freedom for all, regardless of faith or nationality. We are part of a wider movement for social justice. We provide urgent, practical and effective assistance where need is great, tackling the effects of poverty as well as its root causes.

1.2 Christian Aid has worked in India for more than 50 years. Working through our partners, we strive to tackle the country's growing inequality and its human cost. Our programmes focus on secure livelihoods and accountable governance and target discrimination against Dalits, Adivasis, women and other excluded vulnerable communities.<sup>1</sup>

1.3 We welcome the opportunity to provide written evidence to the International Development Select Committee on the Department for International Development's programme in India. We have focused this submission primarily on question one: *whether DFID's programme in India has had a significant effect on reducing poverty and meeting the MDGs at national and state levels*, with a few additional points covered. We have provided specific recommendations for action for DFID's programme in India. We are happy to provide further evidence on any of the subjects covered in this submission via Melanie Ward, Senior UK Political Advisor on [meward@christian-aid.org](mailto:meward@christian-aid.org) or 020 7523 2467.

### 2. THE ROLE OF THE DFID IN REDUCING POVERTY AND MEETING THE MILLENNIUM DEVELOPMENT GOALS IN INDIA

2.1 There has been much public discourse recently on the future of UK aid to India. UK politicians, the media and parts of the general public have questioned the continued relevance of an aid programme in a country with high rates of economic growth, and the Indian Finance Minister has been quoted as telling parliament that India has no need for UK aid.

2.2 Despite rapid economic growth over the last several years, a third of the world's poor live in India. India is currently ranked 119th among 169 countries in the 2010 Human Development Index (HDI),<sup>2</sup> well below other emerging economies such as Brazil and China. Higher national income levels can be associated with a reduction in the number of people living in poverty in a country. However the relationship between income poverty and growth is uncertain and growth alone does not address inequality automatically.<sup>3</sup> India is a clear example of this.

2.3 The new Oxford University and UNDP Multi-dimensional Poverty Index (MPI) uses indicators covering three aspects of poverty (education, health and living standard) to capture the extent and nature of poverty at the household level. It shows that 55% of the population, approximately 643 million people, suffer multiple deprivations. It further shows that there are more poor people in eight states in India than in the 26 poorest sub-Saharan African countries. 421 million people live in poverty in the eight states, including Bihar, Uttar Pradesh and West Bengal, which is more than the 410 million people living in those African countries combined. When the vast Indian state of Madhya Pradesh which has a population of 70 million was compared with the Democratic Republic of the Congo, the two were found to have nearly identical levels of poverty.<sup>4</sup> The MPI exposes the intensity and incidence of multidimensional poverty in South Asia as greater than any other region in the world.

2.4 "Horizontal" inequalities which exist between social groups can contribute directly to poverty. Particular groups may be systematically excluded and according to DFID, this social exclusion "*inhibits people from interacting freely and productively with others and blocks their full participation in the economic, social, and political life of the community*".<sup>5</sup> In India, the exclusion of certain groups, such as Dalits, Adivasis, Muslims and people living with disabilities has resulted in high degrees of poverty amongst these groups. The 2010 MPI breaks down poverty across four social groups in India. It shows that 81.4% of Adivasis and 65.8% of Dalits are multi-dimensionally poor, compared with 33.3% of the general population.<sup>6</sup>

2.5 In spite of tremendous economic growth in India, gender disparities continue to be a major concern. Alongside social patterns of poverty, high levels of disparities in income, literacy, opportunities and discrimination continue to marginalise women. Women from socially excluded communities such as Dalit women face the worst forms of discrimination and exploitation due to their gender and social identity.

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<sup>1</sup> Dalits are "Scheduled Castes" in India They are considered "untouchable" in the Hindu varna system of caste hierarchy and sit outside of the caste system. Adivasi's are "Scheduled Tribes" in India and are indigenous tribal people. Together they represent approximately half the population of India.

<sup>2</sup> [http://hdr.undp.org/en/media/HDR\\_2010\\_EN\\_Table1.pdf](http://hdr.undp.org/en/media/HDR_2010_EN_Table1.pdf)

<sup>3</sup> *Poverty Over: We're All In This Together*, A Christian Aid Report, 2010.

<sup>4</sup> <http://www.ophi.org.uk/wp-content/uploads/Country-Brief-India.pdf>

<sup>5</sup> DFID, '*Reducing Poverty by Tackling Social Exclusion: A DFID Policy Paper*', 2005, London.

<sup>6</sup> <http://www.ophi.org.uk/wp-content/uploads/Country-Brief-India.pdf>

2.6 The data available on poverty among various social groups shows that social exclusion reinforces vulnerability and the vicious cycle of poverty. The high concentration of poverty among marginalised and socially excluded communities indicates that poverty in India cannot be eradicated without addressing the structural inequalities of social exclusion. For example, Dalit women, forced to work as manual scavengers<sup>7</sup> because of their caste, cannot come out of poverty without dignified livelihood alternatives.

2.7 The growing influence of the Maoist movement in India reflects growing concern on the failure of governance and the increasing disparity amongst social groups. This growing insecurity is a national security threat and further highlights the need for the Government of India to prioritise strong policy on social exclusion.

2.8 Keeping in view the magnitude and deeper social and structural dimensions of poverty in India, DFID has a strong role to play in working alongside the Government of India and civil society to tackle poverty. Christian Aid sees a very strong argument for continued, targeted UK aid to India, focused on the poorest states and communities, and for robust UK Government engagement with India's Government about the inequalities that cause and characterise poverty there. **DFID should work closely with the Government of India to strengthen the effective delivery of rights and entitlements through continued funding, technical support, skills and knowledge.**

### 3. DFID INDIA'S ROLE IN REDUCING POVERTY AND MEETING THE MDGs THROUGH ADDRESSING SOCIAL EXCLUSION

3.1 Christian Aid strongly commends the ongoing commitment to social exclusion within the DFID India programme. This focus has been made possible by changes within India's national policy context as well as strong internal commitment within DFID India. The Government of India's Eleventh Five Year Plan (2007–12) provides the framework within which DFID and other donors work. Concepts of social exclusion are at the core of the plan which includes a chapter on social justice and vulnerable groups.<sup>8</sup>

3.2 A 2006 evaluation of DFID's programme in India highlighted that DFID India has consistently been ambitious in its efforts to target aid to the poorest. It states "*the degree of commitment to poverty reduction, and the emphasis on bringing to bear the themes of gender, inequality and social exclusion in the design of all projects, sets DFID India apart from other donors*".<sup>9</sup> Similarly, an evaluation of DFID's work on social exclusion highlighted that there is good practice consideration of social exclusion at a programme level in the DFID India programme.<sup>10</sup> This very much echoes Christian Aid's experience of working with DFID and socially excluded communities in India. DFID should:

- Build upon current good practice to develop more in-depth and nuanced understanding of the structural causes and processes which lead to exclusion.
- Integrate social exclusion into all DFID India programmes, beyond just those of civil society.
- Conduct internal capacity building to build consensus and understanding throughout the DFID India office on social exclusion.
- Ensure the DFID team in India is socially diverse and fully inclusive and representative.

3.3 Gender equality is a cross cutting objective for the DFID India programme and a core part of its social exclusion agenda. DFID should develop greater understanding of the way in which gender discrimination intersects with other forms of discrimination, such as ethnicity and caste to further compound the inequality of access, opportunity and empowerment which leads to multiple discrimination. **DFID should further assess the way in which gender and other social exclusion issues such as caste, ethnicity and disability intersect and the impact of this on programme delivery and impact.**

3.4 Global trends saw DFID's spotlight on the MDGs narrow the focus of their gender equality policy to social sectors such as girls' education and maternal health in the past, with less attention given to gender in areas such as economic opportunities and decision-making.<sup>11</sup> A large majority of current DFID funded projects in India remain focused on social sectors with significant funding given to maternal, neonatal and urban primary health, education and sustainable livelihoods programmes amongst others. DFID should do more to promote women's involvement in decision-making processes nationally and support all efforts to strengthen the position of locally elected women. In addition, **DFID should support new approaches such as sponsoring women in management roles in NGOs, in the private sector and in government.**

3.5 DFID's Social Exclusion Policy Paper "*Tackling Poverty through Social Exclusion*" (2005) guides its global policy on social exclusion and gives an extremely useful and nuanced understanding of issues around social exclusion. This was developed in response to the growing recognition of the role of social exclusion in undermining poverty initiatives and a growing body of evidence from South Asia. We understand that the policy is currently due to be reviewed and it is important that DFID take forward the key findings of the 2010

<sup>7</sup> In India, manual scavengers are people who clean other people's excretion for work.

<sup>8</sup> *Chapter Six, Eleventh Five Year Plan*, Planning Commission, Government of India, 2007.

<sup>9</sup> John Heath, *An Evaluation of India's Programme 2000–2005*, DFID, London, 2005.

<sup>10</sup> *DFID Global Social Exclusion Stock take Report*, Annexes, India Case Study, 2010.

<sup>11</sup> F Watkins, *Evaluation of DFID Development Assistance: Gender Equality and Women's Empowerment*, DFID Evaluation Development, 2004.

Social Exclusion Stock Take Report.<sup>12</sup> This suggests that DFID translate the rhetoric of the policy into reality and continue to mainstream social exclusion into all of its programmes throughout South Asia. Building on this, **DFID should develop targeted programmes which address the specific and often differing needs of excluded groups separately, for instance, programmes on caste, or on ethnicity.**

3.6 DFID's programmes such as the International Partnership Agreement Programme (IPAP) and the Poorest Areas Civil Society Programme (PACS) have demonstrated its ability to reach out to millions of poor and socially excluded communities through support to civil society. **Although the programmes represent only a small percentage of DFID's total aid spending in India, they are central to DFID's work on social exclusion and must continue to be supported.**

3.7 PACS was started in 2001 by DFID to support and strengthen civil society to help the poorest and most vulnerable in deprived districts. The first phase that ended in 2008 focused on tackling the general causes of poverty. It reached more than 19,500 villages in 94 remote rural districts and 143 urban settlements, and demonstrated considerable impact on the lives of the poor. Emphasis was placed on increasing awareness of rights and entitlements and helping poor people realise them, for instance, through greater access to government schemes on subsidised food grain for poor households, maternity benefits and support for construction of homes.<sup>13</sup>

3.8 The current phase of PACS covers 120 of the poorest districts across the seven Indian states of Uttar Pradesh, Bihar, Jharkhand, Chhattisgarh, Orissa, Madhya Pradesh and West Bengal with a high proportion of excluded people. It is aimed at reducing the welfare gap between socially excluded groups and the rest of the population and achieving gender equality. The programme is accountable to communities and enables socially excluded groups to identify and assess their own needs, be empowered to take decisions and realise their rights. Christian Aid's partners alone have monitored more than 500 cases of human rights abuses and caste based discrimination in the first year of the programme and helped thousands of households to realise their rights and entitlements.

3.9 The ongoing IPAP programme between DFID and seven UK INGOs is a five year programme working to improve development outcomes for socially excluded poor people. This programme has helped UK INGOs and local NGOs to successfully scale up proven, effective programmes targeting socially excluded communities. It has created greater cooperation amongst civil society to work on issues of poverty, exclusion and their linkages with gender and disability. It has also helped to strengthen civil society organisations and leadership amongst socially excluded communities.

3.10 Despite the enactment of several government Acts and welfare programmes in recognition of poor communities, such as the National Rural Employment Guarantee Act, Forest Rights Act, Right to Education Act, Scheduled Caste and Scheduled Tribes Prevention of Atrocities Act, many of these are poorly or patchily implemented, resulting in the denial of rights and entitlements for poor and excluded communities. Challenges in delivery are often due to lack of awareness, lack of bargaining power and lack of knowledge and skills at community level to demand services and tackle corruption and the apathy of the administration.

3.11 Civil society is a key stakeholder in reaching out to poor and socially excluded communities. Christian Aid partners such as Ekta Parishad, Astha, the National Campaign on Dalit Human Rights and Safai Karamchari Andolan have successfully demonstrated programmes which have significantly impacted upon poverty reduction amongst socially excluded communities. During the 2004 tsunami, DFID India worked with civil society groups to respond to the needs of socially excluded groups through their disaster relief programmes. This led to the development of tools such as the "*Social Equity Audit*" to track social exclusion in times of disasters. Experience has continued to show that local NGOs, due to their rootedness in or close proximity to communities, are able to deliver aid more quickly and to address exclusion, ensuring that aid reaches those most vulnerable during disasters. **DFID should provide funding during emergency response for local NGOs with a strong track record of tackling exclusion. DFID should significantly increase investment in civil society initiatives in India more broadly.**

#### 4. DFID'S ROLE IN ADDRESSING THE IMPACTS OF CLIMATE CHANGE ON THE POOREST IN INDIA TO MEET THE MDGs

4.1 Climate change is an important part of the UK government's aid programme in India<sup>14</sup> and is managed by a DFID-FCO climate change and energy unit. Despite the existence of this cross-governmental unit, there is little public information on both the FCO and DFID websites outlining the full extent of its work. **DFID should promote greater transparency on this work.**

4.2 Climate change is changing the nature of disasters in India. India is said to be the world's second most disaster-prone country with the majority of its districts vulnerable to natural disasters such as floods, droughts, cyclones, landslides, avalanches, hail or dust-storms. According to Planning Commission statistics, more than two thirds, or about 68% of the country is vulnerable to drought, 8% to cyclones and 12% to floods.<sup>15</sup> Moreover, close to 52% of the Indian population, almost 608 million people depend on agriculture for their

<sup>12</sup> *DFID Global Social Exclusion Stock take Report*, Annexes, India Case Study, 2010.

<sup>13</sup> *Impact Assessment of the DFID-Supported Poorest Areas Civil Society (PACS) Programme*, Final Report, TARU, October 2006.

<sup>14</sup> *Three Faces of India*, DFID Country Plan 2008–2012.

<sup>15</sup> *Eleventh Five Year Plan*, Planning Commission, Government of India, 2007.

livelihoods the majority of them are based in rural areas.<sup>16</sup> Rising temperatures, changes in rainfall patterns, increased water scarcity,<sup>17</sup> and increased frequency of heavy rains, floods and droughts will therefore have very serious impacts on agricultural yields, some of which are already visible.

4.3 For poor people, the impact of climate change exacerbates existing social and environmental problems. Socially excluded groups are particularly vulnerable and will continue to feel the greatest impact of climate change. Climate change can hamper India from achieving its national development goals and the MDGs, including those on poverty eradication, education, child mortality, diseases like malaria and environmental sustainability. **DFID should ensure all climate change and DRR programmes focus on vulnerable and socially excluded groups.**

4.4 Disaster Risk Reduction (DRR) and climate change strategies in India need to be a far more integral part of the Government's broader development framework, with adequate budgeting for initiatives which address socio-economic inequalities. The government of India has responded to this imperative by including, for the first time, a section on climate change in its national development plan<sup>18</sup> and articulating the adverse impacts of climate change on India's poorest people, especially women, in its National Action Plan on Climate Change. DFID and other donors have an important role to play in supporting the operation of national plans and policies in India. **DFID should assist in developing detailed vulnerability assessment mapping to advise policy decisions and planning. DFID should ensure that climate change adaptation perspectives are consistently integrated into existing programmes.**

4.5 The ongoing "Strengthening Climate Resilience" (SCR) project is a DFID funded programme that aims to enhance the ability of governments and civil-society organisations to tackle changing disaster risks, enhance adaptive capacity, address poverty, vulnerability and their structural causes and promote environmentally sustainable development across South Asia, South East Asia and East Africa. **DFID should ensure that learning from this project informs all programme work in India and should ensure the provision of ongoing funding for the project.**

4.6 Many states in India are in the process of drawing up state level climate action plans. It is important that these plans are ambitious, inclusive and just. However, evidence from some state plan highlights a strong perception that GDP and low carbon development are not compatible. **DFID has an important role to play in showcasing that programmes with people's participation which link energy and energy access to growth and development are feasible and can lead to sustainable development.**

4.7 While there is a general acknowledgement that energy infrastructure and access is one of the key drivers for economic growth and poverty alleviation, there is much to be done in a country like India where over 45% of the population does not have access to modern energy needs. UK support is needed to meet the initial investment costs for decentralised renewable energy systems in rural areas, including incremental costs of clean energy systems. **DFID should support interventions which link clean energy access with poverty alleviation and other MDGs and help funnel funding to holistic and inclusive sustainable development, particularly in rural areas.**

## 5. DFID'S ABILITY TO ACT AS A CATALYST FOR OTHER DONORS, TO DEMONSTRATE BEST PRACTICE AND INFLUENCE WIDER DEVELOPMENT OUTCOMES IN INDIA

5.1 Evaluations of DFID's programme in India have highlighted the key role that DFID has played in influencing other donors. For instance, by providing grant funds to partners such as the World Bank and Asian Development Bank, DFID has worked to influence their programme design and implementation; with a view to securing better targeting of beneficiaries.<sup>19</sup> **DFID should take this further by sharing their knowledge and experience of social exclusion to help to mainstream the social exclusion agenda across multilateral programmes. DFID should promote greater diversity and inclusive responses in all development programmes, a key example could be to encourage other donors to use the Social Equity Audit framework to ensure programmes are socially inclusive.**

## 6. DFID'S ROLE IN THE WIDER RELATIONSHIP BETWEEN THE UK AND INDIA

### *Private Sector*

6.1 Christian Aid recognises the important role of the private sector in addressing poverty and exclusion. Various studies have shown that social exclusion is active in both public and private domains and the private sector is not immune to such practices. Market-based discrimination affects excluded communities.<sup>20</sup> There is an urgent need to make markets and institutions more inclusive and affirmative towards socially excluded communities in India. **DFID should share its social exclusion analysis with the UK private sector and**

<sup>16</sup> Planning Commission Report on Agriculture, 2007.

<sup>17</sup> P 78 of the National Communication states that there could be an increase in water scarcity *in the majority of river basins in the country.*

<sup>18</sup> *Eleventh Five Year Plan*, Planning Commission, Government of India, 2007.

<sup>19</sup> John Heath, *An Evaluation of India's Programme 2000–2005*, DFID, London, 2005.

<sup>20</sup> *Reservation and Private Sector: Quest for Equal Opportunity and Growth*, Sukhadeo Thorat, Aryama and Prashant Negi, IIDS and Rawat Publications, Jaipur, 2005—[www.dalitstudies.org.in](http://www.dalitstudies.org.in)

**encourage UK companies to provide affirmative action plans for Dalits and Adivasis in employment and the procurement of goods and services.**

**6.2** The DFID IPAP programme has worked to ensure inclusive employment practices, and it is important that key learning from this is used elsewhere. **DFID should promote active partnership and mutually accountable practices amongst the private sector and civil society; through supporting the development of skills and knowledge, corporate social responsibility practices and partnerships to showcase how inclusive and equitable growth can address the wider needs and aspirations of poor and socially excluded communities.**

#### *Climate Change*

6.3 Co-operation on climate change is a major plank of the UK's partnership with India. It is, of course, vitally important that DFID works to support adaptation measures from the community level upwards in India. However, a successful response to climate change also requires concerted action at the international level, starting with firmer domestic action by industrialised countries to tackle emissions. DFID should work with other government departments to ensure that the UK's overall position does not jeopardise India's right to sustainable development, and that any actions to limit emissions are based on a consideration of India's lower (historical and per capita) responsibility for climate change and capacity to pay for the adjustment costs. Key steps that the UK must take include:

- Working to secure an EU-wide emissions reduction target of at least 30% by 2020 as a step towards a more ambitious target of at least 40%.
- Pressing for a global climate deal that is binding, ambitious and fair to developing countries.
- Supporting at COP16 the establishment of a fund under the authority of the UNFCCC that can be used to disburse money for adaptation and low-carbon development in developing countries.<sup>21</sup>
- Ensuring that the UK's contribution to so-called fast-start finance (2010–12) is disbursed in a transparent way. Remaining fast-start money should be channelled through the UN Adaptation Fund and not to the World Bank.
- In relation to long-term climate finance, committing to taking forward the positive recommendations of the recent report by the High-level Advisory Group on Climate Finance, in particular with regards agreement on a tax on aviation and shipping addressing issues of incidence in developing countries; and committing to deliver the fair-share of the \$100 billion per annum Copenhagen pledge on long-term finance from new and innovative, public revenue sources.

By doing so, the UK will help tackle to both the causes and effects of climate change, as they relate to India.

6.4 Meeting the MDGs calls for a global partnership. Keeping in mind the historical relationship between India and the UK and the spirit of "common wealth" both countries should work in equal partnership to address the structural causes of poverty to meet the MDGs.

*November 2010*

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### **Written evidence submitted by Dalit Solidarity Network (UK)**

DFID IN INDIA: DOING MORE WITH LESS

Mr Colin Gonsalves, Founder, Human Rights Law Network, India;  
 Prof Joshua Castellino, Professor, Head of Law Department, Middlesex University, London;  
 Meena Varma, Director, Dalit Solidarity Network, UK

1. This submission comments on the role of DFID in India, from the perspective primarily of a well-known grassroots organisation, the Human Rights Law Network, engaged in human rights litigation. We focus on DFID policies and the extent to which they help or hinder human rights, in an effort to identify issues that should determine DFID's future funding in India if human rights and equitable development are to be a priority of the UK Government.

#### CONTEXT

2. India and China are part of the new global economic order. Their sustained growth rates, the rapidly expanding size of their economies, and the large markets that they offer have placed these two countries, along with South Africa and Brazil, in the vanguard of global economic development.

3. In the case of India these achievements have come in the context of a democracy, with a free press and a robust legal system. India has experienced growth rates of 8 percent, which has generated a rapidly expanding middle class. Such growth should provide the environment for all India's citizens to progressively realise their human rights. This, however, has not been the case.

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<sup>21</sup> This fund could be linked to the existing Adaptation Fund.

4. The facts seem to indicate that there are at least two Indias and two processes at work. One that engages the wishes and desires of 250 million people, and the other that is a starkly different reality for 750 million Indians who are left behind. Growth has up to now benefited the 250 million, with the 750 million seen as obstacles that ultimately unhinge and deter the country from even higher growth rates. The Government's data indicate that nearly 70% of the Indian population currently falls below a poverty line of 2,400 kilocalories per day, or 80% below Rs 20 per day (33 pence).<sup>22</sup>

5. The measures also indicate that over 50 of all women and children are malnourished, giving India the dubious distinction of surpassing sub-Saharan Africa as having the largest number of malnourished children in the world. The data from the National Family Household Survey (NFHS) (partly funded by DFID) shows that there has been little improvement in the rates of malnutrition in the past decade and that certain groups (Adivasis and Dalits) consistently bear a disproportionate burden of poverty and malnutrition, resulting in their failure to realise their most fundamental human rights. India has become the hunger capital of the world at the same time as a quarter of its population is growing in wealth.

6. This widening gap between the rich and the poor, coupled with the exclusion of the poor from access to justice, has far reaching consequences. The Home Minister of India recently admitted that one third of the 620 administrative districts of India had significant levels of armed struggle. As a result, the inhabitants of these districts are deprived of any basic service provision by the state or civil society.

7. The focus on economic growth has also been at the cost of strengthening the institutions underpinning India's democracy. With the poor and landless increasingly viewed as obstacles to growth, government policies appear to have effectively closed the door on these citizens from engaging with the rest of society. The result is that, despite a constitution that enshrines rights for all citizens, Indian democracy has begun to look increasingly fragile. The denial of the rights of 750 million has so far not been a deterrent to global investment. Investment can only be sustained, however, if the 750 million do not agitate for their rights, and organise themselves into a concerted movement, and the number of "no go" districts increases.

#### DFID IN INDIA

8. DFID rightly engages with the economic tiger that is India, to further the UK's and India's economic and developmental goals. Economic "development", however, has sometimes been pursued at the cost of human rights, a prime example being the displacement of people due to mining, and growth has not been pursued in a way that supports the human rights and well being of all India's citizens.

9. We urge DFID therefore to conduct a review of all of its policies and programmes from a human rights perspective, in collaboration with human rights organisations, duty bearers and representatives of those groups who are currently not realising their rights.

#### DFID: AN AGENDA FOR CHANGE

10. The recent financial crisis and the importance of ensuring value for money is a good reason for DFID to review its priorities, including in India.

11. In the last decade DFID has achieved a great deal in India and has contributed to drawing attention to the "other" India of the 750 million citizens who currently fail to achieve their most basic human rights.

12. If DFID's future priority is to address the development and rights of all citizens, it must continue to champion social inclusion in all the programmes it supports. DFID has played a lead role in making government more responsive and aware of the needs and rights of its poorer citizens. This strategy could be supported and strengthened by making partnerships with major human rights organisations and those that represent the excluded.

13. DFID needs to focus significantly more on these Indian human rights organisations and grass-roots level organisations, which sometimes work with key support from regional and international coalitions and campaigns, such as those tackling violence against women or caste discrimination. These organisations and the wider movements they represent, whether based on the pursuit of economic, social, cultural civil and political rights, or the indivisible rights package, could greatly assist DFID in achieving its overall purpose.

14. Some of the areas DFID could consider drawing on the support of human rights and grassroots organisations are as follows:

- (a) **Protecting the marginalised, vulnerable and excluded—Dalit and Adivasi Rights—** Government statistics and a report of the National Human Rights Commission showed that though atrocities against Dalit women, men and children, including rape, murder, untouchability practices, burning of crops, destruction of houses are on the rise, the rate of conviction in criminal cases hovers at about 1–2% of all cases going to trial. There is therefore significant scope for work to strengthen the prosecution cases to ensure that the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act is properly implemented.

<sup>22</sup> Arjun Sen Committee Report, 2009.

- (b) **The Right to Food**—While the famous right to food case has been celebrated elsewhere as a major victory for human rights, it has not resulted in effective implementation in India. The nutritional status of Adivasis in particular remains precarious. The right to food movement represents a panoply of vibrant grass-root level organisations. Human rights organisations have a key role to play in holding government to account. The IDS Bulletin dedicated to explaining the persistence of malnutrition in India was funded by DFID and we would urge DFID to take note of its recommendations on addressing issues of governance, exclusion and rights.
- (c) **The Right to Health**—Once again, the campaign on the right to health has resulted in the development of a loose based coalition of groups that are keen to ensure that the rights to health of every individual are respected. Despite this progress, maternal mortality rates for Adivasi and Dalit women remain unacceptably high. This challenge has been exacerbated by the increased private involvement in this sector and the inability of many citizens to pay for the most basic life saving health care. More attention needs to be given to the issue of accountability and social exclusion when health services are contracted out to non-state actors. CSOs working with excluded people have a key role to play in monitoring and facilitating access.
- (d) **The Right to Adequate Housing**—As in the case of the right to health, the increased pressure of privatisation and the value imputed to the lands on which the dwellings of the poor are located, especially in large metropolitan centres, means that this is a growing concern. The issue has most notably raised its head in the context of the displacements that took place to enable India to ‘successfully’ host the Commonwealth Games, with some reports claiming that DFID money has aggravated the situation. Muslims and Dalits are over represented in the poorest urban “bastis” where services and tenure are lacking. DFID is supporting the Government’s urban development plans and is ideally positioned to ensure that space is found for the voices of marginalised Muslim and Dalit groups to be heard.
- (e) **Legal Aid and Law Reform**—As India has grown, various vested interests have increasingly seen the democratic underpinnings of the state—such as its protection for individual rights—as a hindrance. As a result, there has been significant erosion of the system of criminal and civil justice. The lack of access to law for the poor means that the rule of law is only a fiction for many. DFID’s involvement on this question could make a material difference to the quality of Indian democratic tradition.
- (f) **Corruption**—With the stakes considerably higher in terms of those who can be beneficiaries from India’s spectacular growth, corruption is also becoming more of a risk. Tackling this issue is within the remit of an organisation such as DFID, which is committed to the values of democracy, development and human rights. CSOs also have a key role to play in this area.

15. In the end the process of strengthening human rights movements and institutions from the grassroots by enabling critical voices to be heard will reinforce democratic grievance processes and make government more accountable, in turn helping to reduce the levels of violence currently rife throughout India.

#### INITIAL RECOMMENDATIONS

16. Given DFID’s reduced human resources, the areas below are those we feel would be most welcomed by civil society:

- (a) One of the greatest threats to achieving the MDGs in India is the continuation of **caste discrimination**. Challenging caste discrimination must therefore be an integral part of all aid programmes in India and DFID should explicitly address caste and adivasi based exclusion across all the civil society programmes it funds—developing clear benchmarks and indicators to monitor this.
- (b) DFID should continue to target **technical and financial resources** to interventions specifically aimed at strengthening the responsiveness of local and central government (eg training on participation, social exclusion and strengthening data analysis).
- (c) **Participation** of the poorest and most vulnerable people and communities in local and national decisions that affect their lives is central to decreasing poverty. Therefore DFID must do more to ensure the engagement of Dalits and Adivasis in the design, delivery and evaluation of its programmes.
- (d) **Working with partners**—DFID should ensure that the multilateral organisations it supports (eg WB, ADB, UN, EU and INGOs) take a harmonised approach to inclusion and tackling caste discrimination. Transparency about the inclusion of Dalits/Adivasis at all levels of activity and organisation should be a key indicator of good governance.
- (e) **Ensure transparent mechanisms for engaging with civil society**—Issues such as where and when consultations are held, how far in advance they are planned, remuneration for time and travel, issues of language, who is invited, whether consultation is pitched at an appropriate level so that organisations can productively engage, etc, are all questions that need to be carefully considered to ensure that groups are not unintentionally excluded.

- (f) **Work to ensure that non-discriminatory employment principles are adopted by UK NGOs and foreign investors**—DFID should be leading the way in terms of best practice on employment policies. This will encourage civil society to engage more effectively and openly with DFID. At a 2008 CAP consultation in London it was mentioned that some of the employment agencies DFID uses have been known to exclude Dalit and Muslim names before passing on selected candidates to them. Adopting the Ambedkar principles and encouraging all INGOs and organisations with which DFID works to do the same would be a welcome first step.
- (g) **Challenging other donors**—DFID is leading the way in acknowledging social exclusion and in engaging with civil society to address it. More needs to be done to **influence other donors** (eg, Asian Development Bank, European Community, World Bank, UNDP) as well as the civil society organisations with which they work to better understand and address these issues. Support for documentation, awareness raising and training is also important to ensure that these institutions can learn from the innovative approaches that have been mentioned in this paper. More also needs to be done to encourage NGOs that focus on poverty reduction to engage with this issue.

We have welcomed this opportunity to provide written evidence to the UK Parliament's International Development Committee's inquiry into the country's bilateral program and an assessment of DFID's programme in India.

30 March 2011

### Written evidence submitted by Leonard Cheshire Disability

#### 1. INTRODUCTION: ABOUT US

1.1 Leonard Cheshire Disability welcomes the opportunity to submit evidence to the International Development Committee's inquiry into the future of DfID's Programme in India. Working with disabled people, Leonard Cheshire Disability aims to deliver a truly inclusive and rights based approach to development and service provision within communities. We believe that the most effective way to fight exclusion from education and work, and its attendant poverty, is to provide targeted support that meets local and individual needs. Our particular expertise is in inclusive education, livelihoods, advocacy and campaigning. We also work with local partner organisations to deliver quality health and rehabilitation services. An evidence base for our policy work and programmes is provided through the Leonard Cheshire Disability Inclusive Development Centre, which is run jointly with University College London (UCL). Leonard Cheshire Disability and our partners work regularly with DFID both in the UK and in many of the developing countries in which we operate. This submission incorporates the views and experiences of our partners and regional office based in Bangalore.

1.2 Our association with DfID in the Region has been long standing and fulfilling. We are jointly working with DfID to implement a large scale inclusive education programme in the Rajshahi district of Bangladesh. We are currently working with 200 schools and have been successful in enrolling over 2,040 children with disabilities into mainstream schools and in training over 237 teachers on inclusive education. In India, our partnership with DFID ensured that comprehensive services were reached out to over 3,000 disabled people across the Saraikela district in the remote and disturbed areas of Jharkhand where disabled people in most cases have not had any access to basic human rights. Both the projects have been successful in reaching out to disabled populations in remote parts of the country where the need is greatest.

1.3 Given the importance rightly attributed by DfID to education, we have focused much of this submission on inclusive education. Our inclusive education projects in India support boys and girls with disabilities who would otherwise be denied an education to attend their local, mainstream schools. This involves facilitating teacher training to help meet all learners' needs, mobilising communities to identify and support excluded children, and building accessible classrooms and sanitation facilities.

#### 2. DISABILITY AS AN INTERNATIONAL DEVELOPMENT ISSUE

2.1 *Disabled People: A DfID Priority*. Disabled people have long been a stated priority of DfID. Its *Disability, Development and Poverty* paper of February 2000 and its *How to Note on Disability* of 2007<sup>23</sup> laid down the reasons for this prioritisation and gave guidance on the mainstreaming of disability into DfID's work. That the Coalition agreement also highlights the importance of reaching disabled people within international development is a most welcome indication that disability will continue to be prioritised. At European Union level, the European Commission's "Guidance Note on Disability" states the importance of disability in the international programmes of the European Union. In addition, with the UK's ratification of the UN Convention on the Rights of Persons (CRPD) with Disabilities, the UK is committed to full compliance with Article 32. Under this Article, DfID is duty-bound to ensure that its international development programmes are inclusive of and accessible to people with disabilities. This same duty also applies to the UN agencies and will apply to the agencies of the European Union as soon as the EU completes on its own ratification so has implications for UK multilateral aid.

<sup>23</sup> <http://webarchive.nationalarchives.gov.uk/+/http://www.dfid.gov.uk/pubs/files/DisguideDFID.pdf>

2.2 According to the World Bank and DFID, on average 20% of the population in developing countries have some form of disability.<sup>24</sup> Disabled people are less likely to complete primary education than their non-disabled counterparts,<sup>25</sup> which often leads to difficulty securing long-term, sustainable employment. This situation then both reinforces disabled people's marginalisation and exclusion and further compounds other people's negative perceptions of people with disabilities. The plight of women with disabilities is particularly precarious, as they are even more vulnerable than other women to harassment, sexual abuse and exploitation.<sup>26</sup>

2.3 In developing countries poverty is both a cause and an effect of disability. Disabled people tend to be concentrated in the poorest sections of society and it is impossible to separate the poverty of disabled people in developing countries from the wider picture of world poverty. However, poverty is not simply about a lack of income and education but also a symptom of negative attitudes, denial of fundamental freedoms and rights as well as the opportunity to develop as a human being and to be included in society.

2.4 *The Millennium Development Goals* (MDGs) represent a concerted effort to address global poverty. Yet there is a striking gap in the current MDGs: disabled people, an estimated 650 million people present in 1 in every 4 households worldwide are not mentioned in any of the eight MDG Goals or the attendant 21 Targets or 60 Indicators. This is in spite of a body of evidence which puts disabled people among the poorest of the poor and a growing body of opinion that unless persons with disabilities are included, none of the MDGs will be met. The Convention on the Rights of Persons with Disabilities (CRPD) (of which both India and the UK are strong proponents) has again highlighted the importance of including disabled people in development programmes.

### 3. THE SITUATION OF DISABLED PEOPLE IN INDIA

3.1 India has ratified the UN Convention on the Rights of Persons with Disabilities and is amending its related legislation so as to comply. However evidence from the ground does not always match the commitments and safeguards found in the legislation.

3.2 Disabled people are among the most marginalised, socially excluded and poorest group in India. Statistics give differing figures but the real prevalence of disability in India could be easily around 55 million people, and perhaps as high as 90 million if the definition of disability includes mental illness and intellectually disabilities. (It is estimated by WHO that on average 10% of any country's population is disabled.)

3.3 As in other countries, disabled people encounter multiple attitudinal, environmental and institutional barriers that militate against effective inclusion in society. It is a common perception within India that disabled people are passive and economically unproductive and, therefore, constitute a burden on society.

3.4 The role of civil society including Disabled People's Organisations (DPOs) in India are crucial to raise awareness of existing (but unapplied) legislation, disability as a human rights issue and to challenge widely-held cultural attitudes towards disabled people. Leonard Cheshire for example under our Young Voices project (supported by the European Union) has set up groups of disabled people aged 16–25 advocating for their rights at local, State and National levels.<sup>27</sup>

3.5 **Education** is a fundamental and legal right for *all* children throughout the world. The second Millennium Development Goal (MDG) calls for universal primary education for all children by 2015. This has also now been enshrined in Article 24 of the newly adopted UN Convention on the Rights of Persons with Disabilities. Still we see that children with disabilities are disproportionately excluded from education and we call for DFID to address this specifically in their India programme, where the need for action is urgent. Given the well-documented low levels of school attendance among Dalit children and girls it is evident that those who are also disabled suffer further discrimination and are consequently even less likely to be in school. Whilst we welcome India's progress towards meeting the primary education targets of MDG2 and DfID's increasing attention on secondary education, there is substantial evidence that children with disabilities are being left behind and not being picked up in monitoring of MDG compliance. There are substantially higher rates of illiteracy among disabled people and therefore lower shares with higher levels of educational attainment. Across all disabled people, illiteracy is 52%, versus only 35% in the general population. The following table illustrates the above mentioned point regarding discrimination in secondary education of persons with disabilities in India with the break up of degree of disability extracted from the World Bank study conducted in India in July-2009<sup>28</sup> which states that exclusion rate for disabled children is four times higher than that for children without disabilities.

<sup>24</sup> How to Note on Disability (DFID 2007):  
<http://www.DFID.gov.uk/Documents/publications/DisguideDFID.pdf>

<sup>25</sup> A Global Report on *Education for All*, Disability and Inclusion, Inclusion International and INICO, October 2009.

<sup>26</sup> Groce N, Trasi R 2004. "Rape of individuals with disability: AIDS and the folk belief of virgin cleansing."  
*The Lancet*, Vol. 363:1663–1664, May 22 2004.

<sup>27</sup> [www.LCDisability.org/youngvoices](http://www.LCDisability.org/youngvoices)

<sup>28</sup> <http://www.worldbank.org.in/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/INDIAEXTN/0,contentMDK:21493265~pagePK:141137~piPK:141127~theSitePK:295584,00.html>

<i>Educational indicator</i>	<i>Person with Severe disability</i>	<i>Person with Moderate disability</i>	<i>Person with Mild disability</i>
Goes to school	25.7%	56.3%	67.9%
Illiterate	72.2%	42.6%	34.9%
Primary or less	26.4%	52.0%	58.2%
Middle	1.5%	5.3%	6.8%
Secondary	0.0%	0.1%	0.0%
Higher	0.0%	0.0%	0.0

Note for comparison that according to the Sarva Shiksha Abhiyan (SSA) the Government of India's flagship programme for achievement of Universalisation of Elementary Education, 90% of non-disabled children attend primary school.

3.6 There are **strong gender differences in educational levels** among disabled people, disabled men have an illiteracy level of 43% vis-à-vis over 64% for disabled women. This is further divided by locations with the rural levels being 52% versus the urban level of 34%. Among the various key issues faced by girls with disabilities in accessing education, a few are:

- No toilet facilities or inaccessible toilet facilities which prevent girls from attending school.
- Distance from house to school aggravated by poor or non-availability of local and accessible transport systems.
- Fear of parents regarding chances of sexual abuse of girls with disabilities.
- Limited resources ensure that the education of girls with disabilities is not a priority.
- Reducing the role of girls with disabilities to household chores.
- Restricted mobility of disabled girls is compounded by over protection and cultural conditioning.
- Lack of resources mean that a low priority is given to the essential medical rehabilitation services for disabled girls which would enable them to attend school.
- Negative attitudes of male peers and teachers towards girls can be magnified related to disabled girls.
- Negative attitudes of the community towards disability and particularly the education of girls with disabilities.
- The average out-of-school rate for disabled children is five and a half times the rate for all children, and around four times that of the Scheduled Castes and Tribes populations.

3.7 There is little evidence of strong take-up by disabled children of scholarship schemes. This is often because the schools themselves are not accessible and scholarship schemes usually require the child to apply from school. This presents a “catch 22” situation.

3.8 **Employment:** Focusing on issues of employment of persons with disabilities, the National Handicapped Finance and Development Corporation (NHFDC) India was established in 1997 to provide financial assistance to disabled entrepreneurs. However, between 1997 and 2005, the number of NHFDC beneficiaries was negligible—only 19,643. Anecdotal evidence for this low number points to problems with bureaucracy and also discriminatory attitudes towards gender and also a specific bias towards specific disabilities.

3.9 **Socio-economic outcomes through Private Sector involvement:** LCD's experience in private sector partnership is very much in line with DFID's proposed strategy. Working with pro-poor private sector organisations such as Accenture and Tata, India, we have tackled the issues of disability at several critical levels and now in the process of scaling up our pilot models in Bangladesh, India, Pakistan, the Philippines, Malaysia and Sri Lanka. Through such partnerships, our partner organisations were able to influence national employment policies and practices in both the public and private sector. As a result of increasing the employability status of the people with disabilities, their social status has changed resulting in changes in the attitudes of the Employers, community and family members and the PWD themselves. Our partnership with Accenture in the entire South Asia region has helped us to successfully pilot Livelihood Resource Centres in over five locations and has resulted in the training of over 1,500 persons with disabilities and in the placement of over 1,050 persons with disabilities in lucrative positions in the wage market. Currently, we are in the process of expanding this promising livelihood intervention to eight new locations and retaining the earlier five to reach out to more persons with disabilities. Accenture has funded us to the tune of about \$2,290,470 for the programme. We have also had successful partnerships with Indian companies such as TATA in Jamshedpur India where we have invested funding of over £150,000 to bring comprehensive health and education services to persons with disabilities.

#### 4. CONCLUDING REMARKS AND QUESTIONS FOR THE INQUIRY

Leonard Cheshire Disability would seek the Committee's assistance in getting clarification about DFID's work in the following areas. **We will also be available to provide information or support to the Committee**

**should it decide to look into any of the issues brought up in this submission in more depth and would be happy to provide oral evidence if requested.**

- (a) Leonard Cheshire Disability welcomes the commitment DFID has shown towards the inclusion of disabled people in programme activities highlighted in the ‘How to Note’ on Disability of 2007.<sup>29</sup> We await developments in the implementation of this document specifically related to bilateral support to countries such as India.
- (b) The MDGs did not include disabled people. How would DFID support a post-2015 global development system that is genuinely inclusive?
- (c) What steps has DFID taken to ensure its own compliance with the new UN Convention on the Rights of Persons with Disabilities? In particular, what assessment has been made regarding current compliance with Article 32 on International Cooperation and what strategy is in place to achieve compliance? Leonard Cheshire Disability urges DFID to refer explicitly to the CRPD in its programme plans for India and to audit existing programmes so that they measure the social inclusion of people with disabilities.
- (d) What can DFID do to encourage the inclusion of disability in disaggregation of data relating to MDG reporting? For example in the case of MDG2—universal primary school education—measurement tools should count how many children with disabilities are taking part in primary education with additional disaggregation by gender and caste.
- (e) What analyses and baseline studies have been undertaken by DFID, India to assess the relative poverty of disabled people? Has there been an assessment of how effective DFID’s programmes have been in reaching disabled people? How has DFID ensured that the rights of disabled people living in poverty have been considered in its future plans for support to India?
- (f) How best can DFID India support civil society to advocate for the implementation of the UN Convention on the Rights of Persons with Disabilities?
- (g) What evidence can DFID India provide to show that it is systematically ensuring all its education programmes in India include disabled children? This should include its secondary as well as primary education programmes. Are barriers preventing disabled children from accessing government scholarships?
- (h) Evidence indicates that mainstreaming of disability into development requires both disability specific initiatives and efforts to include disability in existing programmes. To this end we would welcome any commitments of DfID India to work with the Indian government to develop pilot and micro initiatives on inclusive development of persons with disabilities.
- (i) The experience of our programmes in India and elsewhere have shown the potential impact on the lives of disabled people through civil society, government and private sector partnerships. We would call on DfID to support the development of more programmes of this type both specifically focused on getting disabled people in to training and work and also removing any barriers which prevent disabled people from participating in mainstream programmes.
- (j) A dedicated focal person on disability should be available at the DFID India office to ensure effective inclusion of people with disabilities across all DFID supported programming.

29 March 2011

### **Written evidence submitted by National Campaign on Dalit Human Rights**

1. The National Campaign on Dalit Human Rights (NCDHR) welcomes the opportunity to provide evidence to the UK Parliament’s International Development Committee’s inquiry into the future of DFID’s programme in India.

2. NCDHR is a coalition of Dalit Human Rights activists, civil society organisations, journalists, and academics who are committed to ending caste-based discrimination and “untouchability” practices that deny human rights and dignity to 170 million Indian citizens—one sixth of India’s population.

3. Established in 1998, NCDHR is a non-party based secular platform with a National Secretariat in Delhi and 14 state chapters in Andhra Pradesh, Bihar, Gujarat, Rajasthan, Orissa, Maharashtra, Uttar Pradesh, Punjab, Jharkhand, Madhya Pradesh, Delhi, Haryana, Himachal Pradesh, Karnataka, Kerala, Tamil Nadu and Pondicherry.

4. NCDHR conducts atrocity monitoring, monitoring of financial resource allocations, capacity building of Dalit women, legal interventions, and national and international advocacy, through its four wings, the Dalit Ardhek Adhikar Andolan (DAAA), All India Dalit Mahila Adhikar Manch (AIDMAM), National Federation of Dalit Land Rights Movements (NFDLRM), National Dalit Movement for Justice (NDMJ).

<sup>29</sup> <http://www.DFID.gov.uk/Documents/publications/DisguideDFID.pdf>

## SUMMARY

5. The evidence submitted in this memorandum focuses on DFID's Social Exclusion Policy.

6. DFID's Social Exclusion Policy was developed in response to the growing recognition that exclusion undermines poverty reduction initiatives—particularly based on a growing body of research and activity from South Asia.

7. A review of the Policy was conducted and findings compiled in the document 'DFID Global Social Exclusion Stock take, February 2010' where several civil society organisations were invited to reconsider the extent of exclusion activity within five emerging policy areas: growth, trade, fragile states and conflict, and climate change.

8. Evidence showed that "exclusion is gradually becoming increasingly reflected within the discourses of these areas, particularly within conflict and growth. However, unsupported by any focused corporate drive on the Policy, the recognition of exclusion as an issue is still very patchy—and it is not yet significantly reflected within sample programming for these policy areas. Embedding exclusion with more consistency, and with a stronger intensity, will require a far more concerted corporate 'push' in these areas than has taken place so far."<sup>30</sup>

9. The stock take admitted that while internal awareness of the policy within DFID may have been less; there was a much wider awareness among civil society organisations on the policy and its relevance.

10. Sadly this critical policy is no longer "active" in DFID and has been "kept under review" with no clarity on its future.

11. Ideally, no nation should be depending upon external aid to support its welfare programmes, rather it should be able to raise enough resources and income to support its needs/demands. This is an ideal scenario, but the reality is different.

12. In spite of high economic growth rate the poverty rate among excluded communities in India has increased, coupled with the insecurity of livelihoods. Various government reports admit the increasing inequality and vulnerability of about 30% of the population in India. Of great concern is also the persistent child malnutrition and maternal mortality rates which point to deeper concerns in the marginalised population.

13. Studies have shown unyielding levels of crimes and atrocities against Dalits, with the number of crimes against SC/STs showing no appreciable decline between 1995 and 2007 as per the National Crime Records Bureau, Crime in India 1995–2007. An annual average of 33,956 and daily average of 93 crimes are recorded against SC/STs.<sup>31</sup>

14. There is a continued economic exclusion of excluded communities. Labour market discrimination in terms of exclusion in employment, and lower wage rates, has led to high unemployment and overall lower incomes, leading to high deprivation and poverty compared to their counterparts from non-SC/ST communities. Discrimination in the factor markets has meant denial of access of these communities to productive resources such as irrigation or canal water, land, and forests.

15. Common property resources such as grazing lands, fish ponds, village forests, sources of water which are the supplementary sources of livelihood for SC/ST populations have come under the stronghold of upper castes. The situation has worsened due to the overall resource conflict in the country, as more and more natural resources are being handed over to large corporations for corporate farming, food parks, Special Economic Zones and mining.

16. NCDHR has witnessed the substantial contribution made by DFID's Social Exclusion Policy in the 2004 Tsunami relief, where DFID helped civil society organisations to raise the issues of social exclusion in disaster relief programmes. This helped promote fresh thinking among many NGO/INGOs who came forward to initiate social equity watch and developed tools and methods to track social exclusion in times of disaster. The process has increasingly made UN, I/NGOs and States recognise social exclusion, and its incorporation in their disaster management policies.

17. The efforts of DFID in building awareness on the need for disaggregated data by social groups to track development indicators has also been an important tool to assess development outcomes across social groups. This is particularly important for our planning and review.

18. DFID's inputs into education and health programmes have brought to the fore issues of exclusion-inclusion and equity into the flagship programmes of the state.

19. While NCDHR welcomes DFID's interventions on social exclusion which are vital to address the problems of poverty amongst Dalit and marginalised communities who have not gained from the benefits of economic growth, it does not agree with DFID's role in initiating reforms in the power sector and in the 'business of state governments.' Here, the government has shifted its priority in making public services and welfare accessible to people to making disproportionate claims on public resources. This has unleashed a

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<sup>30</sup> <http://www.dfid.gov.uk/Documents/publications1/evaluation/evsum-glob-soc-excl-stcktk-rpt.pdf>

<sup>31</sup> Report Card: 20 Years Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, *National Coalition for Strengthening SCs&STs (Prevention of Atrocities) Act*.

massive conflict around natural resources in India between multinational corporations and local communities (most of who are excluded), thereby paving policies which are resulting in their ultimate displacement and loss of livelihoods.

20. Though the Government of India has attempted to bring in greater allocations for welfare of SCs and STs, an assessment of actual figures show that the increased amount is not as substantial as it should be for the effective implementation of laws and policies, illustrated by the phenomenal rise in poverty and rates of atrocities against SC and ST communities.

21. At this crucial juncture where democratic reforms are being rooted strongly in society, support to civil society organisations through NGOs must be continued. For DFID to withdraw this support at this stage will negate these reforms. This is a critical time to support civil society organisations efforts, particularly around the implementation of the Right to Information and Forest Rights Act.

## RECOMMENDATIONS

22. NCDHR calls on DFID to:

- Support programmes that seek to strengthen the rights, voice and representation of excluded groups.
- Support initiatives that increase the accountability of governments to their citizens and particularly excluded groups and help strengthen advocacy and monitoring.
- Support the development of inclusive ways to assess performance and monitor progress—surveys that show how money is spent on different groups of people can tell us who is benefiting and highlight inequalities.
- Assist in strengthening the collection and analysis of statistics on excluded groups.
- Launch pilot interventions that focus on socially excluded groups and build their capabilities for engaging in implementing development programmes.

November 2010

## Written evidence submitted by One World Action

1. One World Action creates opportunities for the world's poorest and most excluded women and men to transform their own lives, and challenges the policies that make and keep them poor. Women's empowerment is central to all we do. For over 20 years we have supported the most marginalised people to hold their local and national governments to account, enabling them to have more control over decisions that determine their ability to fight poverty. We do this by working directly with partners in Africa, Asia and Latin America. We focus on inequality and exclusion because they create poverty, hamper growth, weaken governance and cause conflict. One World Action has been working in South Asia since it began in 1989 and currently works with partners in India supporting marginalised sectors of Indian society to overcome poverty and inequality. This submission is based on recommendations and analysis from our India programme and partners.

## REDUCING POVERTY AND THE MDGS

*There are two India's...One that engages the wishes and desires of 250 million people, and the other that is a starkly different reality for the 750 million Indians who are left behind. Government data indicates that nearly 70% of the Indian population currently fall below a poverty line of 2,400 calories per day, and 80% below Rs 20 per day (33p).*

*The focus on economic growth has come at the cost of strengthening the institutions of democracy. With the poor and landless increasingly viewed as obstacles to growth, government policies appear to have effectively closed the door on these citizens from engaging with the rest of society. The result is that despite a constitution that enshrines rights for all citizens Indian democracy has begun to look increasingly fragile.*

DFID in India: Doing More with Less. Human Rights Law Network, Middlesex University, and Dalit Solidarity Network, UK, November 2010

2. In India, while economic growth has been remarkable—the past 25 years have seen one of the greatest spurts of GDP per capita in modern history—the country remains home to 1/3 of the world's undernourished children. Increasing disparities within states along lines of caste and gender have resulted in highly uneven development, undermining progress on meeting the MDGs—for example MDG1 (to eradicate hunger) will not be met in India until 2043 based on current progress. The gap between the richest and the poorest is widening, and access to resources, livelihood opportunities and basic services remains grossly unequal.

3. The Coalition Government has placed a high priority on recognising the role of women in development, with a top-level commitment to putting women at the “front and centre of all our efforts.” It has stated its “determination to erode these vast inequalities of opportunity around the world today.” It has also pledged to help the poorest people in the world and champion justice, freedom, fairness and prosperity. This ambitious and just vision for change—backed by a promise to increase aid levels to 0.7% of national income by 2013—

has the potential to bring about far-reaching changes for the poorest women and girls, their families and communities in India. However a change of emphasis is urgently needed. The failure over the last 10 years to invest in tackling systemic gender inequality and exclusion that makes and keeps people poor has steadily undermined progress on all the MDGs. This is a major factor why poverty has proven so much more intractable than anticipated. The tendency has been to focus on alleviating the symptoms or consequences of poverty rather than the underlying causes. So, for example, attention has focused on girls' low school enrolment and attendance rates, but without adequate investment in challenging the gender inequalities which underpin and perpetuate these adverse trends. DFID needs to build on the lessons of the past and prioritise eliminating the exclusion, inequality and lack of power which condemn people to lives of poverty.

#### TACKLING CASTE DISCRIMINATION

*If you are not considered to be human, human rights do not apply to you.*

Moni Rani, Director, Dalit Women's Forum

4. 160 million people in India continue to experience discrimination based on their caste. Caste discrimination remains one of the most severe and forgotten human rights abuses of the 21st century. It leads to extreme poverty and powerlessness which contribute to exploitation and violence against the "untouchables"—the Dalits. The majority of India's Dalits live in extreme poverty, without land or opportunities for better employment or education, and are amongst the world's poorest and most excluded people. A report by the Institute of Development Studies reveals that Dalit children have mortality rates that are 33 to 100% higher than the population as a whole and that 45.2% of households among the overall population has a drinking water source, but for Dalit households this figure drops to 27%.

5. Development must be equitable and inclusive. Meeting the MDGs in India will require targeted actions to reach those who are discriminated against and to amplify their voice and agency within development processes. Poverty in India is caused by inequality, discrimination and a lack of power—development interventions must tackle these underlying causes, not only "mop up" the consequences. "Quick fixes"—particularly those that focus on the easiest-to-reach groups—do not achieve effective nor equitable results and is not money well spent. Longer term results, including gender equality, must not get squeezed out in efforts to identify easy-to-measure outcomes as quickly as possible.

#### ACHIEVING GENDER JUSTICE

6. The majority of women in India lack access to human, social and financial capital, experience exclusion from participation in decision making processes that shape their lives, and face barriers to accessing crucial resources and basic services which are theirs by right. Most severely affected are women and girls from discriminated against groups—Dalits, Adivasi, women living with HIV, disabled women and older women—who cannot participate equally, realise their potential, nor claim their rights. This discrimination has tangible outcomes and hampers poverty alleviation initiatives. Dalit women face particularly severe economic deprivation, high levels of illiteracy, and are extremely vulnerable to sexual exploitation. Despite this, they are often invisible in policy responses and interventions designed to achieve the MDGs. Dalit women are one-and-a-half times more likely to suffer the consequences of chronic malnutrition compared to other women. This is because of the exclusion of large numbers of Dalit women and their children from access to quality health services and nutritional schemes. The school drop out rate for Dalit girls in India is higher at every stage of education than for the general female population and for Dalit boys—over 83% of Dalit girls drop out of school at the secondary stage, if they reached this stage.

*Particularly in large urban infrastructure projects DFID needs to do more to make sure its programmes do not unintentionally exclude or evict the urban poor. Programmes and policies need to be developed to recognise, protect and support informal workers—which make up the vast percentage of India's workforce.*

Sanjay Kumar, Self Employed Women's Association

7. Many donors are lagging behind in promoting gender equality and women's leadership is also low amongst civil society organisations. DFID should ensure a good gender representation in any group they engage with and keep pushing for disaggregated data both along caste and gender lines, within their own programmes as well as the government and civil society organisations that they support.

#### POLICY COHERENCE

8. After nearly two decades of economic liberalisation the majority of the population in India live in conditions that are more fragile and insecure. Many farmers and agricultural labourers are facing an agrarian crisis as they become more exposed to international markets. The UK and India's economic goals should not be pursued at a cost to human rights and development. DFID needs to do more to work across Whitehall to influence other Ministries to ensure that trade, investment and security policies do not further exacerbate poverty and inequality in India.

9. UK based extractive companies have displaced indigenous communities in India, devastated the environment in many areas and not provided adequate compensation. DFID should use its influence to ensure that all UK based companies are operating under existing legislation and to take action when violations take place.

#### PARTICIPATION

10. Effective development is only possible when the most excluded people have the voice and agency to influence the decisions which affect their lives. This is essential to creating an environment in which accountability is possible. DFID needs to do more to ensure that they consult and include people and communities in local and national decisions that affect their lives. DFID must seek to broaden the range of partners with whom it consults in the design, delivery and evaluation of its programme. In particular to:

- Look beyond the larger NGOs and connect with civil society in a more tangible manner— eg Dalit organisations, Dalit women’s organisations, human rights organisations, women’s organisations, farmers’ associations, people’s movements and academic institutions.
- Ensure clear transparent mechanisms for engaging with civil society at all levels without relying only on the internet. Issues such as when and where consultations are held, how far in advance they are planned, remuneration for time and travel, issues of language, who is invited, is consultation pitched at an appropriate level so that organisations can productively engage, all need to be carefully considered to ensure that groups are not unintentionally excluded.

#### MAINSTREAMING GOVERNANCE

11. The widening gap between the rich and the poor, the exclusion of poor people from justice and services, and the continuing state sponsored land grabbing is creating devastating consequences. The Indian Home Minister recently admitted that 1/3 of the 620 administrative districts of India had significant levels of armed struggle. As a result large numbers of citizens of these districts are displaced and deprived of basic service provision by both the state and civil society. DFID needs to ensure its programmes address the critical needs of these communities.

#### MAKING POVERTY AND GOVERNANCE IN INDIA AN INTERNATIONAL PRIORITY

12. As DFID and other donors decrease their influence in India they need to look at other international mechanisms and processes by which the Government of India can be held to account (Conventions, role on Security Council etc). India is likely to become a “Middle Income Country” within the decade and the experience of other countries shows that once they achieve this status they receive less international attention yet still face massive inequality and exclusion. This particularly applies to India with daily coverage given to its economic success. DFID should use its influence to stress the needs and voices of the “Poorest India” in which the majority of people still live and will continue to do so for many years. This will also be important in engaging with the UK public who could well begin asking why is DFID still giving aid to India.

#### RECOMMENDATIONS—ENSURING HUMAN RIGHTS ARE AT THE CORE OF BILATERAL RELATIONS WITH INDIA

13. Given the UK’s renewed commitment to both meeting the MDGs and in standing firm on human rights in international relationships—both multilateral and bilateral—we would recommend that any future DFID programme in India:

- Ensures that tackling caste discrimination is an integral part of all relevant multilateral and bilateral aid programmes, developing clear benchmarks, disaggregated data and indicators to monitor this.
- Scales up and earmarks funding to explicitly address caste and gender discrimination and exclusion.
- Continues to target technical and financial resources to interventions specifically aimed at strengthening the responsiveness of local and central government to address caste and gender discrimination and to implement existing international and national legislation (eg training on participation, social exclusion, strengthening data analysis).
- Ensures transparent and participatory engagement of Dalit women and men in the design, delivery and evaluation of all programmes in India. Develop partnerships with Dalit led organisations.
- Recognises caste discrimination as a priority human rights and development issue and takes every opportunity to raise the issue of caste sensitively and constructively with the Government of India and encourages them to fully implement and to make it possible for Dalits to use the Prevention of Atrocities Act (1989) and the related Rules (1995).
- Takes action (within the UK and India) to push for the adoption of the UN Principles and Guidelines for the Effective Elimination of Discrimination Based on Work and Descent at the UN Human Rights Council.

- Takes on the Ambedkar Principles and work to ensure that non-discriminatory employment principles are adopted by UK NGOs and foreign investors engaging with caste affected countries.
- Leads the way in acknowledging social exclusion and in engaging with civil society. More can be done to challenge other donors, particularly ensuring that the multilateral organisations the UK supports take a strong and harmonised approach to tackling caste discrimination. Transparency about the inclusion of Dalits at all levels of activity and organisation should be a key indicator of good governance.
- Competes its review of its Social Exclusion Policy and renews its commitments to addressing Social Exclusion.

November 2010

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### Written evidence submitted by Oxfam

#### SUMMARY

Oxfam welcomes the opportunity to submit evidence to this Inquiry. With 456 million (35%) of the world's 1.3 billion living on less than \$1.25<sup>i</sup> a day living in India, it is crucial that DFID continue to provide aid to assist poor and vulnerable communities in India. Given Middle-Income Countries (MICs) such as India have more resources than Low-Income Countries (LICs) we expect lower absolute amounts of aid to these countries, but the role of rich country donors in tackling poverty remains critical. The extent of poverty and inequality remaining in MICs shows growth alone is insufficient to overcome poverty and that MICs will continue to need assistance. DFID has, and continues to play, an instrumental role in reducing poverty in India by supporting innovative and catalytic programmes in a range of sectors, including health and education. Providing bilateral aid to India also gives DFID a legitimate role in bilateral dialogue about development and poverty reduction with India's state and federal government representatives.

#### OXFAM IN INDIA

1. Oxfam Great Britain (GB) has worked in India for more than 60 years. Oxfam GB's current programme priorities are a focus on livelihoods, gender equality, disaster preparedness and, education.

2. In 2008, Oxfam India was established as an independent organisation, and became an observer affiliate of the Oxfam International Confederation in 2009. Oxfam India strives to secure the right to a life with dignity for all by actively engaging people and policy makers in the inclusive development of society. It aims to ensure that everyone has access to education, health and social protection; people are able to overcome poverty by earning a decent livelihood with fair trade opportunities; women lead a life of dignity, free from violence; and communities are prepared to deal with the impact of climate change, natural and man-made disasters.

3. Oxfam believes that the provision of aid by rich countries like the UK is an obligation and a matter of justice, not an act of charity. Rich countries should, and have committed to, give aid to help end global poverty, fight inequality, promote gender equality and meet humanitarian needs. Aid is not sufficient for poor countries or communities to fight poverty and inequality—there are many other important factors, such as reforming international trade and financial rules to ensure that poor countries can generate and retain their own resources—but it is necessary.

#### POVERTY AND VULNERABILITY IN INDIA

4. Poverty in India is widespread. A third of the world's poor are Indian<sup>ii</sup> and there are more poor people in eight Indian states than in the 26 poorest countries in Africa. More than 40% of India's population of over 1.1 billion falls below the international poverty line of \$1.25 per day.<sup>iii</sup> Some Indian states have much higher levels of poverty and rank far lower on other development indicators than others.

5. India is amongst the most vulnerable countries in the world to the effects of climate change. There is clear evidence now that the Himalayan glaciers are retreating due to rising global temperatures. Rising sea levels place the large coastal populations at risk of flooding and displacement. Most of the poor are dependent on rain-fed agriculture, and erratic monsoon cycles over the last few years have played havoc with their livelihoods and food security. Global climate change has also meant that farmers have to adapt to hotter and drier climates.

#### ROLE OF AID IN MIDDLE INCOME COUNTRIES (MICs) SUCH AS INDIA

6. A recent study by the Institute of Development Studies (IDS) indicates that 75% of the world's poor belong to the MICs.<sup>iv</sup> One clear consequence of economic multi-polarity is that global poverty exists substantially within the borders of rising powers (particularly India). This is not an entirely new situation—Oxfam GB's own UK poverty programme testifies to the endurance of poverty within all countries. And the

depth and intractability of poverty in low-income countries will continue for some time, particularly in sub-Saharan Africa. Nonetheless a growing proportion of those living in poverty are in rising middle-income countries.<sup>v</sup>

7. Given MICs have more resources than low-income countries we expect lower absolute amounts of aid to be transferred to these countries, but an equal level of urgency is needed in tackling poverty in these countries. They still need assistance—and the extent of poverty and inequality shows growth alone is insufficient to overcome poverty.

8. This means that, more than ever, the UK's contribution to combating global poverty must not be solely through providing finance. The UK's trade, tax, debt and other relevant policies will remain critical as well as its aid. Equally important in the UK's development "tool kit" will be diplomacy and positive influence on the domestic policies of rising middle income countries: for example, through the "thought leadership" of expert government departments like DFID; seed funding for innovative initiatives to mobilise these rising countries' own resources, and to foster domestic policies to reduce inequality; and, in global fora such as the G20, promotion of sustainable, equitable forms of growth.

9. Donors need to invest through Overseas Development Assistance (ODA) in projects that are catalytic, demonstration projects, capacity building (both of civil society and state) and in helping build domestic resources, for example through tackling tax evasion. DFID's contribution in middle-income countries like India remains critical, and needs to be strategic in order to leverage policy change for the smaller contributions made relative to domestic resources.

#### DFID IN INDIA

10. DFID has had a very strong presence in India for many years across a range of sectors, including health and education. While bilateral aid is relatively small in comparison to the Government of India's social spending, it is highly valued because it provides small incremental financial contributions to test new ways of improving governance and delivery on the ground, often drawing on DFID's experience in other countries. Learning from many DFID-supported interventions has been integrated in to national and sub-national policies to ensure more effective delivery to target groups.

11. Aid can and does encourage governments such as India's to invest more of their own money in tackling poverty and DFID's aid to India has achieved real impact in this way. For example, through its support to the Sarva Shiksha Abhiyan Programme (the Government of India's flagship programme to achieve universal elementary education), it has helped get tens of millions of children into school in the last 10 years. As a result of this programme, the enrolment rates have gone up by over 95% for most states.

12. India provides an excellent example of where DFID's contribution can help leverage pro-development change. One of the clearest examples is in relation to India's failure to date to invest in more equitable and accessible health financing, including failing to remove user fees for health care, one result of which is that 50% of women in the country do not have access to even the most basic assistance during childbirth. DFID could have a significant impact for example by supporting in-country analysis of the current inequitable financing situation across the country, providing technical advice on equitable and universal financing (perhaps in partnership with the World Health Organisation) and helping millions get access to essential life saving health care paid for by improved and progressive taxation.

13. In a very large and rather decentralised federation like India, governance structures do not effectively promote adequate redistribution. Development assistance can help overcome that and target the poorest states and improve governance and redistributory structures and practices.

14. Since the mid-1990s, DFID has played a critical role by bringing other donors—both bilateral and multilateral—on to one platform. Many of the interventions that DFID has been supporting in-country have been designed as joint interventions with the World Bank, the EU and UN agencies. These include the Sarva Shiksha Abhiyan (The Government of India's flagship programme on Universal Elementary Education) and the Reproductive and Child Health Programme—Phase II (the Government of India's programme addressing maternal and infant mortality). Improvements registered under Sarva Shiksha Abhiyan are well documented.<sup>vi</sup>

15. DFID still has an important role to play in India's development, especially due to the reputation it has built as a strong, independent thinking development agency. Oxfam firmly believes that UK aid to, and DFID's presence in India should continue.

#### FINANCE TO SUPPORT INDIA TO ADAPT TO AND MITIGATE THE IMPACT OF CLIMATE CHANGE

16. Under the terms of the United Nations Framework Convention on Climate Change (UNFCCC), developed countries have a responsibility to provide finance to developing countries, including India, to help them tackle climate change. Climate finance is an obligation under the terms of the Convention, in recognition of the fact that climate change presents new and additional costs to developing countries—those least responsible for creating the problem, and least able to cope. Specifically this finance should help support India to make a transition to a low carbon development path and adapt to the impacts of climate change.

17. Climate finance should be provided in addition to the UK's ODA commitment of reaching 0.7% GNI by 2013. Diverting money from aid budgets to meet the new and additional costs of climate change will reduce the funds available for other ODA priorities such as health and education. It should primarily be provided through a new global climate fund under the UNFCCC, which can act as a "one stop shop" for developing countries, reducing their transaction costs in accessing finance.

18. New and additional climate finance is desperately needed to help vulnerable communities adapt to climate change. Oxfam estimates that currently less than 10% of climate finance is flowing to adaptation, with the results that the needs of the poorest and most vulnerable communities—those least responsible for creating the problem—are not being met.

19. A new global climate fund has a crucial role to play in meeting these needs in India. In order to ensure that adequate adaptation resources are reaching the most vulnerable communities—in India and elsewhere—the governance arrangements for this fund must ensure equitable representation of developing countries on the Executive Board. They must also include a dedicated window for adaptation with a 50% pre-allocation of funding, and a Finance Board to assess the balance of financial flows for adaptation and mitigation and across different countries and regions.

20. India has an estimated 400 million people without access to electricity. On a per capita basis, the average person in India emits about 1.2 tonnes of carbon dioxide, compared to over 20 tonnes in the US. Therefore increasing energy use and access are development priorities for India. But if catastrophic climate change is to be avoided, India, and other developing economies, will need to forge new low carbon paths to development, and as they do so, they will incur incremental costs—for example the higher costs of investing in a wind farm over a coal-fired plant. These will, by definition, not be met by the private sector without public intervention. There is therefore a need for public mitigation finance, which can be used to cover this financing gap, leverage private finance and direct it towards opportunities which can maximise pro-poor outcomes such as rural electrification.

21. As with adaptation finance, public mitigation finance should be channelled primarily through the new global climate fund which can be accessed efficiently and transparently by India and other developing countries.

22. New innovative financing mechanisms, such as a Financial Transactions Tax, the introduction of emissions trading schemes, or levies for international aviation and shipping, will be needed to ensure that the Copenhagen commitment to provide \$100 billion a year by 2020 for adaptation and mitigation in developing countries is provided in the form of public money and in addition to existing ODA commitments.

## REFERENCES

<sup>i</sup> New research from the Institute of Development Studies suggests that three quarters of the world's poor now live in countries classified as "middle income": although this is substantially due to the rise of four countries (India, Nigeria, Indonesia and Pakistan) into the "middle income" bracket. Andy Sumner, *Global poverty and the new bottom billion: Three-quarters of the World's poor live in middle-income countries* (Sussex: 2010).

<sup>ii</sup> *op cit.*

<sup>iii</sup> 41.6% of population below income poverty line, US\$ 1.25/day, 2000–07.

See [http://www.cuts-grc.org/pdf/CUTS\\_GRC\\_Note\\_on\\_Issues\\_Related\\_to\\_Aid-for-Trade.pdf](http://www.cuts-grc.org/pdf/CUTS_GRC_Note_on_Issues_Related_to_Aid-for-Trade.pdf)

<sup>iv</sup> *op cit.*

<sup>v</sup> *op cit.*

<sup>vi</sup> See for example, [http://www.education.nic.in/ssa/ssa\\_1.asp](http://www.education.nic.in/ssa/ssa_1.asp)

30 March 2011

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## Written evidence submitted by Release Binayak Sen Now Campaign (UK)

### PART ONE: INTRODUCTION

1.1 This submission emphasizes that DFID must not play a mere passive role in the giving of aid but also ensure that its aid is used in the most effective manner so as to help in attaining the millennium development goals and maintenance of the rule of law. This submission is important for the DFID as we focus on the link between protecting human rights and promoting sustainable development, as a truly democratic environment and access to basic human rights of people are the minimum requirements for the kind of sustainable development the DFID would wish to and indeed need support.

1.2 This submission highlights importance of DFID aid to India for tribal rights and human rights violations in Central India and the manner in which DFID can and ought to intervene in the welfare of victims of human rights violations in that region and prevent the persecution of activists working for such causes. On a rather specific note, this submission highlights the manner in which DFID ought to intervene in the case of renowned doctor and human rights defender, Dr Binayak Sen, who has been sentenced to life imprisonment for "Sedition"

by a Sessions court in Chhattisgarh on 24 December 2010 despite the absence of any substantive evidence of wrong-doing.

1.3 The submission describes the condition of human rights and the persecution suffered by human rights activists in many parts of India. The submission has been drafted by the “*Release Binayak Sen Now Campaign UK*”, which is a civil society campaign group consisting of academics, doctors, lawyers, students, workers and other individuals from around the UK. The “*Release Binayak Sen Campaign UK*” is supported by a number of organizations including Amnesty International. Sources of information for this submission are almost entirely in the public domain. Some additional sources include the work and research carried out by campaign members in the Indian state of Chhattisgarh and reports produced by the People’s Union for Civil Liberties (PUCL).

1.4 In brief, we first argue that considering that DFID gives more than £110 million to aid programs for tribal welfare in conflict regions in central India, it must not choose to ignore the human rights violations occurring on innocent tribal populations as a result of the conflict. Second, if the Millennium Development Goals must be achieved through the giving of DFID aid, this must also involve monitoring the effective implementation of the rule of law and the prevention of human rights violations in Central India through the giving of aid. Third, the DFID must also play a role in preventing the blatant persecution of human rights activists in the region. Such persecution is best indicated by the manner in which the Government has charged Dr Binayak Sen in clear violation of due process and constitutional tenets. The later part of this report seeks to present evidence of the character and integrity of Dr Binayak Sen and suggest that when evidence of his innocence is clearly imputable and that the international community is openly coming out in support of him; DFID must not stand in ignorance of the issue and in light of the objectives of the Millennium Development Goals, come out in support of him and ask for the immediate release of such person.

1.5 Section 2: Outlines the issue at hand and the manner in which the DFID can justify its intervention in the cases of human rights violations in Central India.

Section 3: A summary of some of the remarkable work carried out by Dr Binayak Sen over a period of 30 years in the field of health, welfare, subsistence and other development areas in some of the poorest parts of India.

Section 4: A description of the political persecution Dr Sen has been subjected to since 2007. We also describe the worldwide condemnation of his persecution and the ever-increasing support for Dr Sen which includes the support of 40 Nobel Laureates in February 2011.

Section 5: A summary of the issues which the DFID need consider both in respect of the human rights situation in parts of India, and of Dr Sen’s persecution. We also outline our recommendations on the DFID’s role in the protection of human rights which we believe is a fundamental necessity for supporting real and actual development.

## PART TWO: DFID AND HUMAN RIGHTS SITUATIONS IN CHHATTISGARH

2.1 Globalisation is greatly increasing the divide between urban and rural India while at the same time creating a climate in which a high priority is given to the development and the growth of the economy as a whole. However the picture has been marred in the past few years by human rights violations to populations occurring as fallout of the development program. DFID rightly recognized this tension and has sought to achieve a development policy in harmony with human rights practices. The Millennium Development Goals (MDGs) seek to achieve this aim.

2.2 While various groups have presented different perspectives on this tension, we would like to address the issue of human rights violations on tribal populations in Central India and the persecution of activists who seek to work for the welfare of such people.

2.3 Since 2007, the DFID has been actively involved in the development of rural and tribal regions in central India. More than £110 million pounds have been sanctioned for the development and protection of tribal communities in these regions. The situation however, is far worse than it has been represented in earlier reports.

2.4 Much of the following relates to Chhattisgarh and while we note that DFID’s assistance to tribal regions has mainly been to projects in Madhya Pradesh, Orissa and West Bengal, we would argue that the problems of development in the tribal belt need to be considered as a whole. The state borders do not neatly coincide with ethnic or linguistic divisions and although the political history of each state is distinct there are common themes, one of which is the economic marginalization of tribal populations and their neglect by and alienation from the state. Related to this is the fact that armed insurgents attached to the CPI (M) operate in parts of all the states in the tribal belt and frequently cross borders. The different states have adopted slightly different legal and policing strategies but in all there appears to be an increasing tendency to try to suppress the insurgency by force despite evidence that people in the affected areas have genuine and serious political and economic grievances which police action is aggravating. In Chhattisgarh large numbers of people have been displaced, and many fled across state borders.

2.5 The tendency which particularly concerns us in Chhattisgarh but which we think is common to several of the adjacent states is the extent to which Maoist insurgency is being used as an excuse for neglect, oppression and rights violations across the state and in some cases linked to the clearances of population to make way for mining and processing. In Chhattisgarh, the year 2005 witnessed the creation in the Bastar region of a state-sponsored militia named “Salwa Judum” that together with the state police and security forces began to engage the Maoist insurgent forces in quasi military clashes. The most controversial aspect of these operations was the harassment and displacement of civilian tribal populations. In 2006, Human Rights Watch reported that in just the two districts of Dantewada and Bijapur in the state of Chhattisgarh, there were more than 45,958 tribal<sup>32</sup> people displaced as a result of the conflict and given the status of “Internally Displaced People” (IDP). Reports also indicate that in the initial years of the conflict, more than 5,000 people lost their lives, 230 villages were burnt and thousands of innocent tribal people were missing. All this testifies to the condition of an “armed conflict” triggering the protection of the Geneva Conventions in international law.

2.6 The now discredited “Salwa Judum” was formed shortly after the state election in which the BJP toppled the former Congress Government but one of the principle advocates for the militia was the Congress politician, Mahendra Karma, and the industrial and business elite of the state, irrespective of party affiliation, largely supported the development. Official rhetoric represents “Salwa Judum” as a “response” to the Maoists and in particular to an escalation of the insurgency. Yet evidence for an escalation prior to 2005 is limited and it is certainly the case that well before the creation of Chhattisgarh State Maoists had a presence in some peripheral forest areas and had made parts of the Bastar region “no go” areas for the police. It is important to bear in mind that both before and after 2005 the Maoist presence has been limited to sections of the State’s most thinly populated areas. The government counts as affected 10 and of 18 districts but in most of these the towns and densely populated rural areas are unaffected. So, it is clear that the vast majority of the population including some in tribal villages are untouched. The point here is to suggest that the authorities exaggerate the extent and the significance of the insurgency and that it is disingenuous to blame it for the generally poor standard of public services and civil rights. There is no reason why the presence of a few armed guerrillas in a Bastar forest should prevent the government educating children in a Raipur slum.

2.7 Intense criticism of “*Salwa Judum*” by national and international organisations has apparently had some modest influence in so far as the Chief Minister, Raman Singh, announced in February 2011 that the militia under that name was abolished. Currently the official position appears to be that it was an experiment which failed. This development is too recent to tell whether it signals a retreat from the use of force in Bastar but so far this seems unlikely. Reports of violence by SPOs continue<sup>33</sup> and an organisation very like “Salwa Judum”, the “Danteshwari Adivasi Swabhimani Manch”, is still operative. There is certainly no evidence of a softening towards local critics of “Salwa Judum” and it is notable that the conviction of Dr Binayak Sen in a local court, in the circumstances described below, took place only a month before the announcement that “*Salwa Judum*” was disbanded.

2.8 The negative fallout of the anti Maoist campaign does not only affect tribal communities. People and solidarity groups that are involved in the protection and welfare of tribal populations are being persecuted. An obvious example in Chhattisgarh is the destruction of the Vanvasi Chetna Ashram, in Dantewada, a Gandhian NGO which had been working with tribal communities in Dantewada for 17 years and since 2006 had been helping some of the victims of “*Salwa Judum*”.<sup>34</sup> Medecines Sans Frontiers and the Red Cross have also had their activities in Chhattisgarh curtailed after accusations, denied by those organizations, that they had helped people linked with the Maoists<sup>35</sup> Journalists are being harassed if their reports displease the security forces or state supported militias, as in the recent case of death threats made against journalists by Danteshwari Adivasi Swabhimani Manch<sup>36</sup> Moreover, although the Maoist affected areas bear the brunt of the anti Maoist campaign some measures threaten civil liberties throughout the relevant states. Chhattisgarh Special Public Security Act, for example, removes many safeguards against arbitrary arrest and imprisonment and, by defining as an offence almost any contact, inadvertent or not, with members of the CPI (M), it effectively criminalises large sections of the population who live in areas where some contact is inevitable.

2.9 The pattern of repression has extremely serious implications for development because it creates a climate of fear which deters anyone from speaking out against the numerous scams which are known to subvert development initiatives. A recent study of a Jharkand village,<sup>37</sup> for example, details a pattern of complicity between village elites and local administrators which perpetuates the marginalisation of the tribal poor who fail to claim their right to services or their share of development funds. While it is naïve to assume that social activists and journalists generally work for greater transparency or civic probity it is certain that the campaign of arrests, harassment and threats documented in Chhattisgarh reduces the likelihood of any attempting to do so. It is notable that Binayak and Ilina Sen and Himanshu Kumar, the founder of the Vanvasi Chetna Ashram, stood out among social activists for their critical and independent thinking.

<sup>32</sup> Report by the Human Rights Watch titled, *Being Neutral is our biggest Crime*, available at [www.hrw.org](http://www.hrw.org). Note that this data represents only the displaced till June 2006. Two years hence, the numbers have increased substantially if not doubled.

<sup>33</sup> Chhattisgarh Net Digest Number 2473 21 February 2011.

<sup>34</sup> [http://www.tehelka.com/story\\_main42.asp?filename=Ne060609coverstory.asp](http://www.tehelka.com/story_main42.asp?filename=Ne060609coverstory.asp) , June 6 2009

<sup>35</sup> (<http://www.bbc.co.uk/news/world-south-asia-12247693>) 21 January 2011.

<sup>36</sup> <http://www.thehoot.org/web/freetracker/story.php?storyid=230&sectionId=8>, Jan 6th 2011.

<sup>37</sup> *Alpa Shah*, In the Shadows of the State, *Duke University Press*, 2010.

2.10 Insofar as DFID's programs are targeted at the development of the tribal populations in Central India, DFID needs to monitor direct and indirect effects of human rights violations in the regions. DFID programs also have the ability to prevent or at least reduce human rights abuses. It is widely recognized that the giving of aid may not just directly contribute to development and improvement of quality of life of human rights victims but also has an indirect ability to exert pressure on groups and government to prevent further human rights abuses.

2.11 The Millennium Development Goals have a common aim of making globalization fully inclusive and equitable so that it may benefit all peoples. Along with having aims of reducing poverty, hunger, democracy and good governance, the Millennium Declaration also enjoins nations to take measures to prevent human rights abuses wherever possible. Aid programs can also be used to achieve such purposes.

2.12 The tribal regions of central India are perhaps the most mineral rich areas in the world. Nevertheless, Government of India Planning Commission statistics<sup>38</sup> show that they are among the poorest regions in the country. Some observers have linked the deteriorating human rights situation with increasing pressures from industry to exploit mineral resources, a suspicion which colours the controversy surrounding the UK based Vedanta group and its activities in Orissa and Chhattisgarh. Certainly, the violence in the region coincides with a rapid increase in forest land being taken for extraction or industry<sup>39</sup> DFID needs to be alert to the possible connection between development and oppression in the region and should ensure that its own policies and aid are directed towards the protection of and prevention of exploitation of the tribal populations.

2.13 Along with emphasising the importance of aid for the development of such regions, it is our submission that DFID must also play a role in monitoring human rights situations in Central India and prevent the arbitrary persecution of journalists, organisations and individuals working in the region. Considering the amount of aid being given to the development of populations in the region, DFID cannot and must not play a passive role and tolerate such abuses.

### PART THREE: SUMMARY OF DR SEN'S WORK AND IMPORTANCE TO DEVELOPMENT

3.1 DFID sees the Millennium Development Goals in health as critical milestones in its aim of helping maximise and sustain high levels of growth in India because high growth levels require an educated, healthy and diverse workforce. To further these objectives DFID has worked with national and state partners to catalyze systemic change in primary education, maternal mortality, infant health, water and sanitation and malnutrition. Significantly, as we discuss below Binayak Sen's work and contributions are exactly to these areas.

3.2 In addition as the share of DFID's total India aid framework going to health has increased from 27% in 2005–06 to an estimated 44% in 2009–10. DFID has moved from disease-specific projects to supporting national programmes on Reproductive and Child Health and tuberculosis, which set policy directions and are targeted at the poorest states. Dr Sen's work too targeted reproductive health and Tuberculosis and helped to introduce new policies.

#### 3.3 *Introduction to Dr Binayak Sen*

Dr Binayak Sen is a pediatrician, public health specialist and a promoter of sustainable development. Dr Sen and his wife, Dr Ilina Sen (Head of Department, Gender and Women's Studies, Mahatma Gandhi International Hindi University, Wardha, Maharashtra state, India) are the founders of Rupantar, a community-based non-governmental organisation that, through trained female community health activists, focused on tuberculosis and malaria, activities to counter alcohol abuse and violence against women, and promotion of food security. This programme also focused on the idea of health as a human right and of developing that consciousness in the community through the activists.

#### 3.4 *A distinguished academic career*

In 1972, Dr Sen graduated in Medicine from the Christian Medical College (CMC), a prestigious teaching hospital of national and international repute, a number of whose alumni hold senior positions in the NHS and research centres in the UK. Dr Sen went on to specialise in pediatrics at the CMC exploring hunger, malnutrition, poverty, morbidity and mortality in his thesis "Marasmus and Malnutrition in Children".

After teaching at the Centre of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi between 1976 and 1978, he joined a rural community health project supported by the Quakers at the Friends Rural Centre in Hoshangabad, Madhya Pradesh state focusing on the problems of tuberculosis.

#### 3.5 *Contributions in medicine and public health*

From the early 1980s on, Dr Sen and his wife have worked in the Chhattisgarh region closely associated with government health programmes.

<sup>38</sup> Planning Commission Report, "Chronic Poverty in Remote Rural Area: Evidence from the Central Tribal Belt of India", [http://planningcommission.gov.in/reports/sereport/ser/ser\\_chr.pdf](http://planningcommission.gov.in/reports/sereport/ser/ser_chr.pdf)

<sup>39</sup> <http://www.newkerala.com/news/world/fullnews-163043.html> 7 March.

In 1981, Dr Sen joined a clinic for workers in iron mines run by their trade union<sup>40</sup> and helped develop it into a hospital (which now provides low-cost, general and specialised medical and surgical care for the poor and is funded entirely by mineworkers). He remained associated with the hospital in an advisory position.

Alcoholism was a serious problem in this community, caused by long hours in the mines. Dr Sen and his co workers resolved this by training women to take financial responsibility for their families and empowering men and women to be responsible for their health and civic needs. Dr Sen eventually left the hospital and set up similar campaigns elsewhere. . Between 1988 and 1992, he worked at a Mission Hospital in the region in pediatrics and community health.

### 3.6 Contributions to community development

In 1994, Dr Sen and his wife set up a voluntary organisation, Rupantar,<sup>41</sup> which worked amongst marginalised communities practicing health in the fullest sense. The work (severely affected since his arrest) involved training health workers, addressing illnesses such as malaria and tuberculosis which are highly prevalent in the area, raising health awareness, providing primary education, organising literacy camps, promoting organic farming (particularly of indigenous varieties of rice) and setting up grain banks for food security. In addition to the work at Rupantar, the Sens also remained associated with community development initiatives in Chhattisgarh and the local government recognized the value of their work.

### 3.7 Working closely with the government

Both Dr Binayak Sen and his wife have contributed enormously to the state health and education programmes. For example, Dr Sen was engaged in monitoring health and nutrition status in Chhattisgarh and was closely associated with the State Health Resource Centre at Raipur, Chhattisgarh. He became a member of the Advisory Committee set up by the Chhattisgarh government to pilot, Mitanin, a community-based women health worker scheme, partly based on the model of community health activists that the Sens had initiated through Rupantar. He also helped to draw up a list of essential drugs for the State Health Department and established guidelines for standard treatment as part of the rational use of drugs. Rupantar took the lead role in implementing the Mitanin training programme that was later adopted by the Accredited Social Health Activist initiative, a key component of the National Rural Health Mission of the Indian Government preparing a volunteer force of 60,000 women community healthcare workers. Dr Sen was a member of the State Advisory Committee which conceptualized and set up operational guidelines of this programme which was described by Chhattisgarh Chief Minister Ajit Yogi as “an ambitious innovative programme launched by the Government of Chhattisgarh with the active partnership of civil society and with the financial support of the European Union.”<sup>42</sup>

### 3.8 An advocate of universal health coverage

In January this year, *The Lancet* published a series of articles examining the state of India’ health care provision in this period of its fast economic growth. The series, India: Towards Universal Health Coverage, included a contribution from Dr Sen, titled “Securing the right to health for all in India”. He wrote, “The health status of people transcends the health-care sector, and the social determinants of health, such as food, water, sewerage, and shelter, still elude large numbers of the poorest citizens of India”. In this context the recently prepared National Health Bill (2009), addresses, for the first time, questions of equitable entitlements to essential health facilities, goods, drugs, services, and conditions for all, especially marginalised and vulnerable people. The Jan Swasthya Abhiyan, the Indian chapter of the People’s Health Movement (see 3.7 below) had a major role in lobbying for and preparing the grounds for the draft bill. Unfortunately, Dr Sen was unable to attend the launch of the Lancet series or participate in the panel discussion in London because of his imprisonment.

3.9 To help health professionals understand the challenges of health care in marginalised communities, CMC, Vellore asked Dr Sen to develop a pioneering course, “Social determinants of health and the effects of inequities in health care”, for its undergraduate curriculum for medical students.<sup>43</sup> Unfortunately the work too remains unfinished because of his imprisonment.

3.10 Dr Sen represented the National Alliance of People’s movements on the National Council of Jan Swasthya Abhiyan and took part in the People’s Health Assembly in Dhaka in this capacity. He was the General Secretary of the People’s Union for Civil Liberties (PUCL) unit of Chhattisgarh which investigated the extent of poverty (for example, starvation deaths) in the districts of Dantewada and Bastar and recommended measures for avoiding such deaths in the future. He was also Vice President of the National PUCL.

<sup>40</sup> [www.hinduonnet.com/mag/2004/01/18/.../2004011800090400.htm](http://www.hinduonnet.com/mag/2004/01/18/.../2004011800090400.htm)

<sup>41</sup> <http://aidindia.org/main/content/view/691/343/>

<sup>42</sup> <http://shsrc.org/pdf/Mitanin%20Programme%20Conceptual%20Issues%20and%20Operational%20Guidelin.pdf>

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60840-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60840-0/fulltext)

<sup>43</sup> <http://www.who.int/mediacentre/news/releases/2008/pr29/en/index.html>

Dr Sen also spoke out against the violation of fundamental human rights such as the Right to Health and the Right to Food, eloquently summarising these concerns in an address, Hunger, Dispossession and the Quest for Justice, to the Asian College of Journalism on 3 May 2010.<sup>44</sup> An excerpt from the lecture is given below:

“Most people think that genocide has to do only with large scale direct killing, but the declaration of the Convention on the Prevention of Genocide, which was issued on 9 December 1948, one day before the Universal Declaration of Human Rights, tells us clearly that in addition to killing, the creation of “physically and mentally hazardous conditions which could put the survival of particular communities at risk” would also come within the ambit of genocide. Evidence that what is happening in central India is tantamount to genocide on a massive scale stares us in the face. What is shocking is the inability of large sections of our leadership to read the writing on the wall..... In a country where 33% of the adult population have a BMI below 18.5, and which also has 1/6 of the world’s population and 1/3 of the total global burden of tuberculosis, one would think that the bidirectional association between malnutrition and tuberculosis would be the focus of intense study. This is not the case. India is the single largest contributor to the global burden of morbidity, mortality and drug resistance in tuberculosis. An estimated 8.5 million Indians suffer from tuberculosis. There is an annual incidence of 87,000 cases of multidrug resistant tuberculosis, and an estimated annual mortality of 370,000 persons.....[with] Certain groups like scheduled tribes and women [experiencing] life threatening levels of under-nutrition...this is a stark illustration of the adverse synergy of the epidemics of under nutrition and tuberculosis.... The need to address the nutritional needs of poor patients with tuberculosis is an urgent imperative on scientific, ethical and humanitarian grounds.”

### 3.11 As a civil rights activist

Dr Sen’s work was initially concerned with investigating and intervening in cases of torture, deaths and rape in police custody. The victims were invariably poor adivasis. By 2004, Dr Sen raised his concerns over the worsening human rights situation in Chhattisgarh with a growing number of custodial deaths, fake “encounter” killings and state violence against civilians. In particular, he was alarmed by the meteoric rise of deadly armed militia groups, such as the Salwa Judum, which involved the state training and arming civilians, allegedly to “combat Maoists”. As a first-hand witness of the atrocities committed by these armed militias, he was deeply concerned by the condition of the poor in this anarchic civil war and as a doctor he was grieved by the impact of forced displacement on the health of the poor. He appealed to the human rights community to intervene and stop the violence. A 14 member team from five organisations then carried out an investigation in Dantewada to document the killings by the state-backed Salwa Judum and the Maoists. The record of deaths, interviews with the local people and other findings of this investigation was compiled in the PUCL report—“When the State makes war on its own people.”<sup>45</sup>

We would recommend that DFID examine this and other reports on the human rights situation in India since it is highly relevant to DFID’s concerns with health and human rights and also would help understand why Dr Sen has been subject to political persecution since 2007.

### 3.12 Awards and Commendations

Paul Harrison Award—awarded by Christian Medical College Vellore on 25 October 2004

*“Dr Binayak Sen ... has carried his dedication to truth and service to the frontline of the battle. He has broken the mould, redefined the possible role of the doctor in a broken and unjust society, holding the cause much more precious than personal safety”*

R R Keithan Gold Medal—awarded by The Indian Academy of Social Sciences on 29 December 2007

*“The Academy recognizes the resonance between the work of Dr Binayak Sen in all its aspects with the values promoted by the Father of the Nation.”*

The Jonathan Mann Award—Awarded by the Global Health Council for global health and human rights on 21 April 2008

*“Dr Sen’s accomplishments speak volumes about what can be achieved in very poor areas when health practitioners are also committed community leaders’ He staffed a hospital created by and funded by impoverished mine workers, and he has spent his lifetime educating people about health practices and civil liberties—providing information that has saved lives and improved conditions for thousands of people. His good works need to be recognized as a major contribution to India and to global health; He is certainly not a threat to State security.”—Dr Nils Daulaire, President of The Global Health council.*

### 3.13 Binayak Sen and the Social Determinants of Health in the context of Millennium Development Goals 4 and 5:

- (a) *The Alma Ata Declaration 1978 recognized the social determinants of health and gave a central place to the importance of equity in health so that no one should be disadvantaged from achieving their potential for: “the highest standard of health” because of their social position. Disparities*

<sup>44</sup> [www.asiamedia.org.in/ACJ%20CONVOCATION.asp](http://www.asiamedia.org.in/ACJ%20CONVOCATION.asp)

<sup>45</sup> <http://www.pucl.org/Topics/Human-rights/2006/slajudum.htm>

in health and health inequities stand in the way of India's commitment to reduce child mortality by two-thirds (MDG 4) and maternal mortality by three-quarters (MDG 5) by 2015. Data on the health status of Adivasis in India have highlighted the extreme health disparities in this group of vulnerable people. The maternal mortality rates (Chhattisgarh's (including Madhya Pradesh) MMR at 335—SRS 04—06) is above the national average of 254. The IMR (SRS 2007) is at 57 (SRS 2007). India still carries a disproportionate amount of the burden as it accounts for 21% of the under-five children dying in the world. Dr Binayak Sen, as a scientist and public health physician, recognized this in the studies that the Rupantar organization did in the villages in which they worked.

- (b) Action on the social determinants of health is necessary to reduce child mortality by two-thirds (MDG 4) and maternal mortality by three-quarters (MDG 5) by 2015. In the last 200 years, increases in life expectancy owe much to clean water, safe housing, healthier food and education, social and health services. Meaningful work and the ability to earn a livelihood free of exploitation have played a crucial role in ensuring people's health.
- (c) To Binayak Sen, like Virchow before him, the bodies of his patients told the story of generations of inequity. The Multidimensional Poverty Index (MPI), based on Amartya Sen's capability approach developed and applied by the Oxford Poverty and Human Development Initiative (OPHI) corroborates these findings in their assesses a range of critical factors or "deprivations" at the household level: from education to health outcomes to assets and services. There are more MPI poor people in eight Indian states alone (421 million in Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, and West Bengal) than in the 26 poorest African countries combined (410 million). They found that the India's Scheduled Tribes have the highest MPI (0.482), almost the same as Mozambique, and a headcount (the percentage of people who are MPI poor) of 81%. This is the reality that Binayak Sen chose to see, and then to highlight, and to intervene to make health a reality for the most vulnerable.
- (d) As a public health physician cognizant of the fact that social inequities in health are systematic differences in health status between socioeconomic groups, as measured by income, education and occupation. These inequities in health are both unfair and avoidable, as they are caused by unhealthy public policies and lifestyles influenced by structural factors (Whitehead & Dahlgren, 2006). They also contradict the basic human rights principle that everyone has "the right to the highest attainable standard of physical and mental health" (Kälén *et al.*, 2004).
- (e) Binayak Sen steadily highlighted and then tried to implement strategies to increase equitable access to health—making health care affordable, accessible and available to the most vulnerable people, based on health equity and the principles of primary health care that had been so successfully used in the famous Jamkhed model in India and on a larger scale among communities in Brazil.
- (f) *In the face of the swamp of disparities, as a socially committed health worker Binayak Sen also tried to work on the wider social determinants of health, in the context of Chhattisgarh such as access to food and the right to life.*

3.14 In view of the description of Dr Sen's work and its broader context, we request the DFID to review Dr Sen's work and achievements with a view to understand his significant contribution to India's development, the reasons for his political persecution and the possible repercussions of his persecution for sustainable development in India.

#### PART FOUR: THE POLITICAL PERSECUTION OF DR SEN AND THE RESPONSE

4.1 On 14 May 2007 Dr Binayak Sen was arrested after he had voluntarily visited a police station in Bilaspur, Chhattisgarh to quell the rumors he had heard about police allegations being made against him. The case against him was based on the allegations that he was acting as a courier on behalf of Narayan Sanyal, a 79 year old Maoist ideologue and political prisoner, who Dr Sen had been treating for his medical condition whilst in prison. This fabrication of the Prosecution relates to Sen's prison visits to Sanyal in a Raipur jail, after a request was made by Sanyal's family for Sen to visit him following concerns of his welfare and health. (Dr Sen had been concerned with the rights of prisoners in his capacity as a Human Rights worker). Sen facilitated Sanyal's surgery and kept his family informed about the process.

*"During this period there was considerable correspondence between the prisoner's family, jail administration and medical authorities, of which copies were marked to me."*

A Statement by Dr Binayak Sen<sup>46</sup>

Dr Sen was accused of having passed letters onto one Piyush Guha, who was then supposed to have passed them on to a Maoist group. This was defined by the Prosecution as a "chain of conspiracy". The fact remains that Dr Sen has ever meet or had even heard of Piyush Guha. The entire incidents were total fabrications used to accuse Dr Sen of Maoist sympathies and Seditious. (Dr Sen has never been a Maoist sympathizer and has in the past spoken out publicly against both their and the Salwa Judum acts of violence).

<sup>46</sup> [www.binayaksen.net/2010/12/final-statement-of-dr-binayak-sen/](http://www.binayaksen.net/2010/12/final-statement-of-dr-binayak-sen/)

4.2 Following his arrest, Dr Sen was incarcerated for over two years without bail. He was finally granted seven months bail in 2009 after his health condition deteriorated. This followed several refusals by prison authorities for Dr Sen to be allowed to visit a hospital of his choice (as is Indian law). On 24 December 2010 a Sessions Court in Chhattisgarh sentenced Dr Sen to life imprisonment. On 9 February 2011 the High Court of Chhattisgarh refused to grant him bail. The case has now been referred to the Supreme Court of India.

4.3 The legal counsel for Dr Sen has highlighted major flaws and fabrications in the politically motivated case against him. The arguments of the defense include the following:

- The Case against him is based on circumstantial evidence.
- There can be no conviction on suspicion, surmises, or conjectures.
- No presumptions can be raised against an accused unless it is permitted by Law.
- Inadmissible evidence.
- Inadmissible confessions by a third party.
- The evidence of the jail officials is that no letters could have been passed to Dr Sen by Sanyal during the interviews.
- Important omissions of statements.

4.4 The facts: Full permission was obtained from the police authorities for all of Dr Sen's visits to Narayan Sanyal. All visits were under the strict supervision of prison guards who later refused to testify against Sen of any suspicious or in-appropriate behavior during these prison visits.

4.5 Sen suffers from a heart condition and his health condition deteriorated significantly in prison. Sen has also been forbidden to treat his numerous inmates suffering from TB without any medical care. (For a doctor of his humanitarian nature, not being allowed to treat fellow prisoners for a disease that is easily curable is tantamount to a form of torture).

4.6 While in jail in December 2007, Dr Sen was awarded the RR Keithan Gold Medal for his Gandhian services to humanity by the Indian Academy of Social Sciences. The citation begins: "Dr Binayak Sen's work offers fresh and radical interpretation of Gandhiji's core concerns and his present predicament is a challenge to all who profess and practice similar ideals."

4.7 This perspective was reflected by Nobel Laureate Prof Amartya Sen: (8 January 2011 in *The Times of India*)... that the life sentence given to the doctor-activist looked like a "miscarriage of justice".

A. Sen also hoped that the judgment convicting Binayak, will not "survive the challenge made to the higher courts of the country." A. Sen was addressing the book launch of: "A Doctor to Defend—the Story of Binayak Sen" written by journalist and documentary filmmaker Minnie Vaid. He referred to the "exemplary" work Dr Sen did to reach healthcare to people in rural Chhattisgarh and said "the judgment also raises some questions about India's democracy, legal framework and Indian engagement with issues of equity." "As Indian citizens, we have right to pose questions—like how some petty thinking became so dominant in the Indian legal system. In a democracy, we have no obligation to air only patriotic sentiments. If some people don't understand it...this is about the foundation of democracy."

To a question whether this judgment would discourage physicians who want to work in remote rural areas, he replied:

*"It can be a discouragement if it survives the challenge made to higher courts."*

A social worker Abdul Jabbar reflected this view by saying: "If Binayak Sen, who has worked in remote areas of the country and fought for the causes of downtrodden, can get convicted it means no activist is safe in the present situation. We should fight till he gets justice".

A crucial point raised: The effect of Dr Sen's persecution on the willingness of present and future physicians, development workers and human rights activists to work in remote rural areas of India is an extremely significant issue which the DFID should give serious consideration to and assess.

4.8 On 9 February 2011, a group of 40 Nobel Laureates<sup>47</sup> from 12 countries made the following statement demanding the immediate release of Dr Sen. The statement reads:

"We, the undersigned Nobel Laureates, respectfully express our astonishment and dismay at the unjust life sentence handed down last month in India to a fellow scientist and human rights advocate, 61-year-old Dr Binayak Sen. We note that, when Dr Sen was on trial in 2008 and many of us appealed for his release on bail, a year later the Supreme Court of India concurred with our opinion and ordered his immediate release. Several months after voicing our concern about Dr Sen's detention, one of us traveled to Chhattisgarh; met government officials; consulted Dr Sen's family, lawyers, and colleagues; visited his remote clinic to learn more about his selfless work with the Adivasis; and, after a few days and many hours spent waiting in the Raipur prison yard, finally met with Dr Sen himself in the presence of the prison warden. We have seen that Dr Sen is an exceptional, courageous, and selfless colleague, dedicated to helping those in India who are least able to help

<sup>47</sup> <http://www.himalmag.com/component/content/article/3657-the-hindu-nobel-laureates-rally-behind-binayak-sen-9-february-2011.html>

themselves. Yet his recompense has been two years in prison under difficult conditions, a blatantly unfair trial lasting two years in the so-called “Fast Track” Sessions Court, an unjust conviction of sedition and conspiracy, and condemnation to life imprisonment. We earnestly hope that our renewed appeal is heard. We know that there are leaders in India who have the power, humanity, patriotism, and decency to speak out against this injustice. We entreat those leaders to act now, to urge Dr Sen’s immediate release on bail, and insist that this time his appeal is heard without delay under the highest standards of Indian law. Surely, those who would see the largest democracy in the world survive and thrive can do no less at this crucial time for both Dr Sen and for the future of justice in India.” The signatories were Peter Agre, (Chemistry 2003), Kenneth J Arrow, (Economic Sciences 1972), Richard Axel, (Medicine 2004), David Baltimore, (Physiology or Medicine 1975), Martin Chalfie (Chemistry 2008), Claude Cohen-Tannoudji (Physics 1997), Robert Curl (Chemistry 1996), Johann Deisenhofer (Chemistry 1988), Richard R Ernst (Chemistry 1991), Edmond H Fischer (Physiology or Medicine 1992), Walter Gilbert (Chemistry 1980), Roy J Glauber (Physics 2005), Paul Greengard (Physiology or Medicine 2000), David J Gross (Physics 2004), Roger Guillemin (Physiology or Medicine 1977), Dudley Herschbach (Chemistry 1986), Antony Hewish (Physics 1974), H Robert Horvitz (Physiology or Medicine 2002), François Jacob (Physiology or Medicine 1965), Daniel Kahneman (Economic Sciences 2002), Eric R Kandel (Physiology or Medicine 2000), Lawrence R Klein (Economic Sciences 1980), Roger D Kornberg (Chemistry 2006), Sir Harold W Kroto (Chemistry 1996), Finn E Kydland (Economic Sciences 2004), Yuan T Lee (Chemistry 1986), Rita Levi-Montalcini (Physiology or Medicine 1986), Roderick MacKinnon (Chemistry 2003), Sir James Mirrlees (Economic Sciences 1996), Joseph E Murray (Physiology or Medicine 1990), Douglas D Osheroff (Physics, 1996), John C Polanyi (Chemistry 1986), V Ramakrishnan (Chemistry 2009), Sir Richard Roberts (Physiology or Medicine 1993), Jens C Skou (Chemistry 1998), Jack Steinberger (Physics 1988), Sir John Sulston (Physiology or Medicine 2002), Charles H Townes (Physics 1964), Klaus von Klitzing (Physics 1985), Torsten N Wiesel (Physiology or Medicine 1981). We request the DFID to review the statement made by these 40 Nobel Laureates to understand the reasons why the British Government should proactively support this statement and urge for the release of Dr Sen.

4.9 Similarly on 9 May 2008,<sup>48</sup> in a letter to the Indian Prime Minister 22 Nobel Laureates raised concerns that Dr Sen appears to be incarcerated solely for peacefully exercising his fundamental human rights, in contravention of Articles 19 (freedom of opinion and expression) and 22 (freedom of association) of the International Covenant on Civil and Political Rights—to which India is a state party. Further it says “...*he is charged under two internal security laws that do not comport with international human rights standards*”.

We request the DFID to review the statement made by these 22 Nobel Laureates to understand the reasons why the British Government should proactively support this statement and urge for the release of Dr Sen.

4.10 The Global Health Council<sup>49</sup> expressed its concerns in a statement of support on 21 April 2008 by stating that “the distinguished jury of public health and human rights experts who decide this award each year selected Dr Sen on the basis of his service in poor and tribal communities in India, his effective leadership in establishing self-sustaining health services where none existed and his unwavering commitment to civil liberties and human rights. We also would like to convey our concern and dismay that Dr Sen remains imprisoned, after nearly one year without trial, on allegations that he passed notes from a rebel leader, whom he treated in jail to a person outside the prison.” We request the DFID to review the statement made by the Global Health Council to understand the reasons why the British Government should proactively support this statement and urge for the release of Dr Sen.

4.11 The repercussions and larger context of Dr Sen’s persecution has been analyzed in a report compiled by nine doctors and a civil rights lawyer/teacher/author who knew Sen personally and possessed an innate understanding of his work. This report includes an appeal to fellow citizens, doctors and health workers to join the Release Binayak Sen Campaign. They wrote: “*We believe that it is our duty as doctors and public health workers that we inform ourselves of the developments in the country which are going to have long term impact on the health of our people. In the context of Binayak Sen’s arrest we need to perhaps understand the root cause of the Naxalite movement so that we better understand why the State has tried to frame Dr Sen as being a Naxalite and denied his contribution in the field of public health by calling him a namesake doctor.*”

4.12 In Dr Sen’s absence approx 260 villages in rural Chhattisgarh are being denied attention from their doctor and proper medical care. Consequently many of his patients have died or their health conditions have deteriorated. Others have had to resort to desperate measures to be able to access and afford alternative health services, many clinics being over 40 km from their homes and often having to be reached by foot.

4.13 To date there have been two Early Day Motions (EDM 1615 on 5 June 2007 and EDM 1441 on 6 May 2009) in the UK Parliament in support of Dr Sen (Give number and link). George Freeman MP and Alistair Burt MP have expressed their support for Dr Sen and the leader of the Green Party Caroline Lucas MP has written to the Prime Minister of India in support of Dr Sen and demanding his release. In formulating its response the DFID may want to consult the various MPs who have signed these EDMs and supported Dr Sen.

<sup>48</sup> <http://www.binayaksen.net/2008/05/nobel-winners-call-for-release-of-dr-binayak-sen/>

<sup>49</sup> [http://www.globalhealth.org/binayak\\_sen/](http://www.globalhealth.org/binayak_sen/)

4.14 The worldwide campaign to Release Dr Binayak Sen includes group and individuals throughout India and around the world. Individuals who have come out in support of Dr Sen include Activists, lawyers, doctors, writers, artists, journalists and filmmakers and some politicians and former Supreme Court judges. Other supporters include 55 solidarity groups in the UK, US and Canada, and the global voices of Amnesty International, Human Rights Watch, the Global Health Council and Physicians for Human Rights. Indigenous communities around India have come out in support of Dr Sen and have participated in mass rallies and hunger strikes. Dr Sen had also worked for the Bhopal Gas tragedy victims<sup>50</sup> and a large number of the survivors from the gas disaster have also participated in mass rallies. The political empowerment of indigenous communities through participation in this campaign is something which the DFID should support.

4.15 Within India, critics of Dr Sen's life sentence include senior judges like Justice Rajinder Sachar, who stated "*Denial of bail for Binayak Sen is a blot on the Indian judiciary*". The former Attorney-General and noted jurist, Soli Sorabjee, said it was the "tone and the tenor" of the ruling that was "worrying". He added that there was "an atmosphere of paranoia."

4.16 The European Union<sup>51</sup> and some of its member-States sent representatives as "observers" during the High Court hearing of Dr Sen's bail application in the Chhattisgarh High Court at Bilaspur. Daniele Smadja, Ambassador, Head of Delegation of the European Union (EU) to India, said that apart from the EU, individual member-States such as Belgium, Germany, France, Denmark, Hungary, the United Kingdom and Sweden would send their observers for the hearing. "There are EU guidelines on human rights defenders. We give utmost attention to cases of individuals involved in the upholding of human rights. We have informed the Indian government of the decision to send observers," she remarked. Ms. Smadja said she was mandated by her colleagues in the EU to take up the matter. The EU observers were not welcomed in some quarters, especially by some politicians from the party that forms the state government of Chhattisgarh.

4.17 Significantly, there is a general feeling of discontent within the state government of Chhattisgarh that the life sentence to Dr Sen is now attracting worldwide attention, thereby exposing the fabricated evidence used against Dr Sen, therefore the unlawful practice of the judicial system.

4.18 Significantly, the case also highlights the wider picture of the State and corporations colluding to create (in 2005) fund and maintain the Salwa Judum; an armed vigilante group used to forcibly clear indigenous Adivasi peoples from their land in order to gain the lands for industrial developments, from both State, Indian and foreign investors.

#### PART FIVE: SPECIFIC ISSUES AND RECOMMENDATIONS FOR THE DFID

5.1 The DFID need to continue giving aid for tribal welfare in Central India. Grave human rights violations have occurred in the region and aid will surely help in mitigating the suffering and welfare of such people.

5.2 The DFID need also condemn human rights violations in the region and take decisive measures to prevent the same.

5.3 DFID must intervene in the persecutions of human rights activists working in the region; most notably Dr Binayak Sen. Dr Sen (together with his wife Dr Iliina Sen), has gained remarkable results from actively working on Development issues as well as proactively lobbying for a Democratic environment and access to basic rights of people; the minimum requirements for sustainable development. Consequently, he has been subjected to growing political persecution since 2007.

5.4 The DFID and the British Government cannot afford to ignore the case of Dr Sen and the cases of other human rights defenders who are currently being subjected to similar persecutions. At a time when the international aid being given to India has not been reduced, there is a risk that ignoring these human rights violations could lead to the British government being seriously criticized for its "narrow vision of development", the continuation of a "colonial mindset" and the refusal to acknowledge the acts of Indian State funded atrocities being carried out alongside projects that are actually funded by DFID resources.

5.5 Dr Sen's case is not simply a legal issue neither an anomalous case of political persecution in Chhattisgarh. It is, rather, an issue that seriously affects the real and sustainable nature of the development of India as a whole. This is due to the case being representative of the alarming condition of human rights violations in Chhattisgarh and other parts of India; the safeguarding of human rights being a fundamental necessity for real and actual development.

5.6 In the immediate short term the DFID should request the Government of India to make an in-depth investigation into the case of Dr Sen. The DFID should convey the concerns and issues raised in this report to support the validity of issues raised.

5.7 In the immediate short term the DFID should urge the Government of India to urgently intervene in the case to secure the immediate, safe and un-conditional release of Dr Sen.

5.8 In the medium to long term the DFID should be willing to fully understand and embrace the human rights issues Dr Sen was engaged with, including the use of armed militia and the effect of forced displacement

<sup>50</sup> <http://www.indiablooms.com/NewsDetailsPage/newsDetails200111q.php>

<sup>51</sup> [http://eeas.europa.eu/delegations/india/press\\_corner/all\\_news/news/2011/20110121\\_en.htm](http://eeas.europa.eu/delegations/india/press_corner/all_news/news/2011/20110121_en.htm)

on the health and development of the displaced communities and especially in the areas the DFID are supporting. By their very nature, these human rights issues are integral to development issues.

5.9 The DFID is in a strategic position to observe and ratify the work of people such as Dr Sen, and to offer protection and support when subjected to political persecution. Defending human rights activists and development workers such as Dr Sen is in the interest of sustainable development, indeed it cannot be separated from these issues. The funding of aid to some of the poorest and most vulnerable people in India is a high priority of the DFID. This funding relates to the interest of the British taxpayers who support the £280 million annual international aid to India. The British public should not be kept ignorant of the extraordinary achievements of such people as Dr Sen whose past and future works only offer expertise and success to DFID initiatives. Dr Sen's incarceration is not only of a personal loss, but a severe impeachment to the development of the disaffected people in India, many of whom the DFID hopes to reach and actually affect.

We appreciate and have welcomed this opportunity to provide written evidence to the UK Parliament's International Development Committee's inquiry into the country's bilateral program, and an assessment of the DFID's programme in India.

30 March 2011

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### Written evidence submitted by Stop AIDS Campaign

#### INDIA, ESSENTIAL MEDICINES AND THE FTA—A TECHNICAL DETAIL THAT PUTS MILLIONS OF LIVES AT RISK

The UK's critical role in securing a safe and sustainable supply of affordable, essential medicines from the Indian generic pharmaceutical sector for India and the developing world:

- India's generic pharmaceutical industry supplies vital, life-saving medicine to its own people and the whole of the developing world. It provides 80% of anti-retrovirals treating people living with HIV in Africa,<sup>1</sup> making the global AIDS response possible.
- Free Trade Agreement negotiations between India and the EC, which are nearing completion, threaten to ramp up restrictions on intellectual property and strangle this industry and its vital supply of life-saving drugs, putting millions of lives at risk.
- Strong leadership from the UK government across DFID, the FCO and BIS is essential to protecting the "pharmacy of the world".

#### CONTEXT

1. India is home to a third of the world's poor.<sup>2a</sup> Nutrition levels are worse than most Sub-Saharan African countries.<sup>2b</sup> It is estimated that there are 2.4 million Indians living with HIV,<sup>2c</sup> the third largest population of any nation. The country lies in 119th place in the Human Development Index—just two places above Swaziland and only seven above the Congo.<sup>2d</sup> India has incredible development challenges and the UK has a critical role in tackling them—particularly through their support to effective multi-lateral agencies such as the Global Fund to Fight AIDS, TB and Malaria. However, this submission will focus less on the detail of the problems facing India and more on the vital role India's generic pharmaceutical industry has come to play in overcoming public health challenges across the developing world through the production of essential medicines.

#### INDIA'S ROLE IN SUPPLYING ESSENTIAL MEDICINES

2. The history of the expansion of access to life-saving HIV treatment is defined by the impact of generic competition, largely between Indian companies, on the price of anti-retroviral drugs. In the case of HIV, that generic production has forced prices from over \$10,000 per patient per year down to less than \$70.<sup>3</sup> This effect has been mirrored in other diseases. India has worked hard to comply with international trade laws *and* protect public health needs.

3. A recent study showed that at least 80% of people on anti-retroviral (ARV) treatment for HIV across Africa were taking high-quality, affordable generic drugs legally produced in India.<sup>1</sup>

4. Incredibly, a third of the world's entire population lack access to the medicines they need—rising to 50% in parts of Asia and Africa. In developing countries, medicines account for 60–90% of household expenditure on health.<sup>4</sup> Supply of essential medicines is a critical public health issue, and the only proven way of supplying low cost, high quality drugs is through generic competition.

#### *India and TRIPS*

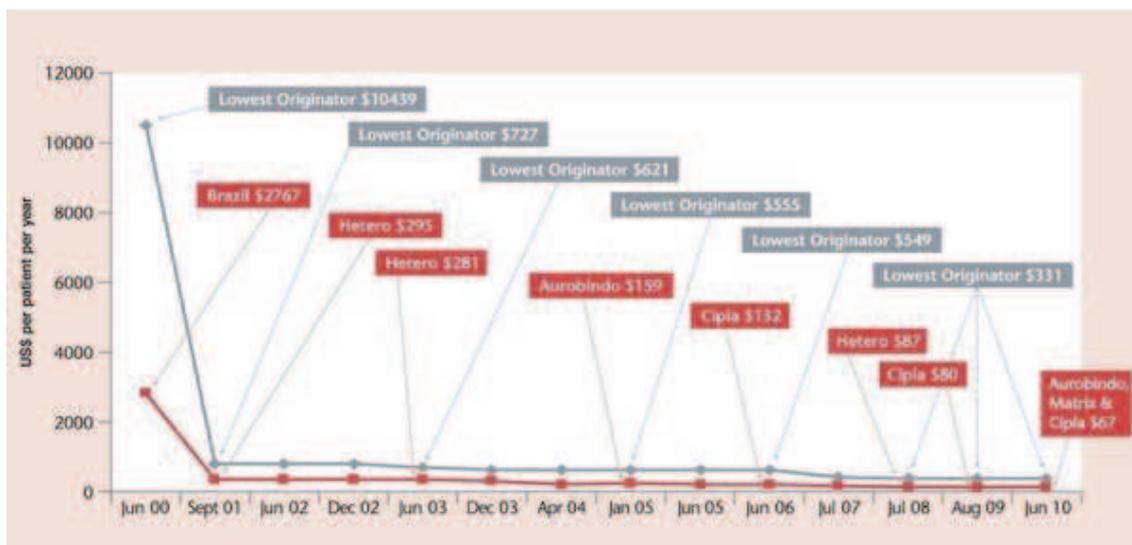
5. The production and sale of essential medicines is shaped by the regulations of the World Trade Organisation (WTO). When India joined the WTO, as a developing country, it was given until 2005 to comply with a central aspect of WTO regulations—Trade Related Aspects of Intellectual Property Rights (TRIPS). TRIPS grants 20 year patents on all newly developed products, including drugs. Before this time India's national law did not give patent protection to pharmaceutical products and so India was able to legally produce

and supply generic versions of essential medicines to its own people and people across the developing world, giving rise to the title “the pharmacy of the world”.

6. Competition between generic drug manufacturers drove down the prices of essential medicines. The cost of AIDS treatments which were produced before 2005 and so not affected by TRIPS, reduced by more than 99% from US\$ 10,000 per patient per year in 2000 to under US\$ 70 today.<sup>3</sup> These dramatic price reductions facilitated the huge increase in anti-retroviral coverage across Africa and Asia. A recent study found that more than 80% of donor-funded purchases of AIDS medicines from 2003 until 2008, were sourced from producers of affordable generics in India.<sup>1</sup>

**Graph 1**

COMPETITION AS A CATALYST FOR PRICE REDUCTIONS.



The fall in the price of first-line combinations of stavudine (d4T), lamivudine (3TC), and nevirapine (NVP), since 2000. This dramatic price drop was possible because of competition among multiple generic manufacturers in countries where these drugs were not patented, such as Brazil, Thailand and India.<sup>3</sup>

#### *Prioritising public health whilst respecting TRIPS*

7. Generic drugs under manufacture in India before 2005 were not affected by the application of TRIPS. However, from 2005 and the enforcement of TRIPS, newer, more effective drugs would not be made available to the world’s poor through the Indian generic industry as they would fall under the new patent regime. This is particularly important for people living with HIV, as the virus becomes resistant to treatment over time and new drugs are needed to keep the patient healthy. Several HIV/AIDS medicines, including Etravirine (\$913 per patient per year) and Raltegravir (\$1,113 per patient per year) have already been patented in India, blocking the production of more affordable generic versions.<sup>5</sup>

8. However, India prioritised public health through the creation of legislation that respected the conditions of TRIPS, but only granted patents on a drug when it was considered to be truly innovative and showed improved therapeutic effect over existing medicines. This meant that a new patent could not be licensed on a new medicine just because of a change in dose or concentration, or for combining two drugs into one pill. This is important for two reasons. Firstly it ensures that incremental improvements in the efficacy of HIV drugs can be accessed by people across the developing world. And secondly, it protects against “evergreening”, the tactic employed by pharmaceutical companies to extend the length of a patent on a drug by making small changes to its formulation as it reaches the end of the original patent protection period.

9. This legislation has therefore ensured people in the developing world, including India, have access to many essential medicines they otherwise would not have done. This law, however, has been attacked by originator pharmaceutical companies who have been battling in the Indian courts to overturn Indian’s pro-poor patent laws.

10. Access to ARV treatment in India has substantially declined since the introduction Trade-Related Aspects of Intellectual Property Rights (TRIPS) in India in 2005, meaning many people are already unable to access the medicines they require. The Delhi Network for Positive People (DNP+) stated that they have already noticed that the “patents in India on Cancer, HIV and Hepatitis medicines are making treatment expensive for newer therapies for these diseases.”<sup>6</sup>

11. As more time passes and increasing numbers of drugs fall under the new TRIPS regime in India, the supply of affordable medicines to the developing world will become increasingly difficult to sustain. Despite this threat, further restrictions on the ability of India to produce affordable generic medicines are being pushed through in the EU-India FTA.

#### PUSHING BEYOND TRIPS

12. The term “TRIPS-Plus” is used to describe constraints imposed upon a country which go beyond what they are required to do under TRIPS. Generally these terms are imposed in bi-lateral negotiations where the developing country is in a weaker negotiating position and is forced to accept conditions it would ordinarily reject.

13. Since late 2006 the European Commission, representing the UK, has been in negotiations with India over a Free Trade Agreement. The negotiations cover a raft of policy areas and regulations including border controls, migration and economic policies. The draft text also includes a number of clauses related to intellectual property.

14. Negotiations are expected to conclude in the coming months. The draft text, if implemented, would lead to the imposition of additional “TRIPS plus” constraints on India, threatening the vital supply of Indian medicines. Text relating to Data Exclusivity and other terms are technical details that could put the lives of millions at risk. In these negotiations and across the UK’s development, trade and diplomatic relations with India, the protection of the supply of affordable, essential medicines must be assured.

#### *The EU-India Free Trade Agreement*

15. The clause in the EC-India FTA which poses the greatest threat to the generics industry is known as Data Exclusivity, and has been defined by leading experts, including the WHO, as being a “TRIPS-Plus” constraint. Indeed, western governments pushed for its inclusion in TRIPS during the original negotiations but it was explicitly rejected.

16. According to evidence given by the Centre for International Trade and Sustainable Development to the UK All-Party Parliamentary Group on AIDS, and included in their 2009 “Treatment Timebomb” report on the threats to a sustainable supply of anti-retroviral HIV drugs, Data Exclusivity for pharmaceutical products is the TRIPS-Plus term which has the worst impact and represents about 90% of the medicine cost increases predicted as a consequence of the imposition of TRIPS-Plus terms.<sup>7</sup>

17. Data Exclusivity is one of three main aspects of the Free Trade Agreement between the EU and India that could seriously affect access to essential medicines for the developing world, along with injunctions and intellectual property in the investment measures.

#### *Data Exclusivity*

18. Inclusion of Data Exclusivity would lead to monopolies of up to 10 years on medicines that do not qualify for a patent under India’s current legislation. Currently generic manufacturers carry out relatively inexpensive bioequivalence tests to prove that their product is the same as the original drug. They can then point to the results of the original clinical trials to prove the efficacy and safety of their product. Data exclusivity prevents generic manufacturers from relying on existing clinical trial data to register generic versions of medicines, stating that those who pay for the data have the exclusive right to use it. Without registration, a medicine cannot be marketed. Data exclusivity therefore acts as an effective ban on generics until the period of exclusivity ends.

19. The only way around this ban would be to require generic producers to generate their own clinical trial data, which would not only be prohibitively expensive, but also unethical, as it would mean repeating trials for drugs already proven effective, and withholding life-saving medicine from the “control group”. Data exclusivity is particularly dangerous because it can apply to drugs that do not merit a patent under India’s law—if the final text of the FTA includes Data Exclusivity, even if a drug was not found to merit a patent, only the originator company would be allowed to produce for a period of up to 10 years, thereby maintaining the monopoly and completely undermining the public health flexibilities in India’s patent law.

20. As an example, a patent on Nevirapine syrup to treat children living with HIV/AIDS was rejected by the Indian patent office, allowing generic producers to begin manufacturing right away. If Data Exclusivity had been in place, they would have had to wait up to 10 years to be able to start producing this drug, even though it did not deserve a patent.

#### *Injunctions*

21. One of the EC’s demands is to introduce the mandatory use of court injunctions. When a patent or trademark dispute emerges between a generic and a patent-holding company, this would mean that the production of drugs by the generic manufacturer would have to stop, even before a case for infringement has been heard in court. The courts would therefore not be allowed to balance the constitutionally-enshrined right

to health and access to medicines against the economic harm and compensation due to the rights holder if the case is proved.

#### *Intellectual Property (IP) in the Investment Measures*

22. The EC has failed to clarify whether it is seeking to have IP included in the investment measures of the FTA. This would open a whole new arena for litigation as soon as India adopted any regulation, injunction, administrative decision or legislation that favours patients over profits. In February 2010, Philip Morris, the tobacco company, filed a case against Uruguay under a Switzerland-Uruguay Bilateral Investment Treaty in order to challenge Uruguay's decision to increase the size of warning labels on cigarette packets. Philip Morris argues that these measures infringe their trademarks and hamper their competitiveness in the Uruguayan market. The case is ongoing. This is a clear example of how companies can use a bilateral investment treaty to challenge government decisions related to public health on grounds of IP infringement.

#### THE IMPACT ON INDIA AND THE WORLD

23. These measures, in particular Data Exclusivity, would clearly act as barriers to affordable essential medicines produced in India. The impact has already been seen in other countries following similar FTAs. Although the results of an FTA between the EU and India cannot be predicted without using an effective economic model, studying the impact of TRIPS-Plus measures on other developing countries demonstrates what are highly likely to be the consequences of such an agreement.

#### *Jordan*

24. Jordan is, like India, a Lower Middle Income Country. A study conducted by Oxfam in 2007 called "All costs, no benefits: How TRIPS-plus intellectual property rules in the US-Jordan FTA affect access to medicines" sets out the impact of this FTA, which introduced five years of Data Exclusivity onto any medicines filing for a licence in Jordan. The impact has been stark:

- Medicine prices increased by 20% since 2001.
- Data exclusivity delayed generic competition in 79% of medicines newly launched by 21 multinational pharmaceuticals between 2003 and 2006.
- Anti-diabetes medicines are now up to 800% more expensive than in neighbouring Egypt where no FTA has been agreed and generic competition is not restricted.<sup>8</sup>

#### *Thailand*

25. In 2004–05, the International Health Policy Program (IHPP) and the Ministry of Public Health, Thailand, with support from the Fiscal Policy Research Institute Foundation, Ministry of Finance, carried out a study on the impact of the Thai-US Free Trade Agreement on health expenditures and access to essential medicines in Thailand. The magnitude of the impact and additional expenditures was calculated by comparing the prices of innovative, patented drugs with that of generics. This study found that the inclusion of Data Exclusivity, which essentially acts as an additional patent, would have significant impacts on health expenditure in Thailand and access to essential medicines in the country. The main findings from the study concluded:

- Competition between generic drug manufacturers with TRIPS plus measures would be 35% lower, drastically increasing the overall price of essential medicines.
- Data Exclusivity would create an additional cost of \$260million for the 42 top selling medicines in Thailand in 2003.
- Data Exclusivity would create a three to seven fold increase in total expenditure on ARV treatment specifically.<sup>9</sup>

26. The introduction of TRIPS-Plus provisions in India would have serious implications for the public health of the sub-continent. We can expect to see the price of essential medicines drastically increase due to the lack of competition between generic drug manufacturers and access to appropriate medicines reduce. The National AIDS Control Organisation (NACO) in India has demonstrated that the price of ARV drugs for one patient for one year is reduced by Rs 2,000 with the presence of competing drug manufacturers.<sup>10</sup> With nearly 2.5 million people in India living with HIV, this is a saving which could run into tens of millions of pounds.

#### *Beyond India*

27. A study by Waning *et al* in 2010 measured the role of Indian generic manufacturers in supplying antiretroviral medicines to developing countries. This study found that Indian generic manufacturers "dominated the ARV market, accounting for more than 80% of annual purchase volumes." For specific forms of ARV treatment, the Indian generic manufacturers accounted for between 89% and 91% of the global purchases in 2008. Furthermore, 96 out of 100 countries purchased generic medicines produced in India in 2008, including many countries in sub-Saharan Africa with a high prevalence of HIV. This is because Indian-produced generic ARVs were significantly less expensive than non-Indian generic medicines. The conclusion of this study was simple:

28. Indian generic producers supply the majority of ARVs in developing countries. Rather than agreeing to inappropriate intellectual property obligations through free trade agreements, India and its trade partners—plus international organizations, donors, civil society and pharmaceutical manufacturers—should ensure that there is sufficient policy space for Indian pharmaceutical manufacturers to continue their central role in supplying developing countries with low-priced, quality-assured generic medicines.<sup>1</sup>

29. It is critical India is able to continue supplying high-quality, affordable medicines to the developing world. This study clearly demonstrates the impact the FTA, including Data Exclusivity, would have on India and its role as the pharmacy of the developing world. This agreement would not only impact India's public health or people in need of ARVs, but also millions of people in the developing world in need of life-saving medicines that they can only access through India's generic drug industry.

#### THE EC'S WEAK DEFENCE

30. The EC has claimed that it will ensure that the details of the FTA will not harm access to medicines, however no impact assessments have been conducted to show how the new rules being proposed would affect generic production or medicine prices and availability. Furthermore, as was seen in the case of Jordan, and other countries that have agreed to Data Exclusivity, the evidence points to extremely negative outcomes.

31. The EC Trade Commissioner, Karel de Gucht, has claimed they are taking a number of steps to protect the generic production of medicine, but MSF have clearly highlighted how these moves simply will not address the problems created by the inclusion of TRIPS-Plus terms such as Data Exclusivity in a briefing entitled "The Truth Behind the Spin".<sup>11</sup> Specifically, the EC has claimed that the FTA will not impact on the issuing of compulsory licences for patented medicines—a right India has under TRIPS. However, this ignores the fact that Data Exclusivity would have the greatest impact on the medicines which are not granted a patent. India's patent law protects only truly innovative medicines—Data Exclusivity is specifically designed to counteract this and would block generic production even if the medicine doesn't warrant patent protection. Data Exclusivity is a direct attack on India's public health-protecting patent system.

32. There is a track record of western governments reassuring developing countries that TRIPS-Plus terms will not have a negative impact. The US stated that TRIPS-plus measures would have a positive impact on access to medicines in Jordan in a variety of ways. The US claimed it would encourage foreign direct investment (FDI), spur local research and development and encourage pharmaceutical companies to launch innovative products. None of these things have come to pass.

33. The reality of the FTA is that the EC is pushing intellectual property rights restrictions on India far beyond what India is required to accept under international law. These terms will be detrimental to the health of the people of India and the whole developing world in order to protect the interests of European companies. Simply put, the EC must drop its demands for inclusion in the FTA of all TRIPS-Plus terms, including Data Exclusivity.

#### QUESTIONS FOR THE UK

"Reducing the costs of drugs could enable savings that could fund access to life-saving treatment for an additional one million people every year, even without new resources. DFID, Achieving Universal Access"

"The UK's Strategy for Halting and Reversing the Spread of HIV in the Developing World" 2008.

"In these difficult, economic times donors have a double duty, a responsibility to achieve maximum value for money: not just results but results at the lowest possible cost."

Andrew Mitchell, speech given at Carnegie Endowment, Washington DC, Friday 25 June 2010

34. The current economic climate means there is more pressure than ever to prove our development aid is being spent effectively and efficiently. It is critical, therefore, that we are getting value for money in our investment in treatment for people in the developing world. Without the price reductions generic competition has generated, we would not have been able to scale up coverage to HIV medicines. Supporting steps which will demonstrably lead to increased prices of essential medicines, putting them out of the reach of poor people across the world is in total contrast to our government's stated development aims, aside from being completely inhumane.

35. Generic competition—largely driven by Indian companies—has forced down the price of generic ARVs from \$10,000 in 2000 to just \$70 today.<sup>3</sup> If we spent our money buying the lowest priced originator first line ARV available today—a price which has only been driven down to its current level because of generic competition—we would still treat five times fewer patients than we could if we spent our money on the best priced generic version.<sup>3a</sup>

36. Beyond India the imposition of TRIPS caused much controversy as the reality of the restraints it placed on countries' ability to access the drugs their people needed became clear. In 2007, Thailand came under extreme pressure from the USA and Abbott to retract a compulsory licence for a vital heat-stable ARV, Kaletra. Thailand were acting perfectly within their rights, but, in part, it took the support of then Secretary of State for International Development, Hilary Benn, who spoke out in defence of Thailand's actions, to get the USA and Abbott to back down and allow Thailand to utilise its legal rights. DFID has historically played a vital

role in speaking up for the rights of countries to access the medicines their people need. Such a voice is crucial today.

37. Without a sustainable supply of high-quality generic medicines from India the prospect of achieving the health MDGs, already vastly under-funded, will quickly become fantasy.

38. Whilst protecting generic medicine production in India is clearly in the best interests of the people of the developing world and key to efficient development interventions, it is in the interests of pharmaceutical corporations to shut it down as much as possible.

39. In February 2011, the Department for Business, Innovation and Skills announced that it would focus the UK's economic recovery on expanding trade with the developing world, with Business Secretary Vince Cable specifically highlighting how crucial the EU-India FTA was to their plans.

40. The government are yet to clearly state their position on the inclusion of TRIPS-Plus terms in the FTA, but have emphasised the need to balance public health needs with the rights of businesses to protect their intellectual property, and that the UK will do so on a "case-by-case" basis depending on the level of development of the country.<sup>13</sup> This however, gives the government a large amount of room to manoeuvre.

41. Recent revelations in the Wikileaks cables suggest that, whilst the UK has in the past been publically opposed to TRIPS-Plus conditions, there are internal differences of opinion between departments. Notes from a meeting in 2007 between US officials and officials from the UK Department of Health and the Intellectual Property Office indicated that the UK "broadly agrees with the US position" on Intellectual Property and health. They had sought to keep IP issues off the agenda of the World Health Organisation, but that the third member of the UK delegation to the WHO, DFID, who were not represented at the meeting, "might have differing views".<sup>12</sup> This internal dissonance could clearly be a factor in the formation of the UK government's current position on IP issues with India.

*Key questions must be answered by the government:*

- What is the UK's formal position on the inclusion of TRIPS-Plus conditions in bi-lateral agreements? Will the government use its position within the EC to make a strong stand against conditions which will impact the supply of affordable generic medicines?
- Have they confirmed that the UK position is understood by the EC negotiators and what steps have they taken to ensure it is adhered to?
- In the specific case of India, what is the UK's position on Data Exclusivity, and how have they assessed its potential impact on health across the developing world?
- Is there any internal difference in policy across Whitehall to these issues?
- Which department has seniority in such matters? How are differences of opinion resolved, decisions reached, and what evidence is used to inform a government wide opinion?
- Have the UK considered how the global community will meet the increased cost of supplying essential medicines to the developing world if this FTA is signed with terms that shut down generic supplies of medicines?

## CONCLUSION

42. Without urgent leadership from the UK the ongoing EU-India Free Trade Agreement negotiations will be finalised with the inclusion of text which will block access to essential medicines for millions of people in India and across the developing world. These terms are being included for the good of pharmaceutical profits at the expense of the lives of the world's most vulnerable. They are unnecessary and immoral and should be resisted.

43. DFID's role in protecting the production of generic medicines in India is vital.

44. It has a significant international leadership role to play in speaking up for the rights of developing countries to fully utilise their rights to exploit legal flexibilities in international IP law for the good of their people's public health.

45. DFID must lead the resistance against the imposition of TRIPS-Plus terms on developing countries.

46. DFID must ensure that the public health of millions of people across the developing world is at the centre of the UK Government's trade, development, and diplomatic relationship with, and policies towards, India.

***This paper was prepared utilising the extensive resources of key partners including MSF and Oxfam.***

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<sup>2c</sup> <http://www.unaids.org/en/regionscountries/countries/india/>

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<sup>3</sup> Medecins Sans Frontieres. 2010. *Untangling the Web of Antiretroviral Price Reductions*. [Online] Available at <http://utw.msfaccess.org/> [Accessed 11 February 2011].

<sup>3a</sup> Calculated using figures taken from the above report—lowest available first line generic ARV in June 2010 was \$67, lowest available originator \$331. The originator is 4.94 times more expensive than the generic.

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30 March 2011

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**Written evidence submitted by Dr Shelia C Vir Senior Public Health Nutrition Consultant and Director, Public Health Nutrition and Development Centre, New Delhi, India**

MEETING THE CHALLENGE OF MALNUTRITION IN INDIA

A. *Need for a Shift in the Programme Focus*

The data on child undernutrition of the National Family Health Survey 3, released in late 2006, created unprecedented interest in the country. Four out of every 10 children below the age of five were reported undernourished (measured as underweight for one's age) and a wide variation was noted amongst states—Madhya Pradesh State having almost six children out of 10 underweight compared to two in Kerala. The national survey, for the first time, received remarkable media coverage. The problem was soon recognized politically at the highest level as a “national shame”. The challenge for addressing undernutrition gained momentum and reference was invariably made to the immense problem of hunger. The fact that almost 20% of children, even from the highest wealth index group, are underweight in the country went unnoticed. Malnutrition in children, unfortunately, continued to be equated with mere hunger, food insecurity or lack of access to food. The Food Security Act gained momentum and provision of food or nutrition supplement provided under ICDS was viewed as the primary solution to the immense problem of malnutrition in young children. This is far from the desirable strategy that would make a difference in the grim child undernutrition scenario of the country.

The problem of being underweight starts from birth—almost a third of children in the country are born with a low birth weight (less than 2,500 grams) and this underweight situation continues to worsen up to the first two years of life, especially between 9–11 months. Mere unavailability of food at family level is not the primary cause of being underweight—the real problem, in fact, is in not feeding a child adequate amount of food required during this period of accelerated growth. A study of the National Institute of Nutrition indicates that in families where 80% of adult women were consuming adequate calories and proteins, only 30% of young children 1–3 years were in such adequacy category. A child at the age of six months requires semi-solid food in addition to breast milk. At this age, a child cannot eat on its own and needs to be fed. This needs effort and time of the caregivers. The very positive traditional practice of “*annaprasan*” (meaning introducing food to children) is unfortunately limited only to a community celebration of introduction of a cereal food in child’s mouth by a family elder. There is a lack of appreciation that a child needs to be fed semi-solid food not once but at least 2–3 times a day and that the total amount of food fed to a child at this age needs to be adequate to meet the demands of accelerated growth—both physical and mental. *Annaprasan* celebration is only used as an entry to the world of cereal food—a child is allowed to eat roti or biscuit but is sadly often left to nibble on roti piece or biscuits or rusks of bread to chew on. The absence of crying or silence resulting from the joy of handling an object is accepted as a cue to a child being not hungry or not requiring to be fed. Such traditional opportunities are lost unless special efforts are made to influence child feeding (referred as complementary feeding) and caring practices.

It is time we appreciate the correct causes of undernutrition and shift our mindset and the programme focus from provision of free food to children through universal feeding programme or push the agenda of Food security Act for resolving the problem of malnutrition in children. Active feeding of a young child along with keeping it free from infection and diarrhoea is critical. How often do we refer to safe water and sanitation security when we talk of food security and associated malnutrition in children? How many of us appreciate the fact that only about 30% mothers are reported to wash hands after defecation? Let us not push the problem of undernutrition in children under mere food security or hunger issue. We need to go beyond this and concentrate on issues which hinder mothers from giving birth to a healthy child and feeding these children appropriately in an environment where chances of infection from water borne and vaccine preventable diseases is reduced to near nil. It is time we accord a much greater attention to care of adolescent girls and young women. Adolescent pregnancy—with 30% of girls aged 15–19 in India being married or in union—combined with the common traditional practice of “eating down” during pregnancy for safe and ease in delivery, contributes to the grim scenario of high prevalence of low birth weight and poor start in life. Women’s health and nutrition, education and decision making ability as well as increasing time available at hand is essential to enable a mother to perform her child caring tasks more effectively. Studies show that when gains in income are controlled by women, they are more likely to be spent on food and needs of children. By educating our young girls, we empower our future mothers and we amplify benefits across families and generations. It is time we look beyond food subsidy to resolve the issue of underweight or malnutrition in children.

## B. Understanding and Addressing the Gaps

*Human resource and Institutional arrangement*—The programmes for improving nutrition of women and children in the country is under the purview of the two ministries of the GoI—Ministry of Women and Child Development (MoWCD) and the Ministry of Health and Family Welfare (MoHFW). Both these ministries have functionalities at district, block and village level and need to integrate their actions not only at village level but at central ,state ,divisional and district level to make a difference. MoHFW has a technical wing at the central and state level while the MoWCD lacks such technical support at every level—from the central to district level.

This adversely influences programme planning and implementation. Hence there is a need to undertake a systematic study on the existing institutional arrangement for addressing the problem of nutrition in women and children in the country. Following such a study, effort needs to be made to overcome the existing gap of public health nutritionists and consider establishment of State Nutrition Resource Centres and Divisional Nutrition Resource Centres. In this context, strengthening the Medical and Home Science Colleges based at divisional levels is important.

*Zeroing on the “highest risk” population*—The nutrition improvement programmes need to focus on under ones instead of under three or under two children—the “highest risk” population groups should include infants, pregnant and nursing mothers and newly weds. Investment in improving adolescent and women’s nutrition status is critical. Such a focus will reduce the number of families in a population that would be required to be followed intensively eg in a 1,000 population only about 50 families would fall in the “at risk” category. Interpersonal communication with high risk families through a network of elected community cluster mobilisers/volunteers has proved effective in small scale programmes in India and larger national programmes in Vietnam and Thailand. Such family level inter personal counselling combined with well planned and executed social mobilisation efforts are essential to make a difference in child and maternal nutrition through appropriate care ,feeding, personal hygiene and sanitation practices.

Such a strategy needs to be scaled up and demonstrated to be a workable effective model on a larger scale in India, such as a district. It is critical that district level effective integrated multi-sectoral model for preventing undernutrition (involving ICDS, health ,women’s development, hygiene and sanitation sectors ) are planned

and implemented with proper monitoring, process documentation and evaluation to facilitate in analyzing and taking the best practices to scale in the states with poor child nutrition indicators.

Additionally, the district level preventive approach needs to be combined with a district level community based approach for the management of severe acute malnourished (SAM) cases—almost 8 million children in India are suffering from SAM. These SAM children are nine times higher chances of dying. For community based management of SAM, development of indigenous therapeutic food product, similar to internationally available RUTF (Ready to Use Therapeutic Feeding), is essential.

*How DFID could contribute in making a difference?*

DFID is a bilateral agency which is an advantage of working closely with not only one Ministry but at least the three core ministries responsible for improving health and nutrition of children i.e. Ministries and Departments of Health, Women and Child Development, Rural Development (in-charge of community level governance through elected *panchayats* and also water, sanitation, micro-credit and livelihood programmes). DFID could consider providing support in the following areas for accelerated and sustained improvement in nutritional status of women and children.

- Continue advocacy at the highest level for enhancing political support towards accelerating actions for addressing the problem of malnutrition. Shift in programme focus and budget—from mere food supplementation under the Integrated Child Development Services programme (ICDS) to appropriate feeding including the introduction of micronutrient supplements for women and children as well as measures for safe water, hygiene and supporting women's development.
- Technical and financial support to poor performing states to undertake district level integrated multi-sectoral planning and implementation for sustainable improvements in child nutrition. This would include integrating functioning of sectors such as ICDS of MoWCD and the National Rural Health Mission (NRHM) of MoHFW and water-sanitation (Ministry of Rural development) from central to block to village level. First step would be defining sectoral nutrition goals and roles and responsibilities with reference to agreed goals, focusing on evidence based interventions as well as support in block and district level planning and management of programmes implementation. The latter would include experimenting with innovative community based integrated monitoring mechanism and ensuring process documentation and a systematic evaluation.
- Undertake a national and state specific assessment study on the existing institutional mechanism for addressing malnutrition in women and children in the country. Based on the emerging scenario and recommendations, support the central and state governments for improving institutional mechanisms and human resource support in the area of public health nutrition.
- Longitudinal operational research study on the impact of adolescent and maternal nutrition-health care on birth weight and on the nutritional status of children at one and two years of age. Support to regional Food and Nutrition centres of Home science colleges and Public Health Departments of medical colleges to undertake such joint operational research from the pre-pregnancy stage till the child is two years old. Such research will not only give programme direction but will facilitate in building capacity of institutions to undertake operational research in the subject of public health nutrition.
- District level programmes for community based management of severe acute malnutrition (SAM) cases including indigenous production of therapeutic food product through public-private sector partnership.

21 March 2010

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**Written evidence submitted by VSO**

**ABOUT US**

1. VSO is an international development agency with over 50 years of experience working in a variety of settings worldwide. We take a unique approach to tackling global poverty, by placing committed volunteers with carefully selected partners—from grassroots groups to government ministries. Our 1,600 volunteers use their skills to improve the impact of aid efforts for poor and marginalised people. By working closely over time with partner organisations, they provide the right support to help ensure that local development efforts deliver greatest impact and value for money.

2. VSO has worked in India since 1959 and currently works through international and national volunteers on programmes across three VSO goal areas: Disability, HIV and AIDS and Participation and Governance. In 2009, VSO India registered as an Indian non-governmental organisation. In the future, VSO India will work through local staff reporting to a national board, and will integrate the learning and experience gained by VSO

globally over the past 50 years. VSO works in partnership with DFID in India through the INGO partnership agreement programme (IPAP).

#### EXECUTIVE SUMMARY

3. VSO welcomes the opportunity to contribute to the International Development Committee's Inquiry into the future of DFID's programme in India. Despite India's rapid growth and increased international standing, there are still 450 million men, women and children in the country living on less than \$1.25 a day. This represents over a third of the world's poor. While India's economy has thrived in recent years, the proceeds of growth have not been spread across all sections of society; leading to increasing social and economic inequality. As such, inclusive growth and the improvement of essential services have been identified as government priorities, in order to ensure that the benefits of India's economic growth reach poor people.

4. The mid term appraisal of the Millennium Development Goal (MDG) targets for India showed slow progress in poverty reduction, food security, access to education and health care, climate change mitigation and adaptation and infrastructure.

5. DFID's role in India has been primarily to address institutional accountability, enhance access of poor and marginalised communities to services and to encourage structural reforms. However these efforts are limited and there is need for more work to be done. VSO recognises DFID's contribution to poverty alleviation in India but believes that new and innovative ways of working should be established. For example, DFID should work not only with the poor communities but increase its work with growing populations in India such as the 300 million members of the middle class and young people. The role of India's growing and dynamic private sector should also be considered to encourage them to become more aware of social and development issues and play an active role in the development of active citizenship in India.

6. VSO has recognised the distinct benefits of engaging members of the Indian Diaspora to volunteer their time and skills in the country. While there is much informal contact and many informal and familial networks that link the Indian Diaspora to India, DFID could look to use them more in the future in pursuit of development outcomes.

7. DFID should continue to support excluded groups including girls, women, religious minorities, scheduled caste and scheduled tribes,<sup>52</sup> disabled people and people living with HIV so that they have better access to basic services including education, health, employment and social security.

8. On climate change, progress to achieve MDG 7 has been slow. As a growing economy, India has to balance the twin challenges of sustainable economic growth with ensuring that such growth does not cause lasting damage to the natural environment. More effort needs to be given to ensuring that India possesses the technical skills to achieve sustainable growth.

9. DFID should continue to strengthen the capacity of civil society groups and government structures in the areas of governance, climate mitigation and adaptation, raising voices of marginalised and excluded groups so that they can uphold their rights enjoy full and equal access to information and entitlements and also work on enhancing transparency and accountability.

#### DFID'S PROGRAMMES IN INDIA

10. There are 421 million people living in poverty in the eight north Indian states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal.<sup>53</sup> This is higher than the estimated 410 million poor living in the 26 poorest African nations.<sup>54</sup> There is a great challenge, therefore, to reach MDG1 in India.

11. The nature of poverty, and the context in which it is found has changed greatly in India. The challenges of inclusive growth and improvement of essential services have been identified as government priorities, as the benefits of India's economic growth have failed to reach the poor. Although rural poverty remains a great development challenge, a poor person is now increasingly likely to live in a town or city in India.<sup>55</sup>

12. VSO's partners have been engaged in a number of poverty alleviation projects that have been either partly or fully funded by DFID. For example, the Network for Enterprise Enhancement and Development Support (NEEDS) is a VSO partner working in Jharkhand state. NEEDS has been part of the DFID funded Poorest Areas Civil Society (PACS) Programme. Murari Choudhury, head of NEEDS, commented that the programme was "focussed on the most poor and access to entitlements. [PACS] is the only programme in India, which directly focussed on access to entitlements by the poorest communities. The programme has had a large impact towards enabling people to access entitlements including social security, food entitlements and land rights." However, Mr Choudhury, like many respondents, commented that the engagement should have run for a longer period of time: "...the programme was only for three years and not much change was realised.

<sup>52</sup> "Scheduled" castes and tribes are those enumerated in the Indian Constitution, which provides compensatory entitlements and privileges.

<sup>53</sup> Multidimensional Poverty Index, Oxford Poverty and Human Development Initiative, 2010.

<sup>54</sup> India UNDP Urban Poverty Report, 2009.

<sup>55</sup> Government of India.

There should have been longer engagement with communities and civil society groups to have a larger impact in the community...at least till the MDG timeline expired.”

13. VSO partners welcomed the recognition of civil society in fighting poverty in their own communities. Gangaram Paikra, of CHAUPAL, a civil society organisation and VSO partner in Chhattisgarh commented, “Although the government of India has formulated and implemented various poverty alleviation schemes...the poor and excluded communities are still far from accessing them due to lack of awareness and information. This is also associated with the problem of poor capacity at the Panchayat<sup>56</sup> level and the presence of corruption at all levels. Hence, there is a need for capacity building of Panchayats, awareness in the community and to foster a culture of good governance.”

14. Partners recognised the DFID programme in India as key to driving the inclusion of the most vulnerable and marginalised communities in the country. Many partners commented that the focus on including the most marginalised in DFID programmes has led to a renewed focus on these groups, which is welcome.

15. DFID's interventions in India have been focussed on access to entitlements, poverty alleviation, capacity building in government and improving governance. While this is welcome, there is still a lack of support for NGOs and local partners working in the country. VSO believes that support for processes of awareness building amongst excluded and vulnerable groups and strengthening grassroots civil society organisations is important to ensure that organisations of the poor are able to hold Government to account.

16. The role of the private sector in development is one that has taken on increased prominence in recent years. In India, the corporate sector is becoming increasingly aware of the benefits of employee volunteering as an effective component of a Corporate Social Responsibility (CSR) programme. However, many corporations struggle with volunteer management and placement design. There is still a general distrust of the credibility of small NGOs in India and, as such, DFID may have a valuable role to play in harnessing this enthusiasm from the corporate sector to promote volunteering and active citizenship and support the establishment of programmes.

#### ENCOURAGING ACTIVE CITIZENSHIP

17. VSO believes that active citizenship is about promoting the voice of people in development, encouraging participation in democratic processes and giving people greater access to information and control over the actions that affect their communities. At the same time, active citizenship is about enhancing the responsiveness of those in power to ensure that decisions benefit poor and marginalised people.

18. The Government of India has made inclusive growth a priority and has been working, with DFID's support, to ensure that marginalised groups are included in decision-making and are taking an active role in their own development. At the same time, the Government of India are also working to raise awareness among the middle class, elites and young people to ensure that they recognise they have a key role to play to create and enabling environment for inclusive growth to prosper.

19. There is tremendous potential for DFID to engage the politically influential Indian middle class to stand up and act against poverty in both rural and urban settings. This is matched by great enthusiasm among parts of the Indian middle class to engage in work that improves development outcomes. For example, Teach India 2008—a social initiative organised by the Times of India bringing together children in need of education with people who were willing to teach them—attracted 100,000 applicants in just three months. VSO India has supported the establishment of volunteering initiatives in India. In its National Policy on the Voluntary Sector in 2007, the Indian Government acknowledged the important role of volunteerism in tackling exclusion. However, the potential of volunteering schemes has not been realised, as local people are often not consulted in the development of volunteering initiatives. There is a potentially useful role for DFID to play here in encouraging the Indian government to harness the potential of the middle class through national volunteering efforts. VSO India will soon be launching V for India—Volunteering for Change which will look to encourage and able local people to act as agents for change and to contribute to sustainable development in their own communities.

#### DFID'S ROLE IN THE RELATIONSHIP BETWEEN INDIA AND THE UK

20. The growth of India has changed the nature of the relationship between India and the UK. While the UK will likely continue to have a donor relationship with India, there is also a need to address the country in a number of new contexts, including the role of the Indian Diaspora community and the role of India as an aid donor in its own right.

21. Since 2008, VSO has worked in partnership with DFID to run volunteering initiatives for members of Diaspora communities in the UK. This is one area where DFID could seek to strengthen links between India and the UK. India has around 30 million Diaspora citizens in 130 countries around the world. In the UK, the Diaspora community is now close to 1.5 million people. Keen to support their country of heritage, highly skilled and influential, aware of India's domestic and foreign policy contact and able to offer an external perspective, they are well placed to be involved in development work in India. Diaspora volunteers have been able to contribute to the growth and build capacity of civil society organisations working with marginalised

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communities so that they are better able to advocate for their rights, mobilise resources, enhance communication and influence policies in favour of the poor and disadvantaged.

22. India is increasingly becoming an important aid donor in its own right. Recently, aid contributions have been growing, particularly to Cambodia, Afghanistan and a number of African countries like Uganda, Sudan and Guinea. However, there is little transparency in the process or in the allocation of funds. DFID, as a best practice donor, could work more closely with the Government of India to improve transparency, coordination and effectiveness of its aid and alongside this work influence the direction of the Government of India's development policy and practice.

30 March 2011

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### Written evidence submitted by Wellcome Trust

#### INTRODUCTION

1. The Wellcome Trust is a global charitable foundation dedicated to achieving extraordinary improvements in human and animal health. We support the brightest minds in biomedical research and the medical humanities. Our breadth of support includes public engagement, education and the application of research to improve health. We are independent of both political and commercial interests.

2. We have a long established involvement with India, with support for research dating back to the 1950s. We have recently launched several new initiatives which have significantly increased our funding and presence in India. We are currently committed to over £170 million of funding in India towards various initiatives supporting biomedical and translational research. We therefore welcome the opportunity to submit evidence to this inquiry.

3. We support the continuation of the Department for International Development's (DFID) bilateral programme in India and believe that there are several ways that DFID can maximise the impact of its funding in India and significantly assist India in decreasing poverty and meeting the Millennium Development Goals (MDGs).

4. We therefore recommend that DFID consider the following:

- increased partnership working;
- influencing the development agenda;
- supporting its strategy with research; and
- increasing communication activities.

#### MAINTAINING DFID PRESENCE IN INDIA

5. We recognise that India is the single largest recipient of bilateral aid from DFID. We strongly support the continuation of the DFID Bilateral Programme in India given the scale and complexity of the development agenda which India faces. Although India is an "emerging economy", indicators of health and poverty rank lower than many low income countries. Assessments of India's progress towards meeting the MDGs, especially in the area of child and maternal health and HIV-AIDS, combating poverty and eradicating communicable diseases indicate that significant on-going external support is still required.

6. However, we also recognise that over time India will increasingly develop its ability to address its own development priorities—including health. Therefore, we believe that DFID should work to maximise its value-for-money in India to ensure its funding is achieving real progress in decreasing poverty and reaching the MDGs. Our recommendations on how DFID can achieve this are outlined below.

#### DEVELOPING PARTNERSHIPS

7. By working in partnership, DFID can maximise the impact of its engagement overseas without increasing expenditure. We feel that DFID has much to offer as a partner in India, because of its long history working at both the national and state level. DFID could provide valuable operational guidance which could save donors time and money. Furthermore, DFID could use its leverage to aid other donors in entering India; allowing them to build their own reputation and establish independent activities in the future.

8. There are a number of funders and donors that DFID could potentially partner with:

- *UK donors*—UK Research Councils; Department of Business, Innovation and Science; research charities;
- *UK universities*—such as Imperial Innovations: Imperial College's technology transfer vehicle;
- *Private sector* ;
- *Country donors*—major funders in India include Japan, Germany and France and the European Union;

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- *International organisations*—the Global Fund for AIDS, TB and Malaria; World Bank—International Development Agency; UNICEF and other UN organisations; and
  - Wellcome Trust

9. We are also interested in working with DFID in India to ensure our initiatives are complementary. Our activities in India include:

- *WT-DBT Alliance Biomedical Research Career Programme*: The Alliance is a jointly funded initiative with the Government of India's Department of Biotechnology (DBT). It aims to strengthen the research base of Indian biomedical sciences through a series of fellowship programmes. Joint funding of £80 million over five years has been made available for this initiative.
- *R&D for Affordable Healthcare in India*: This £45 million initiative is a partnership between the DBT, the Government of India and the Trust. The objective is to fund translational research projects that will deliver safe and effective healthcare products for India—and potentially other markets—at affordable costs and without compromising quality.
- *Hilleman Laboratories—Joint venture between MSD and Wellcome Trust*: This joint venture with Merck & Co. Inc is a first of its kind. It aims to establish a not-for-profit research and development enterprise focusing on producing affordable vaccines to prevent diseases that commonly affect low-income countries. A total of £90 million over seven years has been committed to this project.
- *Strategic Awards*: Several of the Trust's Strategic Awards focus on India, including a collaboration between the Public Health Foundation of India (PHFI) and a consortium of 14 Public Health Schools in the UK. It aims to build the capacity of the network of Indian Institutes of Public Health being established by PHFI. The capacity building programme includes:

(a) MSc and PhD studentships;

(b) India-based fellowships and collaborative research grants; and

(c) Visiting faculty exchanges between PHFI and the UK consortium.

- *Public Engagement*: The Trust supports several activities in India which aim to increase the public's engagement with science, including workshops, theatre projects and art exhibitions.

#### INFLUENCING THE DEVELOPMENT AGENDA

10. DFID could utilise its status within India to influence the local development agenda at a national and state level to promote specific priorities which align with DFID's priorities. It could also influence other country's development activities through the UK's bilateral relations and memberships in multilateral organisations such as the EU, UN, WHO and the World Bank.

11. Despite a growing economy in India, development experts have argued that this has not yet translated into greater social investment. Equally the balance of investment in research is heavily skewed to defence, atomic energy and space (50% in 2009–10). Despite a rise of more than a fifth of the budget from previous year, development-related research received only a modest increase with the health research budget rising only 5%.<sup>57</sup> Public spending on healthcare is also very low. A WHO study from 2007–08 found that India spent 5.2% of GDP on healthcare, 0.9% of which was public spending. In comparison, in 2008 2.6% of GDP was spent by the government on the military.<sup>58</sup>

12. Even though donor funding in India has remained high, India's progress on the MDGs has been slow, with it lagging behind in meeting several MDGs. One reason for this may be lack of coordinated targeting of development funding towards specific areas of development, such as maternal and child health and malaria—the emerging areas of priority for DFID.<sup>59</sup> Whilst UK assistance channelled through DFID has a strong focus on health and education—(48% and 19% of funding respectively),<sup>60</sup> assistance from other countries often prioritises energy, agriculture and rural water.<sup>61</sup> External assistance to the health sector has also been low ranging from 1% to 3% in any given year.<sup>62</sup> Hence, encouraging coordinated targeting of MDG priorities can increase DFID's impact in these areas.

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<sup>57</sup> <http://www.scidev.net/en/south-asia/news/india-pours-funds-into-climate-space-research.html>

<sup>58</sup> [http://www.sipri.org/research/armaments/milex/resultoutput/milex\\_15](http://www.sipri.org/research/armaments/milex/resultoutput/milex_15)

<sup>59</sup> <http://www.dfid.gov.uk/Global-Issues/Emerging-policy/>

<sup>60</sup> <http://portfolio.theglobalfund.org/Country/Index/IDA?lang=en#>

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60831-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60831-8/abstract);

<sup>61</sup> <http://www.dfid.gov.uk/Where-we-work/Asia-South/India/>

<sup>62</sup> [http://www.searo.who.int/en/Section313/Section1519\\_10852.htm](http://www.searo.who.int/en/Section313/Section1519_10852.htm)

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## SUPPORTING ITS STRATEGY WITH RESEARCH

13. In order for DFID to have an impact in India, be it through direct activities, partnerships or influencing the development agenda, it is important that its strategy is supported by evidence. An excellent way to ensure that DFID's activities in India have a real impact on the MDGs, is to utilise research to improve the effectiveness of health programmes, as detailed in DFID's Research Strategy (2008–2013). Research findings could be used to improve existing MDG programmes and to create new ones.

14. Through its programmes in India, DFID could do more to encourage local research to be of direct relevance to the country. A study found that from 2002–08 a large number of Indian public health research papers did not reflect disease burden in the country, with no papers published on the evaluation of public health interventions for leading communicable diseases. The quality of the papers was also questionable with only 25% of the reports obtaining a score of adequate or better.<sup>63</sup>

15. There are several areas in which DFID could become involved in supporting health research in India. In the recent draft "National Health Research Policy", published in March 2010 for consultation,<sup>64</sup> the following constraints and concerns, which DFID could work to improve, were outlined:

- policy makers do not translate health research into health programmes—most health programmes in the country were not adopted until they gained international support;
- lack of coordination in health research;
- lack of research culture or climate to foster health research;
- lack of capacity development for human resources and infrastructure;
- the medical education system does not foster a research culture;
- lack of incentives in place for research productivity;
- lack of clear research career structure; and
- weak inter-sectoral linkages and inaccessibility to modern information technology and biotechnology tools.

## INCREASING COMMUNICATION ACTIVITIES

16. Communication is another fundamental aspect which should underpin all of DFID's activities. It is necessary for DFID to develop its communication activities in order to develop partnerships, influence stakeholders and promote the use of research through:

- *Increased communication with country offices.* Having country offices is one of DFID's major strengths. However, they are often not effectively utilised with key staff members often being moved to other offices, thereby losing continuity of in-country knowledge and developed relationships. Increased communications between country offices, DFID headquarters and international stakeholders would increase knowledge sharing and support partnership working.
- *Increased transparency.* It is often unclear to other donors what projects and programmes DFID is involved in through its bilateral programme in India. This severely limits the ability of other donors to identify ways to coordinate, collaborate and partner with DFID.
- *Influencing the development agenda.* External communication of research findings and activities undertaken in India can help to influence the broader development agenda and the decision of other donors and stakeholders to engage with India.

30 March 2011

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### Written evidence submitted by Richard Whittell, Independent Researcher

1. This submission is based on a research project I undertook with Eshwarappa M, a photographer and filmmaker from Bangalore, Karnataka, between 2008 and 2010. We traveled independently across India to DFID focus states Madhya Pradesh, Orissa, West Bengal and Andhra Pradesh, as well as Karnataka and Delhi. We interviewed more than 200 people affected by a range of DFID-supported projects and programmes. We spoke to people whose views had not been sought or considered by the DFID. Speaking to farmers, low income workers, parents, children, teachers, engineers, academics, campaigners and journalists, it soon became clear that there was a significant number of people whose experiences of British aid contrasted sharply with the DFID's publicity and reports. Serious questions were raised regarding the DFID's attitude and accountability to those people it claimed to be supporting and the detrimental effects of its policies and projects on people's public services, their lands and natural resources and their national and state governance.

2. These experiences form the basis of our "Dodgy Development" series of films and transcribed interviews, due to be published by Corporate Watch later this month as a book and DVD. Some of the interviews and films have already been published on the internet.<sup>65</sup> This memorandum summarises the key issues raised in

<sup>63</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2766381/>

<sup>64</sup> <http://www.icmr.nic.in/>

<sup>65</sup> All parts can be found from <http://www.corporatewatch.org.uk/?lid=3656>

the films and interviews, a selection of which, chosen to best relate to the committee's chosen focus areas, is attached herewith in the annexes, with specially chosen films on the accompanying DVD.

3. I would urge the Committee to request oral submissions from the people quoted in the interviews and films. Their direct contributions would give a context, depth, analysis and, crucially, personal experience of the issues addressed that is beyond me or other British researchers or "experts".

4. The issues raised here mainly concern the first focus area: whether DFID's programme in India has had a significant effect on reducing poverty and meeting the MDGs at national and state levels. To do this, the submission will look at DFID's contribution to education, pro-poor governance and programmes encouraging poor people's participation and empowerment. Issues of best practice are also covered within this. The conclusion includes recommendations on what the DFID's role should be in the wider relationship between the UK and India.

## EDUCATION

*(please refer to the interviews in Annex 1 and the film "A DFID Education" on the DVD)*

5. The DFID will have given more than £350 million to the Government of India's flagship education programme, the Sarva Shiksha Abhiyan ("Education for all"). However, the parents, academics and teachers we met suggest the programme has made insubstantial progress towards its goals. Dr Niranjana Aradhya, Programme Head of the Centre for Child and the Law at the National Law School of India, has extensively researched the impact of the Sarva Shiksha Abhiyan programme in getting children back to school, and argues there is a great disparity between his centre's research and the government's statistics:

"If you take Karnataka as an example, even today they are conducting a child census to identify how many children are outside the school and according to their official figures there are about 70,000 children who are outside the school. But this is only an official figure, whereas the non-governmental organisations, or the people who are working in the field estimate that a minimum of 800,000 children are outside school, and that is in one state alone ... there is absolutely no political will, there is no whole-hearted vision to bring all children back to school. But when you look at the reports—probably the reports sent to all your agencies—they say all children in India are going back to school ... if you look at the overall performance of the Sarva Shiksha Abhiyan, both in terms of its mission and in terms of its progress, I personally feel it's been a colossal failure, in the sense that it has failed to achieve not only the targets, but also to bring a visible change in the school education system."

6. It is also argued that the quality of education given to children under the Sarva Shiksha Abhiyan is inadequate. Professor Anil Sadgopal, former Dean of Delhi University's Faculty of Education and a member of various national and state education commissions and committees, asked:

"what is the Sarva Shiksha Abhiyan doing? It is funding NGOs [non-governmental organisations] to measure the ability to read only one sentence. As if it was an adult literacy programme and not a school education programme. In school education, your whole assessment in Class 8 or Class 5 is now reduced to reading one sentence, or doing some simple two digit multiplication. You are paying NGOs to measure this and they are coming out with results that show the situation is very bad, even with respect to these parameters. So, I do not know what your government means when it says, "Sarva Shiksha Abhiyan is proving to be very effective and remarkable progress is being made". What criteria do they use to judge progress? I do not know."

7. Professor Sadgopal also made the point that the DFID's contribution to such a national programme is not substantial enough to be necessary, or to arrest the deficiency in the Government of India's investment in education over the last 20 years:

"In the last 20 years there has been a cumulative gap of investment. People do not know or talk about this. Funding agencies probably know but they do not want to talk about it. A cumulative gap has been building up in twenty years that means there are fewer schools than we need, fewer classrooms, fewer laboratories and teaching aids, fewer teachers, fewer teacher training institutions, less of everything we need for the improvement of quality ... [and] *if the government [of India] is not extending the universal right to education, and education of equitable quality, to all children, still the DFID will support the government? If that is the way that the DFID is going to work out its role, we don't need the DFID. In any case their contribution is such a miniscule contribution. Even if they pull out entirely it will make no difference to us. We have enough money in this country, to do the wrong thing or the right thing. Either way we've got enough money. If the entire external assistance pulls out, it will mean maybe 0.2% of the entire funding being reduced. What difference does it make? It makes no difference to us ...* I think the public in Britain, the ordinary people of Britain, should ask their government, "Why are you funding such a low quality programme in India out of the public exchequer?" And to an extent which is such a miniscule proportion of the total spending, ridiculously miniscule, that even if the DFID is not there, India has got enough resources to continue."

8. Further criticism of the effect the programme has had on the quality of government schools can be seen in the film that accompanies the interviews. Parents explain they have to send their children to private schools due to the lack of teachers, poor infrastructure and general poor quality of government schools, while parents who cannot afford private school fees describe the problems with the children's school.

#### GOVERNANCE REFORM

(please refer to the interviews in Annex 2 and the "Let them come" and "Power to the People" films on the DVD)

9. In its focus states, the DFID argues that its work has "*strengthened the capacity of government to develop and implement pro-poor policies*".<sup>66</sup> However, in Orissa for example, interviewees argue that purportedly pro-poor governance reforms encouraged by the DFID and the World Bank in the focus state of Orissa have had a detrimental impact on the poor (at the state level, the money given, especially when in tandem with World Bank, is significant enough to allow influence).

10. A Head Teacher, Abani Baral, who was involved in a popular campaign against the DFID's reforms, describes how:

"in 2000, the DFID and the World Bank entered Orissa in earnest, in the name of a fiscal relief and structural adjustment programme. The conditions to which the government had to agree to receive their money were set out in an aide memoire they signed with the Government ... the so-called structural adjustment programme massacred the existing public system in the poor state of Orissa ... The World Bank and the DFID said they were coming to assist the development of Orissa. They did not say they were coming to paralyse the entire administrative structure ... The DFID is not helping the poor people in Orissa."

11. At the same time, the DFID was involved in co-writing the industrial policy of the state, opening it up to multinational mining companies, with potentially devastating environmental consequences. Abhay Sahoo, secretary of the campaign to stop the South Korean companies taking the lands of 4,000 families (which has recently been heavily criticised by a investigative panel of the Environment Ministry), explains why they do not appreciate policies co-written by the DFID that supposedly provide for industrialisation to help the poor:

"The 2006 Rehabilitation and Resettlement Policy [co-written by the DFID in 2006] is an anti-people and anti-development policy. The state government has written it under instruction of the DFID. It is not meeting the demands of the displaced and affected people: the employment aspect, displacement aspect and the compensation for land losers. People are suffering and will suffer more if they accept the Rehabilitation and Resettlement Policy 2006."

12. In Madhya Pradesh, another focus state, it was argued that the DFID was operating beyond the reach of parliamentary governance, unaccountable to elected representatives. For instance, Dr Sunilam, a Member of the State Assembly, says:

"The representatives of the panchayats [local administrative areas] at the village level and the district level were not taken into confidence although they have constitutional rights. They talk about decentralisation so they should have taken the panchayats into confidence. It was also never discussed in the state assembly. I have been a member there for nine and a half years—this is my second term—and the DFID's grants have never been discussed. Any grant you take, its impacts should be discussed."

13. As part of its work making governments more pro-poor, the DFID argues "*the starting point for change has often been the need to reduce subsidies in the power sector*". However, the DFID power sector "reform" was described by the secretary of the engineers' and employees' union as:

"based on cutting the cost of the supply, not the needs of the people. This was advocated by consultants brought in by the DFID. We have pleaded that electricity be treated as an essential service that you cannot apply commercial principles to... The employees were never consulted by the DFID; the unions were not taken into confidence and the consultants brought in by the DFID did not listen to people with experience of the ground reality of the situation."

14. In the accompanying film, people living in slums and rural areas describe how the prices they have to pay for electricity have risen astronomically and they have been disconnected when they have not been able to pay.

#### PARTICIPATION AND EMPOWERMENT

(please refer to the interviews in Annex 3 and the "Smile for the Camera" film on the accompanying DVD)

15. The DFID describes its projects in India as promoting "*the active participation of local people, particularly those normally excluded*",<sup>67</sup> with beneficiary participation now seen as an important part of development best practice. However, claims of participation were frequently disputed by the so-called beneficiaries themselves. In a DFID rural livelihoods project in Madhya Pradesh, for example, as can be seen

<sup>66</sup> Department for International Development, *DFID in India: Factsheet*, [no date].

<sup>67</sup> *ibid.*

in the accompanying film, “Smile for the Camera”, the majority of people had not been asked anything or consulted at all about the project’s encouragement of the biodiesel plant *jatropha*.

16. Such DFID projects were criticised by Bijay Pandey, the Secretary of the Adivasi Mukti Sangathan, a people’s organisation working in Western Madhya Pradesh for the rights of Adivasis:

“If you ask people in the project they will tell you they are doing whatever the gram sabha [the village council of all the people over the age of 18] suggests ... They say whatever the gram sabha says they follow, but they are saying wrong things. It is never done: they in fact ask people to take it, they persuade people. They have employed some people and taken the help of NGOs [non-governmental organisations], who are involved in this persuading and popularising. They identify the sarpanch [the village “headman”] and they persuade him ... Through their [the DFID’s] funding they will create a disparity: only some people will benefit from it. You will find that the people they are working with will grow at the cost of other people in the village.”

17. Madhuri Krishnaswamy, a member of the Jagrit Adivasi Dalit Sangathan (JADS), a Dalit and Adivasi community organisation based in Madhya Pradesh, similarly says:

“It’s a mystery to us how the DFID helps people “realize their rights more effectively in a sustained manner”. Every time the people try to realize their rights and protect their livelihood there is a police crackdown. DFID projects like the Madhya Pradesh Rural Livelihoods Project don’t even scratch the surface of poverty. They don’t address any real need and don’t aim at any fundamental change. All they do is throw some money about, most of which is grabbed by project staff and local elites which further fuels a deeply entrenched nexus of corruption and violence. At the very best, they give a few individuals a little support and send everyone else in the community scrambling and quarrelling for the crumbs. Our members are in constant conflict with the project because there is no transparency or accountability in the implementation. Where there is no conflict, it is because the project is considered irrelevant to people’s lives.”

#### CONCLUSION

18. I have put specific questions to the DFID regarding these issues. Their replies are attached in Appendix 4. Unfortunately, their replies do little other than re-state already existing material on their website and in their policy documents. The interviews and films that have been published on the internet have been sent to them for comment but, at the time of writing, no reply has been received. As far as I know, they have made no attempt to contact any of the interviewees in the films or interviews.

19. Overall, the research suggests that at the national level the DFID has been satisfied with going along with the policies of the Government of India, which has shown little concern for the rights and livelihoods of the poor. Where it has made substantive contributions to government policy at the state level, in Orissa and Madhya Pradesh, for example, the overall effects have been regressive, making people’s lives more vulnerable and insecure. Any positive outcomes that can be claimed from investment the DFID has made in, say, vaccination programmes are undermined by the consistent disregard it has shown for the views and agency of the people it claims to be supporting.

20. While each interviewee made their own case based on their own particular experience, Madhuri Krishnaswamy’s comment in her interview was shared by many of the people we spoke to across the country, from Dhinkia in Orissa to Baadwani in Madhya Pradesh:

“The attack on the welfare state and escalating aggression and theft by big capital is of course a global phenomenon. In India, the DFID, World Bank, Asian Development Bank and their various ramifications are centrally behind the push to completely dismantle public systems of health, education, food security, water, electricity, and throw our people completely to the mercy of markets controlled by big capital ... The DFID is part of the problem and it is outrageous hypocrisy for it to pretend to be part of the solution. They tie you up and burgle your house through the back door and then arrive at the front door with much fanfare to provide a few sops as ‘relief’!”

21. The best recommendation I can put forward to the Committee is to contact the people from the interviews and films and request that they give oral submissions.

*30 March 2011*

## EDUCATION

*Dr Niranjan Aradhya is Programme Head of the Centre for Child and the Law at the National Law School of India. He has extensively researched the impact of the British aid funded Sarva Shiksha Abhiyan.*

**Richard Whittell:** *The Department for International Development says the Sarva Shiksha Abhiyan has been a success and is making great strides in getting all children into school. What has your research shown?*

**Niranjan Aradhya:** The first goal of the Sarva Shiksha Abhiyan was to bring all children back into school by the end of 2003. If you take Karnataka as an example, even today they are conducting a child census to identify how many children are outside the school and according to their official figures there are about 70,000 children who are outside the school. But this is only an official figure, whereas the non-governmental organisations, or the people who are working in the field estimate that a minimum of 800,000 children are outside school, and that is in one state alone. India has 25 states so one can easily imagine the number.

If you compare what is happening at the practical level and what the reports say, you will find there is a big gap. We should not get carried away by all these figures on enrolment and all. Take for example my own panchayat [local administrative area]. We have our own extension project through the Centre for Child and the Law, where we directly work with people. There are 26 habitations, in which there are 15 schools. Out of these 15 schools, 11 are lower primary, that is from Class 1 to Class 4, and the remaining four are higher primary schools. When the state conducted the child census to identify the children outside school, it said there were only four children outside. But when we did the survey, we found nearly 32 children who were out of school. So, look at the gap: four versus 32!

This is a very clear case from my own panchayat. There are about 5,675 such panchayats and if this is the difference one can easily imagine what the number of children who are outside school will be. But this is not really a numbers game. What is really worrying is that there is absolutely no political will, there is no whole-hearted vision to bring all children back to school. But when you look at the reports—probably the reports sent to all your agencies—they say all children in India are going back to school. It's a myth, it's a lie.

*What kind of education has the Sarva Shiksha Abhiyan provided for the children who are going to school?*

When we conducted this survey we asked if the children would be willing to go back. Every child and every parent said they would be willing to send back their children if the government ensured quality education for them. So, I think probably the demand part, the aspiration part—the aspirations of both parents and children for quality education—is very much there. There is no truth when people say, “Oh, they are not sending their children because they are not interested.” This is an utter lie. There is a demand that our schools should function. What we need is a functional school, where it can at least ensure quality education to all children.

The second goal of the Sarva Shiksha Abhiyan was to provide quality education, but if you look at the performance of children and the kind of quality that is being imparted in schools, it is in no way very positive. The parents who are sending their children to school are not very happy about the kind of education that is being given. There are many reasons: attitude, infrastructure, teacher performance, for example.

If you look at the government school teachers recruited, at least in my state Karnataka, they are highly meritorious. People with high grades are recruited as government school teachers. But, if you look at the quality of education there is a mismatch. I think what we need to understand is that we must re-assert our faith in the teachers. Teachers should be empowered, they should be given autonomy. And each school should be given autonomy. The Sarva Shiksha Abhiyan is creating more and more structures, more and more monitoring and supervision. It's like we had in the British Raj, a kind of Inspector Raj. Always authoritarian, suspicious and with no faith; I don't think these kinds of mechanisms will work. We need to believe in the teacher. But when we talk to teachers they tell us they are completely burdened with non-teaching work. We are employing teachers for the census or for work at the election. For all kinds of things they are employing teachers, so naturally teachers are not able to spend enough time in the classrooms.

**I've read the project memorandum that the DFID prepared for its funding of the Sarva Shiksha Abhiyan. It talks about providing “better teachers, more motivated teachers and improved instruction.”<sup>68</sup>**

There are two different things: language and practice. The tendency of these projects now is to co-opt people's language. But that is only on paper. What kind of autonomy is given to teachers? I work with teachers everyday and I don't see it. There is no freedom for a teacher to develop their own syllabus to develop a particular competence. Everything is straight from the textbook, it's like a bible! You can't work in that fashion, it kills creativity.

You must give freedom, you must give creativity. You must give guidelines but let the teachers evolve their own content and decide what's important for their children. And if you want teachers to work creatively, the

<sup>68</sup> Department for International Development, *DFID Project Memorandum, Support to Government of India for Sarva Shiksha Abhiyan II*, obtained under the Freedom of Information Act, 12 February 2008.

teacher training being given has to be superior. Whatever training we give today is of very inferior quality. It's not advancing creativity and helping people to teach children.

Paulo Freire talks about the banking concept of education—it kills our creativity. Sarva Shiksha Abhiyan's concept of education is not making people think creatively, it is not developing critical thinking and problem solving; those aspects are not really developed. And when that is the case you are preparing teachers to teach something through rote memorisation. You must look at education as an overall development. It's not just a competency product. It's for the complete personality and at the end of it what we need to create is not just a skilled person for the market economy. These larger questions are not even being talked about and the Sarva Shiksha Abhiyan is not at all a solution to them. It is in fact a multi-layered, fragmented programme with no vision. It is not a programme for building a national system of education. It's not conceived on the principles of social justice and equity.

*What do you mean by multi-layered education?*

Creating different layers of schooling means the quality of school a child goes to will be determined by his or her social situation. For example, in many of the Sarva Shiksha Abhiyan schools, from Class 1–5 there are only two teachers. Two teachers have to teach around 17 subjects. How can two teachers teach 17 subjects to five classes?

Let me give you another example. The education guarantee scheme is a scheme under the Sarva Shiksha Abhiyan that provides access to school education in an “alternative” approach to education. It says when there are more than 10 children in an area you should give them a centre called an “education guarantee centre”. But they haven't bothered to make sure there is a trained teacher there. More and more poorly paid and poorly trained “para-teachers” are recruited [see interview with Abani Baral, below]; a local person who has not completed any teacher training is appointed as the teacher. So, how can you expect them to teach and give quality education? The teachers who have done all the training programmes are struggling to impart quality education, so how can we expect the para-teachers to give education of equal quality? This is a multi-layered structure: this kind of education for poor people and another for the rich.

*Beyond the numbers of children enrolled and teachers recruited, the other statistic that is highlighted in DFID publicity for British aid for education is the number of classrooms built and improvements in infrastructure. The British Prime Minister Gordon Brown has said British aid has meant 300,000 new classrooms have been built. Is this the Sarva Shiksha Abhiyan's main positive contribution?*

The programme reports say it has improved many things and a lot of infrastructure has been built. But what is lacking is vision. For example, a particular school is built for 30 children in an area, but they are only thinking of these 30 children. They are not thinking of the extra children that may come next year, so what they construct is inadequate. So they then have to build another room 1km away from the school!

You can see some good, white-washed buildings. It's like before you get married; you put whitewash on the house to make it look nice. But if you look at the overall performance of Sarva Shiksha Abhiyan it is very much confined to a superficial level. It is more about building rooms and classrooms and toilets, and things like that. No doubt that is very important, but again, there is no vision in the entire process. Take for example my own panchayat, where I can give some authentic information. Out of these 15 schools, none of them have very functional toilets. I want to differentiate between showing a toilet on the paper and that toilet being functional. Many children are not able to use these toilets. The Sarva Shiksha Abhiyan is giving money for toilet construction but they cannot provide water so after two months the toilet is useless and the children cannot use it. They think the toilet they have constructed is functional, but after inauguration, after a week there is no water. At least provide water!

If you look at the Sarva Shiksha Abhiyan from this angle I don't think it has really done anything for quality education. Even today quality is a very big challenge in government schools and if you look at the overall performance of the Sarva Shiksha Abhiyan, both in terms of its mission and in terms of its progress, I personally feel it's been a colossal failure, in the sense that it has failed to achieve not only the targets, but also to bring a visible change in the school education system.

*What do you think should have been done?*

Above all, where are we going? I think now is the time to think about a common school system, which can ensure quality education, that can ensure social justice and can at least ensure comparable quality for all children. I think we should be moving towards that, to see that all children can get the same quality of education. I think that's the only way we can move forward. The Sarva Shiksha Abhiyan is not even an inch towards this. It's a project as part of a “projectised” approach, which is not going to help us. We need a long term policy and to implement that we need a time-bound programme. And then gradually we should move towards an education system based on social justice and equity.

My research has suggested that instead of having too many schools in one place, all of different qualities, why not have a neighbourhood school? Take a geographical classification and have a well-equipped school in it, so all children can go to that school. Have one teacher for every class, one teacher for every subject. Look

at the UK, the US or the Scandinavian countries. In these countries even today the public education is very strong, though even they may be under threat. If it is possible in all these countries, why is it not possible for India? With the culture, religion and language in India we need a common education system. There should be an agenda to make the public education system in favour of Indian children; to provide equitable quality for all children. Unless we make those drastic changes we're not going to get anywhere.

*Professor Anil Sadgopal is the former Dean of Delhi University's Faculty of Education, a member of various national and state education commissions and committees\* and a founder member of the People's Campaign for a Common School System.*

**Richard Whittell:** *The British Government's support for the Sarva Shiksha Abhiyan is part of its commitment to the Millennium Development Goals, number two of which is to "ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling."*

**Professor Anil Sadgopal:** With all these things we must be aware of the context in which they are happening. India's constitution is committed to a minimum of eight years of elementary education but in the Jomtien Declaration—the name given to the document released in 1990 by the World Conference for Education for All, held at Jomtien in Thailand, and funded by the World Bank and UN [United Nations] agencies—the principles of education as enshrined in our constitution had already been diluted. The Jomtien Declaration makes no commitment to eight years of schooling. It makes no commitment to the wider goals of education, that is, to make human beings, or citizens of this country.

All these goals of education were reduced to mere literacy and skill formation in the Jomtien Document. And these very ideas are now part of the Millennium Development Goals. The Millennium Development Goals are a big dilution of our own constitutional commitment. And the economic survey of the Government of India in fact referred to the Millennium Development Goals but did not refer to the Indian Constitution as a basis of education planning, and that is a total victory for the external agencies in this country.

*Why are the Millennium Development Goals a further dilution?*

The Millennium Development Goal for education talks of literacy, while our goal is education. They talk of skills, when our constitution's goal is a democratic, socialist, egalitarian citizen. They talk of only five years of schooling, while our goal is eight years of education. They do not make any commitment to free education and they do not make any commitment to education of equitable quality, which is a very important principle today. The entire Millennium Development Goal for education revolves around literacy and skills. Therefore the Millennium Development Goals cannot be our objective; they cannot be the aim of India's education. Creating a skilled worker who is literate may be all right for your factories, but it's not all right for our country. As someone said, India is a nation, not a corporation.

We are a nation, so our education system has to be an education-building system, not a corporation-building system. And these things are very important. People will say this is only rhetoric but it is not rhetoric. The whole planning is done in this way. The people designing this don't have any right to keep talking about the Millennium Development Goals, which are such a diluted version of our constitution.

*The British Government's Department for International Development [DFID] argues that the Sarva Shiksha Abhiyan "is proving to be very effective and remarkable progress is being made."<sup>69</sup> What has your impression of the programme been?*

Before we start talking about the Sarva Shiksha Abhiyan we must first talk about the District Primary Education Programme which came before it. This was a programme partly funded by the World Bank that started in 1994 and led to a deterioration in the concept of education and the functioning of the education system. The District Primary Education Programme was concerned with setting up what they called a "multi-layered" school programme.

This meant there would be a different educational facility for a different segment of society: children of parents working in factories will get one quality of school; children whose parents are school teachers will get another quality of school. Children whose parents are constables or police officers will get another quality of school, and children whose parents are industrialists or political leaders will get another quality of school. This meant that for the majority of government schools we had to compromise on the quality of teachers, on the quality of school infrastructure, on the pupil-teacher ratios, on the amount of money each teacher was given for creating teaching aids, on the amount of money each disabled child was given to provide for Braille or for other support systems and so by the time the District Primary Education Programme ended we had already diluted all kinds of our norms and standards in school education. In fact, the Government of India was embarrassed to call all these "layers" schools. In official terminology, even in our union budget, these are now often referred to as education facilities, not as schools.

<sup>69</sup> Department for International Development, *DFID India*, April 2008.

*And the Sarva Shiksha Abhiyan started after this?*

Yes, it was on this basis that the Sarva Shiksha Abhiyan was designed, becoming really operative in the Government's 10th Five Year Plan from 2002 onwards. It packaged all the faults of the District Primary Education Programme and created a fresh package, with a lot of fanfare and said again, once again, that we will have gender parity at the end of the project, we will close the social disparity gaps, we will provide education to all Dalits, all tribals, all minorities and we will bring disabled children into our school system.

Nothing of the sort has happened. 52% of India's children do not complete even eight years of education. And these are Government of India statistics [from 2008], which are not really the reality. The reality is much worse. But even the Government of India's own statistics show that 52% of Indian children drop out before Class 8. 35% of children drop out before Class 5! Among Dalits and tribals, the drop-out rate rises to 70% before Class 8. And it's the same for minorities and for Muslim children. And disabled children? Forget what is going to happen to disabled children. We will stop talking about them. The whole idea in Sarva Shiksha Abhiyan's original document was to bring all disabled children to regular, mainstream schools. But today no-one is talking about it, because that will mean a commitment to provide a well trained teacher who is sensitive to a disabled child, who understands sign language, and who can enable the child to use sign language and help a child with Braille education. This would mean more commitment and more finances. All these objectives are not even mentioned anywhere.

Only 5–8% of Dalits, or tribals, or minority children are able to cross Class 12. And why do I talk of Class 12? Because without having a Class 12 certificate today in our economic and social condition you do not have access to either a job or to any kind of professional, vocational or higher education course. So to keep on talking about primary education, when without a Class 12 certificate you cannot get anywhere in this country is blasphemy. What will a child do with a Class 5 certificate? I keep saying to all the government people who are doing this work: if poor parents ask you why their child should go to school, how will you convince them? He or she is keen to send their child to school but they will ask you why they should do it. So that their child will become literate? After your child becomes literate he or she will become a manual worker, and will not get even minimum wages. For this purpose you want to have five years schooling? The very purpose of schooling is lost and you give no motivation for a poor person to send a child to school. This kind of education leads a child to nowhere.

And in fact the government of India realised this, so the Sarva Shiksha Abhiyan—which is partly funded by your government—the union budget and the 11th Five Year plan, are no more talking of Sarva Shiksha Abhiyan as having an objective of reaching Class 8. They're not even mentioning that. They have said that the objective of Sarva Shiksha Abhiyan will be to merely enrol children in upper primary schools. Enrol, no more complete education. From completing eight years of schooling by 2010, the objective has been diluted and downgraded to merely enrolling children, and I think by the next targets you won't even find this word enrolling.

Eight years of schooling! Not just literacy. Schooling means geography, history, civics, political science, language education in at least two languages—which means the ability to articulate yourself; language education is not literacy, language education is about knowing your literature, knowing your culture, knowing poetry, fiction—this is what you have to know by Class 8. You have to know how to do algebra and geometry, not just be able to count. You begin to deal with ideas of sets in arithmetic. You have to know about the geography of your country, about Europe, about Africa, about Latin America. You have to be aware of the history of India's freedom struggle. You have to know about Dr Ambedkar, the great fighter for Dalits: this is education!

And what is the Sarva Shiksha Abhiyan doing? It is funding NGOs [non-governmental organisations] to measure the ability to read only one sentence. As if it was an adult literacy programme and not a school education programme. In school education, your whole assessment in Class 8 or Class 5 is now reduced to reading one sentence, or doing some simple two digit multiplication. You are paying NGOs to measure this and they are coming out with results that show the situation is very bad, even with respect to these parameters. So, I do not know what your government means when it says, "Sarva Shiksha Abhiyan is proving to be very effective and remarkable progress is being made". What criteria do they use to judge progress? I do not know.

We have lost our vision of education which the Kothari Commission of 1966 tried to give. It was a vision of transforming education into a common school system. We lost that vision with the principle of market economics and the unproven assumption that private capital knows how to run schools better than the government (unproven because the majority of the private schools are run very badly; only high fee private schools are "run well", if you accept their vision of education).

In our country we are now dependent upon short term, temporary schemes and projects like the Sarva Shiksha Abhiyan. We do not have a vision of educational transformation. The United Nations' global monitoring report says that even five years of primary schooling will not be achieved in India by 2015. Forget Sarva Shiksha Abhiyan's talk of 2010. I would say the United Nations are being charitable. Look at their reports carefully and you will find that it won't be possible for the next 30 years under the present set of schemes and projects. The Sarva Shiksha Abhiyan is no different.

*As programmes such as the Sarva Shiksha Abhiyan continue it seems more and more parents are sending their children to low-fee charging private schools. We were talking to a group of parents in a fairly low income area [as seen in the accompanying film] and they were sending their children to private schools, although they said in the past everyone went to government schools. How has this trend developed?*

When there has been a deterioration in the quality of the vast proportion of the government school system, it is very easy to understand that poor parents, out of desperation, will look for private schooling. And private schooling has mushroomed in India in the past ten years, precisely because the government school system has declined in quality. Our own administrators, policy makers and political leaders have no problem with it. The Government of India has decided to promote the public-private partnership mode for developing the public education system also. The 11th Five Year plan document of the Planning Commission and the union budget both refer to public-private partnerships being the primary mode of developing school education. This is commodification of school education. One has known earlier of commodification of medical education and management education but commodification of school education is a new phenomenon of the last five to seven years.

*And does that also come in the Sarva Shiksha Abhiyan?*

No, that does not come directly under the Sarva Shiksha Abhiyan, but that plays a part. See, the Sarva Shiksha Abhiyan is a very circumscribed programme, only to promote inadequate schooling for poor children, producing educational facilities the government is too ashamed to even call schools. But outside the Sarva Shiksha Abhiyan, as the quality deteriorates within it, not only is private schooling coming up, but the government is starting different layers of high quality schooling outside Sarva Shiksha Abhiyan. So Sarva Shiksha Abhiyan remains a system of deterioration and if you want to set up a better quality school, whether you are a private company or a government agency, you do it outside Sarva Shiksha Abhiyan.

The government is now promoting, in partnership with private agencies, school systems of different kinds across the country. The focus examples are these 6,000 model schools that the Prime Minister said would be built throughout the country. 2,500 out of 6,000 model schools are developed in the public private partnership mode, with the rest to be set up by the government in educationally backward districts. It's very interesting. If you read between the lines, what does this say? It says that in educationally backward districts, where private capital will have no advantage and will not try to go, there the government will take care of the high quality model schools, but in the developed districts, public lands and public assets will be handed over to private capital to make profits out of school education. That's the message coming out; that the public-private partnership mode is a strategy for handing over public assets to private capital.

And with the public-private partnership mode coming into play, there is a loss of the sense of a right to education, or the right to other sectors, such as health or social welfare. As education is commodified you cannot demand it as a right. You are a customer. There is no more entitlement. It is a service, which can be taxed also; you will be charged if you want your children to go to a decent school.

Do I get a better bus service because I pay for it? The bus service in Bhopal is privatised. Look at the state of the buses and the way they work with the passengers. Look at the buses of Delhi [also privatised]. They are probably the world's biggest killers on the road and they get away with every murder they indulge in. Do we get better water, do we get better electricity because they are privatised? The Delhi electricity rates have skyrocketed. I used to live in Delhi and the quality of service was better before privatisation. When something went wrong I had a political right to go into the electricity office and demand you either do the right thing or I will do a sit-in. But today it is a corporate office; it is no more a public office.

Look at the larger system today. The central board of examination affiliates private schools and government schools which are run for government employees. The performance of these government schools is better than the private fee charging schools. Even today, look at the statistics and you'll find the top slot will be taken by central government schools run for their employees, not by the private schools. So even today the government is running a better school system. In every state in India there is a small category of model schools, which are run by the government at a very high quality level. It is a fallacy to claim that when schools are public they are run badly. When the government wants to run a good school system it can do it.

**The DFID says its work in India "is valued for its expertise and innovation across sectors".<sup>70</sup> I was speaking to a DFID official and he was saying the money it provides allows governments to be creative in ways they otherwise wouldn't. It allows bureaucrats the freedom to innovate, to experiment in ways that can then be up-scaled.**

Bureaucrats may have freedom to innovate but this has been lost by academics and educationalists. Why do bureaucrats need the freedom to innovate? Innovation in the education system should be by schoolteachers. How can a bureaucrat understand education? He or she has never studied education as a discipline, has never been trained in this field. Today's bureaucrats will innovate only in the framework of the global market. We have de-motivated the entire teaching community of government schools by giving the false political message that to teach is not a duty. And the government can afford to do this because the children who suffer will be poor children and not the children of the elite or those of the high-profile, upwardly mobile Indian middle-class.

<sup>70</sup> Department for International Development, *India Country Plan*, February 2004.

I would be the first to grant that things did not function properly before foreign funding started. I was part of a process in which a large number of voluntary bodies intervened in the government school system in the early 1970s to help improve its quality. I was part of a group which intervened in more than three hundred schools in the Hoshangabad district of Madhya Pradesh in the 1970s to teach science through the scientific method, and to promote the scientific temper, by getting children to do experiments with their own hands. This was done in government schools in villages: thousands of children were doing experiments with their own hands in Classes 6–8 with virtually no facilities, and taught by teachers who sometimes did not have a science background. And they were teaching well, because they had freedom and had been trained to teach well.

We could create a totally different culture of learning and this was possible in government schools. That was the only programme in the country, before or after independence, before foreign funding or after foreign funding, when government schools taught science as science should be taught—through the method of science—while high charging, private schools in India were making children learn science through rote-learning. So we have evidence in this state of Madhya Pradesh that government schools can perform better.

*Many of the DFID's staff in India are Indian and it makes a big thing of working with local experts and civil society. Doesn't that give its work more legitimacy?*

But who is it working with? In the 1970s and 1980s there was a large body of academics and scientists who felt it was a duty to intervene in school education and bring about improvements. They were doing it free of charge. Now this sense of duty has been transformed into consultancy. The same body of people have become consultants, or they have started an NGO, because by becoming an NGO you will get funding out of assessing Sarva Shiksha Abhiyan or another funded programme. This NGO term was not here in India until 1991. Until then we were known as voluntary bodies. If a group of people felt empowered to do something for society they would decide, register and organise a body. Then they would start working. Whatever they did was their own mission. Today, almost all NGOs are fund-driven and the sources of funds decide what you will do. I have been in the field of education for the last 35 years and I've seen how this feeling of the right to intervene in education is not there in NGOs any more, or with academics or intellectuals. In Madhya Pradesh a large body of NGOs, which in the year 2000 were doing work for women's empowerment, because they were led by women, in 2001 suddenly got funding for poverty alleviation, under the Poorest Areas Civil Society programme, which is also funded by the DFID. After three or four years they were funded through the programme, then they suddenly become HIV AIDS agencies. They are now fighting AIDS.

The manufacturing of consent takes different shapes. One of the shapes it takes is even before you start your groundwork in India, you take some senior officials of the government and take them on a foreign trip, to Washington DC or to London or to some international conference in Brazil or Nigeria. You start funding research on a large scale. Foreign funded research is today a big thing in Indian social sciences and in education also. Assessing Sarva Shiksha Abhiyan is a big business. Many NGOs have come up just to assess Sarva Shiksha Abhiyan and many have come up to measure literacy. Many will come up to measure skills and there's one more sector opening up: the latest thing is to assess disabled children in order to decide whether they are fit to come into regular schooling or not. So assessment of disability is going to be the new market now and a lot of foreign funds will come in.

This is happening all over India. Intellectuals hold certain views not because they worked them out themselves but because they are being funded by the World Bank or by some other funding agency, and this is truly a disastrous phenomenon. You cannot relate to intellectuals as equals because they are being funded by someone. The whole discourse has fragmented between those larger bodies of people who are funded and those who are not. And this is very frightening. I've seen this happening in front of my eyes. In Hoshangabad we worked free of cost. We never expected even a penny. We paid for our travel by train and bus out of our pockets. We felt we owed it to the country and the society. When foreign funding started in school education in the 1990s people were offered a daily honorarium, to begin with of Rs1,000 (£15) and within a few years it was upgraded to Rs3,000. By 2002–03, many of them were getting Rs5,000 a day, for just travelling to a place and being around for two to three hours with school teachers. The British public may not understand, it will be lost in the conversion rates, but for us, where minimum wages are still Rs 60–80 (£1.20) a day, getting Rs1,000 a day in addition to your salary is a large amount of money.

They do precisely what they are asked to do when they take this consultancy. And I have first hand reports from such friends who have been consultants that they knew that if reports they wrote as part of this were damning to the foreign-funded programme they would not be accepted and so doctoring the report becomes part of the process. The World Bank funded District Primary Education Programme had review missions. Half the people would be from western countries, half from India. They would go on these honorariums to villages but they would come back to the state capital, stay in five-star hotels and write a report that more often than not would be doctored by the organisers. And I asked my friends, who are honest people, who I have known a long time, why did you not object, why did you allow it to be doctored? And they said, "Easy money will not come again and if we keep objecting, our names will be written off the rolls of consultants." It has happened to the best of our people. Lost to our whole civil society, to our whole intellectual world.

*The British Government will have spent more than £2 billion in India by 2015, which is a lot of money, but I was surprised to read that all of the aid it gives amounts to less than 0.06% of India's Gross Domestic Product. Does India need this money?*

I'll read out some statistics for you to illustrate this point. I think it's very important to clarify a misunderstanding about the quantum of financial assistance which India has been receiving from all the external funding agencies, not just the DFID. As a percentage of the total central plan—the plan money for new projects, new development initiatives, to be funded by the central government—the total external assistance—that given by all foreign countries plus development agencies like the World Bank—will amount to only 1.3%. That means that when the government gives almost Rs99 it has collected from taxes, customs and so on, external assistance will add only one more. So the question is can the government not also afford to provide one additional Rupee?

So the question which arises from all these figures I have been reading out to you, or which should arise in any thinking person's mind, is: why is India asking for this money? Why do we need to take a begging bowl? Why do we need a full department tasked with dealing with external assistance? Why do we need to sign Memoranda of Understanding (MoU) full of conditions, which are kept secret, more secret than our defence documents? Even the Right to Information Act cannot get you the MoU between the Government of India and another government giving external assistance. What is India's need for this pittance of assistance, and what is the need of the British government, or the British public, to extend this small pittance of assistance? And the only plausible answer is that this small pittance, this minuscule proportion of assistance we receive from foreign countries, gives each of these countries a handle on policy formulation in India. With this small handle they can then manipulate policies, not just in education for which they have given money, but also by sending their experts, their powerful lobbyists and negotiators along with the educationalists to lobby for other fields also, to open doors for the mining industry, sales of land or genetically modified foods, which are a big issue in India already. All these sectors that are now being opened up for global capital require lobbyists, expertise of various kinds, negotiators, and they'll all come along as a "bonus" with education assistance. And this is only using education as a means of getting into the Indian economy and Indian policy-making. That is why this small minuscule proportion is given by them and precisely for the same reason it is taken by the Indian leadership and officials because they are also going along with the market economy and global capital investment in Indian resources.

*But, nevertheless, isn't it a good thing, given the problems in the education system, to give even a little assistance?*

But you must consider the financial context in which it is being given. In 1991, when our government announced its new economic policy and decided to open the doors of its economy to the whole world, it asked for more loans and grants from the World Bank and the International Monetary Fund. They placed their conditions. This was called a structural adjustment programme. One of the conditions under this programme was to reduce expenditure on the social sector; education and health and also social welfare. In return for this reduction the government was promised by the World Bank that it would open a programme of social assistance in which some money would be given as loans and grants in compensation for the reduction of resources in this field. And this is precisely what was done from 1991 onwards.

In 1986, when our new policy was approved by the parliament, one of the things that was approved was a commitment to increase expenditure in education at such a pace that it would rise to at least 6% of GDP by 1996. If you look at the graph showing expenditure as a percentage of GDP you will find that after the 1986 policy, under new democratic pressure, it started rising rapidly. From 1986 to 1990 it rose from about 3.5% to 4.01%. After 1991 it started falling and continued to fall. It went on falling until it again reached the level of 3.5%, the same level that was achieved in 1986. And all that you hear today about increased funding for school education, one has to analyse it very carefully. It is an increase in the funding of the central government's plan, which is not matched by state government plans. Since the state government provides more than 80% of the funds for education, an increase in a fifth of the sector will not be felt in the other four-fifths.

All in all, we are at 3.5% again of GDP, whereas if we had followed the calculations of the 1986 policy we would have reached 6% in 1996. We rose slightly and again started falling. In the last 20 years there has been a cumulative gap of investment. People do not know or talk about this. Funding agencies probably know but they do not want to talk about it. A cumulative gap has been building up in twenty years that means there are fewer schools than we need, fewer classrooms, fewer laboratories and teaching aids, fewer teachers, fewer teacher training institutions, less of everything we need for the improvement of quality. The cumulative gap translated into resources and infrastructure has been growing. Today even if we somehow rise from 3.5% of GDP to 6%, which is highly unlikely, that is not going to be enough. We have to first fill up the cumulative gap and provide all the things which should have been provided in the last 20 years, and then make it 6% of GDP—and that's a basic maintenance level. And we are nowhere even planning to do that.

So, whether it's the DFID, Canadian aid, US aid, Swiss aid, Australian aid, a UN agency or the World Bank, they all have a common framework which has emerged out of the Jomtien Declaration of 1990 and now the Millennium Development Goals. The DFID doesn't have any other policy but to fall within this framework. It is not asking the right questions. You can try and pose these questions but they will immediately evade them. And they have very intelligent arguments. I have faced these people. They say let's at least get the literacy

first, we'll get the rest later. Let's at least get five years of primary education, we'll get the rest later. For the last fifteen years I have been hearing agencies telling us this! They have decided that free education of equitable quality is not their goal. It was the goal of Dr Ambedkar in our constitution, but it is not the goal that the DFID will support. And they have partners in the government—in the planning commission, in the central government, in the civil service and the political leadership. And today, no political party is interested in these issues. The idea of the fundamental right to education is neither important to the leadership of our various political parties, nor is it important to funding agencies like the DFID.

See, education is about the mind. It's about values. It's about our attitudes to society and to fellow beings. This is probably the most critical sector because by changing our minds and our value system and our attitudes we change our vision of future India. Would you allow such a critical area of your country to be affected by another country? You wouldn't. You'll hold onto British values and the British vision of education strongly. Of course—you should! And if anything else is happening in other countries you'll learn, but that will be your choice, to learn from other countries. Please allow us to build our own vision of education and don't try to manipulate our minds and our values and our attitudes as per your market paradigm or any other paradigm. We'll do our own homework properly. If we can fight our battle to save the Narmada valley from big dams, if we can fight battles to save our cultivable, fertile lands from special economic zones, we can also fight our battles to save our schools from both Indian private capital and foreign private capital and base them on the Indian constitution. We can do this. We were already in the process when this minuscule of foreign funding entered India.

One expects [that] an agency like the DFID, as it comes from Britain has benefited from the great liberal tradition of Britain, from which we have also learnt. If it has emerged from the British liberal tradition, why is it supporting an inferior quality education programme? Why is it supporting a multi-layered school education programme? Why is it not telling our government, go back to your constitution and follow it? Because the DFID is part of the global market system. Its objective is not education. Its objective is to develop the global market. And for the global market you require private capital in school education and private control of school education. The DFID is there to ensure that all this happens. I think the public in Britain, the ordinary people of Britain, should ask their government, "Why are you funding such a low quality programme in India out of the public exchequer?" And to an extent which is such a minuscule proportion of the total spending, ridiculously minuscule, that even if the DFID is not there, India has got enough resources to continue. I've always argued, getting some small succour from an alien source like this weakens the political resolve of the country.

I'll make an appeal to the British public, by asking a question: would you allow this to be done in your country by the Indian Government? If your answer is no then please use all your resources and all your liberal political traditions to build public pressure on your government to stop DFID, and through the British Government to persuade the US Government, to get out of India from the education sector. Leave us to fight our own battles. We know how to run Indian democracy. We also have people who have studied education as a serious discipline. We have also learned from Ivan Ilych and from several liberal innovative schools of Britain, and we keep reading those books for our inspiration. We have also learned from Gandhi, from Rabindranath Tagore. We know what good education means. Please let us fight our own battles in our own country in our own way. That is my appeal to the British public.

\* Senior Fellow, Nehru Memorial Museum & Library, New Delhi (2001–06); Member, National Commission on Teachers (1983–84); Member, National Policy on Education 1986 Review Committee (1990); Member, Central Advisory Board of Education (2004–06); Member, National Steering Committee of National Curriculum Framework-2005 (2004–05); Chairperson, National Focus Group on "Work and Education", NCERT (2004–05); Member, Common School System Commission, Bihar (2006–07)

## Annex 2

### PRO-POOR GOVERNANCE REFORM

*Abani Baral is a retired Head Teacher and the secretary general of the All Orissa Federation of Teachers.*

**Richard Whittell:** *The British government's Department for International Development (DFID) has been active in Orissa for more than a decade now and has put more than £100 million into programmes and projects in a wide range of sectors including education. It notes that, "Orissa has the highest overall poverty ratio of any major Indian State, with almost half of the population living below the Government of India poverty line and with literacy levels below the national average."*<sup>71</sup>

*What has the effect of these reforms been on education in Orissa?*

**Abani Baral:** In 2000, the DFID and the World Bank entered Orissa in earnest, in the name of a fiscal relief and structural adjustment programme. The conditions to which the government had to agree to receive their money were set out in an aide memoire they signed with the Government, as part of their mission to the state, in May 2000. I'll read it to you:

<sup>71</sup> Department for International Development, *State Plan for Orissa*, June 2005.

“The purpose of the mission was to resume discussions with the Government of Orissa about a potential adjustment loan from the World Bank, with possible DFID co-financing, in support of a programme of fiscal adjustment and major structural reform in Orissa.

“The main conclusion of the mission is that the severe fiscal crisis facing the Government of Orissa provides an opportunity to undertake a programme to reform the business and direction of government.”<sup>72</sup>

This so-called structural adjustment programme massacred the existing public system in the poor state of Orissa and it has had a very big impact on education. The World Bank and the DFID said they were coming to assist the development of Orissa. They did not say they were coming to paralyse the entire administrative structure. The Department for International Development of the government of Great Britain, which comes to give aid, in fact penetrated into the socio-economic structure of the administration.

We call it a diktat. What did they say in the rest of this aide memoire? They said: “rightsize” the civil service. This included the industrial employees, the block employees and also teachers, because teachers are government employees. They said 40% of the employees had to be shed. How? Give them a Voluntary Redundancy Scheme—give them some money and kick them out, fire them.

They came again in September and talked more about education:

“In the light of Orissa’s fiscal problems it would be extremely important to pay attention to measures to reduce unit costs across all levels of education. The government is considering measures, such as the use of alternative schools (which have lower unit recurrent costs than formal schools) and para-teachers in elementary education ... the Government is considering various options for increasing user fees in education, the rates for which have not been adjusted for over forty years, and constitute a negligible source for financing.”<sup>73</sup>

So the World Bank and the DFID said we should reduce costs for education. Teachers and many other groups of employees, as well as many others, started an agitation saying what is the logic in not paying teachers? How can we expect education without teachers? Then in his budget speech the former Finance Minister said that unless we freeze and cap the grants in aid to the teachers, the assistance that the DFID had promised would not be made available. In order to get the grant from the DFID we had to cut and cap the salaries of the teachers.

I was one of the members present in the Education for All conference in Jomtien in Thailand. I represented the teachers’ community and was a speaker in a seminar. My speech was on the topic of teachers as the central actors implementing education schemes. Without the teacher you can’t do anything. And the DFID was saying the teacher size had to be reduced. Don’t pay the teachers.

And look at what has happened to the education budget. In 1994–95, the state was spending 17.41% of its revenue on education. This figure went up to 20.67% in 1999–2000, then gradually, under the influence of the World Bank and the DFID in the administration, it started to go down, to 16.06% in 2000–01, then to 10.29% in 2001–02, to 7.49% in 2006–07 then, after a lot of agitation it was increased slightly to 11.31% in 2007–08.

Teachers, employees and others sent a memorandum to the Chief Minister of Orissa in 2001 against this. We had one leaflet written by a Professor of Political Science that said the DFID is the devil in disguise. It said DFID does not stand for Department for International Development, but for Deliberate Funding for India’s Destruction; for Destructive Foreigners In Disguise; for Department For Institutional Decay and for Dastardly Face of the International Demon!

There was agitation from the teachers, state employees, trade unions and mass organisations and, of course, the struggle against Posco, Vedanta and the other mining companies now, with the struggle for our water—they are all part of the same.

*But these reforms have become government policy?*

Yes, and listen to the language. In its white paper on state finances, the government suddenly said education was a single item of expenditure that soaks up revenue: “aided educational institutions and the policy directives concerning establishment of new schools and colleges need an urgent re-look, in view of the huge expenditure in the education sector. Unless the grant-in-aid is frozen at a certain level by a change in policy or by legislation, the expenditure on education will devour the entire state revenues in the coming years ... The expenditure therefore requires to be capped.”

In the next white paper, gradually they started saying we have to cap grants to individual schools and colleges at the current nominal level: wherever they are, stop them there. Plus, secondary and tertiary education fees have to be increased. This had been set out in the World Bank and the DFID’s aide memoire:

“Education is currently provided free of fees for secondary education, while fees for tertiary education are not comprehensive and are set at very low levels. Policy on educational cost recovery should be

<sup>72</sup> World Bank and the Department for International Development, *Technical Economic Mission to Orissa*, Aide Memoire, 8–13 May 2000.

<sup>73</sup> World Bank and the Department for International Development, *Technical Economic Mission to Orissa*, Aide Memoire, 24–30 September 2000.

reviewed and revised with a view towards enhancing partial cost recovery, and to improve targeting of education subsidies towards needy, low income children and students.”<sup>74</sup>

*And is it now affordable for most children in Orissa because of the latter stipulations?*

No, not at all. Orissa is the poorest state in the country. The United Nations Human Development report said that the poorest people in the world live in Sub-Saharan Africa and in the Kalahandi Balangir Koraput region of Orissa. Not only India’s poorest, but the world’s poorest. Even if you give free education, even then children will not come to school. So why is there this about paying money to come to school?

And then, if a teacher retired from a tertiary, college or secondary institution his post was not filled with a teacher, but by a para-teacher, as mentioned in the aide-memoire, as I showed you.

*What is a para-teacher?*

These are people who before would assist in bringing children to schools, but they are now given teaching jobs. They are trained but they are only paid Rs1,500 (£22) per month, though this recently increased to Rs2,500 (£37) per month. In 45,000 out of 85,000 teaching posts at elementary level, para teachers have been appointed.

*How long are their contracts?*

Just one year or two years.

*Benefits?*

Nothing.

*How much does a normal teacher get?*

A full-time teacher gets between Rs 7,000–8,000 (£110–£115) a month.

*So, it’s a way to employ teachers on the cheap?*

Yes, and gradually the numbers of regular teachers have been receding. I was the principal of a college, but in my place no teacher was appointed. Gradually, they are reducing the number of teachers appointed in all levels. The total number of regular teachers should be 300,000, but presently 50% of positions are reduced. They bring in contract teachers to high schools and para-teachers in primary schools. Plus, they have brought in these schemes through which one teacher has to teach five classes!

*Pardon?*

One teacher will teach in five classes simultaneously—that is their prescription. How can one teach five classes at the same time? It’s humanly not possible. No-one believed that such things could happen.

They have massacred the morale. The morale of teachers is very low now. They feel there is no escape from this octopus. In other states, in Bengal for example, the High Court has said no para-teacher can be appointed when an existing teacher retires. But here, where the DFID and World Bank influence is so great, the existing teacher post has to be filled up by a para-teacher.

*Give us a picture of the problems in the education system before the reforms started.*

There were problems, of course. People were starting schools in villages, but in the tribal belts and underdeveloped areas schools were not available. The non-availability of schools was a major problem. Even in 1992 our Federation had a “Teachers for Universal Primary Education” campaign that we took round the state. We crossed 7,000km. It was a big event and it helped us. Children and parents were encouraged to send their children to school. But if they want to come to school you have to have schools, and you have to have teachers.

We expected with this foreign aid and with the government providing this money it would get better. But now education has been crippled. Almost half the population is below the poverty line. Large numbers of villages don’t have schools or facilities and this is killing education. They can’t afford higher fees or more books.

*Does Orissa need the funding from the DFID?*

The state government, in its bad fiscal condition, requires money, of course. But if you look at Posco and all the other mining companies that are now coming into the state, the market rate of iron ore is very high but

<sup>74</sup> World Bank and the Department for International Development, *Technical Economic Mission to Orissa*, Aide Memoire, 8–13 May 2000.

Posco will hardly give the government anything in tax. Vedanta is in a Special Economic Zone, so it will hardly pay any tax. There are other ways the government can raise money but it chooses not to.

India was a colony and the British visitors sucked the blood of the Indians, generation after generation. I can give you the historical calculations of what you have taken, starting from Robert Clive to Mountbatten. Now they say they have come to develop a poor state. Why should they dictate to us? Why should they say minimise the number of teachers or we won't pay, freeze the grants otherwise we won't pay? Who are they?

I am opposed to that. It means the DFID is not for development. It is there to see that diktats are there to gradually and surreptitiously privatise the education system. Orissa is a poor state, development is low. How can they do this?

*The DFID is a British Government Department. Its publicity boasts of its achievements, saying many children have been educated with British aid money, and so on. How would you describe its work?*

This is exactly what I want to say to you. The DFID is not helping the poor people in Orissa. Orissa is the poorest state in the country. People don't have education or literacy. Their culture is gradually being swallowed by other forces. We are opposed to Orissa losing its integrity. Assistance doesn't mean purchasing my culture. Assistance doesn't mean encroaching upon my rights or the administration. This is what the DFID is doing and this what we are opposed to.

People in Great Britain, those who have sensed, those who understand, should tell the DFID that this is a wrong thing they are doing. They must refrain from doing this. Assist, yes; help people, yes; teach people, yes. Many people from Great Britain have come and helped. Many missionaries have helped, no doubt. But this is killing the people.

*Sudhir Pattnaik is the editor of the Orissa magazine Samadrushi, a political fortnightly which has reported and examined the reform programme in Orissa supported by British aid.*

**Richard Whittell:** *The DFID says all its policies are developed in tandem with the Government of Orissa and that they, with the World Bank, work in partnership together. Their country plan for India described its support as "providing funding directly to state budgets in support of broad programmes of core budgetary, governance and sectoral reforms within a sustainable fiscal framework."<sup>75</sup> They have funded Government of Orissa projects and programmes in health, education, public sector reform, livelihoods and many other sectors. How influential is the DFID in Orissa?*

**Sudhir Pattnaik:** We call it a DFID colony. The common saying is that the DFID is into everything that concerns the governance of the state of Orissa. In every sector you will find the presence of the DFID. "This comes from the DFID" is the standard response you get from bureaucrats. I even knew someone very high up in the Vigilance Department, at the rank of Inspector General. He was sharing with us, that at the beginning of every week he gets a memo saying the DFID wants this or that. This is not acceptable to anybody who has a sense of democracy. We do not accept a foreign government department coming here and dictating and influencing government departments to do this and to do that.

*Do you have any examples of this?*

Their support for the whole industrialisation process, for example. The DFID and UNIDO [the United Nations Industrial Development Organisation] together conducted many consultative workshops and prepared a blueprint for the industrialisation of Orissa. They wrote and funded the Government's Industrial Policy Resolution in 2001 and, with the UNDP [United Nations Development Programme], they wrote the Government's 2006 Resettlement and Rehabilitation Policy.

*What have been the consequences of this?*

The mineral sector has grown enormously. Vedanta, POSCO, Tata, the Jindals; all such companies have come and people are not accepting them or their promises to rehabilitate and resettle people who have to leave their lands for them. The government and the DFID say it's a very progressive policy. They say they are doing it with good intentions, to help people rehabilitate after displacement. But people want more.

Land [given in return] for land is not part of the policy and the government doesn't have any will to accept a radical rehabilitation policy. This policy doesn't guarantee land for land but focuses on compensation. For people who are not used to money wages, if you give them Rs500,000 it has no meaning compared to their land. Suppose I own land worth Rs500,000. I get that from you when you displace me. That ensures I get exactly the market price for my land. Then I go somewhere else and buy another patch and settle down. But when I go to that place, people know I have that money, so immediately the value of the land doubles. I cannot even buy half of the size of the land I used to own.

<sup>75</sup> Department for International Development, *India Country Plan*, February 2004.

*But don't people choose to sell their lands voluntarily?*

How can it be voluntary? It's never voluntary. Either you are forcing, alluring or misleading people. It does not take into account the socio-economic profile of the area. For example, let's say I'm a landlord. I own five acres of land in an area but I live elsewhere. I decide to dispose of my land because I get a great opportunity when the Tata steel company comes. I wouldn't get such a good price otherwise. So I decide to sell off my land. But in my five acres of land, five different families live. They've been cultivating there. If I dispose of my land how will they survive?

*Are there any stipulations for people who don't own land?*

There are some but they're not enough and are not addressing the main issue. The biggest landowner in Orissa is the state. More than 75% of the land in south west Orissa, for example, is government owned. But the real owners are the tribal people who have been working it for centuries. Because they haven't had the land titles settled in their favour, the state claims it is the landowner but in actuality the people have owned the land for centuries. Then the state and the companies take over their land. Their entire livelihood system goes and there is no provision to support that. The DFID's Rehabilitation and Resettlement Policy does not recognise this reality.

And the DFID has funded and provided technical assistance to the expansion of the Hirakud dam. Initially, the plan was to supply water from the dam to farmers. But now what is happening? Farmers are not getting water. In 2004, 20,000 acres of land didn't get water. In 2008, 50,000 acres of land didn't get water. Why is this happening? Because Hirakud water is being taken by the mining companies who have come to the state: by Vedanta for its aluminium plant, by the Jindals and by anyone who has an industry. They have signed a Memorandum of Understanding which says that 478 cusec [cubic feet per second] of water will be taken from the Hirakud to be given to these companies, which will mean another 50,000 acres of farmers' lands will be unwatered. They say that there is enough water from the Hirakud dam to supply to industry and people but people say the reality is they are not getting water. This is a design to privatise water resources and infrastructure so those who are running mostly extractive industries will benefit.

And, if you come to the core point, what is the DFID's understanding of development in Orissa? If you see the kind of development happening in Orissa at the moment, it means developing only industries and mineral-based industries. This is further reduced to four major minerals: coal, aluminium, bauxite and iron. In a state where more than 85% of the population live on agriculture, forestry and fishery resources, do you think only mineral-based industries can be accepted as the model of development? How many people in the state will benefit from this? And all these minerals are water and energy intensive, which is why the DFID and the World Bank wanted the energy, power and water sector reforms.

*And one of the DFID's first projects in Orissa was the power sector reform, which saw an American company take over part of the distribution supply?*

Yes, it was claimed that people here did not have any knowledge or authority about how to reform the power sector so we needed a company to help us. Who decided which company would help? The DFID.

*Orissa had a power sector board before the DFID came. Why was that not up to the task of providing electricity?*

There was never any need for help from outside; there was knowledge with engineers and technical people guiding the board. But then the board was dismantled and restructured and the supply line decentralised and all this was designed with consultants engaged by the DFID. Decentralisation and privatisation go together. Decentralisation can mean further democratisation but this didn't happen here. It means giving the power supply to private companies. I have seen the reports on the power sector reform and written about it and I think any commerce graduate in accounting can do better accounting than the experts they sent.

*What was the process?*

The reforms were pushed by the World Bank and the DFID jointly. They dismantled the state electricity board. They created distribution companies. They also privatised the power generation corporation and invited foreign bidders.

*What have been the consequences?*

Higher prices, lower returns to the state. The state is paying, people are paying; so who is gaining? The unit cost of electricity is going up and up and these companies are not paying back to the state. Last year, they spent more than Rs100 crore (£14.6 million) from the poverty eradication program coming from the centre to the state to support the power supply distribution. This is ridiculous. People are not gaining, so what is the meaning of these reforms? This is what people are asking: what is the meaning of the development they are proposing and should the World Bank and the DFID patronise this? And for whose interest? Certainly not the interest of the state.

*Was there any resistance to this?*

People are opposing mega projects at the local level. In certain areas of the state, such as the areas where the multinationals are trying to displace people, we are getting the real picture of the reforms and people are fighting back. And there was a campaign against these destructive reforms in 2002 and for two years we campaigned against the World Bank and the DFID. Many organisations came together: progressives, socialist groups, trade unions, mass organisations. It was called the Campaign against Destructive Economic Reforms. All the privatisation attempts we challenged. We courted arrest. When the DFID and the World Bank were sitting with a group of consultants in the Hotel Crown we were demonstrating outside and there was a huge demonstration in front of the DFID office.

*What was the response?*

They said they weren't doing anything on their own, that the Orissa State Government had invited them.

*But they're still here?*

Yes, and each reform is part of a whole plan. They want to minimise the role of government and maximise the role of private players. It's not possible to do that directly so you create a process where gradually government's role is minimised and in come private players.

*Where are the politicians and the political parties in this process?*

We don't have political parties. They claim to be political but they don't try to understand people's problems. They are not in tune with people. They only come out during election times and there is no difference between the ruling parties and the opposition. They are all the same. Nobody expects them to play a significant role in mainstream politics and you don't find anybody who is opposing this development paradigm. The left is but they don't have a proper base.

In the last 60 years no political party has really thought about how to develop the state. Therefore anyone can come with a bag of dollars and say, "Do this and we'll help you". And many NGOs also attended the consultation sessions they had for these reforms.

*Which NGOs?*

Those NGOs that do not have any record of working with the poor. There are maybe a few NGOs that are critical, but one or two NGOs raising their voices doesn't have any real significance. Ultimately, in the proceedings you don't see any dissenting voices—it looks like they are all in unison. If there are exceptions they don't get a seat at the table. Mostly, the NGOs are with the state. Mostly, they are quite comfortable with the state and they don't raise any critical questions. Some of them have been kicked out and blacklisted because they raised critical questions. "If you are not with us, you are with our enemies", that kind of thing.

*So, should the DFID have played such a role in Orissa?*

If the DFID hadn't had a role, nothing worse would have happened.

*But isn't there an argument that says even if the DFID isn't promoting the best policies, nonetheless money given by the British Government is providing money for things like healthcare that, given the lack of will of the main political parties, wouldn't otherwise exist?*

I think if you're putting money in the wrong way it doesn't make a good impact. For example, in health sector development they are often providing for infrastructure that isn't being used, so what is the point in putting money in? It requires a social plan but there isn't one. Health was never a priority sector for this state government. When somebody comes with a big money bag and says "I will support this", the government will, of course, say, "Yes". I'll tell you one example. I was invited by a committee to inspect the city's main hospital. I went there to see and discuss it with the chief medical officer. He took us to see the intensive care unit. It's supposed to be the most active and dynamic unit. When we approached the unit we saw a cat sleeping. We went in and saw six beds and life support units but there was no-one using them. All this equipment was bought because companies had been contracted for it but there was no manpower to operate the machineries. He said the government wasn't thinking about how to run it. And this is happening in all other areas. When the DFID and World Bank come in, the only concern of the state government is to buy equipment.

**The Department for International Development is part of the British Government, which presents its foreign aid very positively and it is seen to be doing good.**

Similar perceptions exist about our government. We Indians feel very proud that our government gives money to some smaller south Asian countries. The kind of damage they are doing we don't take into account. But if governments and the people are genuinely interested to serve another community, the support must be totally unattached and unconditional. The most important thing is whether that state has a plan to develop itself.

I put this question to a government minister. I said try to recollect any time in the past when you have sat for two days to think about the state and how to develop it. He said they'd never done that. So if you've never thought about it, how can you have a plan? I don't think it's acceptable. In a democracy you have to plan from below and that is not happening.

*Would that be possible with foreign aid?*

Foreign aid should not be in the picture at all. In certain areas, if you lack resources, maybe you could think about it. But have you explored all the resources at your disposal? Look at these mining companies that are coming in—they will pay a tiny amount of tax to the state on the resources they mine then sell. If any government did that, no funds would be required from outside. They are looking for the easy way out with foreign aid.

*Abhay Sahoo is a leader of the people's campaign fighting South Korean steel company POSCO in its attempts to displace people from their lands to mine the iron ore that lies beneath.*

**Richard Whittell:** *Why are you fighting to stop POSCO coming here?*

**Abhay Sahoo:** As everyone knows, in the year of 2005, on 22 June, the Orissa State Government signed a Memorandum of Understanding with the company POSCO, of South Korea, to set up a steel mill, with investment of Rs 52,000 crore [approximately £7 billion].

Since then the people of the proposed area—in the three areas of Dhinkia, Gadkujang and Nuwagaon in the district of Jagatsinghpur—have been conducting this resistance struggle against the POSCO steel mill, and we have formed the POSCO Pratirodh Sangram Samiti [POSCO Resistance Struggle Committee], of which I happen to be the chairman, and have been conducting this battle against POSCO and safeguarding our motherland and fertile soil.

You see, we are not against industrialisation but industrialisation at the cost of a guaranteed agricultural economy. This area is a coastal area with very sweet sand, underground sweet water and it is full of sand dunes. The coast of the Bay of Bengal has a very special kind of sandy soil. People have been growing betel vine there which happens to be a most profitable item of agriculture and is an employment generating agriculture. It gives a very handsome income to the cultivator's family, and provides both direct and indirect employment. So people do not want to part with the betel vine cultivation. In addition, it is producing foreign currency for the state exchequer as it is an item of export. Apart from betel vine, people have cashew nuts which are also profitable items and apart from everything else, people have a very dense forest and a very beautiful ecology.

So the people of the area have been struggling tooth and nail and heart to safeguard their motherland and fertile soil. It will be a very serious ecological catastrophe. Not only that, if the forest is not there, it will lead to more problems. The thousands of fishermen here depend on the sea mouth, through which the entire surplus water is being drained. They catch fish there. The thousands of agricultural families, their paddy lands will be submerged in water. And once the forest is gone, the sand dunes will be gone. There will be no sand dunes. It is the forest and the natural processes which have made the high sand dunes, not the man.

The other side of the coin is that the company, in connivance with the administration, has imposed violence many times on the peaceful protesters against POSCO. We call this state-sponsored violence.

*Do you have any evidence for these allegations of violence?*

On 29 November 2007, the anti-POSCO people were on strike at the main entry point to the district. Hundreds of men and women were there, democratically and peacefully protesting against the POSCO officials. But POSCO hired anti-socials. Their officer, who was a senior civil servant, hired the anti-socials who took the help of the little pro-POSCO camp in the area. The district administration also extended its help and together they blasted seven bombs at the peaceful strikers.

Many innocent men and women were injured. Still people are suffering from those injuries in this village. And, as Dhinkia has become the bastion of the anti-POSCO struggle, as many as 450 men and women here have been implicated in more than 90 false legal prosecutions. For me, though I am from this block and this is my area of operation, I have been underground and unable to go to my native village and see my family for three years. Many of the anti-POSCO leaders have been underground for three years. POSCO is trying to sabotage the movement, they are trying to suppress the movement. They have hired goons and anti-socials, they have started beating the anti-POSCO fighters, they have looted the anti-POSCO fighters' houses and they have done many injustices to the anti-POSCO families.

In one thing POSCO has been successful and that has been in creating a pro-POSCO camp. They have politicised the struggle, they have tried to disrupt and they have tried to break the struggle. But the more they have tried to break the struggle, the more people have become united because they have such affection for their own livelihood. There is a historic and dialectical relationship between life and livelihoods and our struggle is based on a scientific analysis of the livelihood aspect of this locality. So apart from everything, our struggle has withstood the situation. The war is young.

Four months later the Orissa Chief Minister and the POSCO chief announced they were to lay down their foundation stone on 1 April 2008. On that day the patriotic forces from across the country were invited to be united and we broke all barricades erected by the police. The anti-POSCO people have come to the limelight and taken control of every village again. If they [POSCO] come into this area they will face mass obstruction and mass demonstrations. Now the government has suspended many anti-POSCO fighters who have been in government service. In Dhinkia, they have suspended one central government employee who was a postmaster and they have suspended a high school teacher. They have taken revenge on anti-POSCO families and have started an economic blockade. They have stopped supplying commodities, such as kerosene, sugar and rice. So these are the things we are facing. But to achieve our objective and to champion the cause of the people, we must lead this struggle to its logical conclusion until POSCO is forced out.

*What is your opinion of the proposals contained in the DFID-funded Rehabilitation and Resettlement Policy?*

As you know, the state government has adopted the Rehabilitation and Resettlement Policy 2006, which it claims is the best one, and POSCO has announced some additional packages. The policy means that someone who loses their homestead and agricultural land will be given due compensation for the recorded land as per the value of local area and he will be given, if displaced, three rooms for his family and will be given employment in the company or, if he doesn't have requisite qualifications, will be given compensation.

*There are many people living here who do not have formal property rights to the land they are living on and are technically living on government land. What will they get from the policy?*

You see one thing. You can come to a very scientific conclusion if you know the structure of the land. POSCO is to acquire 4,004 acres of land. There is a population of 22,000 with 4,000 families. And out of the 4,004 acres, 3,566 acres are government land. The company says the government is the owner, so there is nothing to give the people who are living on the land. To satisfy people POSCO has announced an additional package of Rs 6,000 per decimal of land but that is nothing for the betel cultivator and people are not interested.

The 2006 Rehabilitation and Resettlement Policy is an anti-people and anti-development policy. The state government has written it under instruction of the DFID. It is not meeting the demands of the displaced and affected people: the employment aspect, displacement aspect and the compensation for land losers. People are suffering and will suffer more if they accept the Rehabilitation and Resettlement Policy 2006.

One thing is very clear: the DFID is dictating the principles and the rules of the state government. The DFID is putting tremendous pressure on the government to invite the multinational companies and private companies, to go for the private sector, domestic or foreign. And the DFID is very keen on privatising all the government and public sectors.

The company has not yet acquired an inch of land and we have refuted this Rehabilitation and Resettlement Policy, which has been formulated in connivance with the DFID. It is not a welfare policy for the people and our movement is 100% opposed to it.

*Dr Sunilam is a Member of the Legislative Assembly of Madhya Pradesh with the Janata Dal Party.*

**Richard Whittell:** *Does a state like Madhya Pradesh, which has high levels of poverty, need the help of the British Government's Department for International Development (DFID)?*

**Dr Sunilam:** For development projects definitely investment is required but the point is when you are working in a democratic system you need to discuss each and every thing, and these issues have not been discussed in the state assembly. I have been a member of the legislature for the last nine and a half years and there has been no discussion. I have asked many questions about the impact and the conditions attached and I could not get a single reply from the government.

*For example?*

Recently the agencies have given Rs900 crore (£130 million) for the water reforms and I asked what the conditions attached to it were, whether public taps would be removed, whether the cost of water would be increased, and what would happen to the employees who are working for the water now and so on, but they never replied. They even said there was a draft proposal about the water reforms which had been prepared by the DFID and not by the people's elected representatives. And when I asked for the draft they would not give it to me.

*Who did you ask?*

The government.

**The DFID flags up accountability and the strengthening of democracy as important parts of its work. According to their country plan for India for example, "across India, decentralisation of responsibilities to the elected government is seen increasingly as a key strategy for improving effectiveness of basic services."<sup>76</sup>**

<sup>76</sup> Department for International Development, *DFID in India: Factsheet, [no date]*.

The representatives of the panchayats [local administrative areas] at the village level and the district level were not taken into confidence although they have constitutional rights. They talk about decentralisation so they should have taken the panchayats into confidence. It was also never discussed in the state assembly. I have been a member there for nine and a half years—this is my second term—and the DFID's grants have never been discussed. Any grant you take, its impacts should be discussed.

*None of the DFID's reforms were discussed?*

No. Even when I asked many questions about the conditions and what the impact would be they never replied. They just rejected the questions. They have to honour the democratic process and they are not ready to honour it. They are not taking people into confidence. They have their own agenda which they want to implement. That is not acceptable to us.

**The DFID's India plan says, "the DFID can have most impact through genuine partnerships with central and state governments. DFID's approach is therefore to enter into long-term partnerships with states which are themselves committed to eliminating poverty and are following the kind of policies needed to achieve that goal". One of its stated priorities is, "strengthening the accountability of government to those it represents."**<sup>77</sup>

If they are not even accountable to the representatives then how can they be accountable to the people? They have to talk to the representatives. If you are working at the district level or the village level these representatives must be taken into confidence. At least they should have the right to know what is happening and what the impact will be of the whole thing. But nobody knows about it. Nobody knows the figures, how much is coming. Studies that were conducted were not discussed and that is the issue.

Firstly, they have to be accountable to the panchayat representatives and the assembly representatives and the parliament. We have the Panchayati Raj system, so at the village, block and district level everything should be discussed. If nothing is discussed the whole thing is very undemocratic.

**But they say a scheme like the Madhya Pradesh Rural Livelihoods Project actually strengthens the Panchayati Raj system through its strengthening of democratic decision making at the local level.**

That may be their point of view but if they say they are strengthening the system they should come out with all the facts. And these facts should be discussed democratically in the assembly and district panchayat meetings.

*Their reason for working with government is given as, "the best way to provide lasting support for poverty elimination is to help governments formulate good policies and strengthen the effectiveness of their service delivery systems", and "to strengthen and develop a joint understanding of the development challenges and priorities in achieving the Millennium Development Goals."*<sup>78</sup> *What has your experience been of their work on these issues?*

About these Millennium Development Goals: in Madhya Pradesh, more than 1.15 million people's names were removed from the list of those people who are below the poverty line and this was done when the DFID was helping them to reduce poverty. When I asked the minister responsible he informally told me that "the development agencies, those that are funding us like the World Bank and the DFID, they ask us why our figures were going up. So to reduce the number on papers we cut down the names." And this is 11.5 lakh people, more than 1 million people! Their names were removed in Madhya Pradesh.

So I would like to know what exactly they have done on these issues. On every single issue we can talk for hours because we work in the field and know that the situation is worsening, particularly the drinking water situation in Madhya Pradesh. At this time if you go around Madhya Pradesh throughout the night you will see people, particularly women, collecting water. It's a big, big problem in Madhya Pradesh. So what [are] the DFID or the Government of Madhya Pradesh doing for the fulfilment of these Millennium Development Goals?

It's a question of the flow of capital. Still the flow continues from South to North—you have many figures to prove that—and whatever resources we have they want to capture them. The ultimate aim is privatisation and to capture the natural resources of India. That is the intention and for that they are lobbying, through the World Bank, through the Asian Development Bank, the International Monetary Fund or through the DFID. It is all the same and that's why we oppose it.

*The DFID funding has been consistent through two different governments—of both the Indian National Congress and the Bharatiya Janata Party—in Madhya Pradesh and at the national level it has continued from 1997 through two different governments in the centre. In whose interests is it acting?*

They are working in the interests of the companies. They want to privatise the power sector, the health sector and education. The whole idea is to give profits to the companies, particularly the multinational companies.

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<sup>77</sup> *ibid.*

<sup>78</sup> *ibid.*

But we are now seeing a people's uprising against the liberalisation, privatisation and globalisation process, and such development projects as those of the DFID, which are trying to divide the people and divide the non-governmental organisations that are working with the people. This is not good for the people and is not good for the whole NGO sector because it is being discredited. They are playing into the hands of a few development agencies. Politicians in this country are already discredited, and if this NGO sector or the grassroots movements are also discredited it becomes a big threat to democracy and it will injure it.

*Can you give us an example of that?*

It is no secret which NGOs are taking money from the DFID. All those NGOs should be accountable to the people but they are not really serving the people at large. They are working against their interests and are working for the companies in the longer run. Because finally in the water sector or power sector, when they say reforms it means that it is being privatised and the profit is going to companies and people will be squeezed.

*The DFID is a ministry of the British Government and, in principle, is accountable to British people. What role should the British Parliament be playing in the DFID's actions?*

They talk about democracy and they say they have full faith in the democratic norms, so all these things should be discussed at all levels. These things should be placed before the people, particularly if they are saying they are saving lives. The British Parliament should ensure that all the facts and figures are brought before the people before any project is implemented.

The people of the UK have the right to know what is happening with these projects when they say they are working for the well-being of the people. You know, when it was the British Raj, they also said, "We have come to enlighten the people of India, we are here for the well being of the people". Those who rule or those who want to rule through various development projects or schemes always talk about their good intentions but what is the hidden agenda? That must come in front of the people.

*Vinay Pandey was Convenor of the Madhya Pradesh State Electricity Employees & Engineers Coordination Committee, an umbrella body of 17 unions and workers bodies when interviewed in 2008. He has since left the position.*

**Richard Whittell:** *In its project memorandum regarding support for the Madhya Pradesh Power Sector Reforms, the Department for International Development (DFID) says the goal of its funding is to "support the development of an efficient, accountable and financially viable power sector in Madhya Pradesh."<sup>79</sup> Has this goal been achieved?*

**Vinay Pandey:** At the state level as well as at the national level, through the All India Power Federation of Electricity Employees, we feel that the whole reform process has been misguided. We feel that after a decade of reforms the situation has deteriorated.

The reform process was guided by the Asian Development Bank, which provided a loan, and the consultants brought in through the DFID and CIDA [the Canadian International Development Agency]. These consultants failed to take into account the real ground situation and it has moved to a situation where electricity is being sold as a commodity instead of a social service.

It is being charged on the basis of cost of supply when it should be on the basis of capacity to pay. A precondition of the loan was that the cross-subsidy element had to be eliminated. In a country like India, social and economic disparity is high and the poor farmer cannot be expected to pay on the basis of cost of supply. So it has created more problems for the common people.

*Why is charging on the basis of cost of supply more expensive for farmers?*

When a commodity is charged on the basis of cost of supply, the electricity is supplied in bulk to the big consumers such as the industrial sector. For any product the cost of bulk supply is much less than the cost of retail supply. In Madhya Pradesh, the geographical spread is high and farmers are scattered throughout the state. Low tension lines feed the farmer. On the low tension lines the technical losses are high. So it follows the law of physics: the law of physics says that as the low tension line length increases the technical losses will be higher. This resultantly implies that the farmers and the domestic consumers will have to be charged higher rates.<sup>80</sup>

This was a precondition of the reforms that were brought in, that were supported and advocated by the consultants engaged by agencies such as the DFID. And they created the problem. It is creating a rift within the society. We have repeatedly pleaded that in a country like India, where the growth of the common person is very important and the survival of the agriculture sector is the question of the survival of the farmer,

<sup>79</sup> Department for International Development, *Project Memorandum, Support for the Reform of the Power Sector in Madhya Pradesh*, obtained under the Freedom of Information Act, August 2002.

<sup>80</sup> "The present tariff for domestic and agricultural (low tension) consumers is more than three times that of 2001 (ie increase of more than 200%), while that for industrial consumers is only about 1.2% times (increase of 20%)"—Nikit Abhyankar, "A Decade Lost; What's Next? Looking back at power sector restructuring in Madhya Pradesh", *Economic and Political Weekly*, Vol XL, No 48, 26 November 2005.

electricity has to be treated as an essential service. It is the duty of the state. We cannot leave it to the profit earning organisations; we cannot apply commercial principles to this. We have to decide at some point in time whether it is a social obligation on the state or it is a commercial entity. And we just cannot support the idea that it can be run as a commercial entity like in developed countries because there you have life support systems; there are systems already in place that support a poor person in case of need regarding health, education and the basic livelihood concepts. And if we charge electricity on these rates, this will create a catastrophe.

*The DFID argued that the reforms would cut revenue losses and theft, which would lead to better services for everybody.*

We just don't subscribe to that theory. The basic problem is that we are suffering from lack of generating capacity. Because of these reform programmes and because the conditions attached to them said that no additional generating capacity would be brought into the system we have reached a point that whereas prior to reforms there were two hours of power cuts now, after a decade of reforms, we are facing six hours of power cuts. It is a question of investment and investment in the right direction.

And that has created a distortion. We repeatedly pleaded and we launched a campaign. We succeeded in bringing out the facts but even with all our efforts the augmentation of the generating capacity was hampered by this negativity and that is causing the real problem. Earlier we were generating more power, power equal to our demand, but now we are ranked as power deficient.

When we are power deficient the state has to make an expenditure ten times the generating cost. So, on the financial front it has created a very huge loss position. The consultants say that because you are in loss don't go for investment in the generation capacity. But the real thing is that until and unless you make investment in the generating sector, this loss position can never be addressed. We have gone down the wrong path and therefore as the reforms progressed the power situation in the state has deteriorated and the financial position has also deteriorated. Both things have happened simultaneously. Again the consultants could not assess the situation in the Indian context.

*So the employees are getting less pay, people are forced to pay higher tariffs and power cuts have gone up. So what sort of reform has taken place? And for whom has it taken place?*

One of the first reforms was the "unbundling" of the electricity supply—splitting the electricity board into separate transmission, generation and distribution companies—which the DFID argued would make it more efficient and more responsive to consumer demands, and help to "prepare the new sector entities for a more competitive and business-like environment."<sup>81</sup> What has the effect of this been?

*Why is it needed to "unbundle" an electricity board? Hewlett Packard is integrating its business with Compac because they say economies of scale will help. It will help with reducing cost. It will help with providing better services to the consumer. So why instead of integration we are going towards disintegration?*

The entity which was looking after the generation, transmission and distribution has been forced to "unbundle" in the name of reform, in the name of aid, in the name of grants, in the name of loans, the preconditions of which were specified by these agencies: the Asian Development Bank, the DFID or the Canadian International Development Agency. Everybody knows that in today's world competitiveness goes down if you are a smaller sized entity and it is more difficult to survive.

So whether this is being done to provide better services to the consumer or whether it is being done to enable privatisation—so the private bidders can easily take over these companies—is a big question and it has to be answered.

*DFID-funded power sector reforms in Orissa led to part of the service being privatised and the DFID's Project Memorandum for Madhya Pradesh talks of the reforms leading to "a commercially viable power sector, which will be an attractive investment opportunity to the private sector."<sup>82</sup> Why hasn't the service in Madhya Pradesh been privatised?*

There has been large opposition from the union and from the people and we are determined that we will do whatever is possible to oppose the privatisation. Whenever this privatisation comes up it always caters to the "creamy layer". Everyone is interested in entering into the business which is a profit generating business. Everyone is interested in entering to the urban areas, everyone is interested in supplying to the industrial consumers. But who is going to supply power to the poor farmer? Who is ready to supply power to the rural population? And can an organisation, can a country, can a state survive where you have got division between the haves and have-nots in such a situation that the have-nots will not have any electricity? In today's world, it will not be democratic.

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<sup>81</sup> Department for International Development, *Project Memorandum, Support for the Reform of the Power Sector in Madhya Pradesh*, obtained under the Freedom of Information Act, August 2002.

<sup>82</sup> *ibid.*

Privatisation of the electricity industry or, for that matter, of any infrastructure for basic essential services becomes a question of privatising the profits and nationalising the losses. That's not acceptable. We in the National Coordination Committee of the All India Power Federation, the Western India Power Federation, and the Madhya Pradesh Employees Union are opposed to that philosophy.

*And even without privatisation there have been demonstrations against the reforms?*

One thing is clear: in general if you look to the media reports, if you go and ask any person on the street, people are not as happy as they were in the 1990s. In the 1990s there were no power cuts. The electricity bill was not causing shock to any person but now the electricity bill generates shock. There are power cuts. People are not satisfied with the overall situation and there can be no denial of the fact. So the test is on the common street. It may be true that people may not be aware of the role of one agency, the DFID or the Asian Development Bank or this and that, but overall it has generated more dissatisfaction than satisfaction and none of the agencies, I don't think, have been able to earn appreciation for their role. Until and unless they change their basic paradigm, they will not.

In state after state it has happened and the problems of the infrastructure, particularly electricity, have caused turbulence. It is an issue which affects every common person and therefore it affects the fabric of our political system. It is a big political issue, it is a big economic issue, it cannot be denied and therefore we plead that managing the sector should be the responsibility of those who know the sector. We cannot go to the consultants who don't know the sector. A blind person cannot guide me. But we are sorry to say that the prescriptions of these agencies like the DFID were just like that.

*Much of the British aid money went to consultancy companies, including Ernst and Young, PricewaterhouseCoopers and KPMG, for "technical assistance". What kind of expertise did these consultants provide?*

The biggest contribution was in their ability to generate presentations. Nice presentations, nice decorative plastics, PowerPoints and a huge compilation of reports. Report after report after report. The whole grant has been for the consultants, by the consultants and of the consultants.

There is a basic question which has come up before the reform process: whether it was intended in the right direction; whether those who were suggesting, who were guiding, who were giving the consultancy, whether they had any real assessment of the ground situation. We feel very [keenly] that most of the consultants who came into the process, who jumped on the bandwagon, didn't have any real assessment of the ground situation. The employees who devoted their lives, who served in the sector, who knew the ground realities very well were never taken into account, they were never taken into confidence. Their views were never taken into consideration.

*So you were not consulted by the DFID?*

No. No-one directly interacted and, as far as I know, none of the unions were taken into confidence. Some of the consultants interacted but [interacting] and listening are two different things.

The employee's perspective is very interesting. Everywhere it is said that if you are running an organisation until and unless you take the employees into confidence, until and unless you address the human resources, you cannot succeed in anything. And we are unable to understand why in this whole process, at no point in time, it has been attempted to take the employees into confidence.

In 2004, we carried out a survey—it was the biggest survey conducted of electricity employees and engineers in India—and about 1,000 employees participated from headquarters. Even at the headquarters, less than 2% of people said they knew the objectives of the reforms. 98% were not sure what the purpose was of the reforms that were taking place. Almost three quarters of employees were of the opinion that these reforms were not guided by the government, or by the needs of the common people but by the agencies from the UK and the Asian Development Bank. So if that is the feeling it raises alarm bells.

*What were the effects of the consultants' recommendations?*

At the end of the day, when we sit down and assess the situation we are unable to see that anything positive has come out of the whole thing. Rather, we are seeing in the neighbouring state of Chhattisgarh where there was no such programme, where they were supposed to work on their own, they have been able to perform better, their systems have been strengthened. Because they have done it on their own.

In almost all the fields, whether it was human resources or whether it was information systems, what we have seen is that where the consultants were not there [in Chhattisgarh], they were able to implement good systems. The proof of the pudding is in the eating and if the end consumer is not satisfied, if the employees are not satisfied, if the electricity utility which is being assisted is not able to generate profits, then where is the pudding?

It has created more hindrance or, you can say, more delayed procedures than anything else. Out of this whole consultancy assignment, or reform assignment, the beneficiaries were the consultants. No-one else. It puts a

big question mark on the process, on the implications and on the basic objectives of the process. It raises a question mark to the intention of these agencies. We have reason to doubt their intentions and their objectives. And unfortunately no-one has ever come to answer these questions.

*What has been the effect on employees?*

There is a lot of resentment. As part of the reform process one of the consultants came in and made the recommendation that the number of employees was too high and should be cut by half. They submitted that report but it was challenged by the unions. The logical data was presented, which shows that it is not possible under the geographical conditions of the state of Madhya Pradesh to cut the number of employees and sustain provision. You cannot say that if one driver is needed for a bus then only one tenth of a person will be needed for driving a car. You need one driver for a car also and even if you have a bicycle you need one person.

They took an algebraic equation from a metro city like Bangalore, where there are big apartment blocks and so on, and they said that for this amount of population there is one employee. You cannot apply that algebra to the rural population, where the demographic pattern is too scattered. The population density is one tenth of Bangalore. In some pockets it is one hundredth of Bangalore so that equation cannot be applied—it is too simplistic to make such an assessment. But once the report got to the government, even with all this opposition, it definitely hampered the process of recruitment and in ten years of consultancy no fresh recruitment took place. Ultimately it has resulted in a situation where we need 70,000 employees to serve the state but we are forced to serve with 52,000 employees, and they have an average age of 50. So the quality of service definitely deteriorates. Ultimately, even with all the technology, all the software and computers, the electricity supply needs personal care. To rectify a wrong connection you need someone. The computer cannot do that job. And therefore this aspect is hurting the consumer as well as the employees.

30 March 2011

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### **Written evidence submitted by World Vision**

World Vision is a child focused Christian relief, development and advocacy organisation dedicated to working with children, their families and communities to overcome poverty and injustice. We are the world's biggest local charity, working in 100 countries and to improve the lives of 100 million people worldwide. We have three million supporters and employ 40,000 locally based staff, 97% of whom are nationals of the country in which they work.

World Vision believes the best way to change the life of a child is to change the world in which they live. We see children and their communities as active participants in shaping a better future, empowering them to find sustainable solutions to poverty.

World Vision welcomes this opportunity to provide written evidence to the International Development Select Committee Inquiry on the Future of DFID's Programme in India. World Vision has worked in India since 1962 and is currently working in over 174 communities. For more information, please see Annex 1.

#### **1. THE BROAD IMPACT OF DFID'S PROGRAMME IN INDIA ON REDUCING POVERTY AND MEETING THE MDGs AT NATIONAL AND STATE LEVELS**

1.1 World Vision supports DFID's focus on directing aid to the world's most vulnerable. Indian poverty is characterised by scale, not proportion, and by the growing gap between rich and poor. The current population of India sits at 1.17 billion, 41.6% of which live below the poverty line. This is equal to 456 million people living on less than \$1.25 a day in just one country. Every fifth child in the world lives in India, every third child in India is malnourished, and every second child is underweight. Any basic statistical analysis of India identifies significant poverty and vulnerability. Nearly half of all Indian children are malnourished, more than 50 million Indian children fail to attend school with any regularity, and each year more than 1 million women and children die due to lack of healthcare.

1.1.1 Without a targeted focus on improving primary and secondary school enrolment, tackling education standards and drop-out rates, the world will not reach the Millennium Development Goal (MDG) 2 to achieve universal primary education. 40% of students in India, the majority of whom are girls, drop out of school before secondary school. Investing in India's elementary education sector is a primary opportunity for DFID to put into practise their focus and methodology on improving the access of girls to education, and prioritising the rights of women and gender equality. DFID's investment in the Sarva Shiksha Abhiyan (SSA) scheme in India is valuable, not only in its substantive commitment to the quality and reach of India's education sector, but in its focus to include vulnerable children. Beyond the impact on achieving primary education, illiteracy and enrolment figures also have a proven and evidenced impact on MDG 5 to improve maternal health. DFID's considerable and commendable support to improving the health sectors of more than 4 states across India makes a significant and crucial contribution to child and maternal health in a country which had the greatest number of under-5 deaths in 2009. Without a prioritised focus on improving the development indicators of India, the MDGs cannot be achieved.

1.2 DFID is India's largest donor, and India itself is the recipient of DFID's largest bilateral programme. DFID India has an important role in India in influencing other donors in best practice and value for money. Beyond the significance of DFID's expenditure is the contribution of DFID's portfolio in India to the achievement of the MDGs, the effective approach of DFID India in funding community and state level development initiatives simultaneously, and the crucial role DFID plays in facilitating state building in one of the poorest countries in the world. World Vision welcomes DFID India's continued presence and broadly considers its programmes to be effective and providing value for money.

- 1.2.1 These three reasons contribute with evidence to a substantial case for DFID to continue providing bilateral aid to India. DFID India are an effective and well-structured office, operating well with local and national Government partners and implementing a broad range of complimentary and important programmes that address multiple causes and effects of poverty and underdevelopment in a country where a third of the world's poorest live. However, World Vision is concerned about the impact on DFID's performance of sizable personnel cuts, and urges DFID to ensure that the drive to have a streamlined presence does not undermine DFID's ability to meet the needs of vulnerable groups.
- 1.2.2 DFID's bilateral spending is broadly targeted at sector reform and building community accountability and resilience, building capacity at state level to implement pro-poor government policies across all sectors, while continuing to support the growth of civil society at community level through a significant number of smaller programmes. This tri-pronged approach contributes to a broad and effective DFID presence that provides value for money in tackling issues of poverty and economic development from both a top-down and bottom-up perspective. This approach is crucial in strengthening empowerment and community capacities for resilience, imperative to sustainable development in the long term.
- 1.2.3 Success has been achieved in India, and there is significant progress towards the goals set out for 2011 in the "Three faces of India". For example, under-5 mortality is 52/1000, below the DFID target, whilst maternal mortality is 260/100,000, close to the 2011 target of 250/100,000. However, whilst there has been significant progress, more is needed, particularly on equitable access for vulnerable groups.

1.3 World Vision in India have partnered with DFID through a Programme Partnership Agreement used strategically to pilot work on three objectives. For more information, please see Annex 2.

## 2. THEMATIC EVALUATION OF DFID'S PROGRAMME IN INDIA

2.1 DFID's programmes are broadly well targeted at the poorest communities, focusing on areas with high levels of poverty and significant issues of poor governance, especially the states of Bihar, Orissa, Madhya Pradesh, Andhra Pradesh and West Bengal.

2.2 DFID's dual focus on public sector reform and tackling social inequalities is crucial. DFID's strategic approach, in "Three Faces of India: DFID India Country Plan 2008–2015", is and continues to be welcome. It is important that DFID continues to work with local and excluded groups to raise awareness of their rights, potential government support and ability to advocate for their own needs, whilst supporting state capacity to meet the increased demands of their population. DFID provides significant support to sector reform in the poorest states, for example by providing £356 million over five years to reform the health sectors in Orissa, West Bengal and Bihar. These programmes have a focus on vulnerable groups and are a vital compliment to work that provides awareness of Government of India support, rights and benefits. We further welcome the particular focus of this reform on health and education sectors. DFID should continue this dual approach to helping the "poorest face of India".

2.3 DFID have a systematic approach to vulnerability and work with leading NGOs to cover areas of vulnerability, including gender, disability and caste. Dealing with the social causes of poverty should support an economic approach. The current rights based policy climate makes this approach essential. DFID should consider a more social analysis of inequality, as issues of gender, disability and caste can perpetuate gross economic inequality. A continued DFID presence focusing on the root causes of poverty is crucial: including social exclusion, areas of poor governance, corruption, the fragility of the police and the ineffective implementation in some areas of laws governing welfare.

2.4 It is important that DFID continues to work to strengthen civil societies and work closely with international and national NGOs to enhance scale of impact and influence. DFID should continue to work both with civil society and the Government of India to ensure implementation and awareness of existing policies that benefit the "poorest face of India".

2.5 DFID should continue to focus on elementary education. 35% of the world's illiterate people live in India, and there is a huge disparity in terms of access to elementary education. DFID's commitment of £300 million over five years to the Sarva Shiksha Abhiyan (SSA) scheme is vitally important, and this should be a continued priority identified in DFID's Bilateral Aid Review. World Vision welcomes the success of the SSA scheme, and the increased enrolment at elementary level. However, a focus on the quality of education and reducing attrition is crucial—especially in girls and vulnerable groups. Future consideration of DFID's support

to the education sector should continue this focus on access to elementary education and particularly on inclusion and quality.

2.5.1 World Vision commissioned a study into the resourcing of inclusive education for children with disabilities in India, which looked at the SSA scheme. SSA promotes inclusive education, but there has yet to be a comprehensive and systematic evidence-based study of the resources needed to support it. World Vision's study clearly establishes matrix of policy drivers for inclusive education at child level and a screening process for determining educational and health interventions, which would enhance the opportunities for children with disabilities to elementary education in relation to child-centric inputs. It is crucial that important stakeholders, like DFID, continue to support SSA to provide equitable and inclusive elementary education. DFID should work with the Government of India and the SSA scheme to ensure a more systematic and comprehensive approach to inclusive education. A more comprehensive summary of World Vision's research is attached in Annex 3.

2.5.2 It is clear from this study that there is a structural deficit in the Indian education system. There is a gap that would connect children with disabilities at home to the neighbourhood schools. This structural deficit needs to be bridged so that children with disabilities at home can be tracked and supported through the process of identification, screening, and organisation of child-centric support, coordination of school support, and the organisation and coordination of key stakeholders in order to deliver resources in the entire jurisdiction. District level planning and organisation is too remote, as this study has shown, to the extent that children with disabilities in the research area have not had any of their issues addressed in the District Education Plans. Tackling this deficit would be another example of where DFID's continued support can have an impact on the poorest and most vulnerable in India.

2.6. DFID India invests almost half of its bilateral budget on health. It is crucial that this focus is maintained in the future, and that the work of DFID India continues to support both state health sector reform, the promotion of rights and the empowerment of vulnerable groups.

2.6.1 There has been chronic under-investment in child health in India. In 2009–10, public health expenditure on healthcare was 1.06% of GDP, one of the lowest percentages in the world, whilst 0.46% of the 2009–10 Union Budget was allocated to child health. In a country with more than 447 million children under 18, DFID should work with the Government of India to increase the level of investment in child health.

2.6.2 World Vision welcomes the publication of DFID's Health Portfolio Review 2009, which contains many important reflections on the support DFID provides to the health sector in India. The Review notes that DFID programmes are highly cost effective, and have had a dramatic impact on the rates of maternal and child mortality.<sup>83</sup> It is crucial that the DFID programme continues to work with the Government of India to direct health resources towards the poor which, as the Review notes, ensures that the programme is more cost-effective in reducing poverty.<sup>84</sup>

2.6.3 The particular focus of DFID India's health sector support is on increasing access to underserved groups of nutrition, water and sanitation services. Children are one of the most underserved and India is not on track to meet MDG 4. Although there has been some success, there is an extreme disparity between states, urban and rural groups, within districts and between social groups. We welcome DFID's current focus on reducing inequalities in health services, and particularly looking at issues of nutrition, gender discrimination, water and sanitation. However, in the future DFID should also look at issues like social exclusion, discrimination, early marriage and birth registration.

2.6.4 It is estimated that 54% of all child deaths in India have malnutrition as an underlying factor. DFID have significant investment in increasing access to quality health nutrition. This is welcome and should be a continued focus in the future of DFID India's programme. We also welcome the leading global role DFID have played in the Scaling up Nutrition (SUN) framework; it is crucial that this framework continues the emphasis on tackling malnutrition in countries such as India.

2.6.5 In future, the DFID India programme should look to support more local community and family healthcare services and invest in the capacity of the grassroots—such as “asha workers”. Issues such as malnutrition and maternal health will only be dealt with if there is a focus on local community and family healthcare. Large numbers of children live in a healthcare desert, with little to no access to basic healthcare; levels of infant mortality in rural areas are 58 deaths per 1,000 live births, as opposed to 38 deaths per 1000 live births in urban areas. Further, issues of religion, caste and economic status all impact upon access to formal healthcare. For example, a study by the Institute of Dalit Studies and UNICEF found that health personnel in Rajasthan and Gujarat were routinely neglecting visiting scheduled caste populations; health camps had been organised in dominant caste areas and lower-caste Dalit communities had a reduced participation and were

<sup>83</sup> *DFID Health Portfolio Review*, DFID Human Development Resource Centre, 2009, p. 19. (<http://www.dfid.gov.uk/Documents/publications1/health-portfolio-review-rpt-2009.pdf>).

<sup>84</sup> *Ibid*, p 17.

being treated disrespectfully by health workers.<sup>85</sup> Another example is the large numbers of children whose right to a legal identity is not realised. Birth registration is a vital tool in the effort to reduce child deaths, as without proof of age or domicile children may be denied access to health services. In some states, such as Bihar and Assam, fewer than 30% of children are registered. We recommend that DFID look at ways they can support local and community healthcare in order to reach those without access to the formal health sector.

- 2.6.6 World Vision commends the level of DFID support for the reform of maternal health services and the empowerment of women and promotion of gender equality. Real advances in tackling child and maternal deaths cannot be achieved until the quality of health services and facilities improves, but similarly they will not improve until women are aware of their rights and are able to exact them. The DFID programme in India should continue to support both a governance reform and community resilience and advocacy approach to tackling maternal mortality.

2.7 World Vision welcomes the work that DFID have funded on child rights and recommend that they continue to support the empowerment of children to recognise their rights. World Vision has worked with other NGOs at a national and state level to raise child participation in the realisation of their rights. Children make up 41% of the population, but their share of the Union budget is 4.13%, decreasing from 4.93% in 2009–10. World Vision worked with children from communities around India to facilitate the development of a 10 point plan, which was presented to the Indian Prime Minister. This enabled children to have a voice on an issue that affected them and resulted in increased financial support for children within the Union budget.

2.8 The private sector plays, and will continue to play an important role in development in India and in ensuring that everyone has access to services. We welcome DFID's approach to statebuilding and empowerment and the increased efforts to link these to the private sector. World Vision also supports the work that DFID does to empower local community groups to develop livelihoods and have a greater say in their economic environment. It is important that as DFID develops its focus on the private sector, it continues to ensure that it is accountable to the government and to the people, and at the same time fits into the wider development framework and priorities.

2.9 The increasingly important focus of the UK Government as a whole and the wider international community is India's astonishing economic development, termed the "global face of India" in the "Three Faces of India". Together with the ippr, World Vision has conducted research into the important role that DFID should be playing in wider government trade and investment policies.<sup>86</sup> In India, more than anywhere, it is crucial that DFID plays a full role in ensuring that the recent focus on India's economic development is not to the detriment of the "poorest faces of India". India is a large and diverse country with over 1 billion people living in it; huge prosperity and high levels of poverty live side by side and it is vital that the UK works with the Government of India to ensure that those in poverty receive the support they need and that the prosperity is not isolated and brings equity.

#### SUMMARY OF RECOMMENDATIONS

1. DFID should continue its tri-pronged approach to helping the "poorest face of India", by both continuing to work with local and excluded groups to raise awareness of their rights, potential government support and ability to advocate for their own needs, whilst supporting state capacity to meet the increased demands of their population.
2. DFID should continue to work both with civil society and the Government of India to ensure implementation and awareness of existing policies that benefit the "poorest face of India".
3. DFID should consider a more social analysis of inequality, as issues of gender, disability and caste can perpetuate gross economic inequality.
4. A continued DFID presence focusing on the root causes of poverty is crucial: including social exclusion, poor governance, corruption, the fragility of the police and the ineffective implementation of laws governing welfare.
5. DFID should continue to focus on elementary education and work with the Government of India and the SSA scheme to ensure a more systematic and comprehensive approach to inclusive education.
6. It is crucial that this focus is maintained in the future, and that the work of DFID India continues to support both state health sector reform, the promotion of rights and the empowerment of vulnerable groups.
7. It is crucial that the DFID programme continues to work with the Government of India to direct health resources towards the poor, which will ensure that the programme is more cost-effective in reducing poverty.
8. DFID have made significant investment in increasing access to quality health nutrition. This is welcome and should be a continued focus in the future of DFID India's programme.

<sup>85</sup> Sanghmitra S Acharya, *Access to Healthcare and patterns of discrimination: A study of selected children in Rajasthan and Gujarat*, (IIDS and UNICEF, Children, Social Exclusion and Development, Working Paper Series, Vol.1, No. 2), 2009.

<sup>86</sup> Matthew Lockwood and Sarah Mulley, with Emily Jones, Alex Glennie, Katie Paintin and Andrew Pendleton, *Policy coherence and the future of the UK's international development agenda: A report to World Vision UK*, (ippr, 2010) (<http://www.ippr.org.uk/publicationsandreports/publication.asp?id=732>).

9. The DFID India programme should look to support more local community and family healthcare services.

10. The DFID India programme should continue to support both a top-down and bottom-up approach to tackling maternal mortality.

11. World Vision welcomes the work that DFID have funded on child rights and recommend that they continue to support the empowerment of children to recognise their rights.

12. It is important that as DFID develops its focus on the private sector, it continues to ensure that it is accountable to the government and people, and at the same time fits into wider development frameworks and priorities.

## Annex 1

### WORLD VISION IN INDIA

World Vision India is a Christian humanitarian organization working to create lasting change in the lives of children, families and communities living in poverty and injustice. World Vision serves all people regardless of religion, caste, race, ethnicity or gender. Spread over 174 locations in India, World Vision works through long-term sustainable community development programmes and immediate disaster relief assistance.

- *Focus on Children:* All development work World Vision carries out is focused on building the community around children so that they have the opportunity to have a better future.
- *Grass-roots based:* World Vision's relief and development is community based. World Vision staff live with the communities at the grass roots, living with them, learning from them and working alongside them to find solutions to issues of poverty.
- *Partnering for Change:* World Vision partners with the people in their development and works with the Government and civil society to ensure a better and more equitable future for India.

World Vision has responded to every major disaster in India in the last few decades including the tsunami, Kashmir earthquake and the recent floods in Bihar, Uttar Pradesh, Kerala, Orissa and Assam. World Vision India is also a member of the Planning Commission working group on women and child development and the NGO steering committee of the National Disaster Management Authority.

## Annex 2

### WORLD VISION ENGAGEMENT WITH DFID THROUGH THE PROGRAMME PARTNERSHIP AGREEMENT

World Vision India have partnered with DFID through a Programme Partnership Agreement used strategically to pilot work on three objectives. The first objective being community-based advocacy—Citizen, Voice & Action (CVA)—in which World Vision have proved as an effective tool to support advocacy and community initiatives to hold service providers to account. The Right to Information legislation recently introduced by the Government of India has increased such potential considerably and is already being widely used. CVA is effective in its collective approach to building community resilience, the capacity of Community Based Organisations, and in empowering local communities to engage in decisions that affect their lives through low cost, community-led initiative.

The second objective is a programme that mainstreams orphans and vulnerable children (OVC) as a priority beneficiary group using the CVA technique (World Vision terms this Vulnerable Child Advocacy) to change attitudes. Much of the advocacy done through CVA tackles issues that relate to OVC and also includes the priorities of their wider families and therefore their communities. The successful challenging of discrimination and stigmatisation is reflected in attitude change of individuals among key service providers, including teachers and doctors, as well as other community members. The third objective is Mainstreaming Disability, another aspect of community level advocacy that seeks to give voice to the most vulnerable, where the level of awareness amongst communities varies considerably, as does the variety of challenges each community faces.

## Annex 3

### RESOURCING INCLUSIVE EDUCATION FOR CHILDREN WITH DISABILITIES IN INDIA FINDINGS FROM SOUTH DELHI, NOVEMBER 2010

#### INTRODUCTION

The Salamanca Statement and the Framework for Action on Special Needs Education 1994, adopted by the World Conference on Special Needs Education, urges all governments to “adopt as a matter of law or policy, the principle of inclusive education, enrolling all children in regular schools unless there are compelling reasons for doing otherwise”. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which the Government of India was among the first to ratify on 1 October 2007, reinforces this Statement. According to Article 24 of the UNCRPD: “*States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive, education system at all levels*”.

“Inclusive education” is now a feature of a number of documents and plans of the Government of India, not least of which is the *Sarva Shiksha Abhiyan* (SSA) scheme. SSA was launched in partnership with State and Local Governments, and aims to provide quality education to all children in the 6–14 years age group as required by the Right to Free and Compulsory Education Act (RTE) 2009. SSA is required to ensure that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. The three aspects of inclusive education in the SSA mission include: zero rejection policy; education of children with disabilities in an environment most suited to his/her needs; and flexibility in planning.<sup>87</sup> However, though SSA promotes inclusive education alongside a number of other government policies, there has yet to be any “systemic” evidence-based study of the resources needed to support inclusive education within a comprehensive administrative jurisdictional area. This is of particular relevance, as budgetary allocations for education of children with disabilities under SSA are administered at district levels, and not directed at particular individual children with disabilities.

This briefing paper aims to begin to fill this gap by exploring resourcing issues and examining existing systemic structures related to the implementation of the SSA scheme for children with disabilities in relation to inclusive education. It does this by highlighting the findings of a recent World Vision study of the child-centric resourcing required to support the inclusion of children with disabilities in elementary (6–14 years) education in an area of South Delhi who are presently entitled to free and compulsory education under the Right to Education Act, 2009. In doing so it identifies a series of structural deficits and gaps in the educational infrastructure for children with disabilities. Finally, it makes recommendations to address these deficits and gaps that would generate positive outcomes for children with disabilities in the country.

Of course, ensuring inclusive education for children with disabilities demands a focus beyond the individual child to also address school-level, family/community-level and district-level inputs. These were not addressed in this study but will be considered through on-going action research within the same research area and analysed alongside these findings in early 2011 to provide a more holistic picture of all the inputs necessary to meet the commitments of free and compulsory education to children with disabilities in India within an inclusive education system.

#### BUILDING THE EVIDENCE BASE—STUDY METHODOLOGY

The main aim of the resourcing study was to build an evidence base of children with disabilities in the 6–14 age group in a selected site in order to facilitate the development of costs of inclusive education based on evidence from the site and to be able to identify elements that would better facilitate inclusive education of children with disabilities identified in the selected site given existing resources within that context and within India’s existing policy framework. In order to do this, a mapping exercise was undertaken to:

- identify the prevalence of children with disabilities in the age group 6–14 years;
- categorise the disability within the parameters set out in the Persons with Disabilities Act. Children identified as disabled were then also identified by their levels of difficulty in various functions patterned on the ICF functioning levels and screened for health and education supports necessary at individual and systemic levels to support their inclusion in mainstream schools;
- identify educational institutions in the area;
- identify health support services in the area; and
- identify other community resources in the area.

In order to generate a robust tool for future dialogue, it was decided to base the model of costs of inclusive education in the country on a minimum jurisdiction of a “cluster”: the smallest unit of administrative jurisdiction in the country for which comparable evidence-based data could be tracked in the national educational database (DISE). As such, the study was undertaken within the jurisdiction of World Vision’s South Delhi Area Development Programme (ADP).<sup>88</sup> The project site selected was the “JJ Colony” in ‘Madanpur Khadar’ cluster which is represented by the code 207 in the DISE data set of the National University of Education Planning and Administration (NEUPA) of the Ministry of Human Resources Development (MHRD).<sup>89</sup>

To meet the objectives of the study, a screening procedure was developed to identify the prevalence of children with disabilities in the age group 6–14 years in the research area. A qualified and experienced doctor was provided by WV India as a trainer: the principal role was to brief the field team on the technical meanings of the nine categories of disability contained in India’s Persons with Disabilities Act (1995), which would be used as the basis for identifying children with disabilities.

<sup>87</sup> Sarva Shiksha Abhiyan: Responding to Children with Special Needs—A Manual for Planning and Implementation of Inclusive Education in Sarva Shiksha Abhiyan.

<sup>88</sup> Area Development Programmes are large geographical areas in which World Vision works for a period of up to 15 years. An ADP varies between rural and urban areas and is designed to facilitate and assist members of a community to improve and sustain their quality of life. It is also partially defined by geography, focusing on an area in particular need. Community groups are formed to help run the development process in ADPs.

<sup>89</sup> The DISE provides the official data on school enrolment. Enrolment data of children, including children with disabilities, is reported annually by 1.3 million schools in the country.

Information was collected from all the residential households of JJ Colony (which has a population of 48,974 in over 11,000 households). Investigators probed the respondents on whether a child had ever been identified as having a disability. At a positive response further probes sought to elicit information on whether the child had a disability certificate.<sup>90</sup> If so, the disability was recorded as per the disability certificate. In the absence of a disability certificate, the child's disability was recorded as orally reported by the respondent. For children reported as disabled, the investigator probed further for a functional assessment of the child.

Children who were identified as disabled by the field research were invited to screening examinations for health interventions, as well as education supports needed for inclusive education. The screenings were conducted between February to June 2010 by a team of doctors of different specialisations and educational professionals and psychologists. The principal aim of the screening activity was to determine child-specific and child-centric resource inputs that would facilitate their access to inclusive education.

The principal methodology for identifying resources needed at child-level to sustain inclusive education was to develop a tool by which it would be possible to analyse the needs in a policy-friendly framework: to facilitate determination of financial costs of the inputs and to facilitate policy planning and action. Consequently, an evidence-based matrix of supports needed for the children who came for screening was developed. A range of costs for these resources were developed around the recommendations emerging from the screening process. The cost assumptions were made by the education consultant based on information obtained from the screening team (see table below). Costs from the health screening were not estimated as they were principally in the nature of references for surgery, further medical consultation, or for medication.

<i>Child-Specific Interventions</i>	<i>Estimated Cost Range</i>
<i>Health</i>	
H0: No health support needed	
H1: Referral for medical/surgical evaluation	
H2: Medicines (antibiotics/anti-seizure medication etc.)	
H3: Nutritional supplements	
H4: Surgery and rehabilitation	
<i>Education</i>	
E1: Educational assessment: includes general assessment and special assessment.	Rs. 500 to Rs. 3,000 per child.
E2: Pre-school preparation: includes academic preparation by tuition or remediation; social skills training; mental preparation of the child; sign language training and Braille training.	Rs. 48,000 for a three-month programme to be carried out in the community.
E3: Physical accommodation within the classroom: includes space in the classroom for wheelchairs; shifting classroom to ground floor; seating close to the blackboard; seating in a well lit area; seating close to teacher and reduce noise levels within classroom.	No Cost.
E4: Teaching/learning materials: includes modified writing instruments; special note books; work sheets with large print; text books with large fonts and text books in Braille.	Rs. 300 to Rs. 1,000 per child.
E5: Teaching modification: includes focus on general awareness, social skills etc; reinforce basic numeracy, literacy and writing skills; personalised learning, participatory approach, peer learning; use of simple language, clear, precise simple instructions; positive reinforcement; modification of evaluation for children having difficulty in writing and allowance of extra time for completion of academic tasks.	Rs. 22,500 per session of two weeks.
E6: Peer support in classroom: includes remedial education by special educator in school; peer support; sibling support; care giver and parent support.	Rs. 6,000 p.m. for care giver; Rs. 2,000 p.m. for parent support; Rs. 14,000 p.m. for remedial education by special educator. No costs for peer and sibling support.
E7: Therapy: includes OT/PT; Sign language; Braille training; speech therapy; counselling; AAC training; and special education.	Cost range from Rs. 500 to Rs. 1,000 per session. Estimated sessions per child screened requiring therapy was a minimum 8 sessions p.m.
E8: Aids and appliances: includes splint; wheelchair rollator, hearing aid, AAC board, calliper, orthotics etc.	Cost range from Rs. 500 for splint to Rs. 12,000 for a behind the ear hearing aid.

<sup>90</sup> Disability certificates are issued under the provisions of the Persons with Disabilities Act, 1995. The authorized agencies to issue the certificates are various Government hospitals. An applicant needs to furnish information regarding: proof of residence; proof of age and submit passport photos, and to undergo tests. The certificate entitles the holder to benefits granted by public organizations and are principally used for travel concessions, etc.

<i>Child-Specific Interventions</i>	<i>Estimated Cost Range</i>
E9: Vocational training: including functional assessment, pre-vocational training, remedial education and home programme.	Rs. 36,000 including special educator, therapist and community worker.
E10: Special education/home-based education: included referral for special school; referral to leisure centre and home based education.	Special school fees vary: from free to Rs. 20,000 p.a.

## KEY FINDINGS AND RECOMMENDATIONS

The principal findings of the study in the JJ Colony jurisdiction in relation to children with disabilities may be summarised as follows:

### 1. *Inconsistent and incomplete data on children with disabilities is being used to determine SSA allocations in the research area*

As part of the World Vision study, data were collected on children with disabilities in the 6–14 age group from three sources: firstly from analysing data reported in the national DISE reported by the MHRD; secondly, from the household listing conducted by a research agency; and from a secondary screening of the agency data by a medical and education screening team.

*DISE data:* DISE reported 26 children with disabilities in-school in the two academic years 2008–09 and 2009–10 in the 16 schools in the area. However a comparison showed up differences in the gender and the type of disabilities of the children identified, raising concerns about the veracity of the data reported.

*Household listing data:* 199 children with disabilities in the 6–14 years age range were self-reported from the household listing conducted as part of this study. Of these, 153 were reported to be in-school and 46 had either dropped out or had never been to school.

*Screening team data:* The educational screening team validated 70 children out of the 199 identified from the household listing. The screening team found 129 children as not having a disability, with their difficulties being of a temporary nature, remedied from medical intervention. Of the 70 children confirmed by the screening team as disabled, 47 were in-school, including one in a special school. Of the 23 not-in-school, 18 had never been in school and 5 had dropped out. Of the 70 children validated as disabled by the screening team, only 16, or 23%, had a disability certificate. 54 did not have a disability certificate.

Intriguingly, of the 129 children not found to have a disability by the screening team, 12 had disability certificates.

The discrepancies in data encountered during this study highlighted that there is currently no process in place for a proper validation mechanism. At present there is “no institutional system of sample verification of the data either by a third party agency or by higher authorities”.<sup>91</sup> The data on children with disabilities reported in DISE and other in-school and out-of-school studies are not validated either at the district or block levels.

While the SSA guidelines require functional and formal assessment of each identified child should be carried out, this has not been done in JJ Colony. There is a clear lack of structure and mechanism for administering screening evaluations, a key element in organising support (if required) for children with disabilities in the school system. An attempt was made during the research study to introduce a formal medical team and process for the medical screening through the Directorate General of Health Services (DGHS), so that this process would form a model for such screening exercises in the future, but this was abortive. Moreover, though children with qualifying disabling conditions are eligible for disability certificates as provided in the Persons with Disabilities Act, no consistent process was found for the issuance of these in the JJ Colony. As such, there is need for a consistent and well advertised process to be established for both screening and the issuance of disability certificates.

### 2. *The current medical approach to classification of disability does not support education policy development*

Of the 70 children validated by the screening team as disabled, 14 were found to have four or more functional difficulties, that is, 20% of the children with disabilities would need significant resource support; the remainder 56 or 80% of could be considered to have mild to moderate difficulty in accessing the curriculum. As such, it is important that the identification process is related to the purpose of the identification. If the purpose is to determine access to education, then the identification process needs to address the functional difficulties<sup>92</sup> faced by children in accessing the education curriculum. Merely recording disability without reference to the extent of the disability or its implications for accessing education make the identification process inchoate. As such, this issue needs to be addressed in the process of data reporting for DISE.

<sup>91</sup> Bangalore National Workshop on “Promoting Equity and Equality through Inclusive Education in SSA”, October 2009.

<sup>92</sup> There is a general consensus that the functional questions (aka Washington Group questions) are suitable for children 10 and over, a little uncertain for children 5 to 9. However since the questions are asked of parents, measurement errors could be correlated and addressed.

*3. Inclusive education is under-resourced in the research area as financial allocations are based on in-school children. There is no tracking mechanism for out-of-school children*

The study revealed that the number of out-of-school children with disabilities is significantly greater than the number recorded in DISE upon which the SSA financial allocation is based. Therefore it is impossible to determine the scale of the need through reference to the DISE database alone. Moreover, while SSA guidelines require identification of children with disabilities to be done as part of micro-planning and household surveys this was not done in JJ Colony.

SSA mandates that every child with special needs, irrespective of the kind, category and degree of disability, is provided education in an appropriate environment and towards this goal has allocated financial resources to the extent of Rs. 3,000 per child for inclusion of children with disabilities in education. This includes Rs. 1,000 per child per annum for a resource teacher. 70 children with disabilities were validated by the screening team in the age group 6–14 years. All of these children are entitled to the provisions under the SSA guidelines, albeit within the District plan for Inclusive Education. In principle, therefore, the amount available would be Rs. 3,000 x 70 ie Rs. 210,000 per annum. If this were restricted to children with disabilities in-school this amount would reduce to Rs. 141,000 (47 children in-school x Rs. 3000) per annum. Of this amount Rs. 47,000 (47 CWSN x Rs. 1,000) per annum is reserved for a special resource teacher to support the 47 children in-class.

However, based on the number of children with disabilities in JJ Colony recorded in DISE (26), the financial allocation to support the inclusive education of children with disabilities in the area would be only Rs. 78,000 per annum. As such, if the Government of India is to adequately resource inclusive education for children with disabilities, those currently out-of-school must be identified and included in the data used to determine policy and financial responses. Indeed, the recent 11th Joint Review Mission (JRM)<sup>93</sup> identified the need for “a proper system of child tracking, on-line or otherwise” to “not only help ensure mainstreaming of children, but also improve systemic transparency”. A robust tracking system for children in-school and out-of-school needs to be implemented across the country: while a few States have put systems in place (namely Madhya Pradesh and Chhattisgarh), much needs to be done by other States. This could be linked to the current scheme to provide unique identification numbers for Indian citizens.

*4. The district-level approach of SSA does not respond to the needs of individual children with disabilities*

At present SSA allocations for children with disabilities are administered at district level. The financial guidelines for SSA set out specific interventions and strategies that are to be undertaken to promote inclusive education for children with disabilities. There is, however, provision for only one child-centric input, namely the supply of aids and appliances. The mechanisms to access these are not within the remit of the relevant (mainstream) school where the child is enrolled. The second child-centric input, namely Individualised Education Plans, had not been administered for any of the children identified in this study. As such, SSA is at present a supply side exercise without recognition of specific needs of individual children with disabilities or aggregates of children with disabilities in specific sub-jurisdictions. The lack of financial allocations for child-centric resource inputs in SSA represents a major deficit in the financing parameters that guide District education policy for inclusion of children with disabilities.

Without a clear understanding of the individual needs of children with disabilities in a cluster and aggregated at District level, it is not possible to organise the resource supports needed for their inclusion in the school system. This study has shown that it would be near impossible at District level to make any meaningful and effective plans for resource inputs for children with disabilities in the jurisdiction, a finding that echoes that of the recent 11th JRM, which recognised that child-centric intervention is necessary for children with special needs, “to manifest their latent potentialities”. As such, SSA financial guidelines for children with disabilities and inclusive education should be structured around the following input levels if interventions are to have a direct bearing on the inclusion of children with disabilities in the education system: child-centric, class-centric, school-centric, community-centric, district-centric, and policy.

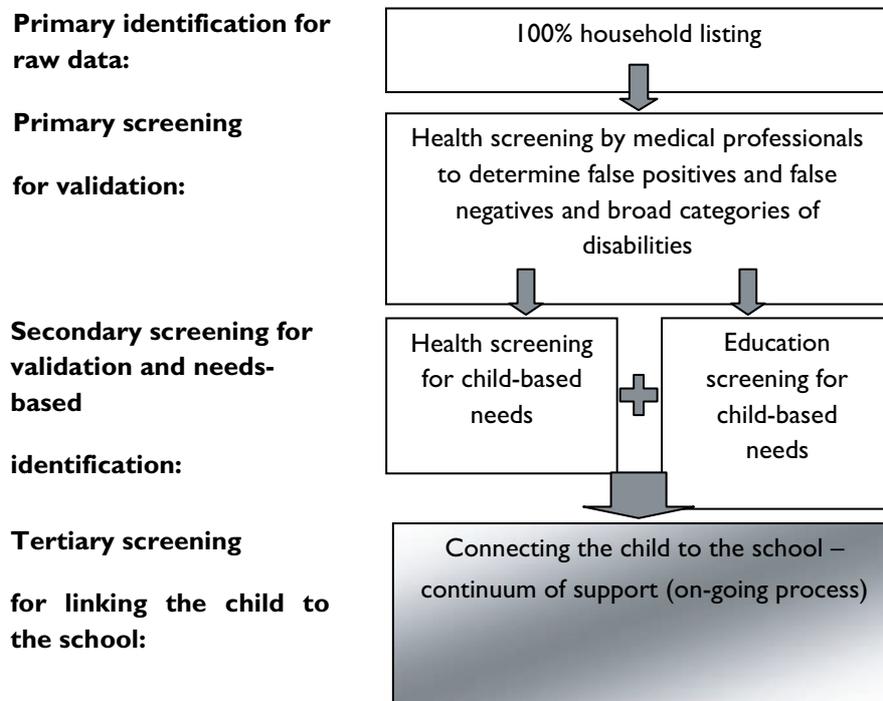
## CONCLUSION

This study clearly establishes matrix of policy drivers for inclusive education at child level and a screening process for determining educational and health interventions, which would enhance the opportunities for children with disabilities to elementary education in relation to child-centric inputs (as identified in figure 1 below). However, it is clear that overall public finance constraints would preclude support for the range of child-centric inputs through a single mechanism. It is essential, therefore, to develop and build a range of stakeholders, who can collectively address the concerns of children with disabilities and to ensure a consistent and ongoing coordination process for individual children in order to ensure the enrolment and retention of children with disabilities in education.

<sup>93</sup> SSA is a national programme supported by domestic resources, supplemented partially by external funding from the World Bank, the U.K. government’s Department for International Development (DFID) and the European Union (EU) together known as the Development Partners (DP). As per agreements, GoI and the DPs carry out Joint Review Missions (JRM) twice a year. The main objective of the JRM is to review progress in the implementation of the programme with respect to SSA’s goals and to track follow-up action. The first JRM was held during early 2005. The 11th JRM was held during January 2010.

**Figure 1**

A SUGGESTED SCREENING PROCESS FOR DETERMINING CHILD-LEVEL EDUCATIONAL AND HEALTH INTERVENTIONS AND ENSURING CHILDREN WITH DISABILITIES ARE CONNECTED TO THEIR LOCAL SCHOOL



It is clear from this study that there is a structural deficit in the education system. There is a gap that would connect children with disabilities at home to the neighbourhood schools. This structural deficit needs to be bridged so that children with disabilities at home can be tracked and supported through the process of identification, screening, and organisation of child-centric support, coordination of school support, and the organisation and coordination of key stakeholders in order to deliver resources in the entire jurisdiction. District level planning and organisation is too remote, as this study has shown, to the extent that children with disabilities in the research area have not had any of their issues addressed in the District Education Plans.

30 March 2011