Towards Equity

Gender Activities in DANLEP

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Abbreviations

ASPC	Associate State Project Coordinator
BEE	Block Extension Educator
BTT	Block Training Team
CNI	Community Nutrition Instructress
CNW	Community Nutrition Worker
Danida	Danish International Development Assistance
DANLEP	Danish Assistance to the National Leprosy Eradication Programme
DANTB	Danish Assistance to RNTCP
DANTEWA	Danish Assistance to Training and Extension for Women in Agriculture
DHCP	Danida Health Care Project
DLO	District Leprosy Officer
DOT	Directly Observed Therapy
DPC	District Project Coordinator
DPH&PM	Directorate of Public Health and Preventive Medicine
DSU	Danida Support Unit
HI	Health Inspector
HOD	Head of Department
IAS	Indian Administrative Service
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
MDT	Multi-Drug Therapy
MLEC	Modified Leprosy Elimination Campaign
MO	Medical Officer
MPW	Multi-Purpose Worker
NGO	Non-Government Organisation
NCC	National Cadet Corps

NLEP	National Leprosy Elimination Programme
NSS	National Service Scheme
ODA	Overseas Development Assistance
PA	Personal Assistant
PHC	Primary Health Care/Centre
PHN	Public Health Nurse
POD	Prevention of Disability
POETS	People's Organisation Education and Training Society
PRI	Panchayati Raj Institution
RCH	Reproductive and Child Health
RDE	Royal Danish Embassy
RNTCP	Revised National Tuberculosis Control Programme
RTI	Regional Training Institute
SAPEL	Special Action Programme for Elimination of Leprosy
SHG	Self-Help Group
SIH&FW	State Institute of Health and Family Welfare
SPC	State Project Coordinator
SPM	Social and Preventive Medicine
SRC	State Resource Centre
TB	Tuberculosis
TNWDC	Tamil Nadu Women's Development Corporation
TOT	Training of Trainers
VHN	Village Health Nurse
WB	World Bank
WHO	World Health Organization
WID	Women in Development
ZSS	Zila Shaksharta Samiti

Glossary

Anganwadi worker	Female worker who runs the ICDS centre.
Arivoli Iyakkam	Literacy movement in Tamil Nadu.
Balwadi	Creche at the ICDS centre.
Dastak	"Knock on door" – house-to-house campaign first initiated by DANLEP in Gwalior, MP, for leprosy awareness.
Didi Bank	Savings-scheme to enable women's self-help groups to avoid bureaucratic procedures of the formal banking system and retain control of their income, initiated in Chhattisgarh.
Gayatri Parivar	Social service organisation working in several states.
Jan Swasth Rakshak	Community health volunteer.
Mahila mandal	Women's association.
Mahila Samakhya Samiti	NGO working for women's empowerment in MP.
Mahila Swasthya Sangha	Women's health association.
Mithanin	"Friend" – female community health volunteer under a special scheme initiated in Chhattisgarh to provide basic health services in rural areas.

Nari Suraksha Samiti	NGO, federation of women's organisations in Angul district, Orissa.
Nehru Yuvak Kendra	Youth organisation.
Panchayat	Elected local government body.
Panchayati Raj	System of elected local government at village, block and district levels.
Sahayogini	Female worker of the *Mahila Samakhya Samiti* in MP.
Selvi	"Miss" – Tamil prefix for an unmarried woman.
Shuruat	"Making a start" – NGO in Bhopal, MP.
Thiru	"Mr." – Tamil prefix for a man.
Thirumathi	"Mrs" – Tamil prefix for a married woman.
Thirumigu	Gender neutral Tamil prefix coined to be used for everyone.
Zila panchayat	Elected district local government body.
Zila Shaksharta Samiti	District literacy mission.

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Executive Summary

Introduction

Gender inequity, or inequality of status between men and women in every walk of life – social, economic, political and personal – is one of the most persistent injustices of human society. Many countries, including India, have legislated against discrimination based on sex but practice denies the equality that the law guarantees.

Factors which affect women's health adversely include poor nutrition from childhood (males are fed first and better), early marriage and child-bearing. The burden of housework sometimes in addition to income-earning work, neglect of women's health by themselves and their family, lack of access to health services and dismissive attitudes of health service providers add to the problem. All these factors bear more heavily on women from poor families. Where a stigmatised disease like leprosy is concerned, women often suffer in worse ways than men.

In the latter part of the 20th century, the community participation approach in development activity was accompanied by efforts to include women, particularly by enabling them to earn their own income. This was known as the Women in Development (WID) approach. When it was realised that income generation without control over the income did not empower women, the focus shifted to a broad-based approach of gender-related activity which included raising awareness about gender issues and organised training for gender sensitisation.

The DANLEP (Danish Assistance to the National Leprosy Eradication Programme) project was initiated in 1986 and wound up in 2003. It supported the NLEP in Madhya Pradesh, Orissa and Tamil Nadu, and Chhattisgarh after its separation from MP in 2000. During the 18 years of the project period, all its activities reflected the commitment of Danida (Danish International Development Assistance) to women's empowerment.

Until 1994, this was through the WID approach. Women were encouraged to step out of their homes and participate in and organise camps, and they were trained in recognising symptoms of leprosy. With women volunteers helping in case-detection, more cases of leprosy among women were detected and treated.

From 1994 onwards, there was a conscious planning to expand gender-related activities. A Gender Core Team was formed to coordinate activity. The project in each state acted autonomously according to the perception of local needs and ground realities. A variety of partners were involved. Among the most important of such partners were the health system, including the NLEP, in the different states, the Integrated Child Development Services (ICDS), state and regional training institutes, the literacy movement and other state-promoted organisations, certain academic institutions, non-government organisations (NGOs), women's self-help groups, individual volunteers and members of *panchayati raj* institutions.

Orissa

DANLEP Orissa initiated community participation activity in 1987 by organising camps exclusively for women. More and more women were encouraged to involve themselves in leprosy detection activities and in spreading awareness through Information, Education and Communication (IEC) methods. Many women's organisations and NGOs were drawn into this activity. By 1994, this was extended to include women's concerns in general health. With the shift from WID to gender issues and activities, state level workshops were organised to formulate strategies for women in health.

Training programmes were devised for gender sensitisation, including training of trainers (TOT). The project worked with the State Institute of Health and Family Welfare and regional training institutes as well as academic bodies like the Centre for Women's Studies, Utkal University. In the training institutes, gender has become an essential component of training programmes for medical officers, as well as for other health department personnel at district, block and field level. In Orissa, DANLEP worked closely with DANTB (Danish Assistance to the Revised National Tuberculosis Control Programme), particularly in IEC and training.

In 1996, TOT was conducted at nursing colleges in Berhampur and Burla. This was the beginning of a sustained programme to include gender in the training of nurses, leading to the development of a comprehensive training package in gender for nursing institutes and the revision of the state curriculum for nurses' education to include gender training. The DANLEP gender focal person made substantial contributions to the new curriculum. Gender training was also introduced into medical colleges, beginning with TOT for faculty at the Department of Community Medicine, Berhampur Medical College. A gender component was made part of the undergraduate curriculum in this college and DANLEP vigorously advocated its inclusion in medical education throughout the state.

In community participation activities organised by both DANLEP and DANTB, gender training was included, thereby influencing many people. NGOs and women's organisations, *anganwadi* workers, members of *panchayati raj* institutions, DOT providers in the TB control programme – all were helped to a greater awareness of gender issues.

DANLEP Orissa is noted for the range and variety of its IEC methods and materials, which have been put to good use in gender advocacy and training. For gender training, apart from inputs into nursing and medical curricula and training modules for training institutes, the project produced the Gender Training Kit in consultation with DANLEP Tamil Nadu.

Tamil Nadu

Tamil Nadu has a strong health administration and the project here worked mostly through the health care system. In the early years, conscious efforts were made to involve women both in case-detection and as communicators of knowledge about leprosy. In the mid-Nineties, gender was recognised as a cross-cutting issue and a stepping up of gender-related activity was planned. Preoccupation with integration delayed this process for a few years.

In 1988, the state health system asked DANLEP to plan and implement a pilot project for gender training to include TOT at block level, followed by training for field health workers in eight selected health unit districts. Working with DANLEP on the project were the Directorate of Public Health and Preventive Medicine and the Danida Health Care Project (DHCP). The impact

of the programme was substantial and it was decided to extend gender training to all field health workers. Other institutions interested in gender issues also requested inputs from DANLEP, particularly asking for the Handbook on Gender and Health that was developed during the pilot programme. The Handbook and other material used in the project, together with important inputs from Orissa, formed the basis of the Gender Training Kit.

A project to introduce TOT in gender into the state's regional training institutes and so ensure a gender component in all training programmes was launched by DHCP in 2000. The DANLEP gender focal person participated in the programme as a facilitator and resource person for TOT. The following year, DANLEP's facilitation was requested by the World Bank-ICDS III Project in a programme to provide gender training to women *panchayat* members in the project area. The gender focal person planned and implemented TOT for ICDS staff and provided them with a training module. Feedback from both trainers and trainees was positive.

The State Resource Centre (SRC), which provides training for community development and continuing education (literacy movement) staff, has taken up gender as a major component in all its training programmes. For the shaping of training modules and the initial round of TOT, the SRC relied heavily on the DANLEP gender focal person. As convener of the state's Adolescent Task Force, the SRC invited participation of the gender focal person, who played an active part both in shaping policy and in planning TOT for NGOs working with adolescents.

Madhya Pradesh and Chhattisgarh

In Madhya Pradesh, the project's strength lay in the development of a strong community participation network. Within this framework, DANLEP worked in particular for women's participation in all leprosy-related activity. NGOs and women's organisations were given training and support to include leprosy elimination among their activities.

After the formation of the Gender Core Team in Delhi, the project in MP initiated gender training programmes. With few exceptions, these programmes confined themselves to gender in health with particular focus

on gender in leprosy. They did not deal with theoretical gender concepts or gender issues in general. The project successfully facilitated mobilisation of thousands of women as activists in health and leprosy related issues. By the end of 2000, DANLEP Madhya Pradesh took a conscious decision not to undertake further gender training but to continue to facilitate women's participation and empowerment in all leprosy elimination activities.

In 2000, Chhattisgarh was separated from Madhya Pradesh to form a separate state. The new state shared the community participation traditions of Madhya Pradesh. But in gender training it took a different route. In this, the project's major partner was the Literacy Mission in Durg, which provided the trainers. DANLEP facilitated the process with training modules and other material from Tamil Nadu. The promotion of the *mithanin* (woman health volunteer) and *Didi* Bank (savings scheme for women's SHGs) programmes by the state provided a constituency for gender training which also included *anganwadi* workers and *panchayati raj* members.

Summing Up

The content of gender training includes theoretical concepts and practical issues. Theoretical content includes the conceptual difference between sex as a biological fact and gender as a social construct; the process of sex determination at conception; the comparative workloads of men and women and the double burden of unpaid work. Practical issues relate to income-earning capacity, control over choice of work and over income, decision-making power in matters related to health, education, career, marriage, child-bearing and the family. In gender in health, which is a major component, nutrition needs, access to health care services, attitudes of the woman herself, her family and health service providers to her needs are discussed and analysed.

Among the four DANLEP-supported states, the nature and extent of gender-related activity vary. Common to all is the project staff's sensitivity and commitment to gender equity. Madhya Pradesh has stayed with the WID model of women in leprosy and health, partly because of lack of support for gender activity from the state government and partly because project staff themselves perceived this as the best way of contributing to women's empowerment. That the staff did not include a woman as gender focal person

may be a factor as well. The other three states have many similarities and a few differences in the content and range of their activities and in types of participants in their programmes.

With DANLEP's withdrawal, continuation of gender activities initiated by the project depends on the commitment of policy makers and of activists in the field. While it would be difficult to quantify the project's contributions, interviews and group discussions indicate that many have been enthused and perhaps convinced by gender training; women have been strengthened and some men sensitised. But generations of in-bred prejudice, men's reluctance to give up power and women's feelings of inferiority all stand against speedy achievement of gender equity. DANLEP's contribution is the equivalent of a few steps forward. The project has touched the hearts and minds of many persons and helped set processes in motion that others will take further.