Chapter 1

Introduction

This study is concerned with studying the prevalence of chronic poverty amongst women and children in India. It analyses the impact of GRC (Gender Resource Centre), an institution working in Delhi, on such conditions and its ameliorating role in chronic poverty by breaking the vicious cycle of disempowerment of women thereby generating forces which act as ‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’ to the ‘intergenerational transmission of poverty’.

1.1. Statement of the problem

India with rapid economic growth is seen as an economic powerhouse, but has advanced little in banishing under-nutrition and malnutrition deaths. Children born with Low Birth Weight (LBW) and raised under-nourished or chronically malnourished during the first two years of life which usually results in irreversible harm and they can never find a way out of the vicious circle of poverty, as they are at a higher risk of poor physical and cognitive growth, which results in lower productivity (FAO, 2010). The report of NFHS-3 (2005-06) informed about 42.5 percent children below five years remain underweight (indicator of acute malnourishment), 48 percent remain stunted (indicates growth retardation/too short) and 20 percent wasted (too thin for her/his age) (NFHS-III, 2005-06). Black (2008) reported that both numbers and the prevalence of under-five stunting in India exceeds the figures for all of Africa (FAO, 2010). In the 21st century, there can be no excuse for any country for not being able to prevent deaths occurring in children, for not ensuring clean drinking water, toilets or access to health services and education, or shelter (Report of International Forum, 2006).

Accepting the multi faceted nature of poverty, the study is concerned with studying multi-dimensional deprivation as a result of low capacity of women due to spatial or social or occupational or simultaneous vulnerabilities that put them in a vicious circle of disempowerment which affects the well-being of their children. Simultaneous vulnerabilities create the condition of multi-faceted nature of poverty through the transmission of the conditions of poverty or poverty-related capital from one generation to another in terms of health and education, extending the period of poverty thereby making it chronic poverty constituting multi-dimensional deprivations. It requires assistance in finding an exit–route from chronic poverty by building multiple capacities by some institutions.

- SIMULTANEOUS VULNERABILITIES AFFECTING WOMEN AND CHILDREN

Millions of people who live in urban slums remain ‘socially excluded’ in the deprivational sense of being unemployed (Sen A. , Social Exclusion, 2004). They do some precarious jobs in the sense of ILO characterization (ILO, 1999), and are forced to live in subhuman conditions having negligible basic amenities of sanitation and potable water (in UN-Habitat, 2003 sense). The actual practice of ‘exclusion’ which women face prevents them from taking independent decisions, controlling their
own income, acquiring assets and exercising the right to allocate resources for the benefit of their own children. These inabilities are not accidental, rather they are the consequences of socially and culturally constructed norms. Women suffer the most also because of the ‘relational roots of deprivation’ (A, Sen 1998) which impels them to live in abject poverty, facing multidimensional deprivations (Haan & Kabeer, 2008), (Mehta & Shephard, CPRC-IIPA, 2004). Inequality of allocation of household resources and responsibilities makes the experience of poverty more pronounced for women, (Fafchamps, FCND discussion paper No.55), (Sudershan & Bhattacharya, Chronic Poverty and Gendered Patterns of Intra-household Resource Allocation : A Preliminary Inquiry, 2004), (Bolt & Bird, 2003) making women and children vulnerable to diseases, subjecting them to the structure of intergenerational transmission of poverty (IGT), (Radhakrishna, Rao, Ravi, & Reddy, 2006). However, if capability deprivation continues across the time, most likely, it would create the conditions for chronic poverty. Accepting capability deprivation as an indicator of poverty implies that more the dimensions of deprivation, harder it becomes to fight persistent poverty. Lack of awareness about welfare schemes of Government makes it harder for them to exit from poverty.

Understanding the change in the gendered pattern of resource allocation within the household is, thus, significant for evaluating any program that aims to combat poverty from the perspective of women’s empowerment. It is a manifestation of change in distribution of power.

Chronic Poverty Report 2004-05 reported that 420 million poor are housed in the whole world, and will account to 721 million by 2015, if they continued to be deprived of education, nutrition and health services—(they may be termed as capability deprived). Capability deprivations especially during childhood (CPR-04-05), as a result of being born to a household entrapped in capability deprivations, cause child poverty, rendering them vulnerable to persistent poverty (Shepherd & Mehta, 2006), (Krishna, 2003). Bad start and stressful conditions due to living in sub-human conditions of overcrowded slum with a high density of population would also program the body of a child to persist with bad health (Brooks & Duncan, 1997). Therefore in order to safeguard the well-being of children, a consolidated effort regarding each child’s survival and quality of survival through good health and nutrition support need to be highlighted.

- **Migration-Slum-Vulnerability**

Economically poor and backward states keep losing people to developed states. Rapid growth of slum population as a consequence of migration poses a problem of housing, health, education, water, sanitation, garbage disposal, social security and livelihood (CGDR, 2011). Another problem related to slums has been the constant threat of eviction. Forced eviction from their little illegal encroachment on behest of demolition drive, with least appropriate procedural protections, is no less than an infringement of rights, such as the right to food, the right to health, the right to education and the right to livelihood (Sinha, 2006); (Bhatt, 2006).
As the urban population in the country is multiplying fast, so is the urban poverty. A study by Yuko Tsujita in 2009 portrayed the poor scenario regarding educational opportunities and attainment for the under-privileged despite of “Education for All”. A point made with this sketch raises a question as to why the “number of poor below the poverty line has nearly doubled in just over five years since 1999-2000” based on report of Government of Delhi, 2008 (Tsujita, 2009). UN-Habitat (2003) reveals that India alone houses one third of the global slum population (UN-Habitat, 2003).

- **Spatial vulnerabilities**

In India “slums” have been characterized by clusters of unauthorized, unsystematically developed and generally neglected, overcrowded, unlivable weak dwellings. The existence of slums is an indicator of poverty. Slum dwellers are termed as “urban poor”, who lack basic services like sanitation, water and health care. Prevalence of negative opportunities and non-existent positive opportunities in poverty stricken neighborhood exert their relative pressures in creating poverty. Poverty persists through the channel of neighbourhood effect, influencing one’s aspirations window (Ray, 2003). However, revision in aspirations window do take place, from time to time, especially as a result of education and media.

CGDR, 2011, has reported that increase in density of population as an outcome of the process of rapid and unplanned urbanization multiplies miseries of poor and disadvantaged slum dwellers making life a disastrous experience. Spatial concentration of population which varies between the territories of Delhi, is evident from the data given in Annexure 1. Data of Population Census (2001), reveals that central Delhi has the highest density of population i.e. 25855 per sq. km. (CGDR, 2011).

- **Delhi a city of slums**

The city of Delhi historically has been a city full of contradictions and paradoxes. Being the capital city of the country, it is a city with the best of facilities in terms of hospitals, schools, roads, and other public amenities. However, the statistics speak a different tale of lesser privileged section of the population. 24 percent of slums are located along drains and 48 percent of the slums become the breeding ground for diseases due to water logging which becomes worst during the monsoon resulting in a high incidence of diseases like diarrhea and anaemia. The statistics that 31 percent of Delhi slum dwellers have no sanitation and disposal facilities (CGDR, 2011), is a matter of concern.

Delhi is also considered to be a city of slums and *jhuggis*, and nearly 22.14 lakhs of total population in Delhi constitutes slum dwellers. Delhi as a city of slums and *Jhuggis* a bitter truth is accepted by Municipal Corporation of Delhi, before the Supreme Court. The facts presented by CGDR, 2011, portray a rather grim aspect of the city that only 23.7 percent of the entire population is living in planned colonies. Two pie charts are given below showing i) percentage of Region-wise distribution
of slum cluster and ii) Percentage share of slum population in different regions portraying the current condition of slum population in Delhi.

**Figure 1.1: Percentage of Region-wise Distribution of Slum Cluster**

Source: CGDR research

From five zones of Delhi, West Zone has been reported to have maximum number of slums i.e. 28 percent, whereas central zone has only 13 percent, as it is evident from the above shown figure 1.1.

The below mentioned figure 1.2 reveals region wise percentage share of slum population in Delhi.

**Figure 1.2 Region-wise percentage share of slum population**

Source: CGDR research

South Zone has nearly 33 percent of slum population, whereas central zone has only 6 percent share of slum population. Here a logical question arises about the adequacy of infrastructure, fulfilling the demand of residents of unplanned colonies, and its repercussions on them (especially women and children).
• **Gender discrimination and vulnerabilities of children towards chronic poverty**

Though India has been on a steady path of human development for the last 20 years, yet it suffers due to inequality. Poor people face inequality of capability and assets (human, physical assets) and thus, face barriers in accessing economic opportunities. Gender discrimination exacerbates the intensity of the problem (Bhargava, 2003). India was ranked 119th in the UNDP Human Development Report (2010), and was ranked 134th in terms of HDI in 2011. This shows poor performance in gender equality, and persistent gender inequality has strong impact on human development. India was ranked 119th in the UNDP Human Development Report (2010), and was ranked 134th in terms of HDI in 2011. This shows poor performance in gender equality, and persistent gender inequality has strong impact on human development. The Human Development Report (1995), reported that 70 percent of poor people (nearly 1.3 billion) are women, who are deprived of basic human needs, health care and education, required for their well-being (UN, HDR, 1995). On one hand multi-dimensional deprivation as a result of discrimination and social exclusion creates barriers in allocation of resources on their children in terms of food, nutrition, health care and education, on the other poverty forces women to find a rescue in informal sectors and remain absent for long hours leaving their children unprotected and uncared for as asserted by Mellon (Report of International Forum, 2006). Difficulty in looking after their well-being and well-becoming, results not only in illiteracy but also in high morbidity and mortality.

1.2. **Conceptual Model of Study**

The title of the present study is “Evaluation of Gender Resource Centre from the Perspective of Chronic Poverty in Delhi”. Evaluation is an exercise which involves measurement of effectiveness of multiplicity of activities undertaken by GRCs (Gender Resource Centre) with regard to capacity building to achieve the goal of women’s empowerment which is likely to have a profound impact on outcomes measured at different levels i.e. individual, children and household. The conceptual framework would be more clear from the figure 1.3, below.
For conducting evaluation task, purpose and methods of evaluation are of prime importance. However, methodology used in evaluation of the institution such as ‘GRC’ is not straightforward. On one hand ‘Evaluation of GRC’ requires the measurement of impact of capacity building, empowering women (the focal point of GRC). Women’s empowerment would be measured in three domains. GRC as an enabler provides a wealth of information on various subjects which may bring changes in their lives and help form or modify perceptions. Therefore, on one hand, it seeks to highlight the significant changes in different dimensions of lives observed by women themselves for their well-being and form positive perceptions about the age of marriage of their sons and daughters to prevent teenage pregnancies. On the other hand, evaluating GRC from the ‘Perspective of Chronic Poverty’ tends to delineate the objectives in terms of correlates of poverty which would reduce not only vulnerability but would also interrupt intergenerational transmission of poverty. Therefore outcomes as significant component of empowerment would be measured at respondent’s, child’s and household’s level.

It requires the fusion of two topics in the study which is justified firstly on the grounds, GRCs are engaged in capacity building for women’s empowerment (Kabeer, Reflections on the Measurement of Women's Empowerment in discussing Women's Empowerment-theory and practice, 2001); (Eyben, Kabeer, & Cornwall, 2008) and secondly literature supports linkage of capacity building not only, with poverty reduction but with chronic poverty reduction, in early 90’s (Human Development
Using indicators to measure women’s empowerment through, their participation in decision making pertaining to social, economic and house-hold domain would be used.

But an extensive study of literature on chronic poverty from gender perspectives portrays gender discrimination within and outside the household against women resulting in chronic poverty through child poverty, creating conducive conditions for transmission of poverty across generations (Sudershan & Bhattacharya, 2004) (Radhakrishna, Rao, Ravi, & Reddy, 2006), as Duncan and Gunn(1997) highlighted the significance of timing of poverty (Brooks & Duncan, 1997).

‘Stunting’ among children under five, a more telling indicator of malnutrition than ‘underweight’ (Horton, 2008), has been adopted for monitoring MDGs (Hunt & Gray, 2013). Chronic energy deficiency (CED) among adult women, an indicator of malnutrition, has been used as proxy non-income indicator to identify chronically poor households (Radhakrishna, Rao, Ravi, & Reddy, 2006) (Sudershan & Bhattacharya, Chronic Poverty and Gendered Patterns of Intra-household Resource Allocation : A Preliminary Inquiry, 2004). Chronic poverty is the basis of her disempowered existence and that’s why its removal or diminution is and should be one of the indicators of her empowerment. For the present study, nutritional status in terms of stunting and under-weighing among children and CED among adult women, would be used to evaluate outcomes of women centric activities aiming to achieve empowerment. Besides, education, immunization, and breastfeeding behavior for children would affect the pattern of outcomes.

Prevalence of negative opportunities and non-existent positive opportunities in poverty stricken neighborhood exert their relative pressures and affect the pattern of outcomes. (Verner & Alder, 2004); (Corcoran, 1995); (Tommy, 2007). Women and children, especially in the slum areas are victims of gender discrimination and marginalization in every aspect (Sinha, 2006). Early childhood is the crucial phase for capacity building through transfer of resources by investing in education, skill development, nutrition and health care for the future. Therefore, a lack of opportunities to access food, health care and education within the poor household as a result of gender based discrimination, results in child poverty ( Human Development Report, 2010). The accumulating effects of child poverty result in IGT of chronic poverty. Hence it is important to investigate the impact of the interventions on the recent generation in terms of education and anthropometric dimensions. Body mass index (BMI) of women also needs to be examined, as the risk of the prevalence of stunting increases with malnourished or stunted mother, combined with poor nutrition and frequent infections in infancy (Mehta & Shephard, CPRC-IIPA, 2004).

FAO, 2004, as cited in FAO, 2010, explained the intergenerational impacts of malnutrition at each stage in the lifecycle, through micro-nutrient malnutrition (hidden hunger). During pregnancy, there is a higher risk of passing on intrauterine retardation to the child resulting in stunting and low birth-
weight babies (Victora, Adair, & Fall, 2008), besides the higher risks of maternal mortality especially in low-income households in developing countries (FAO, 2010).

Infringement on the human right to sustain ‘food security’\(^\text{11}\) represents a serious impediment to nutrition but combined with lack of adequate health, sanitation and care practices exacerbate the problem by reducing ‘caloric utilization’\(^\text{12}\). TIMES INSIGHT GROUP, 2013, reported that India has the highest number of underweight and stunted children. Food security through a more equitable distribution of food and community mobilization is considered as the most effective way to address malnutrition (GROUP, 2013). However, nothing concrete could be accomplished even after more than 66 years of independence.

Aasha Kapoor Mehta clearly reveals that it is difficult to find an escape route from chronic poverty unassisted (Shepherd & Mehta, 2006). But the larger question needs to be investigated as to why despite of a plethora of welfare schemes many poor find it difficult to escape poverty (Singh, 2012). However, due to the improper targeting of the welfare schemes, the gap between the desired and the actual benefits of the welfare assistance has been observed, as mentioned by Director, Mission Convergence, Rashmi Singh (2009). Therefore, it is important to identify the forces generated through women centric activities of GRC\(^\text{13}\), in terms of ‘ Anti-Drivers, Anti-Maintainers and Active-Interrupters’ observed in the findings of the survey related to this study to facilitate households to recuperate from chronic poverty, (Bhide & Mehta, 2006); (Krishna, 2003).

### 1.2.1 Conceptualization of Key Aspects

The present study i.e. “Evaluation of Gender Resource Centre from the Perspective of Chronic Poverty in Delhi”, requires a fusion of three interrelated topics with regard to the study of GRC. The study requires conceptualization of three aspects in a clear tone which would be dealt with, in-depth and comprehensive literature review and it would deal with certain questions and relationships.

The starting point of the present survey is to find out how GRCs are envisaged keeping in mind GRC as an enabler and a source of information. It would study the significant changes in women’s perceptions and different domains of their lives.

Its main objective to achieve that is ‘women’s empowerment’ as a consequence of capability development through the efforts of GRCs in Delhi would focus on measurement of women’s empowerment by using indicators of measuring women’s participation in decision making (in social, economic and household areas).

It is a fact that the poor belong to a heterogeneous class. To evaluate the impact of any anti poverty program on the population, it is imperative to find its different impact owing to different social behavior. Therefore, in order to ensure scientific validity of the present research, intersectional analysis (a way to relate to the differences in the impacts/outcomes as a result of any intervention)
needs to be conducted to avoid overgeneralizations. Otherwise it might dilute the effects of social behavior occurring due to migration, religion and caste. However, intersectional divisions present in the population chosen for data collection fell very much in their place, just as these divisions are present in the society. The most disadvantaged groups amongst this population happens to be Dalits And Minorities, thus, it dilutes the need to have separate intersectional analysis. The majority of the participants i.e. 80 percent are migrants, are Hindu by religion.

Since evaluation of GRC would be done by choosing a perspective of chronic poverty, an analysis of the outcomes at different levels would be carried out to delineate the impact of GRC activities for children, women and households, which have an ameliorating role.

1.2.1.1 Aspect 1: CHRONIC POVERTY

Aspect 1 would be dealt with in first section of chapter 2, under ‘Review of Literature’. Andrew Shepherd (2006) refers to chronically poor who suffer multidimensional deprivation over a long duration and this deprivation is inter-generationally transmitted.

- Relationship between Developmental Consumption and Nutritional Status of Mother and Child

Wide literature on chronic poverty shows the significance of developmental consumption in reducing exposure to persistent poverty. Radhakrishana advocated improvement of the nutritional status of mother and child essential for the eradication of chronic poverty, (Radhakrishna, Rao, Ravi, & Reddy, 2006). Lack of credit facilities with low income and high interests may result in adoption of coping strategies such as reduction in consumption, which results in households becoming “chronically poor” as they tend to forego future gains in order to meet present needs.

Women in poor household face inequalities of allocation of resources (nutrition etc.) due to poverty and patriarchal culture and are susceptible to CED (Body Mass Index less than 18.1), who in turn would pass on their deficiency resulting in intrauterine growth retardation to their children, making them susceptible to chronic poverty (Radhakrishna, Rao, Ravi, & Reddy, 2006).

- Timing of Poverty and Inter-Generational Transmission of Poverty

The literature indicates that chronic poverty is inter-generational. Inter-generational poverty (IGT) refers to the ways in which parents can transfer the conditions of poverty or poverty related capital to their children due to their inability in investing in their children in terms of health and education (Gunther & Klasen, 2009). Isabel Gunther et al. (2009) focused on the significance of timing of poverty. Early childhood is the crucial phase for capacity building and children are dependent on their parents through transfer of resources by investing in education, skill development, nutrition and health care for the future (Gunther & Klasen, 2009). Therefore a lack of opportunities to access food, health care and education would result in child poverty (UNDP-Report, 2010).
1.2. Indicators of Child Poverty and Outcomes of Empowerment

As ‘child poverty’ reflects not only parents’ poverty but also the larger structure that sustains poverty through discrimination, for measuring child poverty, multiple dimensions of poverty were used as an approach by using three indicators:

- Rate of Child Enrollment in Primary School
- Anthropometric Dimensions
- Rate of Immunization For DPTs

For the present study three indicators reflecting child poverty would be used to assess interrupters to chronic poverty. Outcomes of better education, anthropometric dimensions (of self and children) (Kabeer, UNRISD Discussion Paper No.108, 1999), may be seen as components of empowerment.

Increase in household income may enable poor households to escape poverty by improving household expenditure. Nevertheless, the measures of poverty along the basis of expenditure alone are only ‘proxies’ for the living conditions of the poor. Therefore the present analysis would focus on a variety of factors.

Since capacity building is a dynamic and ongoing process, merely assessing specific outcomes of capacity is not sufficient for the evaluation purpose. Therefore, the present study would not be limited to the measurement of women’s empowerment only but would foster an understanding that a multi-faceted recipe of women-centric programs and conscientization can help in removing barriers to gender equality, and can bring better outcomes which have been identified as interrupters to chronic poverty. It would also try to explore the limitations of the functions of the GRCs.

1.2.1.2 Aspect 2: WOMEN’S EMPOWERMENT

This aspect would be dealt with in the second section of chapter 2 under ‘Review of Literature’.

The question of empowerment is generally contentious, controversial and complex and varies from society to society. However, it is an unquestioned “good” aspired to by institutions such as the World Bank, Oxfam and NGOs, not only as an end in itself but also as a means to combat poverty.

The definition of empowerment as adopted by Naila Kabeer (2008), in the Report to DAC POVNET on empowerment, recognizes empowerment as a process which can be associated with the fact of people attaining consciousness about their own interest and being able to participate and influence the decisions affecting the quality of their lives. It requires attainment of change which comes about by changing the relations of power that have been keeping them in poverty, (Kabeer, Magnus, & Stark, Global Perspective on Gender Equity : Reversing the gaze, 2008). Troutner et al (2004) argues that the primary goal of empowerment has not been the assertion of power by women over men, it has
been rather to reduce and eventually eliminate the power differential between men and women and thus liberating themselves from oppressions wrought by male domination (Troutner & Smith, 2004).

Sen (1999) looks at empowerment for widening the horizon of choice and action through ‘freedom’ to take decisions which influence and affect their lives (Sen A. , Development as freedom, 1999) but Sen, G. (1993) emphasized on a change from being powerless to having power in the process of empowerment which is evident in this statement “altering relation of power which constraint women’s options and autonomy and adversely affect health and well-being” (Sen, 1993). Kabeer (2001) articulates empowerment as “the expansion of ability to make strategic life choices in a context where this ability was previously denied to them” (Kabeer, Sida Studies No. 3, 2001). However, to Batliwala (1994) this ability requires a change in perception and ideology while Kabeer (1994) emphasized that control over resources facilitates women’s empowerment and enables them to make choices for themselves and for their family. Access to information and new consciousness provides capacity to challenge patriarchal power relations and oppressions by controlling not only resources but also by participating equally in decision making (Batliwala, 1994). Thus outcomes as components of empowerment may be indicated in terms of better education, anthropometric dimensions (of self and children) (Kabeer, UNRISD Discussion Paper No.108, 1999). Asset base has a strong empowering effect (Report of International Forum, 2006) is also evident in the study by Dr. Cheryl Doss. Haddad (1999) tried to show the relationship between health status of child and women's status which is reflected in their ability to take decisions on household resource allocation between boys and girls which is visible in the differences of anthropometric dimensions (Haddad L. J., 1999).

- Gender Discrimination and Intergenerational Transmission of Poverty

Similarly, A. R. Quisumbing explored the impact of gender discrimination on the transfer of resources in terms of food, education and health care on son and daughter as a mode of intergenerational transmission of poverty. In this context the question of women empowerment is relevant. (Quisumbing, Investments, bequests, and Public Policy ,Intergenerational Transfers and the Escape from Poverty, 2009).

- Removal of Gender Discrimination and Eradication of Poverty

Although the idea of capacity building for poverty reduction through women empowerment has been somewhat underscored by the United Nations General Assembly in the early to mid 1990s, however double strategy of promotion of employment opportunities and provision of enabling environment in tapping such potentials for eradication of poverty was recommended in the World Development Report (WB, 1990), (Alison, 2000). Buvinic and King (2007), emphasized on the removal of gender discrimination in access to food, nutrition and education for reduction of poverty (Buvinic & King, 2007). Considering women's empowerment as the “instrumental means” in reaching the “end” i.e. “poverty reduction” has been adopted in State policies world over.
In order to prevent chronic poverty, a change that enables equal distribution of power and resources for gender equity and empowerment would go a long way in reducing the risk of child poverty by reducing health vulnerabilities of malnutrition through enhanced training and providing a complete set of immunization doses. World Development (2006) emphasizes on the provision of certain basic levels of well-being that include sanitation, decent housing and safe drinking water, education and health care for breaking the inequality trap of opportunities for slum dwelling marginalized women (Atinc, Tamar, Bannerjee, Ferreira, & Lanjouw, 2006).

1.2.1.3 Aspect 3: GENDER RESOURCE CENTRE

This aspect would be dealt with in section 3 of chapter 2, under literature review.

- The need to set up GRCs

India committed to achieve MDGs 2000, and to eliminate gender discrimination, National policy for women’s empowerment was formulated. Ninth plan 2001, acknowledged women as an agent and partner of socio-economic changes and development, and advocated women’s empowerment to combat poverty.

Government of national capital territory of Delhi (GNCTD) decided to achieve the desired national and international goals by encouraging the voluntary organizations to come forward and actively get involved in the welfare and rehabilitation work. The GNCTD realized that multifaceted and multidimensional problems of marginalized urban poor women living in slum clusters could be addressed by providing enabling environment for capacity building for mainstreaming of women to play a larger role in the society.

- Genesis of GRC

In the year 2001, under the theme of citizen partnership, the department of Social Welfare was appointed as the nodal department for launching the pilot project “Stree Shakti” by the Chief Minister of the NCT of Delhi for overall development and utilization of women.

The Gender Resource Centre (GRC) is envisaged as an enabler and a facilitator of capacity building to bring upon empowerment through ‘gender mainstreaming’ of underprivileged and unreached section of society, especially women living in slums of nine districts of Delhi. Delhi Government entrusted the successful accomplishment of the task to the grass root NGOs having close rapport with the communities and understanding of their subjects.

This pilot project focused on health, literacy and income generation through Gender Resource Centre (GRC) and Stree Shakti Camps (SSC). The genesis of Gender Resource Centre has been the consequence of the long journey, striving to focus on women’s empowerment through the consolidated efforts to promote capacity building by undertaking activities broadly categorized under following headings:
• **Capacity Building**
  1. Vocational Training and Skill Development
  2. Education
  3. Awareness Generation (legal, nutrition and safe cooking methods, and health)
  4. Self-Help Group

After getting conversant with the issues of women and children especially of the slums who have been the victims of gender discrimination and marginalization in every aspect, we move on to Gender Resource Centres functioning in Delhi and are facilitating women’s empowerment i.e. economic, social, and legal in numerous ways. GRCs adopt multi-faceted recipe for the capacity development of women, by providing vocational skill and education by generating awareness, by providing legal and medical facilities and by promoting SHGs for empowering them by changing their perceptions and their lives significantly to bring better outcomes.

1.3. **The objectives of the study**

The primary objective of the survey is to assess the targeted outcome of the activities undertaken by GRCs aiming to empower disadvantaged and underprivileged women and children living in slums and facing exclusions of various types and analyze its ameliorating role in poverty reduction through capacity development. The vital incentive of the study is derived from the review of literature. It is evident from the extensive literature that it is difficult for the chronically poor to escape from poverty unassisted. Consequently, programs undertaken by GRCs would act as an interrupter on chronic poverty thereby reducing vulnerabilities to child poverty by enhancing women's autonomy\(^\text{19}\) in different proportions, and bring significant changes in their lives. The broader aim of the present study is an evaluation of GRC from perspective of chronic poverty, to identify ‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’ observed in the course of quantitative and qualitative analysis. Therefore, the specific research objectives (ROs) of the study are as follows:

**RO1** - To assess the role played by GRC as an enabler to women beneficiaries

**RO2** - To measure women’s empowerment by adopting indictors of autonomy of women

**RO3** - To assess the outcomes of capacity created by GRC

1.4. **Research Questions**

A set of relevant questions based on the objectives has been formulated in order to achieve the specific objectives of the present study. In order to address the relevant questions the study would focus on three interrelated strands.
1.4.1. Strand I: To evaluate the role played by GRC as an enabler to women beneficiaries.

1. Is GRC an effective source of information for generating awareness?
2. Would capacity building created by GRCs as enabler, bring perceptible and measurable changes in the women’s perception regarding marriageable age of their children?
3. Would capacity created through GRCs help in bringing substantial change in their lives in different dimensions?

1.4.2. Strand II Measuring women’s empowerment by adopting Indicators of the Autonomy of Women.

Indicators of autonomy of women would reflect the impact of GRC activities.

1. What is the impact of GRC activities on Social Empowerment?
2. What is the impact of GRC activities on Economic Empowerment?
3. What is the impact of GRC activities on Household Empowerment?

1.4.3. Strand III: Exploring the outcomes of women and children as a component of women’s empowerment as a result of women centric activities of GRC.

By comparing the outcomes at the household level of GRC respondents with Non-GRC respondents with regard to factors such as:

1. Income
2. Developmental consumption
3. Borrowings /Availability of credit

By comparing the outcomes at the individual level of GRC respondents with Non-GRC respondents with regard to:

1. Body Mass Index of Women

By comparing the outcomes on children (below five) of GRC respondents with Non-GRC respondents By measuring HAZ-Score and WAZ-Score (See Annexure) with regard to factors such as:

1. Immunization
2. Breast feeding
3. The Education of Children.
4. Measurement of nutritional status
1.5. Hypothesis=HO

HO- There is no difference between GRC and Non-GRC respondents so far as Social Empowerment is concerned

HO- There is no difference between GRC and Non-GRC respondents so far as Economic Empowerment is concerned

HO- There is no difference between GRC and Non-GRC respondents so far as Household Empowerment is concerned

1.6. The Engineering of “Evaluation of GRC from Perspective of Chronic Poverty in Delhi”.

A very systematically organized research methodology for the present study was adopted. It involves a number of crucial steps based on review of wide literature on women’s empowerment and chronic poverty with special focus on child poverty resulting IGT of poverty. The knowledge on these topics was enriched by in-depth discussions with supervisor and many other experts and also with staff and beneficiaries of GRC. The genesis of GRC was also dealt with in a separate section in chapter 2, in the context of women empowerment through capacity development.

The need to select representative GRC was of prime importance. Selection of three GRCs out of more than hundred GRCs (and now their number is more than one hundred), working actively in Delhi was accomplished based on purposive sampling because it would serve the purpose of being the representative sample. To elicit the requisite information for evaluation of GRC, a detailed questionnaire, was constructed. The present survey (quantitative as well as qualitative) collected statistically significant data and qualitatively backed discussions to gather the required information through interview schedule. Regarding the unit of application, the present study would measure women’s empowerment at micro level. From perspective of chronic poverty, a sample consisting 220 women (GRC beneficiaries/Non-GRC beneficiaries) from a well defined universe of poor and vulnerable populations was drawn on the basis of criteria of ‘Spatial Vulnerabilities’ living in precarious conditions not congenial for healthy and dignified life and who are facing multi dimensional deprivations. A criterion for selection of representative GRCs and sample of respondents for both the groups was fixed in order to address the research questions examined in chapter three.

The study intends to analyze first the relative role played by GRC as an enabler in comparison to other institutions acting as a source of awareness on different 19 topics. Secondly, to assess the relative role in altering the perception of preferable age of marriage of children (son and daughter) of respondents is imperative, knowing the negative implications of teenage pregnancy. Thirdly, measuring the significant changes created by GRC, and experienced by beneficiaries, adopting a participatory approach is preferred.
The next step required to measure women’s empowerment of target group was a challenging undertaking. The primary focus for measuring three dimensions of empowerment i.e. social empowerment, economic empowerment and household empowerment, would aim to tackle the ‘deep rooted’ poverty in the social structure. Measurement of a qualitative dimension such as autonomy as an instrument of reducing poverty and to be equitable, would require identification of indicators.

To explore the outcomes of women-centric activities of GRC which reduce the vulnerabilities to chronic poverty, comparison between GRC and Non-GRC groups on the selected dimensions, using selective and appropriate indicators, would be made. Height and weight of 220 respondents along with their not more than two children under five would be recorded to assess their health status. The method used for the selection of sample is explained in chapter three.

Due to the vastness of the data, it would be analyzed and interpreted objective-wise in three chapters (4, 5 and 6).

1.7. Significance of Study

The significance of the present study lies in enlarging and strengthening of our understanding about the great significance and wide implications of capacity development in women’s empowerment.

The pivotal significance of the study is to find correlates of chronic poverty in association of GRC, which would help the policy designers in identifying ‘Drivers, Maintainers and Interrupters’ (Bhide & Mehta, 2006), which can prevent intergenerational transmission of poverty.

Helping GRCs gain awareness about the impact of interventions, undertaken by GRCs in ameliorating chronic poverty through women’s empowerment. Recommendations on their working would result in improvement of their own functions leading to overall improvement in women’s empowerment.

1.8. An Overview of Steps for Research

- Selection of GRC/ Location of the study
- Unit of application
- Identification of chronically poor
- Sampling unit including framework for evaluation for GRC
- Gestation period or period of participation of beneficiaries
- Indicators to measure empowerment
- The methodology used for formulation of schedule
- What could be the outcome of women-centric activities on woman and child? (The outcomes would act as interrupters to chronic poverty accepting the definition of chronic poverty as “inter-generationally transmitted”)
- Statistical tools used for data analysis
• Organization of the study
• Significance of the study

The implication of the present study lies in enlarging and strengthening of our understanding about the significance of capacity development for women’s empowerment. But at the same time the perspective of chronic poverty would lend us a lens to assess the scheme (GRC) aiming to combat poverty by mainstreaming women through capacity building.

Adopting a perspective on chronic poverty in evaluation of a scheme (GRC) would strengthen the understanding of correlates of chronic poverty which would help the policy designers in identifying ‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’ based on (Bhide & Mehta, 2006), (Krishna, 2003) in better and effective ways to promote women’s empowerment through capacity development. The forces which can assist households in finding an escape route from poverty and reduce driving forces that maintain persistent poverty would be identified. The pivotal significance of the study is to find correlates of chronic poverty which can prevent intergenerational transmission of poverty by reducing vulnerabilities to ‘child poverty’ through women’s empowerment.

Women’s empowerment is a complex process enabled by the institutions of the state as much as by the contributions of women through their movements. It is important to study the impact of such institutions on women’s empowerment so that their exact contributions can be identified. Helping these institutions gain awareness about their own functions would result in improvement of their own functions leading to overall improvements in women’s empowerment.

1.9. Organization of the Study

The present study is organized into six chapters to accomplish the goal.

Chapter one begins with a statement of the problem which provoked thoughts to undertake this study. It would also specify the aims and objectives of the study, location of the study area, literature review, criteria for the selection of GRCs, and for drawing the sample of respondents from both the groups living in slum areas, for assessing their empowerment using several indicators. Significance of study is also highlighted.

Chapter two provides a review of literature in three sections.

Section 1 would review a literature on chronic poverty by briefing various aspects of its measurements (the spell approach, the component approach) and how to identify chronically poor. It would revolve about the forces which create barriers in the transfer of resources which go into the making of capital formation from the older generation to the younger generation creating child poverty in the crucial stage of the child’s capacity development. The study would emphasize on the private transmission of resources on children, and advocate interventions at an early age of children and to prevent passing on intergenerational transmission of chronic poverty. The study would be
conducted to provide an insight to be applied for the evaluation of GRC from a perspective of chronic poverty.

Section 2 would begin with introduction of women’s low status, inequality, and disadvantages and then go on to relate the trajectory of development of women’s empowerment in literature which is reflected in policy making being adopted at national level, by explaining its meanings and different paths, the relationship between gender equality and reduction in poverty. It also deals with distinct path for gender equality and different indicators of measurement. Changing perception of women would also change the perception of community. It would result in better socialization of children who would better understand the significance of reducing gender gaps in three dimensions, which can improve quality of life of women and children and act as an interrupter of chronic poverty.

Section 3 begins with the focus on capacity building for women’s empowerment recognized as the instrumental means of creating interrupters to chronic poverty by Nations General Assembly in the early to mid 1990s. It explains the genesis of Gender Resource Centre as the outcome of a long journey, striving to focus on women’s empowerment through the consolidated efforts of GNCTD, to achieve the desired Delhi Development Goals which are in tune with United Nations’ MDGs (Millennium Development Goals 2000). Objectives and functions of GRC pre and post Mission Convergence, as a multi faceted component would be explained. This chapter further tries to explain whether the goal of women’s empowerment through such scheme can act as an interrupter to chronic poverty.

Chapter three would highlight the research methodology used in the present study for the selection of GRC/ location of the study, unit of application, identification of chronically poor, sampling unit including a framework for evaluation for GRC, gestation period or period of participation of beneficiaries, indicators to measure empowerment. It would also specify the formulation of schedule to collect qualitative and statistically useful quantitative data to materialize the aims and objectives. It would also deal with the outcome of women-centric activities on women and child (the outcomes would act as an interrupter to chronic poverty accepting the definition of chronic poverty as “inter-generationally transmitted”). It would also elaborate the statistical tools used for data analysis.

Chapter four is the chapter with the heading “Results and Discussions” which would concentrate on achieving the first objective of the study by using statistical methods (a quantitative technique) such as Chi-square test, percentage, means, along with qualitative inferences. It would also give a bird's eye view of economic, demographic, general, and social profile of 220 respondents. This chapter also contains a conceptual note on the term ‘household’.

Chapter five would address significant questions relating to measurement of the three dimensions of women’s empowerment. In-depth study requires qualitative analysis, therefore, this chapter deals with qualitative discussion as well.
Chapter six would deal with accomplishing the last objective of the study i.e. outcomes on women and children. It would Identify ‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’ observed in the course of quantitative and qualitative analysis of three objectives. Lastly, summary and conclusion would be given. It would draw recommendations on the basis of interpretations and qualitative findings and also in the light of literature review on three topics. It would end with explaining the scope for further studies or research.

1.10. Conclusion

The very first chapter contains an overview of the statement of the problem briefly, three key aspects of the study, the need of the study, the significance of the study, objectives and hypothesis formulation, research questions, an overview of steps for research and takes a snapshot of the organization of the study divided into six chapters.
Chapter 1

1. Under-nourished: - Under-nourished child is the one whose caloric intake is below the minimum dietary energy requirement (MDER)”. The MDER is the amount of energy needed for light activity and to maintain a minimum acceptable weight for attained height. (The Food Insecurity in the World, 2010).


3. Underweight: - It is used as a basic indicator of the acute malnourishment. According to WHO Child Growth Standard a child with weight-for-age z-score 2 Standard Deviation (SD) below the median refers to underweight child.

4. Stunted:- It is a good indicator of growth retardation reflecting chronic malnutritional status . According to WHO Child Growth Standards a child with height-for-age z-score 2 Standard Deviations (SD) below the median refers to a stunted child.

5. Wasted :- It is an indicator of recent failure of adequate nutrition and consequence of recent episodes of diarrhea and acute illness. According to WHO Child Growth Standard a child with weight-for-height z-score 2 Standard Deviation (SD) below the median refers to a wasted child.

6. Slums :- A slum household refers individuals living together who lack one or more conditions such as quality of structure and durability, access to civic amenities like safe drinking water and sanitation, and adequate living space. For details see UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME (UN-HABITAT) (2002).

7. ‘Well-being’ refers to by UNDP, HDR report on page 34 (2010), as an important component of human development which means “expanding people’s real freedom- so that people can flourish” (UNDP, 2010). (Minujin et al (2005), highlighted the obligation of parents and environment and global to ensure child’s well-being. It advocated interventions to stop childhood poverty to break the virtuous cycle of poverty. (Moore, Thinking about youth PovertyThrough the lenses of Chronic Poverty, Life-course and Intergenerational Poverty, 2005).


10. Hidden hunger: See in detail FAO,2010, Hidden hunger refers to a person who consumes enough calories but may be deficient in intake of essential micronutrients – vitamins, minerals and trace elements, may not be suffering from clinical symptoms of wasted body however it may be viewed as an infringement on the human right to adequate food (UNCESCR,1999).
11. Food security: FAO, 1996, states, "Food security exists when all people at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (FAO, 2010). It covers following four aspects namely availability of food, access to food, stable supply, and safe and healthy food utilization.

12. Caloric losses refers to a condition as explained by Rahman (2008), when people waste significant caloric intake because their bodies are unable to absorb food properly due to lack of water, sanitation and hygiene (FAO, 2010).


16. ‘Gender’ refers to socially constructed roles, which are likely to vary across societies and it evolves over time and change as societies develop, but is independent of economic growth. It is used differently to sex which being a biologically determined attribute, which is not easy to change.

17. Equity refers to equal opportunities available to an individual to lead a life of his/her choice and be able to be free from extreme deprivation in outcome. (W.D.R. 2006).

18. Gender mainstreaming: The Beijing Platform for Action 1995, highlighted gender mainstreaming as the mechanism for achieving gender equality.

19. Autonomy: Ability to self determination, independence and control over one’s life.

20. Vulnerable GRCs participated in one of the largest surveys undertaken by the community based surveys in jhuggies and resettlement colonies in Delhi and covered 42 lacks individuals. As discussed by Mission Director Rashmi Singh (2009), that by using the experiences of research at international level, a criteria using proxy indicators of income like spatial, social and occupational deprivations, was developed to identify vulnerable and potentially vulnerable households. Refer to GRC hand-book and Annual Magazines


(2010). *The State of Food Insecurity in the World*. FAO.


