The Delhi Dialogues Edition 1

philipping a philipping of the philipping of the

In which we discussed

A Definition of Equity - do programs address and progress equity?

The Delhi Dialogues are born out of a recognition that to progress the knowledge on development in India, we need people discussing, dissecting and debating the current gyaan that's available. And more often than not, there is not the people, not the space, and not the time to do so. The Delhi Dialogues attempt to provide all three. The Delhi Dialogues are intended to be an informal space where people in decision making positions interested and concerned about development in India can get together for a couple of hours to converse about a topic worth discussing. The topics of the Dialogues will not be strait jacketed into narrow domains, but rather be about an idea within development that is worth discussing in the specific and with the purpose of extending the current thinking around it.

Introduction

Equity is a good place to start a dialogue on development and the development agenda. However, there is some lack of perspective or attributed meaning to it. An example that Sachi brought to the table, of a pie that could be cut in lots of different ways is interesting because it highlights the difference in the ways that we think about equity. One way to cut the pie is to divide the pie equally among all regardless of background; another by dividing it up by the same percentage, based on background such as gender or income that make them different; even another by dividing it based on the need; or how much effort various groups put in. What is equitable in one society is in another, not so equitable. So in thinking about equity, one needs to define equity and what it actually means in different societies.

A Concept of Equity

The Human Development Report (chapter 4) professes to discuss Inequity, but then discusses

Inequality. Are the two synonymous? Or not? Equity could well be described as 'fairness', and equality as 'sameness'. Equity might mean equal opportunity to be healthy, it could mean equal resources for equal need, or it could be distribution of benefit according to demonstrable need. In all cases, if the society in which this is played out describes that as 'fair', then it is equitable.

There is an inherent acceptance of inequity within our society and unless we recognize and transcend it ... it may be difficult to mobilize a broad based movement for both growth - and development.

Anand Bordia

One of the major fundamental drivers of inequity is inequality; it contributes to inequity. So you could distribute

the pie in a very unequal way in order to achieve equity. An equitable society tries to correct for failures, tries to correct for inequalities and tries to make sure that everybody gets an equal chance. Development comes at a price but unfortunately the price is borne by those who are least able to pay it - viz., the less developed countries in this example. In India, all the livelihood schemes are likely to fail unless you address the very fundamental issue of inequality.

Though important, equity is missing from almost all development parameters. The pie analogy can help us to think about equity, because when you try to correct for something based on people's

1

needs you are actually addressing equity. Thus the definition of equity is highly contextual. Whereas inequality could carry no sense of injustice, inequity is accompanied by the sense that an injustice is being perpetrated. It is sometimes very interesting that negative difference is easier to define than positive. Equity and equality are difficult to distinguish while it is easier to distinguish inequity and inequality. Equity is a bit like the definition of health which says better what it is not, but does not concretely identify what it is.

It is the acceptance of inequality that contributes so fundamentally to inequities in a country like India. The problem is that if the prevailing mind-set is that I am poor or I am a dalit and so I am being marginalized and that is okay; then we are in trouble. Shubh pointed out the hidden pitfalls in this way of thinking by quoting an article from the Today magazine. The article about wife beating in India pointed out that almost half of physically abused women accepted the beating as okay, so does that mean it was not inequity? The discussion then veered around to the idea that shouldn't some aspects of social structure be so fundamentally incorrect, that despite what the vast majority thinks, it is still termed unjust and inequitable?

An article in the Economist makes the point that economic growth and inequality are associated with each other. Inequality drives economic growth giving rise to further inequality. It argues that there would be no economic growth if everybody was equal – but to a limit. For example, there was one study done in the 70s in the US, which showed that improvement in human equality improves economic growth. Someone pointed out that the difficulty in India is that we have got the kind of inequality that really stifles. People who are in positions of power, whether it of caste or of gender, give up efficiency for control and power. This entrapment must be broken. Helene Gale from CARE suggests that gender entrapment could be broken if 'Girls Live, Learn, and Earn'. If girls can survive, can get an education, and can earn a livelihood; they would break out of the entrapment gender inequities.

In the end, everyone agreed that a good definition was one that IDRC uses; that inequity is systematic inequality. It is said to occur when people cannot break out of an unequal situation; when they have few options and very few opportunities to practice those options; and when they are systematically disenfranchised; then that is inequity. It is in this, that the sense of injustice is born.

How can programs best address equity

This very fundamental issue needs to be addressed in a broader perspective because most of the

There is a difference in providing opportunities - and exercising opportunities. And if equity is to be addressed within implementation programs, it would require changing the implementation paradigm.

Mariam Claeson

time, these programs address inequality more than inequity. There is something wrong in where we are putting in money and how it is being utilized. A paradigm shift is required — that would entail listening to the what the community is saying about their sense of disenfranchisement and their desired options, and to take action.

For example household level data in NIFPP shows that over the last few years, there has been a shift even among the

poorest households in rural areas from government schools to private schools. There is an issue of equity in this too. The Right to Education Act provides for free education and a huge amount of money has been spent by the government and donor agencies over the last 10 years to support it. However, parents choose to send their children to private schools which (often) have only 1 class

room and 2 teachers, instead of a government school with 7 class rooms and 5 teachers. There has to be something fundamentally wrong with the system.

In India, disparities have their roots in the structural stratification of the society in which inequity is inbuilt – thus addressing equity is a much greater challenge than in some other societies. An example from Bihar illustrates this. The CM had wanted 'special category status' for Bihar under the 13th Finance Commission. He argued that it is not inequality that prevents Bihar from coming forward, but the inherent inequity in the distribution of taxes in India. For Bihar has now advanced – there is a proper governance, criminality has gone down, roads and bridges have been built; but the state simply cannot develop further without having transfers which try to respond to inequity within society rather than adjust only for inequality.

To address the issue of inequity, program interventions need to be set up after careful analysis. Why is a particular place chosen for an intervention? Is it representative? One need to be cautious on choosing an area that is already better off, which would be like trying to convert the converted. But one also needs to analyze indicators carefully since they occur in a given context; and be flexible enough to address the needs of the marginalized. One problem with indicators is that people forget that they are aggregate numbers and rates and also what it is that goes into the denominator. When indicators are turned into targets, they need to be disaggregated and analyzed for the context that they describe.

Research, Advocacy and Policy gaps

We have achieved the first 60 percent of coverage of immunization, reproductive health, education; but then going from the 60 to 80 percent, which is really about reaching the hard-to-reach is where we have failed. Our response is to 'scale up' programs - which often means more of the same thing. This needs to change. And we need the evidence and advocacy that supports such a change.

Programs must become more about targeting the lowest 20 percent (who are actually marginalized), by directing resources to those groups. But the point is that there is lot of difference among how a politician, bureaucrat and a researcher looks at equality and equity. We have done community mobilization, we have done advocacy with the bureaucracy, we have done public private

partnership, we have done everything except targeting the 'sweet spot' (cricketing analogy). There is a distinction between providing opportunities and exercising opportunities. Programs are pretty good in providing opportunities, but it is much more difficult to really address equity which requires work on the demand side and the exercise of opportunity.

Where the circles of politics, bureaucracy and popular perception intersect is the sweet spot one must aim for – that is where the researcher, the implementer and the planner must meet.

Anit Mukherjee

At another level, when we evaluate programs we tend to ask, 'Did the program do what it had set out to do?' But we

do not ask, 'Was it the right program to begin with?' This questioning would require a very different level of thought, analysis and critical thinking. Oftentimes, even when we do the first well, its a surgeon who comes out of the operation room and says the surgery was successful - but the patient died. For example, the distorted sex ratios that we see in India are the result of son preference. Yet we try to create economic incentives to support a girl preference despite evidence that sex ratios are

not amenable to increase as an income. So are these policies really based on evidence? We don't ask these difficult questions, because doing so requires a critical thinking and even, dissent.

Programs are funded to arbitrary amounts often due to bureaucratic and political imperatives, even

Where is the critical voice against the tide of silence? Katherine Hay when there is an overwhelming bias of evidence. On some issues, there is a deafening silence at the global level. But interestingly people do voice their dissent in India. They are using the social media, organizing meetings, signing petitions to protest. So on the one hand, where there is this

trend of very active and effective silencing of dissent, there is at the same time (with the proliferation of social media and different ways of connecting), a gathering of data and a sharing of stories. The new social media have allowed platforms to be created for groups to bring their issues into the mainstream.

Participants

Anand Bordia has over 38 years of work experience in policy formulation, programme implementation and organisational development with the Government of India and various international organisations. He has been instrumental in initating innovative financing, resource mobilisation, public-private partnership and

expenditure control in the implementation of the national highway development project.

Anit N. Mukherjee is currently Associate Professor at the National Institute of Public Finance and Policy. He is coordinating research projects in the field of human development and poverty alleviation, public expenditure efficiency, fiscal transfers for social sector expenditure, and public-private partnerships for development.

Katherine Hay is a senior member of the International Development Research Centre's Evaluation Unit. Hay has carried out research in South Asia for more than 15 years. Her work includes building evaluation curriculum in universities in the region, and supporting evaluation communities of practice.

Laurent Le Danois has 16 years of experience in India, Bangladesh and Eastern Europe. He joined the EU Delegation to India in 2004 where he manages the gender and health-related civil society portfolio as well as the Global Fund portfolio.

Mariam Claeson is the program coordinator for AIDS in the South Asia Region of the World Bank since January 2005. She has several years of field experience working in developing countries; in clinical practice at the rural district level in Bangladesh, Bhutan, and Tanzania; in national program management of immunization and diarrheal disease control programs in Ethiopia; and in health sector development projects in middle- and low-income countries.

Shubh Kumar Range has a long experience in policy and programme design for integrating gender issues in equity, food security and sustainable economic development. She is specialized in inter-sectoral development strategies, evaluation of programmes and policies, and the integration of gender issues in disaster mitigation and recovery.

Suneeta Singh is a development specialist with wide ranging interests in the areas of health and social organization, monitoring and evaluation and policy and strategy planning. She has been running Amaltas for the past 3 years and is an advocate of private sector participation in development.

Vinod A. Iyengar is a senior consultant to HMRI and the Business & Community Foundation, and was formerly with the Satyam Foundation as a Senior Adviser. While at the Foundation, he helped to incubate, launch and scale-up large public-private-partnerships - mainly in the areas of emergency management, healthcare delivery and livelihood generation.

Special Invitee

Sachiko Ozawa is a faculty member at the Johns Hopkins University Bloomberg School of Public Health. Her work is spread across several countries, notably Cambodia and India.

The Delhi Dialogues Edition 2 & 3

In which we discussed

Operationalizing Equity - how do we deliver it?

The Delhi Dialogues are born out of a recognition that to progress the knowledge on development in India, we need people discussing, dissecting and debating the current gyaan. And more often than not, there is not the people, not the space, and not the time to do so. The Delhi Dialogues attempt to provide all three. The Dialogues are intended to be an informal space where people in decision making positions interested and concerned about development in India can get together for a couple of hours to converse about a topic worth discussing. The Dialogue topics will not be strait jacketed into narrow domains, but rather be about an idea within development that is worth discussing in the specific and with the purpose of extending the current thinking around it.

Introduction

Following the first Delhi Dialogues in which we *defined equity*, we moved on to consider how to *operationalize equity* in the second and third editions. To recap the understanding that we'd arrived at: equity is not equality; it encompasses the notion of fairness and justice. To address and progress equity, three main questions need further expansion:

- How to sift equity concerns into the realm of government, of community and of individuals?
- What data is necessary to identifying and evaluating the notion of equity within programmes?
- What mechanisms can be utilised to deliver these notions of equity?

In which realm does it lie?

An important idea that came up was that inequities could be intrinsic or extrinsic. Intrinsic inequity can be considered to result from being born into a particular social group; while extrinsic inequities result from actions that the individual takes. Intrinsic inequities are firmly rooted in communities and demand action by them, while extrinsic inequities could be tackled by social and economic policies put in place by government. So a child belonging to a scheduled caste can be provided reservations to end his extrinsic inequitous situation, but the community could continue to treat the child with the discrimination owing to the intrinsic inequity he faces. Both the individual and the community have the responsibility of making themselves and their needs visible to the government and the government is responsible for factoring in those needs and demands while developing and implementing policies. If the policies are not in sync with their needs, the community and the individual can choose to not be a part of an inequitable system. e.g. government school vs. Madarsa in Bihar. If the government run schools were imparting quality education, the community would not choose to send their children to Madarsas. Instead of having a school for a particular community, there needs to be good quality government schools that are easy to access for all communities. On the other hand, it is untenable that we continue to create special schools for those with special needs without forcing in some way, the mainstream community to accept the differences between persons.

One of the purposes of a government of a country should be to build a more equitable society. Certainly these notions are implicit in the Constitution of India. There is a very fundamental difference between formulating policies and implementing them. As policies are translated to action, they travel the vast tract between the lens of the Constitution/Five Year Plan to the lens of those who are implementing. Most government policies go largely unquestioned, so government has limited feedback on whether the notions of equity are firmly embedded in the policies and their implementation. Finance is critical to Operationalizing all activities and can serve as a basis of evaluating the equity quotient of programmes. If one of the outcomes of programmes is to achieve a greater sense of fairness in the community, then budgets would be an important way to achieve that outcome. The use of a Social Welfare Index for each sub-group in the Tata Tea Estates in Munnar was cited as an example in which equity was attempted to be operationalize through attention to a number of social indicators such as literacy, sanitation, savings accounts etc.

This example leads us to the problem of scale which is very relevant in the context of equity. One can always design special schemes targeted at special categories of the population but even these special schemes face a challenge in terms of scale in a country like India. If we are solving some problem, it must be replicable and scalable. Without adequate scale, many problems of India cannot be resolved.

In order to tackle the question of equity and access at the government level, the existing service delivery system needs to be expanded. Resources and services should be scaled up and replicated to be made widely available across the existing system. A key constraint in achieving universal access to services is the availability of financial resources. A universal package, comprehensive or not, has a cost. Private sector participation could be increased to provide certain services. Introducing emerging technology could help in making services cost-effective. The role of technology, as a great leveller, in creating equity must be leveraged. Technology can help tackle accountability issues, improving access and delivering services. It can help collect, maintain and update robust data that can in turn help evaluate and inform policies.

In summary, the group concluded that the role of the government is to ensure that deliver services intelligently using whatever means that best suited the outcome, and the role of communities and individual is to generate demand and hold government accountable for inequity.

What can the data show?

Key issues discussed in regard to data included the notions of accountability, presentation, feedback loop, customization, use of qualitative data and data interpretation.

A critical aspect of data is the degree of granularity that data must have to serve any analysis of access to services. Both the principle of mass as well as the principle of an individual must be coheld. People become invisible when data is aggregated, and it is important to ensure that they become visible if quality is to be tracked. The generator of data should not be the user of the data as that leads to accountability issues. The government should not be responsible for collecting and analyzing data. There needs to be a separate statistical wing. For example, the Canadian Statistical

Agency collects and analyses data for the Canadian government. Although in India we have the Central Statistical Organization, it does not collect programmatic data.

Individual level data is also important along with aggregate data. If the task is to track the most vulnerable, individual level tracking can help to identify those in need. It is important to have a micro-plan and a case management approach to actually be able to find the most vulnerable who are least likely to be able to access services. The example of the individual case records of service delivery of the Health Management Research Institute was discussed.

Presenting data in a usable and interesting form is the key to getting the message across. Once the purpose and necessity for data analysis is clear, focus should be on the communication part. What Hans Rosling does is to really look at the data, to describe it in a way that is interesting and exciting, and people begin to respond to it. An example from the field experience of Avahan reflects the same notion. A traffic light signal became a source of inspiration for a community based organization in Mysore to develop a method of identifying the relationships that female sex workers have with various policemen. Policemen names who were harassing the female sex workers had a red circle opposite them, and the names against the green circles were the ones who were not. This representation made it clear for the planners to develop an effective advocacy strategy. The power of well presented data to a person in decision making position is immense. There is huge amount of data available, but for a policy maker to take an informed decision, well presented analyzed data is needed.

It is not just the data - it is who interprets the data and to whom it will be presented. A study that looked at interpretation of the same data set by four interlinked set of analysts gave strikingly different results. Presenting data to different levels of a governance system would yield varied reactions and results. So, data has to be positioned accordingly. Data needs to be customized. There are multiple levels at which the issue of equity can be addressed. Having groups or think tanks for a segment or levels of society that push the agenda based on data, openly and publicly, can be valuable.

What finally differentiates the use of the data is actually whether it is being fed back into the system. The individuals working at the grassroots level are the critical change agents. Granularity of data would provide the change agents with the kind of data that is needed to take action. The examples of Avahan program, HMRI and BRAC (an NGO in Bangladesh), provide instances of how they use data to develop, change and remodel their program.

How can equity be delivered?

Each state of India can be compared to a country, e.g., Kerala to Canada or UP to Brazil. It is clear that one way, one rule, one model cannot work for every place in the country. In the end, data must be used to ensure that those that do not delivered are not paid. Accountability is not merely a matter of having the data, but also of ensuring that the data is used to have an effect. The example of first generation *musahar* learners was given to show that inequity can only be reacted against when data begins to become available. An important constraint in the case of India is the lack of

institutions that can serve a think-tank function. Thailand has a fantastic set of systems that address cause, effect etc. and India could learn a lot from it.

Budget is an important mechanism because a huge amount of money is spent by the government. If it is allocated right and spent right, it can contribute to the overall objective. A few years ago, it used to be a very rigid process of budgeting from the centre. Now it is more decentralized as in the NRHM. Kerala has probably gone further than anyone in decentralizing the system; even with the initial hiccups, it seems to be working reasonably well. This is the new mantra for India as it is a large country with huge diversity. It is not possible to take into account equity issues at the village, subcentre or PHC level from Delhi. The central government should set up the standards and guidelines, but leave it to the state, district and block levels for execution. Further decentralizing planning, implementation and execution should help in achieving equity as an outcome.

Examples of how a decision of a *Gram Sabha* to buy goats from an untied grant actually dropped the malnutrition rate in a community or the involvement of the *tola sevak* (education volunteer) triggered a rise in the school retention rate for the *Musahar* community in Bihar – gave a sound reasoning to support decentralization. The feeding back of data to the most decentralised levels of planning is an important first step.

Some existing models of delivering the idea of equity were discussed; namely regulatory, peer led and market based. The TNMSC regulatory model permits Primary Health Centre to buy 'x' value of drugs based on local demand in the area. Once web-enabled, real time tracking became possible and demand could be validated against supplies. This helped to build in accountability in the existing mechanism and enabled a history of use to be built to ensure adequate supplies. The Avahan programme is dealing with marginalized groups - FSW, MSM and IDU. Under the Avahan model, a peers exert a degree of control of the program through micro-planning. In so doing, the model has introduced the sense of transparency and accountability at the grass-roots level. The third model to be discussed was the DKT-run JANANI program. The possibility of replacement created a certain tension to stick to standards that could not otherwise have been imposed upon non-qualified practitioners. So, what runs through the examples is that there is an incentive to behave in a certain way and there is transparency that allows people to look into the black box to see whether it is happening that way.

Thus accountability for action is in-built into the way the program is run, and therefore you see results in those programs. Additional factors include support and the meeting of standards which adds to the program success. And that is where the definition of standards, the definition of indicators that one wishes to track becomes so critical to the management of equity outcomes.

Participants

DD2: Ashok Row Kavi, Jagmohan Singh Kang, Laurent Le Danois, Meera Marla, Ron Walman, Sujatha Rao, Suneeta Singh, Vinod Iyengar

DD3: Anit Mukherjee, Aparajita Ramakrishnan, Balaji Utla, Jagmohan Singh Kang, Laurent Le Danois, Richard Cash, Suneeta Singh, Vinod A. Iyengar