# Introduction



# **Chapter 1 - Introduction**

#### 1.1 Introduction

Empowerment of Women is a burning issue all across the world especially in developing countries including India. Article 14 and 15 of Constitution of India guarantees equality and equal protection of law for both men and women and prohibits gender discrimination. The directive principles of State policy contained in Article 39 of the Constitution also require the State to direct its policies towards providing adequate means of livelihood equally for men and women and ensure equal pay for equal work. India has also ratified the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 1993.

Despite the above Constitutional provisions and ratifying the International Convention, Indian women continue to face discrimination in social, economic and other spheres adversely affecting their advancement, development, confidence and security. Discrimination against women ultimately results in adverse sex ratio, malnutrition, high female mortality rates, illiteracy, serious wage disparities, crime against women, and various other forms of social, cultural and economic malpractices leading to exploitation and marginalisation of women. In Gender Gap Index<sup>1</sup> rankings, India ranked 108 out of 145 countries in World Economic Forum 2015, even much below our neighbours such as Sri Lanka at 84 and China at 91.

The State of Uttar Pradesh has also been performing poorly in removing gender disparities. With sex ratio of 908 females per 1,000 males, it ranked 26 amongst all Indian States as per Census 2011. The rates of maternal and infant mortality continue to be much higher in the State in comparison to the national average. Further, Parliament enacted Equal Remuneration Act, 1976 fixing responsibility on the employer to pay equal remuneration to men and women workers for same work or work of similar nature. However, discriminatory practices are prevalent in labour markets which get reflected in the wages paid to women workers. The disparity in male and female wages in Uttar Pradesh was as high as 73 per cent in rural areas and 31 per cent in urban areas as per National Sample Survey 2011-12. Women also continue to face discrimination in government wage employment and self-employment programmes including skill development in the State.

Gender Gap Index examines the gap between men and women in four fundamental categories: Economic Participation and Opportunity, Educational Attainment, Health and Survival and Political Empowerment.

Economic and educational empowerment hold the key to women empowerment as lack of literacy and financial independence impedes growth and limits access to opportunities and has a host of other negative impacts including poor health, sanitation, hygiene, nutrition and more instances of violence and crimes against women. In terms of education, there is a wide disparity in men and women which is reflected in high female illiteracy rates in the State. The female literacy rate (57.18 per cent) in Uttar Pradesh is much below the male literacy rate of 77.28 per cent. The State of Uttar Pradesh ranks 31 amongst all Indian States and Union Territories in terms of female literacy. Crime against women in the State as per cases reported and registered with the police department has also been rising with no indication of any reversal in trend in any of the categories of violence/crime during 2010-15.

By its very nature, the issue of women empowerment is multi-dimensional and, therefore, both Central and State Governments have implemented number of schemes intended to reduce gender inequality in the areas of education, employment, health, nutrition, safety and security. The goal and objective of the Government policies on Women Empowerment is to bring about advancement and overall development of women by ensuring gender equality and eliminating discrimination and violence against women. Some important Government schemes dealing with the issues of women empowerment and gender equality are given in *Appendix 1.1*.

As it was not possible to examine all the schemes in this Performance Audit due to limitation of resources, time and space, we had selected 11 government schemes/Acts for examination during this Performance Audit covering areas such as adverse sex ratio, abuse of modern technology in sex selection, controlling high maternal and infant mortality through institutional/safe deliveries, providing proper health and nutritional support to mother, child and adolescent girls, violence and crime against women and providing support to women in distress. The focus of this review has been on women empowerment issues related to health, safety and wellbeing of women so that they can freely live their life with a sense of self-worth, respect and dignity.

While law and order is a State subject, other schemes selected in the performance audit are centrally sponsored schemes implemented through the State Government Departments, Urban Local Bodies, *Panchayati Raj* Institutions, etc. The specific schemes selected for review under the performance audit and their primary objectives are given in the table below:

Table 1.1: Details of schemes and their objectives, selected in this performance audit

Sl. No.	Theme	Scl	Legislation(s)/ heme(s)/Programmes	Objectives of the selected schemes/Acts
1.			Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994	The Act prohibits determination and disclosure of the sex of foetus to check female foeticide.
			Medical Termination of Pregnancy Act, 1971	The Act provides for the termination of certain pregnancies by registered medical practitioners.
2.	Reducing Maternal and Infant mortality through safe		<i>Janani Suraksha Yojna</i> – Maternal Death Review	To reduce MMR and IMR and to provide safe motherhood.
	deliveries and improving health of women (Controlling Maternal Mortality)		Family Planning Programme	To reduce Total Fertility Rate by encouraging Family Planning methods and improve the health status of people particularly women.
3.	Proper health and nutritional support (Improving health and nutritional support)		Integrated Child Development Services (ICDS) Scheme	To improve the nutritional and health status of children in the age group of 0-6 years, pregnant women and lactating mothers.
4.	Addressing the needs of adolescent girls (Adolescent Girls)	6.	Kishori Shakti Yojna	To improve and promote the nutritional and health status of adolescent girls (11-18 years old)
			Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – SABLA	To improve nutritional and health status of Adolescent Girls and upgrade their vocational skills.
5.	Violence and crime against women (Crime against women)		Financial Assistance and Support Services to the Victims of Rape: A Scheme for Restorative Justice	To provide financial assistance to victims of rape.
			The Uttar Pradesh Victim Compensation Scheme 2014	To provide funds as compensation to victims or their dependents who had suffered loss or injury as a result of the crime and who had required rehabilitation.
		10.	Ujjawala	A scheme for prevention of trafficking and rescue, rehabilitation and re-integration of trafficked victims.
6.	Women in distress (Destitute Women)	11.	Swadhar Greh	To provide temporary accommodation, maintenance and rehabilitation services to women and girls in distress and affected from crime, violence and social ostracism.

### 1.2 Audit objectives

The objectives of the performance audit were to ascertain:

- whether gender responsive budgeting has been adopted and effectively implemented to translate gender commitments into firm budgetary resource allocations to promote women's equality and empowerment;
- whether adequate budgetary resources were provided for women empowerment related programmes/ schemes and their utilisation was efficient and effective;
- whether laws and regulations relating to prohibition of sex selection and safe medical termination of pregnancies were effectively enforced to prevent misuse of modern diagnostic techniques for sex selection and irregular/unsafe termination of pregnancies;
- whether high rates of maternal and infant mortality were effectively controlled by ensuring institutional deliveries, supervised home deliveries and providing adequate health and nutritional support to pregnant women, lactating mothers and children below six years of age;
- whether limiting and spacing methods of family planning were implemented effectively, with adequate gender neutrality, to arrest the high rate of population growth and promote maternal health;
- whether adequate health care, nutrition and vocational training was provided to adolescent girls to ensure their proper development, confidence building and provide vocational skills;
- whether crime against women was effectively controlled and adequate financial assistance/compensation under Government schemes was provided to the victims promptly; and
- whether *Swadhar Grehs* were setup in each district and managed efficiently to provide shelter, food, clothing and medical treatment care to the women in distress.

#### 1.3 Audit Criteria

Sources of audit criteria were as follows:

- Acts, rules, regulations and orders of the Government of India and Government of Uttar Pradesh;
- Provisions of Constitution, PCPNDT Act, 1994 and MTP Act, 1971 etc.
- Budget manual, Financial rules/regulations, annual strategic and action plans; and

• Guidelines of the schemes JSY, ICDS, KSY, SABLA, Ujjawala, Swadhar Greh etc.

#### 1.4 Institutional mechanism

The Department of Women and Child Development is the nodal department for empowerment of women and is headed by Principal Secretary. Schemes covered under the Performance Audit are under the jurisdiction of Principal Secretary, Medical Health and Family Welfare Department (PC-PNDT Act, 1994, MTP Act, 1971, JSY and Family Planning); Principal Secretary, Women and Child Development Department (ICDS, KSY/SABLA); Principal Secretary, Women Welfare Department (Ujjawala, Swadhar Greh); and Principal Secretary, Home Department (Law and Order).

## 1.5 Scope of audit and methodology

Twenty districts<sup>2</sup> were selected for test-check of the schemes covered under the Performance Audit. The selection of districts was made using statistical sampling (probability proportionate to size without replacement). Offices of the Principal Secretaries of Medical Health and Family Welfare Department, Women and Child Development Department, Women Welfare Department, Home Department and Planning Department with their State headquarters/ Directorates viz., Directorate of Family Welfare, ICDS, Women Welfare and Director General of Police offices along with district level units of these departments viz., Chief Medical Officer, District Programme Officer and District Probation Officer were visited by Audit teams for scrutiny of records and collection of information. Joint Physical Inspections of AWCs (five AWCs in each project from three projects in each selected district), Ultrasonography Centres (five in each selected district) and Shelter Homes were also carried out, with the officials of the Department concerned, in the test-checked districts.

The Audit methodology involved scrutiny of records of implementing agencies, collection and analysis of data, issuing audit queries, obtaining response to audit queries, joint physical inspection and photographic evidencing.

Audit objectives, criteria, scope, methodology etc., were discussed (9 January 2015) with Principal Secretaries, Women and Child Development Department and Women Welfare Department during Entry Conference. An exit conference was also held (December 2015) in which the State Government accepted the facts and figures and the recommendations made by Audit. The results of exit conference have been incorporated at appropriate places in the report.

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<sup>&</sup>lt;sup>2</sup> Agra, Allahabad, Ambedkar Nagar, Azamgarh, Banda, Bareilly, Bulandshahr, Deoria, Firozabad, Gorakhpur, Hardoi, Jhansi, Meerut, Pratapgarh, Saharanpur, Sant Kabir Nagar, Sitapur, Sultanpur, Unnao, Varanasi.

# 1.6 Acknowledgement

The co-operation extended by the Principal Secretaries of implementing Departments i.e., Women and Child Development Department, Medical Health and Family Welfare Department, Women Welfare Department, Home Department and Planning Department is acknowledged.