

**A Policy Proposal on  
Gender Mainstreaming and Gender Responsive System in  
Education, Health and Unorganised Sector  
In Manipur**

**Submitted by  
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Gender Inequality is an important form of disparity existing in every country of the world. The UN Human Development Report's Gender Inequality Index (GII) — a measure of women's empowerment in health, education and economic status — shows that overall progress in gender inequality has been slowing down in the recent years. Thus measures to merge the existing disparities through appropriate policies and programs are mandatory in today's context. The result of discrimination and inequality based on gender has a direct correlation to the loss of growth and human development. So, Investing in women's equality and lifting both their living standards and their empowerment are thus central to the human development agenda and to achieving the Sustainable Development Goals (SDGs).

### **Gender Equality and Gender Mainstreaming**

Gender is an umbrella term used for describing the socially constructed characteristics of being a woman, man and third gender, while sex denotes the biological product of being born as a male and female. Thus sex is biologically given while gender is a social product. Every human society is gendered, even though in varied levels and modes, and it produces the concept of normality. An individual who is born either as male or female get socialised within the constructed and prescribed gender norm and learn the gender role. The role thus created produces an array of inequality which is unfair and unjust not only to the individual but also to the whole society in its growth and development. So, it is high time to achieve gender equality through appropriate measures.

Gender equality denotes the absence of discrimination on the basis of gender as being constructed and classified. As gender being a social construct, inequality shouldn't be created and promoted on the basis of such a construct. Here, Gender analysis identifies and informs the action to addresses the inequalities that arise from the different roles of gender, or the unequal power relationships that exist between them. It further gives the consequences of those inequalities on the lives, health and well-being of different genders. The inequalities that women face in most of the society makes them in having less access to and control over resources and not involved in decision making processes. Gender analysis in health often highlights how inequalities disadvantage women's health and often suffered extensively. Thus, the concept of Gender equity refers to fairness and justice in the distribution of benefits and responsibilities between genders. It recognises that women and men have different needs and abilities based on their biological differences. Such a difference should be well recognised for a better balance between the sexes through the process of Gender Mainstreaming and by supporting with a proper gender planning and budgeting

Gender mainstreaming by ECOSOC Resolution defines as "...the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men and women is not perpetuated. The ultimate goal is to achieve gender equality". It further states that "Mainstreaming gender is both a technical and a political process which requires shifts in organizational cultures and ways of thinking, as well as in the goals, structures and resource allocations. Mainstreaming requires changes at different levels within institutions, in agenda setting, policy making, planning, implementation and evaluation. Instruments for the mainstreaming effort include new staffing and budgeting practices, training programmes, policy procedures and guidelines". So, Gender planning and budgeting is an important aspect in the process of gender mainstreaming. It acknowledges the gender patterns and inequalities that prevails in a society and develops policies/programs to mitigate those inequalities and allocates money for a positive change towards a more gender equal society. It includes taking into consideration of sex and gender perspectives. Sex Perspective requires the government to understand the biological differences and ensure policies and programs to address those needs with adequate financing. While Gender Perspective entails the government to go with its vision to achieve gender equality by planning, designing and executing program to achieve the goals of addressing the inequalities.

### **Understanding the Context of Manipur and the need for a Gender Policy**

Census 2011 counted the state of Manipur with a population of 2,570,390 in total having male population of 1,290,171 and female population of 1,280,219. Thus women form almost half (49.8 per cent) the entire population of the state. However, there exists a prominent and considerable gap in the performance outcome of the indicators identified to measure the relationship between the gender equations at a given point of time.

United Nations Statistics Division (UNSD) has developed a minimum Set of Gender Indicators through Inter-Agency and Expert Group on Gender Statistics (IAEG-GS) to understand the gender relations at different levels. The indicators as developed are organized into five domains namely –

- (i) Education
- (ii) Health and related services
- (iii) Economic structures and access to resources
- (iv) Public life and decision-making and
- (v) Human rights of women and child.

Each domain is further constituted by a number of sub-domain which in total counts with 52 indicators. So, moving along the line, it is very important to understand and analysed the context of gender relation in Manipur to come up with appropriate interventions for the growth and overall development of the state in a justified manner.

Table 1: Manipur: Composition of Female in Total Population and Sex Ratio				
Sl. No	Particulars	Rural	Urban	Total
1	Women Population (%)	49.21	50.64	49.63
2	Sex Ratio :			
	Total	969	1026	985
	0-6 Years	931	949	936
	Adolescent (10-19 years)	954	998	966
	Youth (15-24 years)	988	1042	1002
	Reproductive Age (15-44)	995	1054	1012

*Source: Census - 2011*

Education is one of the core indicators in measuring the development index of a state, nation or a region. The overall performance and minimal gap between the genders in the literacy level and higher education system is very crucial and has an immense impact in the decision making power of the constituting population.

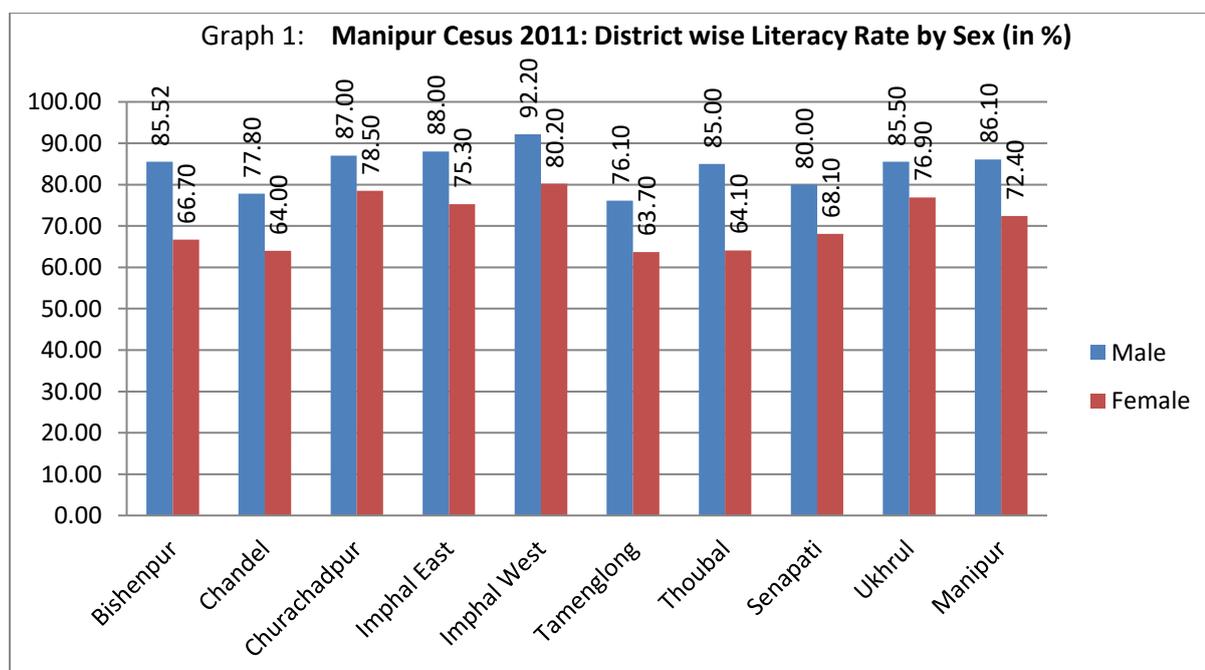


Table 2: Female Literacy rate in Manipur & India			
Sl. No	Particulars	Manipur	India
1	Female age 6 years & above who ever attended school (%)	81.7	68.8
2	Women (age 15-49) who are literate (%)	85.0	55.1
3	Women (age 15-49) with 10 or more years of schooling (%)	45.9	22.3

*Source: NFHS-4, 2015-16*

Table 3: Schools with Separate Girls Toilet in Manipur & India			
Sl. No	Categories	Manipur	India
1	Separate Provision, Unlocked & Usable	15.4	66.4
2	Separate Provision, Unlocked & Not Usable	5.2	11.7
3	Separate Provision but Unlocked	15.4	10.5
4	No Separate Provision	64.0	11.5

*Source: Annual Status of Education Report (ASER), 2018*

Table 4: % Gross Enrolment Ratio in Higher Education in Manipur by Sex (18-23 Years)				
Sl. No	Particulars	Male	Female	Total
1	Manipur	33.6	33.8	33.7
2	India	26.3	26.4	26.3

*Source: All India Survey on higher Education Report 2018-19*

Table 5: Number of Females per 100 Males in University Education in Major Disciplines (2015-16)		
Sl. No	Stream	Female %
1	Arts/ Humanities, Social Science	111.6
2	Engineering & Technology	38.7
3	Commerce	85.9
4	Science	89.1
5	IT & Computer	77.2
6	Medical Science	157.1
7	Management	59.6
8	Law	45.9
9	Others*	122.3

(Others\* includes Agriculture, Education, Indian language, Foreign language, Oriental learning, Home Science, Fine Arts, Physical Education, Library Education, Fisheries etc.)

*Source: Directorate of Higher Education, MHRD*

Table 6: Average expenditure (Rs.) relating to basic course per student pursuing general course during the current academic year for each level of current attendance in India				
Sl. No	Category	Male	Female	Differences
1	Pre-primary	9,475	8,405	1,070
2	Primary	6,365	5,591	774

3	Upper Primary/middle	7,273	6,367	906
4	Secondary	9,516	8,376	1,140
5	Higher Secondary	15,077	12,221	2,856
6	Diploma/Certificate below graduate	14,197	9,510	4,687
7	Diploma/Certificate graduate and above	18,411	11,296	7,115
8	Graduate	14,228	14,313	-85
9	Post Graduate and above	18,103	18,119	-16
10	All	8,797	7,742	1,055

Source: NSS 75th Round July, 2017- June, 18

Table 7: Gender Parity Indices (GPI) of Manipur

Sl. No	Year	Primary	Secondary	Higher Education
1	2015-16	1.03	0.99	0.91
2	2016-17	1.00	1.00	0.94
3	2017-18	0.99	1.03	0.91

Source: U-DISE (2015-16) (2016-17) (2017-18)

In Manipur, the percentage of women (age 15-49) having achieved 10 years or more in schooling as well as percentage of women (age 18-23) enrolled in Higher Education system is very low and needs to improve through especial measures.

When it comes to the health sector, Maternal and child health is given special importance in the Sustainable Development Goals and the on-going Post Development Agendas. Besides women and child health is also an important social indicator in understanding the gender equation and also the overall welfare.

Table 8: Number per 1000 of persons treated as in patient during last 365 days

	Male	Female	Person
Manipur	20	21	21
India	28	29	29

Source: NSO, 75th Round, July 2017 - June 2018

Table 9: Average Medical Expenditure incurred for Treatment during stay at hospital per case of hospitalization (in Rupees)

Sl. No	Hospital Types	Particulars	Rural	Urban	Total
1	Public Hospital	Manipur	5932	9051	6944
		India	2726	3954	3061
2	Private Hospital	Manipur	60361	39541	49784
		India	45023	57549	50380
3	All (NGO, Trust run etc)	Manipur	14170	17505	15366
		India	13310	25235	17141

Source: NSO, 75th Round, July 2017 - June 2018

Sl. No	Table 10: Women Health Indicators	Manipur	India
(A)	<b>General Health</b>		
1	Women (age 15-49 years) whose Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m <sup>2</sup> )14 (%)	8.8	22.9
2	All women age 15-49 years who are anaemic (%)	26.4	53.1
3	Women Age 15-49 Years Who Have Ever Undergone Examinations of:		
	(i) Cervix (%)	17.2	22.3
	(ii) Breast (%)	4.3	9.8
	(iii) Oral cavity (%)	15	12.4
(B)	<b>Fertility &amp; Family Planning</b>		
1	Total fertility rate (children per woman)	2.6	2.2
2	Use of Any modern Family Planning Methods (currently married women age 15-49 years)	12.7	47.8
3	(a) Female sterilization (%) (b) Male sterilization (%)	3.1 0.1	36 0.3
4	Total Unmet Need for Family Planning (currently married women age 15-49 years)	30.1	12.9
5	Health worker ever talked to female non-users about family planning (%)	8.7	17.7
<i>Source: NFHS-4, 2015-16</i>			

Sl. No	Table 11: Maternity Healthcare	Manipur	India
1	Mothers who had at least 4 antenatal care visits (%)	69.0	51.2
2	Mothers who had full antenatal care (%)	33.9	21.0
3	Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.2	30.3
4	Registered pregnancies for which the mother received Mother and Child Protection (MCP) card (%)	32.8	89.3
5	Institutional births (%)	69.1	78.9
6	Institutional births in public facility (%)	45.7	52.1
7	Mothers who received financial assistance under <i>Janani Suraksha Yojana</i> (JSY) for births delivered in an institution (%)	26.2	36.4
8	Average out of pocket expenditure per delivery in public health facility (Rs.)	10,348	3,197
<i>Source: NFHS-4, 2015-16</i>			

Sl. No	Table 12: Child Healthcare and Health Insurance Coverage	Manipur	India
1	Infant mortality rate (IMR) (per 1,000 live births)	22	41
2	Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)	65.8	62
3	Children under age 5 years whose birth was registered (%)	64.8	79.7
4	Households with any usual member covered by a health scheme or health insurance (%)	3.6	28.7
<i>Source: NFHS-4, 2015-16</i>			

The cost of accessing to healthcare services in Manipur is very high considering the per capita income of the state. Besides, intervention program in women and child healthcare services is very important considering the high anaemic level, unmet demand of modern family planning methods etc and low antenatal care (full), maternal-child health card, institutional delivery, financial assistance through JSY etc. The state accounted with 39 Maternal Mortality Rate (MMR) as reported in Manipur Vision 2013 by Government of Manipur, which is very high. Besides the Infant Mortality Rate (IMR) is very high and the percentage of fully immunised children in the age group 12-23 months is very low. Also, only 3.6 per cent of the total household is covered by a health scheme or health insurance.

When it comes the economic earning and labour participation, women in Manipur are lagging much behind to the men. Women are also not contributing much in the labour force as their work for household core is not counted and remain unpaid.

Table 13: Worker Population Ratio For Persons Aged 15 Years & Above (in %)				
Particulars	Rural		Urban	
	Female	Male	Female	Male
Manipur	18.7	65.3	22.3	60.9
India	23.7	72.0	18.2	69.3

*Source: PLFS, NSO, July 2017 - June 2018*

Table 14: Manipur Labour Force Participation Rate: 2017-18		
Category	Rural	Urban
Female	16.8	19.8
Male	54.7	51.3

*Source: PLFS, NSO, July 2017 - June 2018*

Table 15: Average Wage Earning (in Rs.) received per day by Casual Labourers in Works (other than Public Works) in Manipur by Sex			
Time Period	Sex	Rural	Urban
Jan-Mar, 2018	Female	200	286
	Male	327	342
Apr-Jun, 2018	Female	185	263
	Male	292	347

*Source: PLFS, NSO, July 2017 - June 2018*

Even among the participating women casual labourers, there exists a huge margin in the average wage paid to the participating male casual labourers. However, it is

reported in Manipur Vision 2030 report by Government of Manipur that the contribution of women in unpaid productive household work is very high and thus the average work hour contributed by women, in both hills and valley area, is more by above 50% to the share of men.

In the area of women's participation in household discussion and decision making, it is reported that 96.2 % of married women participate in their household discussion (NFHS-4). However, it is still questionable whether their opinion is considered and counted during the discussion. In public domain also, the representation of women is comparatively very low even though *Meira Paibi* and other women organisations play an active role in the social front. Reports argued about the large number of women representative in *Panchayati Raj* institution but it is only resulted from the imposed system of women.

**Table 16: Manipur: Women participation in 17th Lok Sabha**

Sl. No	Particulars	Number
1	Total Seat	2
2	Women MPs	0
3	% women	0

*Source: Election Commission of India*

**Table 17: Manipur State Assembly & women elected**

Sl. No	Particulars	Result
1	Year of Constitution of the State/Assembly	1972/1967
2	Term	11
3	Year of Assembly Election	2017
4	Total Elected	60
5	No of Male Elected	58
6	No of Female Elected	2
7	% Women	3%

*Source: Election Commission of India*

**Table 18: Manipur: Women Judges in Supreme Court and High Courts**

Sl. No	Particulars	Number
1	Approved Judge Strength	5
2	Permanent	4
3	Additional	1
4	Male	4
5	Female	0

*Source: Department of Justice, Ministry of Law and Justice*

Another important indicator on understanding the gender equation is the criteria of women empowerment. Here women participation to household decision making, access to resources – economic, banking, technology etc are usually considered. Besides, women facing violence and crime are also considered as an important indicator. In Manipur, a large population of women (53.1%) are reported to have experience of spousal violence. Also, crime against of women or making women to involve forcefully is reported in considerable numbers as per the report by National Crime Record Bureau, Ministry of Home Affairs.

<b>Table 19: Women’s Empowerment and Gender Based Violence (age 15-49 years)</b>			
<b>Sl. No</b>	<b>Particulars</b>	<b>Manipur</b>	<b>India</b>
1	Currently married women who usually participate in household decisions (%)	96.2	84.0
2	Women who worked in the last 12 months who were paid in cash (%)	40.9	24.6
3	Women owning a house and/or land (alone or jointly with others) (%)	69.9	38.4
4	Women having a bank or savings account that they themselves use (%)	34.8	53.0
5	Women having a mobile phone that they themselves use (%)	63.1	45.9
6	Women age 15-24 years who use hygienic methods of protection during their menstrual period <sup>18</sup> (%)	76.1	57.6
7	Ever-married women who have ever experienced spousal violence (%)	53.1	31.1

*Source: NFHS-4, 2015-16*

Thus, considering the indicators as discussed under different categories, it can be concluded that gender inequality is still prevalent and relevant in the state of Manipur and the existing gap needs to be merge through an appropriate action guided by a proper policy. Such a policy need to address the existing issue of literacy and skill development. Being a state prevalent with patriarchal social system, women, in general do not own immovable resources independently and majority still works in unorganised sectors to support their family and livelihood. They do not have any women specific social security scheme in terms of healthcare and wellbeing other than the existing maternal and childcare benefits which is also not getting benefit extensively. Besides, reproductive health and rights is a big concern with high prevalence of unawareness and lack of decision making power. In above of all, crime involving or in against of women is increasing in the state. So, it is very important for the state to have a State Gender Policy with a proper gender budgeting for gender mainstreaming.

## **Manifesting forms of Gender Inequality**

- i) Unequal literacy outcome
- ii) Poor health of women and children
- iii) High rate of morbidity
- iv) Unequal representation in labour force and paid work
- v) Unequal average daily wage
- vi) Unequal access to rights and resources
- vii) Unequal decision making power
- viii) Unequal representation in public domain
- ix) Increased in feminisation of poverty
- x) Increased incidences of gender based violence
- xi) Forced involvement of women in unwanted activities

## **Objectives for the Gender Policy**

- i) To address the existing issues of gender inequalities
- ii) To make the curriculum and education system gender sensitive
- iii) To empowered women and third gender through proper education and skill development program
- iv) To improve health and welfare for women and children
- v) To provide social security on women health
- vi) To create a gender responsive Unorgaised sector
- vii) To improve women participation in decision making
- viii) To incorporate gender component in the existing program
- ix) To create a gender sensitive Monitoring and Evaluation (M&E) system
- x) To have policies directed toward gender mainstreaming

## **Action areas identified to minimise gender inequality**

- i) A gender sensitive curriculum and system of education
- ii) Empowering women and third gender through education and Skill development programmes
- iii) Addressing women and third gender health and wellbeing
- iv) Addressing women reproductive rights and mental health
- v) Recognising and paying women work in unorganised sector
- vi) Directing policies, programmes and legislations gender sensitive
- vii) Gender budget, planning, implementation and audits
- viii) Revision and recommendations based on the evidences created
- ix) Promoting research on gender equation and mainstreaming

## **Guiding Principles to Gender Policy and its implementation**

### **1. GENDER EQUITY AND EQUALITY**

The policy is based on the principle that women, men and third gender are equal in all respects as a human. So, there should be no inequality and discrimination based on the social construct. There must be fairness and justice in the distribution of benefits and responsibilities between genders.

### **2. RIGHTS BASED APPROACH**

It is a right for every human to live with full dignity and conviction; and it is also a right for an individual to participate in deciding one's own path and future. Social constraints and constructs must not curtail one's right.

### **3. AFFIRMATIVE ACTION**

For the suppressions and sufferings as imposed by a system, measures to reconstruct and supportive actions are required and justified. So, appropriate programmes to bridge the existing gaps and correct the inequalities are very important.

### **4. ACCOUNTABILITY AND TRANSPARENCY**

The policy and its associated program would be fruitful only when it is implemented and reaches the needy person for whom it is meant for; and when the outcomes are visible only through an open system of communication.

### **5. ACTION BASED ON EVIDENCE**

The policies and programmes need modifications and changes with time and phases. However, all the changes and recommendations to be incorporated must be based on the evidence created and collected from the grassroots level.

## For a gender responsive system of Education and Skill Development in Manipur

According to UN Human Development Report 2019, India stands at 129<sup>th</sup> rank in HDI with 12.3 years (18.1 years for Norway) of schooling that a child of school entrance age can expect to receive if prevailing patterns of age-specific enrolment rates persist throughout the child's life. By 2030, it is expected to ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university. It is also reported that the Gender Inequality Index (GII) for India is 0.501 while the average value for the world read as 0.439. So, gender inequality in India is much higher than the world average.

So, a gender policy in education and skill development is much required to merge the existing gap and attend gender equality and equity. It is also required for women empowerment to understand the rights, deserve power and position to live a dignified life. So, it needs to look into the existing policies and incorporate changes required to make it engendered.

### **Objectives:**

- (a) To makes education system gender sensitive
- (b) To access girls and third gender to affordable and quality education compulsorily till secondary level
- (c) To promote higher education, functional literacy and skill development among girls, women and third gender

### **Goals of Gender Policy in Education and skill Development:**

- (a) An universal enrollment and access for every girls to pre-school education system
- (b) A Gender-aware and Gender-equal curriculum
- (c) A system of education equipped with facilities required to addresses the biological needs of girls and women
- (d) A system free from discrimination of girls, women and third gender

- (e) Parents and guardians of every girl child and third gender legally responsible for the completion till secondary classes
- (f) A system promoting access to higher education and research of girls and third gender through reservation process
- (g) A system with adequate and appropriate skills development program for girls, women and third gender
- (h) A system addressing the existing rural-urban divides and its needs through systematic monitoring and research processes

**MEASURES to achieve the stated objectives requires specific recommendations to be incorporated in the existing system of primary, secondary and tertiary system of education besides giving importance to adult education, functional literacy and skill development programs. The changes and modes as required to be incorporate are following as:**

1. Cent percent enrollment to schools, whether Government, Private or others; and access education till completion of Senior Secondary classes for all girls and third gender. Government must ensure in providing the government facilities and infrastructures while parents/guardians must be legally responsible to enroll their children, whether in Government, Private or others according to their choices.
2. No drop-out of girls and third gender till the completion of Senior Secondary classes. It must be ensure and legally responsible by the parents and guardians.
3. Girls and third gender who are below 18 years of age and not enrolled or drop-out must admitted into –
  - (a) Age appropriate classes if the child is within the age group 06-14 years
  - (b) In cases of children between 14-18 years of age, s/he must attained a school to the classes appropriate or unable to passed in previous attempt; and tried with full support and guidance from the school authority to complete the Senior Secondary classes
4. Differently able girls and third gender below 18 years of age must also incorporate with rule no 1, 2 & 3. Their circumstantial needs must be

reported and addressed by Block Education Officer (BEO) with appropriate facilities and system, within a stipulated time from the date of reporting as decided by the department of education.

5. In any circumstances with difficulties to meet the stated rules – 1, 2, 3, and/or 4, the responsible parents or guardians must report the case to the concern Block Education Officer (BEO) and the official must take appropriate actions specific to the case within the stipulated time as decided by the department of education. In its best possible level the child must be bring back to the school system. Otherwise, s/he must be certified with the clear reasons for not able to complete the school system. Such a certified girl or third gender child must then be enrolled to appropriate skill development program.
6. If the concern BEO don't take up the cases or addresses the issues as reported for not being compliance with the rules as stated from 1-5 within the stipulated time, then the concern parents/guardian must take the complaint to the District Education Officer, and if not fulfilled then to the higher authorities as Department of Education and Education Ministry.
7. Review and revise curriculums, syllabuses and TLM.  
The state must ensure to develop and imposed a Gender-aware and Gender-equal curricula from the junior classes. Gender sensitive syllabus with emphasis on 'positive masculinity' and consent class ('No means No; Yes means yes'), making school gender neutral must be incorporated with teachers being the change agents (through teacher training program)
8. Opportunities for recreation and every student's participation in extra-curricular and cultural activities must be promoted. Such a system is possible only when activities are conducted as a routine process and includes in the weekly school time table instead of going with the existing system of such activities being conducted usually during functions/celebrations/events where only some selected students performs.
9. Separate usable Girls and Neutral toilets (for Third Gender) must be made mandatorily available in each institution whether government, private or others. Neutral toilet may not be necessary in primary schools.
10. Bullying and sexual harassment, in any form, must be strictly prohibited. Such a case must be monitored and address very effectively and sensitively

whether complaint or not. It has a great impact on the lives and education of girls and third gender especially during the teenage period and is turn out to the one of the important reason for drop-out or having no interest in school system. In its extreme forms, Bullying and sexual harassment leads to incidents of physical abuse, suicide or murder.

As the policy (rule no 1, 2 and 3) demands compulsory completion of each girl and third gender child till secondary classes, the issues of bullying and sexual harassment needs to be taken very seriously. So, every school, whether government, private or other, must have a Counselor and conduct group as well as individual counseling regularly.

Also, a cell must be compulsorily open in each school to observe, complain, response and address the cases of bullying and sexual harassment where Counselor is the main point person.

11. Except with Pre- and Primary school, all academic institutions and training centers must have a separate and clean Emergency rest room for girls equipped with menstrual kits, basic medicine and some extra pair of institutional uniform. If possible, it must have an attached toilet with clean running water. The room must be kept in open and accessible during the whole functioning hours of the institution/center.
12. Monitoring and evaluation by the School Management Committee, Civil Society Organizations, Student Organization, Community based organizations, Mothers groups, SHGs etc should be encouraged. At the same time, their observation and recommendations must be discussed for its feasibility and be responsive, whether modified or accepted or not accepted.  
The ideas of school being own by community was much appreciated, theoretically and politically, but with a least positive outcomes and lack of mass participation as expected practically. One of the main reasons for such an outcome is the improper/inadequate consideration of their findings or not redressing their complaints properly. So, the involvement of third parties must be encouraged by linking directly with Block Education Officer (BEO) and holding monthly meeting to discuss and consider their observations and findings.
13. Expansion for ensuring access to quality Higher/technical education to girl and third gender students must be supported and encouraged through reservation of seats during intake/admission process.

14. Information and communication technology (ICT) serves as one of the core component in today's - educational system as a tool, in measuring capability of an individual or even as communication channel for awareness and empowerment program as well as processes which is very poor among women and third gender. Also, there exist a visible gap in ICT based on Rural-Urban differences, socio-economic variations and impact of gender construct in a society. So, the existing disparities must be removed through special program for women and third gender on ICT by collaborating with government as well as private institutes at rural and urban locations since movement to central locations turns out to be a challenge for women as well as third gender.
15. Distance education and Community College provides an opportunity to access with higher education and skill development program to women. Besides, many of the third gender who is engaging with professions having economic returns to support families or self are empowered through courses in Community colleges and achieve higher education through distance learning. So, universities and academic institutions should be encouraged to launch online distance education courses and/or weekly contact classes to promote higher knowledge system, skill development and entrepreneurship among women and third gender.
16. Adult literacy program must be review, renew and expand with the measures to maximize women and third gender participation at grassroots level. Program must focus to functional literacy and economic independence; and must go in collaboration with the existing government schemes and non-government grassroots development programs. Aligning with the basic theory of adult teaching and learning processes (Andragogy), the content of program must focus on practical applicability and problem solving and thus concentrate on areas like: life skills, financial literacy, entrepreneurship, rights and law etc. The program must understand and molded accordingly as per the existing rural-urban divides and also infrastructural inadequacy. So, to minimize the issue, the program must go in association with existing government/private schemes, programs and bodies like NRLM, MGNREGS, women groups, associations, organizations etc

17. Within the existing system of Pre-School, Primary, Secondary and Higher & Technical Education System following changes should be incorporated to minimize the existing gender gap.

**(A) Pre-School Education:**

- i) Every girl child must compulsorily attend a pre-school system, whether government, private or other, before enrolling to a school. It is very important as a preparatory stage to improve children's communicative and cognitive skills before entering into a school system.
- ii) A manual on the standard rules and regulations for establishing and running a pre-school facility must be developed by the state government and every pre-school facility must strictly adhere to it.
- iii) Regular and systematic efforts to sensitize parents and community members at grassroots level should be made for the enrolment of girl child to pre-schooling system and it should be worked in grassroots level by collaborating with the existing Angalwadi centers.
- iv) A mechanism must be developed to address the needs and issues facing by Angalwadi centers to strengthen the existing system. All the current requirements in terms of basic facilities and materials must be fulfilled.
- v) Field based systematic monitoring and evaluation norms of the existing system must be developed
- vi) All the data on Angalwadi Centers should be made available online for transparency and accountability.
- vii) Information of all children enrolled to pre-school system, whether Government, private or other, must be made available to the public through a common portal.
- viii) A public platform for complaint and recommendation in the existing pre-school system must be created. All the complaints and recommendations must be taken into consideration and redressed quickly; and thus required to have an assigned unit at district level.
- ix) Angalwadi workers should collaborate with ASHA and other local bodies to track and make compulsory enrolment of every girl child to an Angalwadi center or to any other pre-schooling system according to the choice of the child's parents/guardians. However, it must be compulsory and legal responsibility for each parent/guardian to enroll a child to a pre-school system.
- x) A proper field based research unit must be established and it should accumulate the data; and actions must be made based on the evidences thus created.

- x) Resources, in terms of human and materials, allocated through government pre-school system must be utilized properly considering the existing rural-urban divide in access of Angalwadi facilities. The excess resources could be used for the purpose of awareness creation, monitoring, evaluation or as support system within or outside of the ICDS program.

### **(B) Elementary Education:**

- i) Every girl child attaining the age of 06 years or above must compulsorily enrolled to a school whether government, private or other. It must be the legal responsibility of parents/guardians to enroll the girl child to school.
- ii) Right of Children to Free and Compulsory Education (RTE) Act, 2009, ensures free and compulsory education to all children till the completion of elementary classes to a neighboring school. Implementation of quality elementary education for all children including differently abled children and other marginalized children must remain a priority besides making each girl child to attain a school.
- iii) Government should made every possible effort to effectively implement the RTE Act, 2009 by using the education cess particularly in addressing the infrastructure gap, availability of adequately trained teachers, promoting safe and inclusive school environment etc. in remote and tribal areas.
- iv) Retention of adolescent girls and third gender in schools should be given much priority with provision of gender friendly facilities like functional girls' toilets, neutral toilet, anti-bullying and anti-sexual harassment committee, sick room equipped with menstrual kits, counseling etc.
- v) Sexual and reproductive health and gender education must be one of the primary component in syllabus of middle standard classes (std. VI, VII & VIII)

### **(C) High school and Secondary Education:**

- i) Emotional Quotient (EQ) and social communication must be incorporated in the syllabus as a component of High School education system
- ii) Promotion of skill development, vocational training and life skills as a part of the secondary school education curriculum for adolescent girls and third gender must be given importance.
- iii) Distance from schools, especially secondary schools is an important factor that impacts enrolment and retention of girls in schools particularly in

rural and remote areas and consequently hampers girl's access to education. So, innovative transportation models should be developed for girls such as cluster pooling through buses irrespective of school, and concession or reimbursement in local transport system like tempos, autos, magic etc.

iv)As Secondary Schools are not available in every locality, hostel facilities which are conducive to educational environment should be compulsorily made available to every girl and third gender students who seeks.

#### **(D) Higher & Technical Education**

i) Enrolment and completion of girls, women and third gender at higher education institutes and other professional/technical institutes should be given much importance through adequate mobilization and support facilities.

ii) As institutes of Higher & Technical Education are not available in every locality, transportation and hostel facilities which are supportive to educational environment should be compulsorily made available to every girl and third gender students who seeks.

iii)Major constraints that prevent women and third gender from accessing higher and technical/scientific education should be identified and they must be encouraged to take up new subject choices linked to career opportunities.

iv)Girls and Third gender should be especially encouraged to take upon academic research by keeping reservation and giving additional non-NET/JRF scholarship.

v) An inter-sectorial plan of action should be formulated for encouraging the enrolment of women and third gender in professional/scientific courses, by provision of financial assistance, coaching, hostels, child care provisions etc.

18. Monitoring and Evaluation: Within the department assigned for intervention, a separate unit must be created at district level for a strategic monitoring and evaluation of the program in its grassroots level. As the success of the program depends on the proper monitoring and evaluation, the unit created should collect and analyze the data; and recommendation should be made strictly based on the resulted data of monitoring and evaluation.

19. Implementing the measures stated for gender equality and equity in

education and skill development would require resources – financial, human and infrastructural. So, it is mandatory for the government to have a separate section and budget specifically assigned for the program within the education department, department of women and child development and department dealing with vocational and skill development. Moreover, the visible impact is possible only when interventions are made through short term, middle term and long term action strategy.

20. Sustainability is again one of the very big issues in most of the schemes or programs as the expected result are not visible at grassroots level in long run. Many a times, the program even fails to achieve its structural framework and requirements and thus skewed the overall functioning. Thus a regular audit of the accounts and proper distribution of funds and subsidies must be incorporated by the Department of Education. It is also required to revise the incentives and subsidies that are being offered to promote education and skill development for women and third gender.

21. All the scheme and program must follow and applied in a mission mode approach where there should be a clearly defined objectives, implementation strategies, timelines and milestones with measurable indicators. Such an approach could easily make the necessary changes at each step by crosschecking with the indicators expected and thus could achieve the overall goal

## For a Gender Responsive Healthcare System in Manipur

Health is defined as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ by World Health Organisation (WHO). The definition which conceptualised health a human rights explicitly link with wellbeing, and has components not only physiological but also psychological and social. Thus mental health is also an integral part of being in the state of good health. In the general healthcare system, gender component is very important considering the existing gender inequalities, not only for girls and women but also for the third gender.

**Objective:** To empower girls, women and third gender to lead a healthy life by ensuring an access to appropriate, affordable and quality healthcare services

**Goals:** To achieve the objective stated, the proposing state policy for a gender responsive healthcare system in Manipur has the following goals

- 1) To ensure each girl child universally vaccinated and properly nutrient for a healthy growth and development
- 2) To make health record available publicly for every girl child for a timely and appropriate interventions
- 3) To create a separate Healthcare Unit in each District Hospital and PHCs to provide awareness, guidance, support and intervention to girls, women and third gender health issues and requirements
- 4) To make quality healthcare services facility universally available to all girls, women and Third gender
- 5) To make the available quality healthcare services facility affordable
- 6) To create a basic social security net in the form of Health Card for girls, women and Third gender
- 7) To address the issues of mental health for girls, women and third gender properly and adequately

Achieving the goals stated requires strategic interventions and collaborations between departments and also need a proper redistribution and management of the resources available. Not to make gender as the causes for poor health and development among girls, women and third gender, there is also a need for life stage specific interventions as the health demands and biological requirements varies according to different stages in life of an individual. So, the proposing interventions to the existing healthcare system follow as:

**(a) General Healthcare for Young Girl**

i) Birth, Vaccination and Nutrition of Girl Child:

- a) An open online registration system must be created and registration for the birth of each girl child (and also for boys) must be made within 3 days of each life birth. The process of registration must be coordinated and managed by ASHA of the specific locality as she is dealing with and having information of all pregnancies within her assigned area.
- b) Details vaccination specific record for girls (and boys) must be made available online and the assignment has to be coordinated and managed by ASHA of the specific locality. Such a system would ensure universal vaccination of each girl child and also would reduce the confusion as reported by many parents.
- c) Aadhar Enrolment for each girl child must be done within the age of 02 years and it is to be coordinated and managed by ASHA. Information of Aadhar enrolment must also be made available online.
- d) ICDS program as the preparatory stage for school also has health and nutrition component.
  1. Angalwadi workers and helper must follow each girl child in their locality through online record available and inform the parents of age appropriate children to enrol in a pre-school system weather private or government.
  2. Enrolment to pre-school weather private or government must be accompanied with Aadhar
  3. Base on the exact number of children enrolled, items should be properly and adequately distributed to each Angalwadi Centre

4. High-weight and general health record of each child must be maintained online by Angalwadi Worker
  5. All the available facilities and items distributed in each centre must be made available online with details
- ii) Research, monitoring and evaluation team must be separately created at district level to locate, visit, meet and check the functioning of - ANMs, AWWs, AWHs, ASHAs etc. Base on the data created and updated an appropriate management and actions must be taken to manage the existing rural-urban divides in the availability, functioning and requirement of the services adequately.

**(b) General Healthcare for Adolescent Girls & Third Gender**

- i) HPV (Human Papilloma Virus) vaccine must compulsorily be given to each girl child to prevent from different types of sexually transmitted infections and cervical cancer
- ii) School based special program on adolescent health, hygiene and care should be made as a compulsory part of school curriculum (in Std. VI, VII & VIII) through demonstration and practical know-how knowledge
- iii) For out-of-school girls, ASHA should organised awareness program on adolescent health, hygiene and care on the first Sunday of every month
- iv) Menstrual hygiene must be made sensitised to all the boys and girls in school; and basic menstrual hygiene kits must be made available to every school along with a room for emergency service and an assigned well-informed female staff.
- v) Adolescent sexual and reproductive health and the needs must be address in all health centres and hospitals by opening a specific unit in which counselling is made to be an integral part. It also must have a section and give importance to the sexual health and socio-cultural problems as encountered by the Third gender.
- vi) Teen pregnancy and its impact must be made aware through school based special program, ASHA and hospital counselling. Also, the cases of Teen pregnancy must be address by special unit opened through (b.v) and reported to the concern District Child Protection Unit (DCPU).

- vii) Early marriage must be stop in any case. To ensure appropriate legal age for marriage, every marriage must be registered and get approval from respective Registrar office of the concern district and the information must be shared with the concern District Child Protection Unit (DCPU). If not, the case must be deal by DCPU in association with the women police station under the jurisdiction

### **(c) Healthcare for Married, Pregnant and Lactating Women**

- i) A separate unit for Reproductive healthcare, family planning and counselling must be open in all primary healthcare centres and district hospitals
- ii) Maternal deaths are concentrated in low-income countries, being related primarily to lack of access to essential health services (World Health Statistics, 2019). MMR and IMR is to be made Zero. The outreach and capacity of the frontline workers like ASHAs, ANMs, Anganwadi workers and the number of trained skilled home birth professionals with supportive supervision is to be increased in remote and backward areas.
- iii) Each pregnancy must be registered to a common portal system through ASHA
- iv) A system to remind and make compulsory hospital visit by pregnant and lactating women for Anti Natal and Post Natal services must be developed through automatic mobile reminder message according to the register information as on (c.iii).
- v) Cases of miscarriage and terminated pregnancy must be informed by ASHA and a proper record must be maintained online. Such a record may only be accessible by healthcare service providers. It is very important to maintain the record as frequent cases of miscarriage or pregnancy termination by a woman might require medical intervention or other form of support. Such a case should be deal by Reproductive healthcare and counselling centre
- vi) Nutrition is one of the main concerns for women who are in the later phase of pregnancy and post-delivery stage. So, all the registered pregnant women belonging to BPL households must be provided with additional basic food grains and nutritious supplements for 60 days by the 9<sup>th</sup> month of each pregnancy. The process must be coordinated by

ASHA in association with CAF&PD through local PDS agents

- vii) Referral Transport System (RTS) for safe deliveries as well as emergency obstetric care must be made available in all areas especially in remote and isolated areas. So, based on the population and coverage area, adequate number of ambulance vehicles must be stationed at the PHCs.
- viii) Institutional delivery must be made compulsory for birth of each child. For every non institutional delivery, the ASHA of the concern area should submit a written report explaining the reason to the concern district hospital
- ix) Record on the numbers of Anti Natal and Post Natal home visit made by ASHA should be collected through mobile GPRS tracking apps.
- x) A gender transformative health strategy that recognises women's reproductive rights with shifts such as family planning focus from female sterilisation to male sterilisation is to be developed and implemented through Reproductive healthcare and counselling centre located at each hospital.

When a woman/couple approach to a healthcare institution for permanent sterilisation procedure, the institution must first refer the case to the Reproductive healthcare and counselling centre located at each hospital. Here, counselling must be conducted for the couple (if husband is alive) and maximum effort has to be made to shift into male sterilization (from the usual societal norm of female sterilisation) as it is medically less complicated and cost lesser.

#### **(d) Healthcare for Menopause and Old Age Women**

- i) Menopause is a stage which every woman has to go through and associates with hormonal changes and other physical conditions that need medical attentions. However, considering the other responsibilities and problems of life and family, most of the issues are generally considered as natural and dismissed. In this phase, most of the women face physical and emotional health problems like osteoporosis, cardiovascular diseases, depression etc. However, there is a lack of concerns and healthcare interventions especially focus at this stage of women life. So, a special unit must be open in all

government hospital to check, deal and provide appropriate healthcare services to women in their menopausal age. Also ASHA should play an active role in creating awareness and leading women to the unit for health check-up and appropriate healthcare interventions.

- ii) Geriatric health care requires special attention as health is especially fragile at this stage of life. Further women suffer largely at this stage with lack of resources and supports as required in comparison with their male counterparts. Geriatric services includes preventive, curative, and rehabilitative healthcare and it needs to give special focus and strengthened with appropriate government and public-private participation. In Manipur, there is a lack of Geriatric healthcare department or unit. So, a unit must be created in every district hospital with expertise in Geriatric healthcare system.

#### **(e) Mental Health for Women and Third Gender**

- i) The National Mental Health Policy (2014) recognises that women have a greater risk of mental disorders due to various reasons primarily due to discrimination, violence and abuse. It further multiples with their lack of decision making power, lack of resources and high dependence on male family members at each stage of life. Similarly, the third gender is also facing the issues of mental health due to various forms of discriminations and violence as encountered. So, a systematic approach to provide requisite screening, care and treatment especially at primary level must be made available at each district hospital.
- ii) Mental health issues and illness generally takes time for treatment and turns out to be costly. They also need personal care and supervision which is lacking in case of most of the women and third gender. Thus, the cost of treatment for mental health must be covered largely in the proposing Women Health Card.

#### **(f) Women Health Card and Health Insurance**

- i) Women Health Card must be introduce with conditions based on the economic condition of beneficiaries. Since women, in general, does not own movable and non-movable properties in their name and also

lack decision making power in our society, they are not empowered and financially independent to deal with illness. So, cases of morbidity are comparatively very high among women. Thus Women Health Card is very essential to provide coverage on the cost of treatment at various levels.

The card thus introduced must be made functional in all government and private hospitals under different categories and sharing the cost of treatment by the individual as:

(a) Working Women (Grade A & B post): Government hospital (50% of treatment cost) & Private hospitals (75% of treatment cost)

(b) Women working under Grade C & D: Government hospital (35% of treatment cost) & Private hospitals (60% of treatment cost)

(c) Self-employed women: Government hospital (25% of treatment cost) & Private hospitals (45% of treatment cost)

(d) Not working women: Government hospital (15% of treatment cost) & Private hospitals (35% of treatment cost)

- ii) An online public portal addressing the grievances of not accepting Women Health Card must be created and the head of such hospital must give a written reply explaining the causes for rejection
- iii) Special attention needs to be given to the expansion of health insurance schemes such as RSBY and the same linked to programmes like ICDS, JSY, NRLM, NREGS, NULM benefitting women particularly the vulnerable and marginalised.

#### **(g) Health Research and Data Management Cell**

- i) To improve the health services and overall healthcare system, a complete, accurate, and timely gender based data is required. So, research in healthcare system and services must be promoted and also a data management cell must be established at the state level linking gender based data collected by the public and private organizations and individual. Timely modifications, interventions and innovations must be made based on the data thus collected.

## **(h) Miscellaneous**

- i) National Food Security Act, 2013 directed a regular availability of food grains through Public Distribution System (PDS). The availability of food grain has a corollary impact on the physical and mental health of women. However, an uninterrupted supply and its availability is a contesting area that requires to be checked and thus a common public platform is required to be created to address the public grievances
- ii) Health problems of women including communicable and non-communicable diseases like cancer, cardio vascular disease, HIV/AIDS needs to be given prioritised attention with appropriate strategies for interventions.
- iii) Sexual health issues and diseases as encountered with Third Gender are often stigmatised and left untreated. It is further multiply by their lack of familial support and poor economic conditions. So, for a dignified and appropriate intervention, they require to have a proper counselling for physical as well as mental wellbeing. Thus, a separate cell must be open at every district hospital for the health and wellbeing for Third Gender population.

## For a gender responsive system of Unorganised Sector in Manipur

Defining 'Unorganised Sectors' is specifically tricky and complicated as the sector itself is multi-layered and multi-level in its coverage, functioning and manifestation. However, majority of the working age population in Manipur is engaged in this sector; and also considering the issue of invisibility of the sector and its population, even though its products/contributions are highly visible, it is very important to initiate a step to define and analyse this undefined sector.

In general the Unorganised sector is characterised with - diverse nature of occupations or employments, not a defined or notified area of work, mode of recruitment, termination, rules & regulations, location, skill set, duration, remuneration; and also a high level of flexibility. Further, it is also very difficult to conclude that the stated characteristics are universally available in any work as defined under unorganised sector. Even in a particular category of unorganised work, the general characteristics, as discussed, are manifested in varied magnitude and levels of combination. In another word it is very difficult to rule out the compulsory characteristics that are visible in an unorganised sector. Thus, it remains as a sector with no definite norms and forms.

Another important characteristic of unorganised sectors which serves again as one of its important feature is the issue of – Invisibility. Referring the sector as Invisible is itself a problem when the sector has its universal presence and engages by maximum working age population. So, it would be more appropriate to address this sector as 'Unrecognised'; and thus kept side-lined with least visibility officially. Such a character of the sector further make it unorganised and thus diminishing space and power of bargaining among its employees.

### **Background: Unorganised Sector**

Unorganised Sector is one of the very important area providing maximum employment and livelihood in every society from time immemorial. However, the recognition of its presence, with due importance, has a recent past with the rise of various industrial movements, formation of labour organisations, collective bargaining, conflict and contestations which further questions the definition and coverage of the sector and thus started receiving world-wide

attention in and around 1970's with a serious effort made by International Labour Organisation (ILO).

In India, the concept of unorganized sector and its recognition for the importance of public debate and policy started recently in 1980's. With the formation of the first National Commission on Labour under the Chairmanship of Justice Gajendragadkar, unorganised sector is defined as the workforce who have not been able to organised themselves in pursuit of a common objective due of constraints identified as:

- (a) Casual nature of employment
- (b) Ignorance and illiteracy
- (c) Small size of establishments with low capital investment per person employed
- (d) Scattered nature of establishments
- (e) Superior strength of the employer operating singly or in combination.

Further, the Commission also have recognised its workers under different categories based on the mode of engagement, and listed the 'categories of unorganised labour' as:

- (i) Contract labour including construction workers
- (ii) Casual labour
- (iii) Labour employed in small scale industry
- (iv) Handloom/ power-loom workers
- (v) Beedi and cigar workers
- (vi) Employees in shops and commercial establishments;
- (vii) Sweepers and scavengers
- (viii) Workers in tanneries
- (ix) Tribal labour
- (x) Other unprotected labour

In 1987, the National Commission on Self-Employed Women was established under the Chairpersonship, Smt. Ela R. Bhatt. Referring specifically to the women involving in this sector, the report as published by the Commission characterised the unorganised sector as one in which women 'do arduous work as wage earners, piece-rate workers, casual labour and paid and unpaid family labour. The economic and social conditions of these women are dismal.'

The report also identified that 'unorganised sector is characterized by a high incidence of casual labour mostly doing intermittent jobs at extremely low wages or doing their own account work at very uneconomical returns.' It lacks job security and also the social security benefits. The sector is also characterised with a prevalence of exploitations in high level, long working hours, unsatisfactory and inhuman work conditions, and associates with different forms of occupational health hazards. Supplementing further, the report "Dilemma of the Informal Sector" submitted by the Director General of the International Labour Organisation (ILO) to the International Labour Conference in the year 1987 stated that Unorganised Sector plays a major role in creating employment, but it has an integral issues by lack of creating an adequate laws which provides protection to its workers.

In an effort to define the Unorganised Sector, a workshop was conducted in the first quarter of 1997 jointly by the National Council for Applied Economic Research (NCAER) and Self-Employed Women's Association (SEWA). In the concluded workshop, a Gujarat-based Group of experts stated that the sector included all workers in informal enterprises, some workers in formal enterprises, self-employed workers, and those doing contract work for informal or formal sector enterprises and contractors. The NCAER-SEWA workshop questions the enterprise-based definition of the informal sector as being too narrow in defining the sector. It also further stated that the sector must also include home-based workers, artisan groups and contract workers, besides workers in the unorganised sector of services, manufacturing and agriculture.

Report of the National Commission on Labour specifically identifies some prominent characteristics of Unorganised sector which includes:

- (a) Low scale of organisation
- (b) Operation of labour relations on a casual basis, or on the basis of kinship or personal relations
- (c) Small own account (household) or family-owned enterprises or micro enterprises
- (d) Ownership of fixed and other assets by self
- (e) Risking of finance capital by self

- (f) Involvement of family labourers
- (g) Production expenditure indistinguishable from household expenditures and use of capital goods
- (h) Easy entry and exit
- (i) Free mobility within the sector
- (j) Use of indigenous resources and technology
- (k) Unregulated or unprotected nature
- (l) Absence of fixed working hours
- (m) Lack of security of employment and other social security benefits
- (n) Use of labour intensive technology
- (o) Lack of support from Government
- (p) Workers living in slums and squatter areas
- (q) Lack of housing and access to urban services
- (r) High percentage of migrant labour

Being extensively diverse on the composition and coverage of the Unorganised Sector, even attempts have been made to define the sector in opposite to the organised sector. Thus, the sector is also defined by its lack of legal protection, lack of systematic production processes, small size of establishments, inability of workers to organise into unions etc. Reports sometime even includes casual and contract workers of the organised sector under the group of unorganised workers as they have no social security benefits or protective laws. Thus, defining the form and characteristics of Unorganised sector itself is a problem. But, it is high time to start defining this undefined sector by considering some of its prominent characteristics as majority of the working age population, are engaged in this sector in the state of Manipur. Moreover, as majority of the women population are engaged in unorganised sector, it needs to be streamlined in a gender responsive manner.

### **Objectives of the Policy:**

- (a) To define and recognised the Unorganised Sector
- (b) To make Unorganised Sector Gender Responsive
- (c) To pay appropriately and adequately for the works/engagements under Unorganised Sector

### **Goals of the Policy:**

1. To define Unorganised sector and reduce the level of invisibility
2. To create a channel for identification of people engaging in Unorganised sector
3. To create a platform to understand the level of engagement in Unorganised sector
4. To create a system for addressing issues facing in Unorganised sector
5. To reduce vulnerability of women in Unorganised sector by recognising the gender components
6. To create a system of monitoring and evaluation of Unorganised sector
7. To incorporate necessary changes in Unorganised sector through evidences

To achieve the goals stated, it is primarily important to start with the core of defining the sector in the context of Manipur to get its recognition and reduce the level of invisibility; and continued with systematic process to create a channel and platform to address the issues and incorporated changes in a gender responsive manner.

### **Defining Unorganised Sector, Employer & Employee**

- 1) Unorganised Sector is an area of work accompanying with engagement of individual(s) whether physical, mental or both; not considering the number of persons engaged, but having a motive to meet an end in return of cash or kind or both or personal or social relations
  - (a) Whether in government, semi-government or private institutions/ organisations/ enterprises/ set-ups/ individual(s)
  - (b) and not covering by any of the existing Social Security Laws like Employees State Insurance Act, Employees Provident Fund and Miscellaneous Provisions Act, Payment of Gratuity Act and Maternity/Paternity Benefit Act
- 2) An employer/owner/head is
  - a) the leading person(s) who owns an area of work, whether individual/ group/ set-ups / institutions/ organisations/ enterprises – Government or Non-government; with an objective to meet/attained an end
  - b) an individual(s) who is harvesting a product/favour
- 3) An employee in Unorganised Sector (as defined) is an individual above the age of 14 years, engaged by an employer (as defined) and are engaging
  - I. on a regular basis; not considering of per day duration and amount
  - II. Not regularly but to complete a task/assignment according to its requirements and characterises with an earning not less than 100 INR per day

- III. With an agreed return in form of cash or kind or both or by societal norm

### **Recognition, Protection and Welfare**

- 4) A separate department/section/unit specifically assigned for Unorganised Sector must be established under department of Labour and employment
  - I. The section should have a state level core unit for – implementation, motioning & evaluation, research, grievance redressal etc.
  - II. A district office to accompany with the heads stated in 4.A(I)
  - III. Each district should have officials at block level
  - IV. Adequate Field workers should be appointed at each block
  - V. Block level officials and field workers should work in close association with elected representatives of Panchayati Raj and Municipal council (members, Pradhan and Counsellors)
- 5) The department thus formed in (4) should create a rule & regulations regarding the working hour, minimal wage, payment, engagement and termination of employee under unorganised sector. It should be revised in every 6 month.
- 6) Such a rule formed should be strictly imposed on the side of employers through implementation unit with minimal responsibilities given to the employees. An employer not following it must made to pay penalty through legal procedure
- 7) The right to organise and form groups for collective bargaining and welfare should be promoted at every level. In the grassroots level, it should be coordinated by Block level Officer

- 8) Measures for employee occupational health and safety should be clearly identified and such a need must be fulfilled by employer under specific rules and conditions as laid down
- 9) Potable water must be made available in any condition and must ensure by employer
- 10) In a work place where employee are engaged for more than 3 hours, it must be made mandatory to have a proper and separate change room, toilet, resting and fooding place for women employee
- 11) Women biological need – like mensuration, pregnancy, maternity leave etc, should give special coverage to the rule formed and an employer should acknowledge those need and process to address it through the rule formed
- 12) An appropriate maternity benefit (as decided in the rule enacted) must be provided for women employees who are regularly engage under an employer for more than 12 months
- 13) It must be made mandatory that a pregnant women cannot terminate from her job (if engaging regularly) in any form. In an incident as such the employer must pay the maternity benefits as laid down by the rule
- 14) To reduce the issue and level of invisibility,
  - I. Field workers should be specifically appointed at block level with the sole responsibility to hold awareness program among the public specifically with the employees. It must also be made mandatory that an employer should attained such an awareness program before employing an individual.
  - II. the concern *Pradhan* and Counsellors must maintain an open online database for individuals (above age of 14) residing in that area for 8 months (240 days) or more in a year fulfilling with 1(a) & (b) and (3)

- III. Data must be maintained on the mode of engagement and earning of employees involved in (5)
- 15) Any form of discrimination and non-compliance with the rules & regulations must be redress within the stipulated time (as decided in the state rule) through office at block, district or state level
- 16) Sexual harassment at workplace should be address by the district level office in collaboration with block level officials and field workers
- 17) If the place for employment happens to be in employers personal home, not having any commercial access as in tea shop, grocery etc, than the engagement must be specifically informed to the field workers
  - I. In any such engagement, Working hours must not be more than 8 hours a day
  - II. Overtime allowances must be as twice the amount as paid during the regular hour
  - III. Personal free time/recreation period must be entitle during the working hour
  - IV. If the engagement includes night period (like domestic helper, caretaker etc) then a secure rest room with proper bedding must be provided

### **Leave, Holidays and service termination**

- 18) While considering for leave, holidays and service termination, Unorganised sector can be classified into types as –
  - (a) Type-I employee: Regularly engaged
  - (b) Type-II employee: Continually engage for 3 months or more

(c) Type-III: Continually engage for 25 days or more but less than 3 months

(d) Type-IV employee: Continually engage for 13 days or more but less than 25 days

(e) Type-V employee: Continually engage for less than 13 days

- I. In case of 18(a), an employee must be entitled with all the leaves and holidays as entitled to a state government employee. The employer should give one month's prior notice for service termination or must pay 1 month remuneration to the concern employee(s)
- II. In case of 18(b), A day in a week must be entitled as paid holiday (may not be Sunday to keep continuity of work) along with general holidays. Also must give 3 days paid sick leave. The employer should give one month's prior notice for service termination or must pay 1 month remuneration to the concern employee(s)
- III. In case of 18(c), A day in a week must be entitled as paid holiday (may not be Sunday to keep continuity of work) along with general holidays. The employer should give 5 days prior notice for service termination or must pay 5 days remuneration to the concern employee(s)
- IV. In case of 18(d), A day in a week must be entitled as paid holiday (may not be Sunday to keep continuity of work). The employer should give 5 days prior notice for service termination or must pay 1 days remuneration to the concern employee(s)
- V. In case of 18(e), A day leave shouldn't be the cause of job termination. Otherwise the employer must pay a day remuneration to the concern employee(s)

## **19) Implementation, Monitoring, Evaluation & Research**

- I. The policy and regulations can only be made effective when strictly implemented by the implementation agency

- II. The issue of invisibility can only be curved through proper monitoring and Evaluation system
- III. It can only become practical when grievances are quickly and properly addressed
- IV. Policy will become applicable only when changes are incorporated through a proper research and feedback system

## **20) Recognising the Unrecognised: Unorganised & Unpaid Household Work**

The Unorganised Sector as defined can be broadly divided into 2 types:

- (a) Unorganised Household Work
- (b) Unorganised Non-household Work

The rules as proposed above to laid for recognition, protection and welfare for unorganised sector and its workers goes in coherence with the Unorganised Non-household Work generally.

In the Unorganised Household Work, the work and workplace is socio-culturally defined to meet a culturally set standard. Generally there exist a blur line on the distinction, position and power of an employer and employee. However, the demand to meet an end and efforts that consumes remains almost same or even more many a times. Yet it still remains unpaid and not recognised as a work. Such an assignment if completed within the set-up of Unorganised Non-household Work or Organised Sector, it is counted as a work and paid. For example, the task of washing clothes, cooking, ironing, cleaning, child caring, gardening etc is not counted as a work within a household and remain unpaid. However, if it is done by a person hired or meets the requirement through a restaurant or ironing house, it is counted as work and paid. The issue of unpaid work was discussed elaborately at two United Nations World Conferences, the Social Summit (Copenhagen, March 1995) and the Fourth World Conference on Women (Beijing, September 1995). The burden of unpaid work and paid work respectively are distributed unequally between men and women. As a result, 'men receive the lion's share of income and recognition for their economic contribution - while most of women's work remains unpaid,

unrecognized and undervalued' (UNDP, 1995). On the value of Unpaid work the report stated that *'It is at least half of gross domestic product and it accounts for more than half of private consumption'* (UNDP, 1995, p.97).

Human Development Report 1995 stated from the sample study of 31 countries that women spent roughly two-thirds of their time in unpaid work and one-third in paid work. In Manipur, the unpaid household work consumes most of the time for almost all the women, with certain exceptions base on physical, socio-economic and cultural conditions. In many cases and in various situations, male member(s) of a household also help in completing the household chores but the responsibility, in general, remains to the women. Even in cases of families with employed wife and unemployed husband, the responsibility of household chores goes to the wife. It has no fixed working hours, no specific dimensions, no leaves, no holidays and no vacations yet remains unpaid and not recognised as a work. Manipur Vision 2030 report by Government of Manipur stated that the contribution of women in unpaid productive household work is very high and the average work hour contributed by women, in both hills and valley area, is more by above 50% to the share of men.

So, this policy proposed that household work must be recognised as a work with intrinsic monetary values within the Unorganised Sector and it must be paid. With the changing time and scenario, there exist various combinations, especially in joint families, on who does household work if a helper is not hired. So, the policy proposed payment for unpaid household work by women through:

- (a) Government enacting social security program for women as proposed in different sectors
- (b) through that the male earning members, whether in organised or unorganised sector by paying a specific percentage of their earning, proposing here to pay 35 per cent of his earning to the wife or mother or sister as an honorarium for doing the household work. The said amount is not inclusive of buying the essential items of the household need.

## Analysis on Manipur State Budget allocations on Women Specific Programs

Gender Mainstreaming needs a proper Gender Policy which is backed by an adequate budget to implement, execute and renovate its constituting programs. Every government programs has an integral objective to achieved plan benefit, progress and welfare for the general public constituting both men and women. However, considering the status and inequalities that exist between the genders, an effort has been made to marge the existing gaps through various program specifically planned and implemented. The very principle of affirmative action has been the core idea valued behind such actions.

This section looks into the budget estimates, proposals and expenditures made for women specific programs by the Government of Manipur in the recent years. It is very important as to understand the extent and direction of interventions. The Draft Annual Plan Proposals for the year 2013-14 and 2014-15 by Planning Department, Govt. of Manipur has a specific section called 'Women Component'. Giving importance to the program for women each department allocate certain percentage of its annual budget to the women specific program and called as 'Women Component'.

<b>Table 20: Budget Allocated under Women Component in Different Departments (in Lakhs)</b>							
Sl. No	Major Head	Approved 2012-13		Approved 2013-14		Proposed 2014-15	
		Total	Women Component	Total	Women Component	Total	Women Component
1	Agriculture	786.00	250.47	1234.20	398.38	1790.83	530.31
2	Fisheries (women Vendor)	0.00	0.00	936.00	10.00	30.00	30.00
3	Co-operation	260.00	11.20	0.00	0.00	30.00	30.00
4	Rural Development	10759.31	4528.13	5000.00	2310.00	169813.69	79472.81
5	Science & Technology	710.00	27.00	700.00	27.00	745.00	245.00
6	Industries & and Minerals (village small enterprises training program: handloom, Handicraft & Food processing)	2801.00	1595.77	2524.40	1284.20	10074.07	1757.07
7	Sericulture	1822.00	507.46				
8	Ecology & Environment	1154.44	115.44	1100.00	110.00	1700.00	170.00
9	Information & Technology & e-governance	888.79	70.06	3034.00	302.31	8255.55	803.96

10	Education-S	7687.00	3808.00	6187.00	3027.90	11078.93	5936.90
11	Education-U			924.76	9.00	17688.47	177.00
12	Education-Central Assistance			34182.20	13024.40	73674.02	29722.63
13	Adult Education	0.00	0.00	30.22	20.36	31.94	31.94
14	Health	127.13	0.00	18061.48	129.00	32198.99	462.44
15	Welfare for SC/ST & OBC	656.00	200.00				
16	Tribal Affairs & Hills	305.00	305.00	420.00	420.00	370.00	370.00
17	MOBC	656.00	200.00	616.00	255.00	723.00	318.00
18	Social Welfare: Women Component			423.40	423.40	429.90	429.90
<b>Total</b>		<b>28612.67</b>	<b>11618.53</b>	<b>75373.66</b>	<b>21750.95</b>	<b>328634.39</b>	<b>120487.96</b>
<b>Women Component Percentage to Total Budget</b>		<b>40.61</b>		<b>28.9</b>		<b>36.66</b>	

The section 'Women Component' is not separately given in the "Demands for Grants for the Government of Manipur" Document published for the year 2017-18, 2018-19 and 2019-20. Also, considering the introduction of many new schemes, there is no budget allocation to earlier heads/Sub-heads and introduces many new more heads/Sub-heads. So, the following table illustrates the budget allocation under the Sub-heads: Women Empowerment (2012-2015) and Su-heads: Women's Welfare (2017-2020) which has an extensive similarity in its compositing programs:

<b>Table 21: Budgets under Sub-heads on Women Empowerment (2012-2015) / Women's Welfare (2017-2020) (in Lakhs)</b>							
<b>Sl. No</b>	<b>Particulars</b>	<b>Actual 2012-13</b>	<b>Approved 2013-14</b>	<b>Proposed 2014-15</b>	<b>Estimate 2017-18</b>	<b>Estimate 2018-19</b>	<b>Estimate 2019-20</b>
1	Implementation of Women Program	4.45	3.00	3.00			
2	Implementation of Domestic Violence Act, 2005	20.00	10.00	10.00	20.00	20.00	20.00
3	Awareness Generation Program for Women	10.00	10.00	10.00	10.00	10.00	10.00
4	NORAD Scheme	1.00	0.00	0.00			
5	Setting up state mission & State Resource Centre for Women	10.00	9.00	5.00			
6	Maintenance/Working of Working Ladies Hostel	2.00	2.00	2.50	92.00	112.00	92.00
7	Maintenance grant for rape victim	5.00	5.00	20.00	20.00	30.00	30.00
8	Vocational Training for	10.50	11.50	15.00			

	Destitute Women						
9	Implementation of Women Development Scheme through MSWDC	90.00	90.00	80.00	90.00	90.00	90.00
10	Estt. of Women Technological Park	1.00	0.00	0.00	0.00		
11	Grant in aid to Manipur State Commission for Women	62.00	60.00	40.00	40.00	40.00	40.00
12	Maintenance of Women Shelter Home at Vellore for Manipur	10.00	3.00	3.00	5.00	5.00	0.00
13	Grant-in-aid to MSSWAB	10.00	10.00	15.00	0.00		
14	Financial Assistance to Widow (18-39 yrs)	40.00	40.00	40.00	30.00	40.00	20.00
15	State Integrated Women Empowerment Program	4.00	1.00	5.00			
16	Implementation of Swadhar Greh	0.00	1.00	0.00	150.49	245.00	318.98
17	Ujjawala Scheme (Central+State Share)				132.37	214.70	388.70
18	Production cum Training Centre under RTI				39.00	39.00	39.00
19	Rural Training Institute for Women				46.18	53.44	63.13
20	Indira Gandhi National Widow Pension Scheme (IGNWPS)				335.78	335.78	268.48
21	Financial Assistance to Women Helpline				0.00	49.70	82.00
22	One Stop Centre				49.70	11.70	18.44
23	Indira Gandhi Matriva Sahiyog Yojana or PMMVY				0.00	1340.00	1390.00
24	Mission for Protection & Empowerment for Women Scheme (CS)				0.00	0.00	384.98
	<b>Total</b>	<b>279.95</b>	<b>255.50</b>	<b>248.50</b>	<b>1060.52</b>	<b>2636.32</b>	<b>3255.71</b>

Also, in the Budget Estimates of 2017-18, 2018-19 and 2019-20, special schemes and allocations are made under the section Child Welfare for the empowerment and welfare of girls as:

Table 22: Sub-heads under Child Welfare focusing on Girls (in Lakhs)				
Sl. No	Name of Schemes	Estimate 2017-18	Estimate 2018-19	Estimate 2019-20
1	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)	1000.00	1000.00	1000.00
2	<i>Kishori Shakti Yojana</i> (KSY) for girls aged 11 to 18 years	30.25	30.25	30.25
3	<i>Beti Bachao Beti Padhao</i> (BBBP)	18.14	20.00	20.00
4	Compensation of victims registered under POCSO Act	13.00	25.00	30.00
	<b>Total</b>	<b>1061.39</b>	<b>1075.25</b>	<b>1080.25</b>

In many Departments, allocations are made specifically for the development of women under various schemes or sections in the Budget Estimates of 2017-18, 2018-19 and 2019-20 as:

<b>Table 23: Women Specific Schemes/Budget Allocation under Different Departments (in Lakhs)</b>					
<b>Sl. No</b>	<b>Department</b>	<b>Name of Schemes/Budget Allocation</b>	<b>Estimate 2017-18</b>	<b>Estimate 2018-19</b>	<b>Estimate 2019-20</b>
1	Minority and OBC & SC Department	Chief Minister's Laiyeng Shen for Widows	0.00	20.00	0.00
		State share of CSS for Girls' Hostel	0.00	53.00	35.00
2	Planning	Construction of Women Market	3500.00	3500.00	0.00
3	Education	Girls Hostel under RMSA (Secondary Education)	90.00	90.00	90.00
		Promotion of Women Education (University & Higher Education)	10.00	10.00	20.00
4	Police	9th IRBn (Mahila IRBn)	2625.98	2886.27	3550.75
<b>Total</b>			<b>6225.98</b>	<b>6559.27</b>	<b>3695.75</b>

However, considering the prevailing context of gender inequalities as discussed in sector of Education, Health and Unorganised Sector, it is very important to have Gender Specific Allocation in each department's budget to marge the existing gender gap.

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