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Mothers, Daughters, Wives, And Widows: The Politics Of India's Social Programs For Women, 1985-2015

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Abstract

Why is social policy for women in the global south increasingly focused on women as mothers? While existing literature explains the rise of maternalist (mother-focused) social policy in 20th-century Europe and the United States, I show that it does not account for the newest wave of maternalist social policy, which is unfolding in developing countries around the world. Using India as a case study, I compare the surprising and divergent trajectories of two contemporaneous women's programs to unearth the causes of growing maternalism in the global south. One of the programs, Janani Suraksha Yojana (Mother Protection Scheme, or JSY), had modest origins but is among the most generously funded women-specific programs in the country and among the largest conditional cash transfer programs in the world today. The other, Indira Mahila Yojana (Indira Woman Scheme, or IMY), was designed to overhaul India's social policy for women's socioeconomic advancement but turned out to have only a short life of limited consequence. The study of these programs shows that India's growing attention to women as mothers results from two factors. First, international organizations such as the UN have placed maternal health on the global development agenda more successfully than they have advocated gendered interventions in other fields such as higher education, paid work, and political participation, creating incentives for national actors to design programs for pregnant women. Second, social policy thinking in India conflates gender with poverty, treating them as a single dimension of social stratification. This leads to efforts to address gender by solving poverty and undercuts arguments for women-specific programs for educational, economic, and political empowerment. The result is a system of social provisioning that is uncommonly attentive to adult women, but almost exclusively during their pregnancies.

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MOTHERS, DAUGHTERS, WIVES, AND WIDOWS:
THE POLITICS OF INDIA'S SOCIAL PROGRAMS FOR WOMEN, 1985-2015

Prakirti Nangia

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MOTHERS, DAUGHTERS, WIVES, AND WIDOWS: THE POLITICS OF
INDIA'S SOCIAL PROGRAMS FOR WOMEN, 1985-2015

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Prakirti Nangia

For my mom, a true *prema*

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ABSTRACT

MOTHERS, DAUGHTERS, WIVES, AND WIDOWS:

THE POLITICS OF INDIA'S SOCIAL PROGRAMS FOR WOMEN, 1985-2015

Prakirti Nangia

Devesh Kapur

Why is social policy for women in the global south increasingly focused on women *as mothers*? While existing literature explains the rise of maternalist (mother-focused) social policy in 20th-century Europe and the United States, I show that it does not account for the newest wave of maternalist social policy, which is unfolding in developing countries around the world. Using India as a case study, I compare the surprising and divergent trajectories of two contemporaneous women's programs to unearth the causes of growing maternalism in the global south. One of the programs, Janani Suraksha Yojana (Mother Protection Scheme, or JSY), had modest origins but is among the most generously funded women-specific programs in the country and among the largest conditional cash transfer programs in the world today. The other, Indira Mahila Yojana (Indira Woman Scheme, or IMY), was designed to overhaul India's social policy for women's socioeconomic advancement but turned out to have only a short life of limited consequence. The study of these programs shows that India's growing attention to women as mothers results from two factors. First, international organizations such as the UN have placed maternal health on the global development agenda more successfully than they have advocated gendered interventions in other fields such as higher education, paid work, and political participation, creating incentives for national actors to design programs for pregnant

women. Second, social policy thinking in India conflates gender with poverty, treating them as a single dimension of social stratification. This leads to efforts to address gender by solving poverty and undercuts arguments for women-specific programs for educational, economic, and political empowerment. The result is a system of social provisioning that is uncommonly attentive to adult women, but almost exclusively during their pregnancies.

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LIST OF ABBREVIATIONS

AE	Actual Expenditure
AP	Andhra Pradesh
ASHA	Accredited Social Health Activist
BE	Budget Estimate
BJP	Bharatiya Janata Party
BPL	Below Poverty Line
CEW	Committee on the Empowerment of Women
CPRMW	Committee for the Protection of Rights of Muslim Women
CSC	Community Service Centre
CSSM	Child Survival and Safe Motherhood
DEA	Department of Economic Affairs
DFID	Department for International Development
DWCD	Department of Women and Child Development
DWCRA	Development of Women and Children in Rural Areas
ECEC	Early Childhood Education and Care
EFC	Expenditure Finance Committee
EU	European Union
GoI	Government of India
GoM	Group of Ministers
HPS	High Performing State
ICDS	Integrated Child Development Services
ICPD	International Conference on Population and Development
IGMSY	Indira Gandhi Matritva Sahyog Yojana
IGNWPS	Indira Gandhi National Widow Pension Scheme
IHE	Institutions of Higher Education
ILO	International Labour Organization
IMBS	Indira Mahila Block Samiti
IMK	Indira Mahila Kendra

IMY	Indira Mahila Yojana
INR	Indian Rupee
IPDWC	Integrated Programme of Development for Women and Children
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LPS	Low Performing State
MCH	Maternity and Child Health
MDG	Millennium Development Goal
MLE	Ministry of Labour and Employment
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
MoRD	Ministry of Rural Development
MS	Mahila Samakhya
MSG	Mission Steering Group
MSY	Mahila Samridhi Yojana
MWCD	Ministry of Women and Child Development
NABARD	National Bank for Agriculture and Rural Development
NDG	Notes on Demands for Grants
NFSA	National Food Security Act
NMBS	National Maternity Benefit Scheme
NORAD	Norwegian Agency for Development Cooperation
NPP	National Population Policy
NREGS	National Rural Employment Guarantee Scheme
NRHM	National Rural Health Mission
NRLM	National Rural Livelihoods Mission
NSAP	National Social Assistance Programme
NSAS	National Social Assistance Scheme
OECD	Organisation for Economic Co-operation and Development
ONMI	National Agency for Maternity and Infancy
PIB	Press Information Bureau

PIL	Public Interest Litigation
PMMVY	Pradhan Mantri Matru Vandana Yojana
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PPP	Purchasing Power Parity
RCH	Reproductive and Child Health
RE	Revised Estimate
RMK	Rashtriya Mahila Kosh
RTF	Right to Food
RTI	Right to Information
SBA	Skilled Birth Attendant
SC	Scheduled Caste
ST	Scheduled Tribe
SGSY	Swarnjayanti Gram Swarozgar Yojana
SHG	Self-help Group
SJSRY	Swarna Jayanti Shahari Rozgar Yojana
SRH	Sexual and Reproductive Health
STEP	Support to Training and Employment Programme for Women
TREAD	Trade Related Entrepreneurship Development Assistance Scheme
UGC	University Grants Commission
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USD	United States Dollar
WDP	Women's Development Program

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CHAPTER 1: Introduction

I. Motivation and question

States vary in the extent to which they make policy for women as mothers. Some, such as the United States of the Progressive Era, provide maternal health services and grant social assistance to mothers to enable them to care for their young children. Others, such as the present-day United States, do much less for women as mothers, instead promoting women's paid employment and leaving individual women or families to make private arrangements for their childcare and (maternal) health needs. In the broadest sense, this dissertation asks when and why a state comes to focus policy effort on women as mothers versus women in other roles. For reasons explained below, it asks this question in the context of the global south in general, focusing on India in particular.

Over the last two decades, observers of women's social policy have noted that the advanced democracies of the world are bidding "farewell" to maternalist – or mother-focused – social policy and moving toward a policy model that assumes and encourages "employment for all."¹ What has received less attention is a countervailing trend in social policy in the developing world: the rising profile of women-as-mothers in social policy. Although quantitative data on and cross-country studies of this trend are rare, work on three policy domains presents at least suggestive evidence of rising maternalism in social policy in the global south. These are: cash transfer programs, especially in Latin

¹ Orloff, "From Maternalism to 'Employment for All': State Policies to Promote Women's Employment across the Affluent Democracies"; Lewis, "The Decline of the Male Breadwinner Model: Implications for Work and Care"; Ciccio and Bleijenbergh, "After the Male Breadwinner Model? Childcare Services and the Division of Labor in European Countries," 52-53; Crompton, *Restructuring Gender Relations and Employment: The Decline of the Male Breadwinner*; Creighton, "The Rise and Decline of the 'Male Breadwinner Family' in Britain"; Meyer, "Retrenchment, Reproduction, Modernization: Pension Politics and the Decline of the German Breadwinner Model."

America, which grant cash assistance to mothers for enrolling children in school and ensuring that they receive regular health checkups²; the policy rhetoric of various international organizations, which foregrounds child well-being and admits women into the conversation only as mothers bearing primary responsibility for children³; and domestic programming on and foreign aid for maternal health, the latter of which has more than doubled in real terms between 1990 and 2016, growing faster than all health-related development assistance since 2010.⁴

This gives rise to a puzzle: while rich democracies are departing from the maternalist social policy model, lower-income countries of the global south are embracing maternalism in social policy. The reasons behind the first shift have already been investigated elsewhere.⁵ Those behind the second, however, are yet to be studied systematically. Hence, this project studies maternalist social policy in the developing world. Instead of conducting a cross-country comparison of maternalist policy, however, I conduct a within-country comparison of maternalist and non-maternalist policy. This strategy allows me to overcome a key limitation of existing studies of maternalism: their

² Molyneux, “Mothers at the Service of the New Poverty Agenda: Progres/Opportunidades, Mexico’s Conditional Transfer Programme,” 434-437; Tabbush, “Latin American Women’s Protection after Adjustment: A Feminist Critique of Conditional Cash Transfers in Chile and Argentina,” 446; “Brazil’s Bolsa Familia: How to Get Children out of Jobs and into School”; Bradshaw, “From Structural Adjustment to Social Adjustment,” 198; Handa et al., “Income Transfers and Maternal Health: Evidence from a National Randomized Social Cash Transfer Program in Zambia,” 228.

³ Jenson, “Lost in Translation,” 465; Jenson, “The Fading Goal of Gender Equality: Three Policy Directions That Underpin the Resilience of Gendered Socio-Economic Inequalities,” 547-550; Porter, “A Woman’s Right to Choose: Reproductive and Sexual Health and Rights 40 Years On,” 138.

⁴ Global Health Data Exchange, “Financing Global Health”; Dieleman et al., “Development Assistance for Health: Past Trends, Associations, and the Future of International Financial Flows for Health,” 2539; Jehan et al., “Improving Access to Maternity Services: An Overview of Cash Transfer and Voucher Schemes in South Asia.”

⁵ Orloff, “From Maternalism to ‘Employment for All’: State Policies to Promote Women’s Employment across the Affluent Democracies”; Lewis, “The Decline of the Male Breadwinner Model: Implications for Work and Care.”

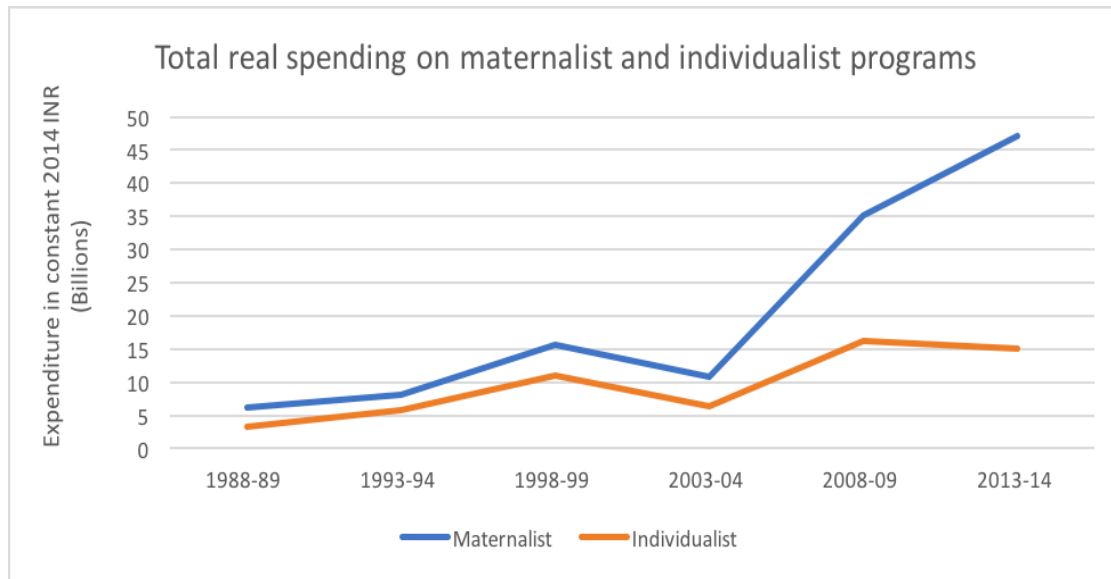
inability, stemming from their exclusive focus on maternalist policy, to show that rising or declining maternalist spending is not simply a function of rising or declining *overall* spending on women. By tracking both maternalist and non-maternalist policymaking, I can assess with greater confidence whether maternalist policy effort has changed relative to other types of policy effort for women.

I conduct this study in India for several reasons. Chapter 3 explains case selection in detail, but a short explanation is in order here. First, India is a developing country that is home to a sixth of the world's women. This makes India an especially consequential case for study of women's social policy. Second, existing literature hints at India's growing maternalism,⁶ which makes India a suitable setting for the study of rising maternalism in the global south. In fact, as Figure 1.1a shows, inflation-adjusted federal spending on maternalist women's programs in India has outpaced that on non-maternalist – or “individualist” (a more refined category referring to programs that target women not as mothers or in other familial terms but as individuals in their own right) – women's programs, particularly since 2003-04.⁷ The recent divergence in maternalist and individualist expenditures provides both time-series and cross-sectional variation in the composition of women's social programming that can be exploited to gain insight into rising maternalism.

⁶ See Shiffman and Ved, “The State of Political Priority for Safe Motherhood in India”; Jat et al., “The Emergence of Maternal Health as a Political Priority in Madhya Pradesh, India: A Qualitative Study.”

⁷ Terminology such as “individualist” is explained in detail in Chapter 2

Figure 1.1a: Decomposition of real spending on women-specific programs into maternalist and individualist spending⁸



Third, Indian maternalism is somewhat surprising given that (1) its growth in India has coincided with loosening of conservative attitudes on gender in the country, (2) high and rising spending on maternal health – which represents a large share of India’s maternalist spending – coexists with public health expenditures considered very low by international standards; and (3) rising maternalism in India runs counter to the domestic policy rhetoric on gender, which emphasizes gender parity in all domains and problematizes in particular the recent decline in women’s labor market participation rates. Finally, India also presents a “crucial” case for the study of maternalism because the absence in India of existing common explanations of maternalism in social policy – pronatalism driven by concerns about depopulation, advocacy by women’s charitable organizations, and the

⁸ Chapter 3 explains how spending estimates presented in this chart were calculated. INR = Indian Rupee. Nominal spending data were converted to real (constant 2014) data using an online tool: “Inflation Calculator India: Calculate India’s Inflation between Any Two Years from 1971 to 2016.” For sources used to gather data for this figure, see sources for Figure 3.2

ideological influence of organized religion (usually Catholicism) – makes the country a “least likely” place for social policy maternalism from the perspective of existing literature.⁹

The key research question this dissertation seeks to answer, then, is: *what explains the increasingly maternalist orientation of social programming for adult women in India?* In other words, how do we account for the spending trends depicted in Figure 1.1a?

II. Why study social policy for women?

Before we proceed to answering the above question, let us consider why it is important to study social policy for women, especially in the context of development. The obvious reason is that women’s social policy has consequences for the women who receive benefits from it. As Chapter 4 shows, between 2005 and 2015, Janani Suraksha Yojana – just one of India’s 65 social programs for adult women identified in this project – disbursed cash to 83 million pregnant women in the country. That number equals more than a quarter of the entire population of the United States in 2018. Second, since social policy is a response to collective perceptions of legitimate social need, studying it provides a window into how notions of need are constructed in society and government. In other words, it reveals why some potential needs, vulnerabilities, or deprivations come to be seen as deserving of redressal by state action while others do not. Since rates of women’s political participation tend to be lower than those of men, it is even more important to know how *women’s* needs are being interpreted in the polity. Finally, incipient welfare arrangements in countries of the global south today are likely to serve as foundations for the more

⁹ Gerring, “Case Selection for Case-Study Analysis: Qualitative and Quantitative Techniques,” 11.

elaborate welfare states of tomorrow. For this reason, too, it is important to understand the type of gendered “social citizenship” – the element of citizenship that entitles citizens to economic and social rights – that social policy is producing in the context of development.¹⁰ Chapter 2 discusses in further detail the reasons for studying women’s social policy.

III. Scope of the study

Social policy is a broad term. What elements of social policy fall under the purview of this study, and which are outside its scope? Most decisions regarding the scope of this project are discussed in Chapter 3. Three key scope conditions merit introduction here, however.

First, I focus on social *programs*, which means legislation and general public service spending are excluded from the analysis. Within the universe of social programs, I study *women-specific* programs – that is, programs that provide targeted cash or in-kind benefits exclusively to women, girls, or women and children. This excludes gender-blind programs (those that serve both men and women, without making any special arrangements for women) and gender-sensitive programs (those that serve both men and women while making special dispensations, such as quotas, for women), allowing me to focus instead on the most explicitly gendered social policy for women qua women.

Although data on all women-specific programs were collected, only those pertaining to spending on programs for *adult* women were analyzed systematically. The choice to focus on adult women – that is, to exclude girl-specific programs – was made both because the

¹⁰ For more on social citizenship, see Chapter 2 and Marshall and Bottomore, *Citizenship and Social Class*.

key objective of this study was to understand programming for adult women and because doing so improved the analytical clarity and consistency of the analysis.¹¹

It should be noted here that the phrase “women-specific” is not used to imply that the programs are, in the final analysis, designed for women’s benefit. In fact, as this project will document, in many cases women-specific programs are formulated for the benefit for children or families. Hence, the descriptor “women-specific” is used not to indicate the identity of the final intended beneficiaries but merely to denote that women are the first-order recipients of benefits from the programs examined here.

Second, the social programs studied here are programs of the central government, not of state governments. Although states carry the primary responsibility for social welfare in India, the role of the central government in agenda-setting and social policymaking is large, influential, and expanding. Hence, while examining central spending alone does not provide a complete picture of women’s social programming, it reveals an important part of the picture. In addition, since health in particular falls under the purview of states in India’s federal system, state spending on maternal health is likely to be higher than central spending on it. Because maternal health spending accounts for most maternalist spending in India, excluding state spending from our analysis should bias our estimate of maternalist spending *downward* – that is, against the direction of the arguments of this work. That we still find wide divergence in maternalist and individualist spending at the central level thus makes the arguments stronger.

¹¹ Preliminary analysis of spending on girl-specific programs shows that incorporating this spending in our study reduces to some extent, but does not close entirely, the gap between maternalist and individualist spending. This suggests the ratio of individualist to maternalist spending is higher for girls than for women, a pattern reminiscent of the Millennium Development Goals, which include individualist goals for girls (gender parity in education) and maternalist goals for women (improved maternal health).

Lastly, there are three tiers of social provisioning in India. I focus on government social programs for the public (tier III), which means that the benefits the central government provides exclusively to its own employees (tier I) are not included in the analysis. Also excluded are private-sector safety nets – such as private health insurance programs, employer-financed paid leaves, or contributory, employment-based retirement benefits (tier II). Benefits available to government employees do not merit inclusion because they are not for the public at large; private-sector benefits are not included because they are not financed by the central government. In addition, because more than 90% of India’s workers are employed in the informal sector, outside the scope of formal-sector benefits, tiers I and II cover a very small part of the country’s workforce. Finally, unlike tier I and II programs, the tier III programs under study here are usually tied not to employment but poverty status and provide government-financed, non-contributory benefits. Due to these differences, this study focuses only on programs in tier III: the bottom tier of welfare that exists to serve the majority of the population not covered elsewhere.

IV. Synopsis of the argument

I argue that there are two key reasons behind growing maternalism in India’s women-specific social programming. First, the international development community, through its population conferences, world conferences on women, and the Millennium Development Goals (MDGs), has placed maternal health high on the global development agenda. Among the MDGs, for instance, the only goal that relates to adult women is that which seeks to improve maternal health. To be sure, this emphasis on maternal health per se

represents a reduction of the broader campaign for women's reproductive health that many actors in international development initially waged. Yet, due to opposition from the Catholic Church, conservative groups in the United States, and several countries with Muslim-majority populations, what began as a campaign for reproductive health was stripped down to an effort against maternal mortality. This resulted in the incorporation of improved maternal health as an explicit and only goal for adult women among the MDGs.

The high stature of the Goals, the unprecedented global consensus and attention that they enjoyed, and the vigorous effort by UN actors to lobby governments to incorporate the goals in national development plans combined to spotlight maternal health, creating pressure on governments in the global south to enact policy to improve it (see Figure 1.1b below). The spotlight effect worked in five ways. First, development discourse linked mainstream concerns, such as population growth in the developing world, with the formerly peripheral issues of women's reproductive rights, drawing the latter into the center of the development discourse. For political expediency, the project for broader reproductive rights was later narrowed to one for maternal health. Second, the placement of maternal health on the international development agenda boosted the availability of international financing for interventions in this area. Third, the progress-reporting requirements imposed on all parties to the Millennium Declaration – the agreement from which the MDGs were partly derived – as well as consistent media attention to countries' performance on the MDGs created incentives for governments to implement policies and programs geared to achieving the Goals. Fourth, in the world of international development, the emphasis placed on maternal mortality as the de facto key

indicator of women's well-being in the context of development sparked a sense of embarrassment among domestic policymakers about India's high (though lower than ever before) maternal mortality numbers. Finally, the global consensus around the desirability of anti-maternal mortality interventions allowed India's health ministry, the body in charge of maternal health programming, to expand existing maternal health programming and launch new ones, all with minimal opposition.

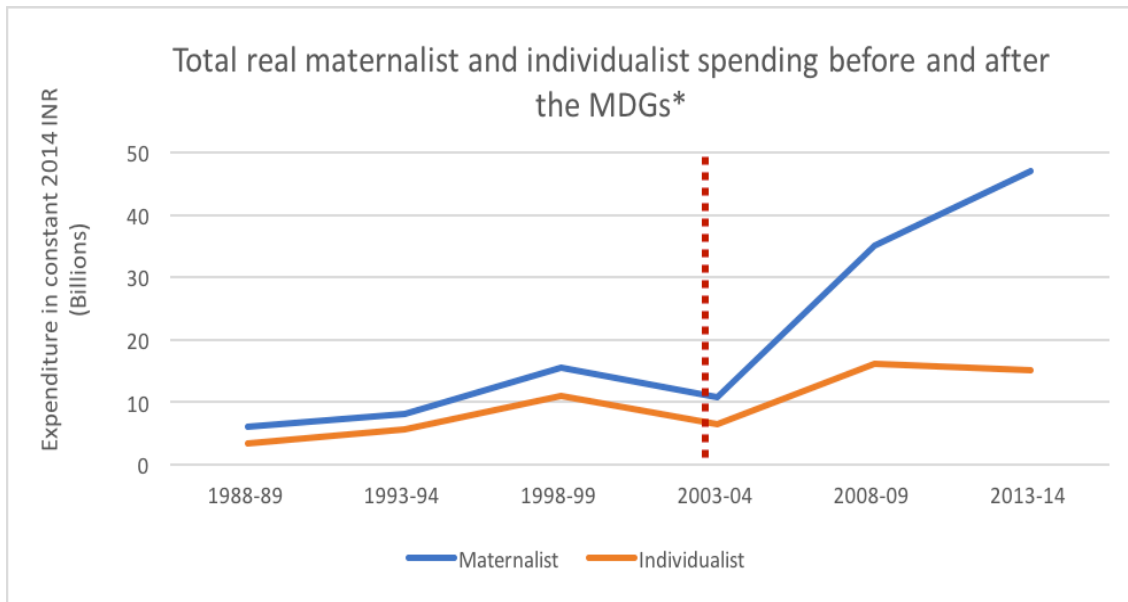
This contrasts with the experience of actors, such as the women's ministry, who faced insurmountable opposition from within the government in their efforts to expand individualist programs, including programs for women's socioeconomic empowerment. Not only do such programs not benefit from the type of international fiat against maternal mortality that led to intensification of maternal health interventions,¹² they are further undermined by the tendency among policymakers in India to view them as an unnecessary and wasteful duplication of existing sex-unspecific, anti-poverty programs. Hence, women-specific individualist programs are periodically terminated in favor of (or "merged" or "rationalized" with) sex-unspecific programs operating in the same general policy area. Inadequate appreciation of gender as a distinct axis of inequality – combined with, as we find in Chapter 5, the assumption that poverty, not gender, lies at the root of women's troubles – drives attempts to terminate women-specific socioeconomic programs.

Together, the spotlight cast on maternal health by the international development community and the effort to address gender through other means, such as by solving

¹² The MDGs did include "gender equality" goal, but its scope was narrowed through its operationalization as an educational parity goal between boys and girls.

poverty, in India are thus responsible for the growing maternalism of India’s women-specific social programming.

Figure 1.1b: Decomposition of real spending on women-specific programs into maternalist and individualist spending, before and after the MDGs¹³



*Note: This is the same as Figure 1.1a, except for the red dotted line, which represents the introduction of the MDGs and is added to facilitate comparison between pre- and post-MDG periods. Although initially formulated in 2001, the Goals were ready to be implemented after 2003.

V. Methods and design

How did this project arrive at the above arguments? For the descriptive analysis in chapter 3, I identified women-specific programs of the government of India, gathered expenditure data for these programs, and used the information collected to generate estimates of maternalist and individualist spending. This allowed me to ascertain that

¹³ For sources used to gather data for this figure, see sources for Figure 3.2.

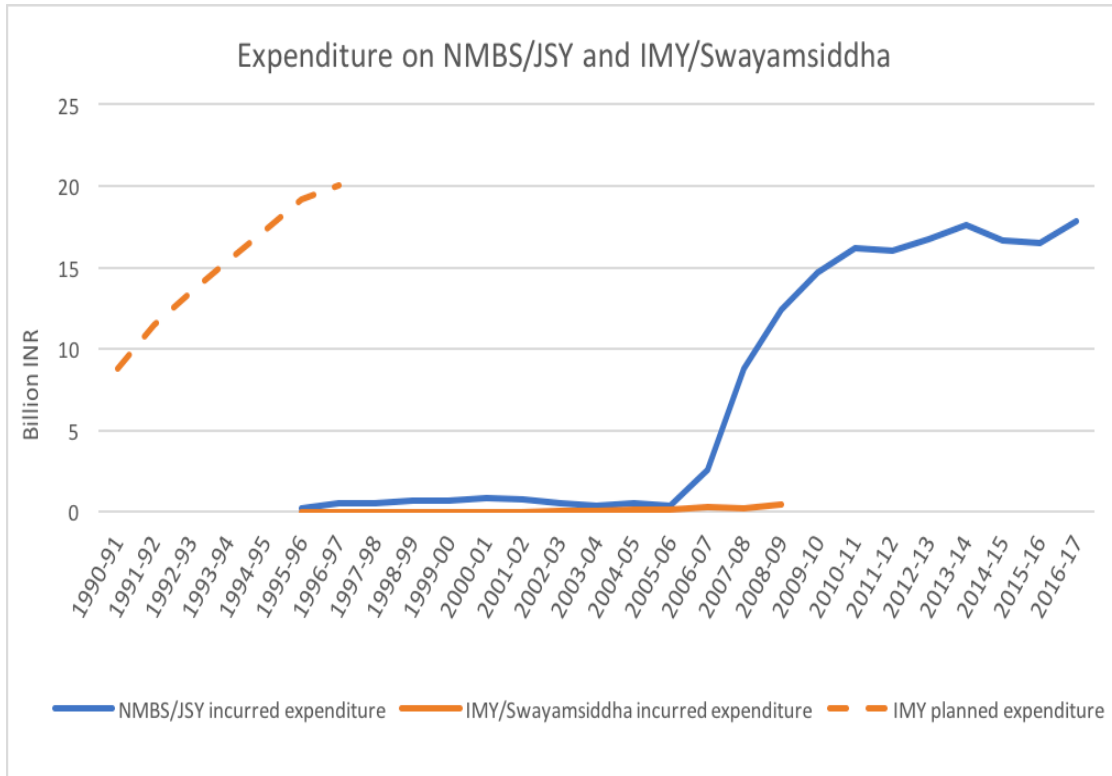
maternalist spending is indeed increasingly outpacing individualist spending, as indicated by Figure 1.1a.

The empirical core of the project, however, is to be found in Chapters 4 and 5, which present a paired comparison of the evolution of two women-specific programs in India: Janani Suraksha Yojana (JSY), a maternalist program for cash assistance to pregnant women, and Indira Mahila Yojana (IMY), an individualist program for women's socioeconomic betterment. The two programs were chosen because of their common origins: both were proposed by the same political party in the same electoral platform in 1989 and were launched together by the same administration in 1995. At the time that they were introduced, IMY held greater promise: it was announced with much fanfare, earned many expressions of support from the incumbent party and coverage in the media, was promised an enormous budget outlay, was modeled after existing state-level programs that were recognized for their success with women, and was based on a detailed program blueprint devised at the highest levels of the federal bureaucracy. JSY, on the other hand, had yet to be named, received little attention from the very party proposing it as well as from the media, and was nothing more than a throwaway, one-line pledge buried in a campaign document.

Today, however, the fates of the programs have reversed: JSY is among the most generously funded of women's programs in India and is often called the largest conditional cash transfer program in the world, while IMY remained small and insignificant in terms both of funding and coverage, was dissolved in 2008, and, despite repeated efforts by supporters, has never since been revived. Figure 1.2 shows the

contrast in spending on JSY (and its precursor, National Maternity Benefit Scheme, or NMBS) and on IMY (and its successor, Swayamsiddha scheme).

Figure 1.2: Planned and incurred expenditures on JSY and IMY, 1991-2017¹⁴



The wide divergence between incurred expenditures on NMBS/JSY and IMY/Swayamsiddha as well as that between planned and incurred expenditures on IMY/Swayamsiddha are a dramatic illustration of the dynamic this project seeks to explain: the prioritization of maternalist over individualist programs. The arguments

¹⁴ NMBS refers to National Maternity Benefit Scheme, a precursor to JSY. For NMBS/JSY, data from 1995 to 2004 pertain to NMBS; the rest pertain to JSY. IMY’s name was changed to “Swayamsiddha” in 2001. Incurred expenditure data on IMY are not available between 1995 (when the program was launched) and 1998. Incurred expenditure data pertain to IMY from 1998 to 2001 and to its successor, Swayamsiddha, after 2001. Expected expenditure data pertain to a program called Integrated Programme of Development for Women and Children (IPDWC), which was initially formulated in 1989 and later renamed and launched as IMY in 1995. IPDWC policy documents did not estimate the expenditure on the program beyond 1996-97, but the program was expected to continue after this date. All expenditure figures used in this project are nominal unless indicated otherwise. For sources, see Figures 4.1 and 5.1.

summarized above are drawn from a comparative analysis of the histories of these two programs.

VI. Alternative explanations

The existing explanations of maternalism in social policy and the explanations offered by this study in the context of India are introduced in sections above. There are, however, alternative explanations possibly consistent with the patterns depicted in Figure 1.1a that ought to be addressed. Subsequent chapters tackle them in detail as they arise. For now, the table below provides a snapshot of possible competing explanations and brief reasoning for why they cannot account for the patterns observed in India.

Table 1.1: Alternative explanations and refutations

No.	Alternative explanation	Reason(s) they do not suffice
1.	India's high maternal and infant mortality rates create an obvious need for better maternal and infant health programs in India	--Before the early 2000s, maternal and infant mortality received far less attention despite having been higher than in the years after --The largest increases in maternal health spending have <i>followed</i> , not preceded, sharp declines in maternal mortality ¹⁵ --Notions of "need" are socially constructed/interpreted and vary by place and time ¹⁶ --There may be an infinite number of need-based claims on the state at any given time, but only a few of these come to be seen as legitimate and worthy of state response
2.	The maternalist orientation of women-	--This cannot explain the existence of 3 to 5 times as many individualist women-specific

¹⁵ See Figures 1.1, 3.5-311, and 4.2

¹⁶ Fraser, "Women, Welfare and the Politics of Need Interpretation"; Langan, "The Contested Concept of Need"; Sauger, "The Social Construction of Housing Management Discourse: Objectivity, Rationality and Everyday Practice," 97; Beveridge, *Special Educational Needs in Schools*, 1; Molyneux, "Mothers at the Service of the New Poverty Agenda: Progres/Oportunidades, Mexico's Conditional Transfer Programme," 438.

	specific social programming makes sense given that women-specific programs address concerns unique to women (like maternal health) and sex-unspecific social programs address concerns shared by both men and women	programs as maternalist programs in any given year ¹⁷ --This cannot explain the initial ambitious vision for and planned expenditure on IMY, a women-specific individualist program ¹⁸
3.	India is investing in maternal health because, unlike before, it can now afford to do so	--Maternalist spending in India has risen not only in absolute terms but also as proportion of public expenditure
4.	India is a socially conservative country, so familialist social policy for women is to be expected	--The familialization of women's social policy in India has coincided with liberalization of social attitudes about gender roles
5.	Maternalist programs are simpler to implement than individualist programs	--Simplicity of implementation depends on program design rather than program type --JSY, one of India's key interventions for maternal health, began as a "simple," unconditional cash transfer program with a flat benefit, but was later converted to a much harder-to-implement, conditional cash transfer program with complex eligibility criteria and varying levels of benefits ¹⁹
6.	India's economy cannot accommodate greater workforce participation by women, so the dearth of (employment-focused) individualist programs makes sense	--For years, policy rhetoric in India has problematized not an excess of women's employment but its low and declining rates --By theory, we expect market economies to want to put people to work --In the past, India's smaller economy accommodated greater labor market participation by women. It is unclear why the much bigger economy of today would be considered incapable of accommodating female labor --IMY, which began as a "holistic" empowerment program, was transformed into a livelihoods program over time. The explanation is inconsistent with this shift

¹⁷ See Figure 3.9

¹⁸ See Figure 1.2

¹⁹ See Table 4.1

7.	There is little to no demand for individualist programs, so the state does not supply them	<p>--On the contrary, civil society groups and state feminists have voiced demands for interventions for women's economic empowerment since the 1970s and 1980s²⁰</p> <p>--The state <i>does</i> supply them – there are three to five times as many individualist programs as maternalist programs in any given year – but does not fund them to the same degree as maternalist programs</p> <p>--Civil society groups, international organizations, and the women's ministry objected to the termination of Swayamsiddha in 2008, but their objections were overridden²¹</p>
8.	Maternal health policy in India is used as a cover to advance population control objectives	--The evolution of JSY, including removal of a sterilization incentive and elimination of eligibility criteria limiting coverage by number of children, is inconsistent with this explanation ²²
9.	It is less a concern with maternal health, and more one with infant health, that is driving maternalist expenditure in India	--High infant mortality is a contributor, but the study of JSY makes clear it is not infant mortality alone, or even primarily, that drives that program
10.	The trend toward “gender mainstreaming,” promoted by international organizations, explains the dearth of funding for individualist programs ²³	--Arguments for terminating individualist programs or merging them (and their funding) with sex-unspecific programs invoke not the rationale behind or language of gender mainstreaming (i.e., the need to make all programs gender-sensitive) but the idea that women-specific programs are a wasteful duplication of existing sex-unspecific (usually anti-poverty) programs

²⁰ Sudarshan, “Women Workers: Addressing Constraints to Work,” 429-30; Kumar, *The History of Doing*, 102; Hameed and Jain, “Summary: Feminist Economists Engage with India’s Eleventh Five Year Plan,” 6-7.

²¹ See Chapter 5

²² See Table 4.1 and Chapter 4

²³ “What Is Gender Mainstreaming.”

VII. A roadmap

An average woman in India today is expected to live to about 70 and have 2.2 children through the course of her life. Yet, much of India's social programming for women deals only with the 20 or so months – about 3% of the 624 months of adulthood – that an average woman spends pregnant. Why? This chapter has outlined briefly the reasons behind India's growing maternalism. The following chapters provide further detail.

Chapter 2 discusses how the key terms used in this study – maternalism, familialism, individualism, and others – are conceptualized and operationalized, reviews existing literatures on maternalism, reveals why they are unable to account for maternalism in India today, explains the research design deployed by this study, and ties its findings into a theory of budding maternalism in the global south.

Next, Chapter 3 provides a topographical view of the landscape of women-specific programs in India, arguing that, on a range of measures of maternalist and individualist policy effort, maternalism is growing relative to individualism in women's social programming.

Chapters 4 and 5 then trace the histories of a maternalist program (National Maternity Benefit Scheme/Janani Suraksha Yojana) and an individualist program (Indira Mahila Yojana/Swayamsiddha), respectively, to both discover why.

The concluding chapter, Chapter 6, considers the extent to which the findings of Chapters 3, 4, and 5 may be generalized to other programs in, and to countries beyond, India. It ends with an assessment of the immediate outcomes of India's maternalist efforts.

CHAPTER 2: Concept, Literature, Design, and Theory

I. Introduction

This chapter serves four broad purposes. First, section II draws on existing literature to conceptualize and operationalize maternalism, distinguishing it from paternalism on the one hand and individualism on the other. It shows that although different conceptions of maternalism prevail in the literature, in the context of social policy these can be boiled down to a common phenomenon: the practice of making women's roles as mothers the bases for women's social entitlements. Next, section III reviews existing literatures on maternalism, showing that the richest of these has usually attributed the rise of maternalist policy and practice to the presence of one or more of three factors: support for pronatalism, advocacy by women's charitable associations, and influence of political Catholicism or Christian Democracy. It then critiques the literature to reveal its limitations; discusses the outcomes and ideologies that have historically been associated with maternalism; and, using language of social citizenship, makes the case for studying women's social policy. Section IV then describes the research design used for this study, justifying case selection and explaining how causal inferences are drawn. Finally, section V presents the theory proposed by this dissertation: that the roots of contemporary maternalism can be found in the emphasis that the world of international development has placed on maternal mortality as a key indicator of women's well-being in development as well as on the conflation of gender and poverty in social policy thinking in India.

II. Conceptualizing and operationalizing maternalism

Broadly speaking, maternalism refers to the practice of identifying women as mothers first and foremost. Given the wide range of meanings this general definition of maternalism encompasses, it is unsurprising that historical research on maternalism has applied the term to denote multiple phenomena. In a single 1993 edition of the *Journal of Women's History*, for instance, contributors used the term variously to describe (1) the ideas of mid-nineteenth-century American women who sought to reclaim motherhood from male-dominated obstetric and pediatric medicine²⁴; (2) the use of women's maternal role by German feminists as grounds for women's participation in the public sphere²⁵; (3) conflation of women with mothers and policies based on the assumption that "all women are potential mothers capable of nurturing children for whom they hold primary responsibility"²⁶; (4) an ideology that presented motherhood as a service to the state and a rationale for male wages high enough to support the dependent family²⁷; (5) the rise of charities to support maternal and child welfare in tsarist Russia²⁸; and (6) a "belief in motherhood as an idea validating policies or public actions" in turn-of-20th-century Japan.²⁹ These definitions represent a small sample of the range of meanings that have been associated with maternalism across time and space.

In the more specific context of social policy too, understandings of maternalism vary. In this context, "maternalist" is used to describe policies that "recognize and

²⁴ Weiner, "Maternalism as a Paradigm: Defining the Issues," 97.

²⁵ Allen, "Maternalism in German Feminist Movements," 99-100.

²⁶ Boris, "What About the Working of the Working Mother?" 104.

²⁷ Ladd-Taylor, "Toward Defining Maternalism in US History," 110.

²⁸ Lindenmeyr, "Maternalism and Child Welfare in Late Imperial Russia," 118.

²⁹ Uno, "Maternalism in Modern Japan," 127.

reward care as a female responsibility,³⁰ address the welfare needs of mothers and children,³¹ or provide support to mothers to enable them to care for children at home,³² among others. One definition that captures this range of meanings concisely comes from Sainsbury (1996). Although Sainsbury rarely uses the term “maternalism,” she distinguishes models of welfare provision on various dimensions, one of which is the basis on which entitlements are provided. Sainsbury finds that in Western welfare states women’s entitlement has often “derived from their status as mothers and wives.”³³

This provides a useful way to conceptualize not only maternalist social policy but also the larger universe of gendered social policy. Drawing from this framework, I define maternalist social policy and programs as those under which women’s status as current or potential mothers is the basis for the benefits women receive. Let us unpack this definition briefly. First, the use of “policy and programs” above suggests that both general state policy and particular social programs may be classified as maternalist. Second, “current or potential mothers” indicates that programs for women who are not yet mothers qualify as maternalist if they assume future motherhood and direct benefits on this basis. Examples include programs for pregnant women. Finally, “basis for the benefits women receive” suggests that only benefits for which women qualify due to their (current or potential) motherhood can be characterized as maternalist.

³⁰ Blofield and Franzoni, “Maternalism, Co-Responsibility, and Social Equity: A Typology of Work-Family Policies,” 47.

³¹ Koven and Michel, “Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920,” 1079.

³² Orloff, “Gender and the Social Rights of Citizenship: The Comparative Analysis of Gender Relations and Welfare States,” 321.

³³ Sainsbury, *Gender, Equality and Welfare States*, 44.

It is also worth considering here whether programs for family planning and contraceptive services qualify as maternalist under this definition. In the usual usage of the term, maternalism is associated with a pro-birth or pro-child stance, as the paragraphs above and below document. On the surface, then, this association would seem to disqualify policies and programs designed to control, delay, or prevent birth from being identified as maternalist. Yet, in practice this distinction dissolves quickly. Two examples will clarify the point. First, in some countries (such as India), the programs that provide antenatal and postnatal care to women often also provide family planning services. While the former type of benefits may be considered pro-birth or pro-child, the latter would help prevent or delay birth. Yet the two converge in the same programs, calling a sharp practical distinction between birth-promoting and birth-preventing into question. Second, at least some measures that normally prevent or delay birth, such as spacing methods, might be considered pro-child if framed as measures that keep mothers in better health, lower health risk to babies from future pregnancies, and allow mothers to provide the best possible care to an existing child without being distracted by another pregnancy or a younger child.³⁴ Both these examples blur the line between pro-birth/pro-child and birth-preventing. Given this blurred distinction, in this study family planning programs are considered maternalist if they meet the above definition of maternalist programs, regardless of whether they appear to be birth-promoting or birth-preventing at first glance.

Our definition of maternalist also indicates that not all programs that place women in the home automatically qualify as maternalist: to be characterized as

³⁴ “Benefits of Healthy Birth Spacing.”

maternalist, they must target women as mothers. What of programs that target women as wives, however? Borrowing from Skocpol (1992), I distinguish maternalist policy from paternalist policy, which directs benefits not to mothers for their care work but to breadwinning fathers/husbands as maintenance for their families (including their children and wives) or directly to wives in recognition of their dependent status (see Figure 2.1). The difference between paternalist and maternalist policy thus amounts to differences in the identity of the direct recipient of benefits (mother v. wife) and the purpose for which, or the principle based on which, benefits are distributed (principle of care v. principle of maintenance).³⁵ While paternalist policies might comprise, for instance, a “family wage,” couples’ or family pensions, or other social insurance benefits for men who are then assumed to provide maintenance to their wives and children, maternalist policies channel benefits to mothers to enable them to provide care for their children.³⁶

The distinction between paternalist and maternalist measures is not always made clear in the gender and welfare literature, where authors have often used the terms interchangeably or characterized both maternalist and paternalist initiatives using a common label: the male breadwinner model. Yet, others have argued that paternalist and maternalist measures are based on different assumptions about women’s roles in society and have different consequences for women.³⁷ Persuaded by the latter argument, in this project I distinguish between the two to the extent possible. I further distinguish the paternalist and maternalist policy types from a third type, which we might call the “parentalist” model. Under this type, benefits are channeled neither to the

³⁵ See Sainsbury, *Gender, Equality and Welfare States*, 44-45.

³⁶ Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States*, 10.

³⁷ Skocpol, 34-35; Sainsbury, *Gender, Equality and Welfare States*, 74.

husband/father nor to the wife/mother but to one or both parents, regardless of gender, for care of dependent children.³⁸

Despite their differences, however, all three types of social programs discussed above – maternalist, paternalist, and parentalist – do derive from the same general model of social policy: one in which entitlements are based on family relationships (mother, wife, father, husband, parent) rather than on individual citizenship.³⁹ Here I use the term “familialist” to characterize social policies in which familial relationships serve as bases of entitlement. The opposite type of policy, in which benefits are channeled to recipients as individuals rather than as members of families, may be described as “individualist.”

The label “individualist” is borrowed from Karen Offen, who uses it to describe the feminist tradition that invoked “abstract concepts of individual human rights and celebrated the quest for personal independence (or autonomy) in all aspects of life, while downplaying, deprecating, or dismissing as insignificant all socially defined roles and minimizing discussion of sex-linked qualities or contributions, including childbearing and its attendant responsibilities.”⁴⁰ Offen distinguishes this feminist tradition from what she calls “relationalism” (and what I have called familialism): a set of ideas that grounds claims for women’s rights not in women’s individuality and humanity but in their childbearing and nurturing capacities.⁴¹ Individualist social policy consist of programs that address recipients in their roles outside the family, typically as workers, and can be broken down further into policies and programs that provide socioeconomic benefits on

³⁸ Pedersen, *Family, Dependence, and the Origins of the Welfare State: Britain and France, 1914-1945*, 17-18.

³⁹ Sainsbury, “Gender and Social Democratic Welfare States,” 78.

⁴⁰ Offen, “Defining Feminism: A Comparative Historical Approach,” 136.

⁴¹ Offen, 136.

the one hand and those that target beneficiaries as civic and political actors on the other. Although civic and political programs are not usually examined in the welfare literature on the grounds that they are not negative or *protective* measures that the term “welfare” implies and instead constitute positive or *promotional* programs, I include them in the scope of the study here because the focus here is broader social policy rather than more restricted world of “welfare.”⁴²

The distinction between familialist and individualist approximates the popular distinction proposed by Molyneux (1985) between “practical gender interests” and “strategic gender interests.” The former are “a response to an immediate perceived need [of women], and they do not generally entail a strategic goal such as women’s emancipation or gender equality.”⁴³ An example may be access to clean water, since women are traditionally responsible for the cooking and cleaning tasks that require a large supply of water. The latter derive “from the analysis of women’s subordination and from the formulation of an alternative, more satisfactory set of arrangements to those which exist.”⁴⁴ Examples include elimination of institutionalized gender-based discrimination, freedom from male violence and control, and political equality.⁴⁵ In our formulation, familialist policies would correspond to practical gender interests since they work within the framework of the sexual division of labor and individualist policies may be considered linked to strategic gender interests because they represent a challenge to

⁴² For distinction between protective, promotional, and other linked categories, see Devereux and Sabates-Wheeler, “Transformative Social Protection,” 10-11.

⁴³ Molyneux, “Mobilization without Emancipation? Women’s Interests, the State, and Revolution in Nicaragua,” 233.

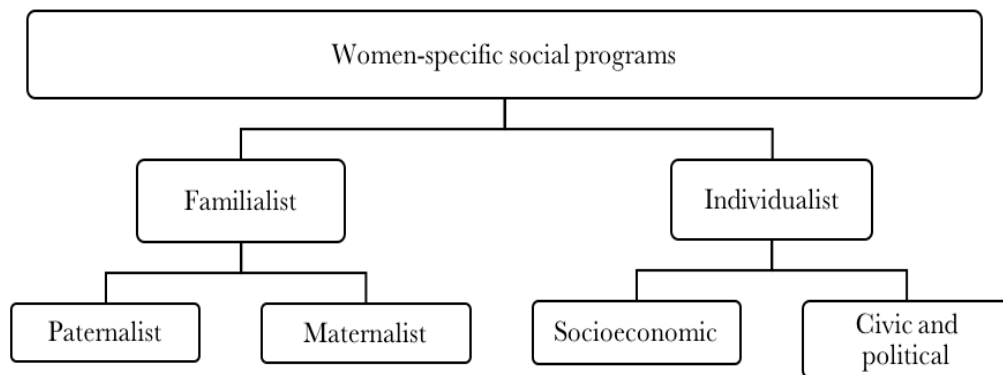
⁴⁴ Molyneux, 232.

⁴⁵ Molyneux, 233.

the sexual division of labor that is at the core of women's subordinate status in most societies.

The above discussion suggests categories of social programs that can be used to classify programs for either or both sexes. Narrowing them to *women-specific* social programs, which are the focus of this study, leads to the typology below (see Figure 2.1). The parentalist type is omitted from the figure because, by default, it comprises of programs that assist either or both *parents*, not mothers specifically, and therefore cannot be included among women-specific programs.

Figure 2.1: Typology of women-specific programs



What would some examples of each ideal type look like? Examples of women-specific paternalist social programs would be programs that channel benefits to women based on their status as current or former wives: old-age pensions for dependent wives, old-age pensions for divorced women, and pensions for widows without dependent children, among others. Maternalist programs are programs that provide benefits to

mothers: family allowances to mothers, maternal and infant health benefits,⁴⁶ maternity grants, social assistance to poor mothers, pension credits to mothers for childrearing, and others. Examples of women-specific individualist programs of the socioeconomic type include benefits for working women, such as jobs or entrepreneurship programs for women, and for female students, such as women’s scholarships or vocational training programs, among others. Civic and political individualist programs include initiatives designed to promote women’s political participation and community leadership.

The above categories are ideal types. In reality, not all women-specific social programs fall neatly in one category or another. Some programs, for instance, fall at the intersection of one or more categories: maternity leave programs that assist employed women during their pregnancies may be considered part-maternalist and part-individualist since they address women both as mothers and workers. Benefits for lone mothers, which target women both as mothers and in relation to an absent male partner, might be considered part-maternalist and part-paternalist. These examples suggest that, although not every women-specific program can be sorted easily into a single category, the fact that these programs can still be described well by reference to the intersection at which they fall suggests that the overall typology is useful in understanding the universe of women-specific programs.

How should familialism and individualism in social policy – or social policy effort for women as members of families and women in roles outside the home – be measured, however? Policy “effort” is sometimes used interchangeably with policy “attention” and

⁴⁶ Although, as per our definition, only maternal health benefits and not infant health benefits should qualify as maternalist, the literature on maternalism characterizes infant health programs as maternalist as well, possibly because many programs provide the two types of benefits jointly.

policy “action.” A common way to operationalize “policy attention” to a given a topic in political science literature is by counting the number of legislative hearings on the topic.⁴⁷ There are two problems with this approach. First, it measures “what is being *discussed* in various forums – rather than what the government is actually *doing*” (emphases added).⁴⁸ Second, it directs attention to discussion in the legislature rather than action by the executive, which for our purposes means that it directs attention away from the branch of government responsible for social policymaking in India. Since records of deliberations in Government of India’s executive branch are not centrally stored and not open to the public, counting references to women-as-mothers or women-as-workers (and so forth) in executive deliberations is also not an option. Other possible indicators of policy attention/action applicable to India – such as the number of parliamentary questions on a given topic, laws, bills, court decisions, and speeches⁴⁹ – suffer from one or both of these drawbacks as well.

This leaves us with one way in which policy effort for women as mothers, workers, etc., can be operationalized: by using social spending as proxy. At the outset, it should be noted that the relationship between social spending and policy effort is not always straightforward: budgetary provisions often lag shifts in policy priorities, policy effort can occur without causing a visible change in budget outlays, and total spending figures do not signify the character of other components of policy effort, such as the extent of coverage and degree of generosity of given programs.

⁴⁷ Lowery, Gray, and Baumgartner, “Policy Attention in State and Nation: Is Anyone Listening to the Laboratories of Democracy?” 292-293.

⁴⁸ Dowding, Hindmoor, and Martin, “The Comparative Policy Agendas Project: Theory, Measurement and Findings,” 5.

⁴⁹ Baumgartner, Jones, and Wilkerson, “Comparative Studies of Policy Dynamics,” 966.

Despite these limitations, this project uses social spending to operationalize policy effort on women in specific roles because (1) there is ample precedence, especially in welfare research, for using social spending to measure levels of policy action or policy effort⁵⁰; (2) in India the executive branch both allocates budgetary funding and makes social policy, so focusing on budgets allows us to train our attention on the very part of the government that leads social policymaking; (3) the expenditure of funds not only denotes issue salience but also suggests existence of policy effort since the money has to be spent on some action relating to the issue at hand; (4) unlike legislative hearings or political speeches, whose differences in length or intensity can render a simple count of their number a misleading estimate of policy effort, money is a uniform unit of account, which makes comparisons across programs and over time easier; and (5) data on budgetary allocations by the Government of India exist and could be accessed for all relevant social programs throughout the timeframe of this study.

III. Literature on maternalism: explanations and limitations

A. Existing explanations for maternalism

Now that we understand what maternalism is, let us consider how existing literature has sought to explain how it comes to be. There are two main sources of information on maternalism. The first is the historical welfare literature focusing on advanced democracies of the West. The second is contemporary literature on maternalism and

⁵⁰ See O'Connor, "Convergence or Divergence?: Change in Welfare Effort in OECD Countries 1960-1980"; Jensen, "Less Bad than Its Reputation: Social Spending as a Proxy for Welfare Effort in Cross-National Studies"; Anand and Ravallion, "Human Development in Poor Countries: On the Role of Private Incomes and Public Services"; Tangermann, "Response to the Article on 'How Useful Is the PSE in Determining Agricultural Support?' By Arie Oskam and Gerrit Meester"; "Commitment to Development Index 2013."

maternal health in the global south. The paragraphs below summarize the findings of both these bodies of work.

1. Historical welfare literature (with focus on Europe and the US)

The richest source of knowledge about maternalism in the English language is literature that examines historical welfare arrangements, typically in Europe and the United States in the late 1800s and early-to-mid 1900s, often to understand the origins of the welfare states that came later. This sub-section describes the causes of maternalism identified by this literature. However, because the literature often fails to distinguish between maternalist and paternalist varieties of familialist social programs, it is not always possible to isolate the determinants of maternalism alone. For this reason, while most of the following information pertains to explanations of purely maternalist social policy, in some cases literature probing the emergence of programs that we would classify as part-maternalist and part-paternalist – and in some cases even programs that would best be classified as part-maternalist and part-individualist – is also incorporated due to the light it shines on the rise of maternalism in social policy.

Many of the explanations identified by this literature can be divided into three categories. The first of these shows how pronatalism contributes to the rise of maternalism; the second demonstrates the pivotal role of women's charitable organizations in lobbying states for maternalist initiatives; and the third examines the role of organized religion, especially Catholicism, in fomenting familialist policy. Let us examine each in turn.

According to welfare state literature, one common cause of maternalism is pronatalism, an ideology that promotes population expansion through an increase in

birthrates and infant survival rates. Early 20th-century France provides an example. Through the 1800s, birth rates in France declined rapidly. This triggered fears of “depopulation,” which generated support for pronatalism.⁵¹ Political elites of all stripes spoke publicly about the impending decline of an “empty” France, several private organizations were formed to raise awareness about the threats posed by depopulation, and popular culture too reflected pronatalist ideals, romanticizing childbearing and discouraging contraception.⁵² This national problematization of low birth rates “fostered a civic culture that placed motherhood, fertility and breastfeeding on stage and in the public eye.”⁵³ The efforts of a dense network of private associations formed in part to fight depopulation resulted in the introduction of arrangements for maternal and infant health in France at the turn of the century.⁵⁴ The arrangements included maternal and infant healthcare services, maternity leave, public subsidies to private societies such as *mutualités maternelles* that offered maternity programs, efforts to popularize breastfeeding, and others.⁵⁵ In this way, pronatalism in France begot maternalism.

Another example comes from Mussolini’s Italy. During the First World War, “when...catastrophic death tolls aggravated concerns about population replacement,” the Italian government began to take interest in maternalist and, to some extent, paternalist measures.⁵⁶ In addition to banning abortions – a policy that, because it addresses women in their roles as mothers, can be considered maternalist under our definition – it

⁵¹ Huss, “Pronatalism in the Inter-War Period in France,” 39-40.

⁵² Huss, 41-53.

⁵³ Weintrob, “Mobilizing Mothers in the Nation’s Service: Civic Culture in France’s Familial State, 1890-1914.”

⁵⁴ Weintrob.

⁵⁵ Weintrob.

⁵⁶ de Grazia, *How Fascism Ruled Women: Italy, 1922-1945*, 60.

implemented programs for “family allocations, maternity insurance, marriage and birth loans, career preferment for fathers of big families, and special institutions established for infant and family health and welfare.”⁵⁷ One such institution was the National Agency for Maternity and Infancy (ONMI), which the Mussolini government reorganized in 1933, turning it into an organization not only for infant care but also for maternal welfare, particularly of solo or poor mothers.⁵⁸ Concerned that unwed mothers were likely to abort fetuses or give birth in unsanitary conditions without medical help, ONMI organized antenatal checkups for, provided financial assistance to, and reimbursed some of the medical expenses of unmarried pregnant women. In addition, it organized infant health services, promoted prenatal and postnatal care, and counseled pregnant women to deliver under supervision of trained medical personnel.⁵⁹ It also encouraged women to breastfeed their babies and, in case of solo mothers, to determine paternity to obtain financial support from the fathers of the children.⁶⁰ Here too, then, pronatalism gave rise to maternalism.

The second causal factor identified by the literature on maternalism is women’s mobilization through women’s voluntary organizations.⁶¹ Early twentieth-century United States presents the quintessential example. Between 1911 and early 1930s, 46 American states passed laws providing mothers’ pensions to widowed mothers to help them care for their children at home. Based on the view that all women were current or potential

⁵⁷ de Grazia, 45.

⁵⁸ de Grazia, 61-62.

⁵⁹ de Grazia, 65.

⁶⁰ de Grazia, 63-64.

⁶¹ Koven and Michel, “Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920,” 1079-1080.

mothers, several states also formulated protective labor regulations for women in the paid labor force. For instance, in the first three decades of the 20th century, nearly all states imposed limits on the number of hours women could work for pay on the grounds that safeguarding the health and well-being of potential or current mothers by keeping them from overextending themselves or being exploited in the workplace was in the country's interest. As state-level maternalist policies emerged, the federal government too followed suit by passing its own maternalist measures: in 1912, for instance, it established the Children's Bureau to look after mothers and children across the country. Run entirely by women, the bureau campaigned successfully for a federal social program, called the Sheppard-Tower Infancy and Maternity Protection Act, that provided grants to states to establish programs for maternal and infant healthcare.⁶² Advocacy by middle-class women's voluntary organizations – a dense network of which emerged from women's religious groups, informal cultural and literary clubs, the temperance movement, women's participation in trade unions, and others – lobbied for the passage of each measure identified above.⁶³ In addition to advocating maternalist social policy, such voluntary organizations enacted their maternalism in other ways too: they were *women's* organizations, for and by women, and they used language not of equal rights but, paradoxically, of women's different and special nurturing capacities in the private sphere of the home to justify women's public initiatives on behalf of less fortunate mothers and children.⁶⁴ As one analyst of women's clubs wrote:

⁶² Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States*, 10.

⁶³ Skocpol, 318-328.

⁶⁴ Skocpol, Part III.

Women's place is Home. Her task is homemaking. Her talents, as a rule, are mainly for homemaking. But Home is not contained within the four walls of an individual home. Home is the community. The city full of people is the Family. The public school is the real Nursery. And badly do the Home and the Family and the Nurse need their mother.⁶⁵

This wider conception of the “home,” and therefore of the natural domain of women's activities, drove maternalist measures in early 20th-century Argentina as well. Women-led charitable organizations such as *Sociedad de Beneficencia* ran the earliest programs for maternal and infant health in Argentina, providing a foundation for later state initiatives such as the Infant-Maternity Programmes that began in the 1930s.⁶⁶ The “powerful” women who ran the *Sociedad* campaigned for expansion of state provisions for mothers and children. Over time, as male physicians began to claim the maternal-and-child-health space formerly occupied by women's organizations, state institutions grew stronger and expanded their reach, and women's collective voice weakened due to internal divisions, women's influence on social policy waned.⁶⁷ Thus, although women's organizations did not shepherd maternalist social policy through all stages of development, their early initiatives for and advocacy on behalf of mothers and children “paved the way for future developments of the welfare state and, consequently, state-led maternal and child provisions at the national level.”⁶⁸

A third social phenomenon driving maternalist policymaking is political mobilization of organized religion, especially political Catholicism or Christian

⁶⁵ Dorr, *What Eight Million Women Want*, 104. Partly quoted in Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States*, 331.

⁶⁶ Idiart, “The Origins and Transformations of the Infant-Maternity Health and Nutritional Programmes in Argentina.”

⁶⁷ Idiart.

⁶⁸ Idiart.

Democracy.⁶⁹ Christian Democracy has been defined as “a political movement inspired by Christianity, independent of the Church but rooted in Christian tradition.”⁷⁰ It is considered the most successful political movement in western Europe since 1945,⁷¹ with presence in the form of political parties in at least 13 European countries in recent years.⁷² The contemporary Christian Democratic parties evolved from Catholic parties that emerged in the late 1800s and early 1900s in several countries across Europe, including Austria, Belgium, Germany, the Netherlands, Italy, and France.⁷³ Christian Democratic ideology emphasizes the principles of (1) subsidiarity, which holds that social functions should be performed at the lowest possible level (for instance at the level of family or community) rather than at the level of the state, and (2) the desirability of the traditional family consisting of a breadwinner male and a caregiving female.⁷⁴ In practice, subsidiarity and glorification of the traditional family lent themselves to familialist social policy, including both its paternalist and maternalist variants.⁷⁵ For instance, postwar Germany, anxious to place women back in the home as caregivers after the tumultuous Nazi years, introduced no-interest marriage loans to incentivize young (heterosexual)

⁶⁹ Esping-Andersen, *The Three Worlds of Welfare Capitalism*, 27; Hien, “Unsecular Politics in a Secular Environment: The Case of Germany’s Christian Democratic Union Family Policy,” 446; van Kersbergen, *Social Capitalism: A Study of Christian Democracy and the Welfare State*, 4; Koven and Michel, “Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920,” 1088.

⁷⁰ Durand, *L’Europe de La Democratie Chretienne*, 17-18, as quoted in Acanfora, “Christian Democratic Internationalism: The Nouvelles Equipes Internationales and the Geneva Circles between European Unification and Religious Identity, 1947-1954,” 379.

⁷¹ Kalyvas, *The Rise of Christian Democracy in Europe*, 2; van Kersbergen, *Social Capitalism: A Study of Christian Democracy and the Welfare State*, 1.

⁷² Frey, *Die Christdemokratie in Westeuropa: Der Schmale Grat Zum Erfolg*, 50, as presented in Kalyvas and van Kersbergen, “Christian Democracy,” 190.

⁷³ van Kersbergen, *Social Capitalism: A Study of Christian Democracy and the Welfare State*, 3.

⁷⁴ Huber and Stephens, “Partisan Governance, Women’s Employment, and the Social Democratic Service State,” 326.

⁷⁵ Moeller, *Protecting Motherhood: Women and the Family in the Politics of Postwar West Germany*, 27.

couples to marry, as long as the bride agreed to leave or remain out of the workforce. With each child that the newlywed woman had, one-quarter of the loan was forgiven. A married woman who bore four children could have the entire loan waived.⁷⁶ Analysts have attributed such familialist/maternalist benefits to the Christian Democratic influence in Germany.⁷⁷

The association between politically mobilized organized religion and a policy framework that encourages traditional family arrangements is confirmed through cross-national analyses as well. For instance, one influential study found that out of eight countries (Ireland, Italy, Netherlands, Belgium, Switzerland, Germany, Austria, and France) with the strongest Catholic or Protestant political parties, seven (all except Switzerland) had family policy that approximated what the author calls the “general family support” model, which provides support to the nuclear family and assumes the existence of a male breadwinner and a female caregiver.⁷⁸ The model comprised programs such as cash allowances for minor children, family tax benefits for minor children, and public daycare services for minor children older than three.⁷⁹ These programs may not have been overtly gendered, but in practice they tended to promote a traditional division of labor, especially in absence of measures (such as maternity leave) specifically incentivizing or enabling female labor market participation. If programs such as public daycare for very young children and paid maternity and paternity leave too

⁷⁶ Moeller, 47-48.

⁷⁷ Hien, “Unsecular Politics in a Secular Environment: The Case of Germany’s Christian Democratic Union Family Policy,” 447.

⁷⁸ Korpi, “Faces of Inequality: Gender, Class, and Patterns of Inequalities in Different Types of Welfare States,” 143-152.

⁷⁹ Korpi, 145.

existed in the countries characterized by the general family support model, they were likely to be weak.⁸⁰ The overall orientation of family policy in these countries was therefore familialistic, driven in large part by the political strength of religious parties idealizing the traditional family.

Taken together, the above three explanations for historical maternalist social policy form the critical mass of explanations offered in the literature examining the (origins of) the west European and American welfare states. What of social policy maternalism in recent times, however? The section below examines works on contemporary maternalism.

2. Literature on contemporary maternalism

In addition to the historical welfare literature on maternalism summarized above, a smaller, more contemporary literature exists that illuminates policymaking on women as mothers in countries around the world today. There are two strands of this literature: one examines the emergence in social policy in middle- and lower-income country contexts and internationally of ideas about the social responsibilities of motherhood (that is, ideas of mothercraft), and the other examines rising attention to the biological aspects of motherhood (that is, to maternal health) in the global south. In other words, the first strand examines social maternalism while the second studies biological maternalism.

a. Contemporary literature on social maternalism

Much of this strand of the literature responds to the argument, made largely in the welfare literature of affluent Western countries, that advanced democracies of the West are bidding “farewell to maternalism” and switching to an “adult-worker model” of social

⁸⁰ Korpi, 148.

policy that encourages women to work for pay and supports them primarily as paid workers who happen to also have caregiving responsibilities that are to be delegated or reconciled with paid work.⁸¹ This change, the literature argues, is apparent in the Nordic countries, Italy, United States, and in even the “former bastions” of familialist policy: the United Kingdom and the Netherlands.⁸²

The “farewell” scholarship attributes the abandonment of the maternalist model in the West to a range of factors, including changes in cultural notions of appropriate gender roles, the second-wave feminist movement, women’s mass entry into the workforce, welfare state retrenchment, economic stagnation that has impeded the ability of many families to attain an acceptable standard of living through the male wage alone, and – in the face of labor shortages, opposition to immigration, and overstretched pension systems – the state’s interest in expanding the pool of working people who can pay taxes and make pension contributions.⁸³ The policy shift has taken various forms, such as elimination of or reduction in support for full-time motherhood (even in case of lone mothers), introduction of labor activation policies that encourage workforce participation, tax reforms that favor employed mothers over those who provide care full

⁸¹ Lewis, “The Decline of the Male Breadwinner Model: Implications for Work and Care,” 153-154; Orloff, “From Maternalism to ‘Employment for All’: State Policies to Promote Women’s Employment across the Affluent Democracies,” 230; Mahon, “The OECD and the Reconciliation Agenda: Competing Blueprints,” 1.

⁸² Orloff, “From Maternalism to ‘Employment for All’: State Policies to Promote Women’s Employment across the Affluent Democracies,” 230.

⁸³ Orloff, 231; Jenson, “The New Maternalism: What Has Happened to Women in Social Policy Design?,” 1. It is unclear why shortage of native workers is leading to a departure from maternalism instead of maternalist policy to encourage childbearing in order to replenish the population (which is what the “pronatalist” argument for maternalism would predict).

time, and others.⁸⁴ While motherhood has not lost its cultural cachet, the possibility of using motherhood as a basis for entitlements is shrinking.⁸⁵ Both societies and states are thus responsible for the shift away from maternalism/familialism.

While other scholars of affluent democratic welfare states concur that such a shift is indeed underway,⁸⁶ analysts of social policy in other parts of the world have pushed back against the farewell-to-maternalism thesis. The rebuttal takes two forms: the first focuses on resurgent familialism (in both its paternalist and maternalist manifestations) in specific countries such as Poland, Hungary, Mexico, and Iran⁸⁷ and the other reveals the maternalist character of social policy pronouncements emerging on the international stage, including from groupings of affluent Western democracies that may have rejected maternalist social policy domestically but promote social policy of a maternalist character in their international policy rhetoric.⁸⁸ The following examples illustrate the two types.

Perhaps the most prominent example of the country-focused type of rebuttal is research on an innovative conditional cash program in Mexico that is now emulated across South America and other middle- and low-income economies. Established in 1997, the program was first called Progresa, renamed Oportunidades, and has most

⁸⁴ Orloff, "From Maternalism to 'Employment for All': State Policies to Promote Women's Employment across the Affluent Democracies"; Mahon, "The OECD and the Reconciliation Agenda: Competing Blueprints."

⁸⁵ Orloff, "From Maternalism to 'Employment for All': State Policies to Promote Women's Employment across the Affluent Democracies," 232.

⁸⁶ Ostner, "Farewell to the Family as We Know It: Family Policy Change in Germany."

⁸⁷ Saxonberg and Szelewa, "The Continuing Legacy of the Communist Legacy? The Development of Family Policies in Poland and the Czech Republic"; Glass and Fodor, "From Public to Private Maternalism? Gender and Welfare in Poland and Hungary after 1989," 342; Molyneux, "Mothers at the Service of the New Poverty Agenda: Progresa/Oportunidades, Mexico's Conditional Transfer Programme"; Moghadam, "Maternalist Policies versus Women's Economic Citizenship? Gendered Social Policy in Iran."

⁸⁸ Jenson, "The New Maternalism: What Has Happened to Women in Social Policy Design?," 5-7; Jenson, "Displacing Equality Discourse: Three Policy Directions Underpinning the Resilience of Gender Inequalities," 8.

recently been known as Prospera. Based on the theory that poor families' inability to invest in the human capital of their children is what transmits poverty to future generations, the program seeks to provide cash incentives to poor mothers to make such investments. The funds are dispensed directly to mothers in recognition of "the potential of mothers to use resources effectively and efficiently in a manner that reflects the immediate needs of the family."⁸⁹ In return for the cash, mothers are made responsible for:

...taking children for regular health checks, meeting targets for ensuring their children's attendance at school, attending workshops on health and programme coordinators' meetings, and contributing a set amount of hours of work to the programme, typically cleaning buildings or clearing rubbish. Failure to comply with the requirements can lead to being struck off the programme.⁹⁰

In this way, Progresa and its successor programs both assume and reinforce the idea that mothers are primarily responsible for caregiving. The integration of women as mothers does not end there, however. In addition to compensating women in cash for their efforts on behalf of their children, the program also provides healthcare benefits to pregnant women and infants, again making impending motherhood the basis for the benefits that women receive from the program.⁹¹ Hence, contrary to the "farewell to maternalism" observed in literature examining western Europe and the US, analysts studying other parts of the world find that cash transfer programs such as Progresa are (re)introducing maternalism in social policy.⁹²

⁸⁹ Skoufias, "PROGRESA and Its Impacts on the Welfare of Rural Households in Mexico," x.

⁹⁰ Molyneux, "Mothers at the Service of the New Poverty Agenda: Progresa/Oportunidades, Mexico's Conditional Transfer Programme," 434.

⁹¹ Molyneux, 436.

⁹² Molyneux, 436.

The other form of rebuttal examines not specific policies and programs as case studies but the content of policy agendas formulated at the international level. It finds that the social policy ideas that organizations such as the European Union (EU) and the Organisation for Economic Co-operation and Development (OECD) have adopted and reproduced derive from the “social investment” perspective, which favors public spending to build human capital. The social investment perspective focuses especially on children, the primary responsibility for whose well-being and appropriate development is assumed to rest with mothers. Just like in the case of Progresa, then, an overarching concern with the child incorporates women solely as mothers, leading to maternalism in social policy.⁹³

Thus, although the literature on contemporary maternalism is not nearly as vast as that on early maternalism in the incipient European and American welfare states, it does serve to counter arguments, derived from analyses of the changing nature of the same welfare states, that maternalism is a thing of the past. It shows that, at least in some parts of the world and in international policymaking, the maternalist ideology is alive, kicking, and shaping social policy relevant to women.

b. Contemporary biological maternalism (or maternal health) literature

The second strand of contemporary maternalism literature relevant for this project studies the politics of the biological aspects of motherhood – that is, of maternal health – in the context of development. Although scholars writing in this genre do not see themselves as writing in the maternalist tradition or even invoke the term “maternalism,” the subject matter of this literature qualifies as maternalist both because it relates to

⁹³ Jenson, “Displacing Equality Discourse: Three Policy Directions Underpinning the Resilience of Gender Inequalities,” 7-9.

women in their current or potential roles as mothers and because the historical welfare state literature has traditionally studied maternal health programs as part of maternalist social policy. Following this convention, here I consider the contemporary maternal health literature a subset of the contemporary maternalist literature.

Motivated by the observation that attention to maternal health is rising both within some countries and internationally, this literature seeks to explain what has prompted this change. However, because this scholarship is at an early stage, it is not yet able to offer consolidated and well-specified theories about when and why maternal health gains political salience. Instead, it uses single-country or subnational case studies, cross-country comparisons, and examination of international policy processes to contribute a series of narrower hypotheses for public policy effort on maternal health.

The hypotheses are many and varied, and thus difficult to cover comprehensively in this review. To provide a small sample, however, the following list introduces some of the causes of maternalism identified by this literature: evidence of the magnitude of the problem of poor maternal health, usage of human-rights and social-justice frameworks to frame the issue, focusing events, media attention to maternal health, existence of inexpensive policy solutions, evidence of prior policy failures, supportive policy environment, the electoral salience of social equity issues, political transitions, linkage with key national priorities, domestic ownership of available policy solutions, support from domestic and international actors, advocacy by civil society, consonance with international policy priorities, countries' aspirations on the global stage, and others.⁹⁴

⁹⁴ Smith, Shiffman, and Kazebe, "Generating Political Priority for Newborn Survival in Three Low-Income Countries"; Jat et al., "The Emergence of Maternal Health as a Political Priority in Madhya

This literature attribute growing policy attention to maternal health to all these factors, and others not listed here.

B. Advancing the literature

The literatures identified above thus add much to our understanding of the causes of maternalist social policy, but each literature also displays shortcomings that are important to note. The following paragraphs consider the blind spots of each type of literature: the historical welfare literature and scholarship on contemporary maternalism, (including works on social maternalism and maternal health).

1. Limitations of the historical welfare literature

As we saw above, students of social policy maternalism owe a great deal to the historical welfare literature, which usually focuses on the 20th-century roots of west European and American welfare states, for its systematic attention to maternalism. This scholarship not only recognized the existence of maternalist social policy as a phenomenon worthy of study but also explicated what constitutes maternalism, what brings it about, and how it shapes gender relations. These factors make the historical Western literature on welfare the richest English-language source of information on maternalist social policy.

Yet, this literature has various shortcomings. First, it fails to pay attention to, let alone conceptualize, social policy and programs that *are* overtly gendered but that *do not* address women through a familial lens. In other words, this literature ignores the possibility of the existence of programs that we have classified as “individualist” –

Pradesh, India: A Qualitative Study”; Shiffman and Ved, “The State of Political Priority for Safe Motherhood in India”; Smith and Shiffman, “Setting the Global Health Agenda: The Influence of Advocates and Ideas on Political Priority for Maternal and Newborn Survival.”

programs that are meant specifically for women but that assist women in their roles as students, paid workers, entrepreneurs, political and civic actors, and others. Because this scholarship does not consider the possibility of such programs, its claims about the extent to which overall social policy for women in a given country was familialist/maternalist are suspect. Readers are led to assume, rather than be persuaded through explicit argumentation and substantiation, that the thrust of social policy is familialist in nature. Without information on the individualist components (if any) of a given country's social policy arrangements, however, the reader cannot weigh the degree to which familialism dominates social policy and therefore cannot determine if the overall orientation of women-relevant social policy is familialist, individualist, or an equal mix of the two. For this reason, the reader is not able to adjudicate if the claim that social policy for women is heavily familialist/maternalist is reasonable or overblown.

To be fair, it is likely that the lack of conceptualization of the opposite of familialist social policy – individualist social policy – results from the manner in which the term “welfare” has usually been interpreted: as *negative* measures (those designed to keep people from falling below an acceptable standard of living) rather than *positive* ones (those designed to help people advance socioeconomically). Yet, the distinction is often arbitrary and not followed consistently: *The Oxford Handbook on Welfare States*, for instance, includes labor activation policy and education policy – both of which would usually be considered positive or promotional social policies rather than negative or preventive – as examples of welfare policy.⁹⁵ For this reason, the lack of attention to individualist policy for women, although understandable, undermines the extent to which the historical

⁹⁵ Kenworthy, “Labour Market Activation”; Busemeyer and Nikolai, “Education.”

Western welfare state literature can credibly claim that social policy for women in early 20th-century western Europe and the United States was heavily familialist/maternalist.

Second, this literature rarely probes the possible causal effect of regional, transnational, or international phenomena on familialist/maternalist policies in particular countries. Focused on single country case studies or cross-country comparisons, it attributes social policy maternalism largely to *domestic* factors: domestic pronatalism, domestic women's movements, domestic religious parties, and others. Yet, the fact that so many European countries enacted familialist policies for women around the turn of the 20th century at least raises the possibility that transnational or international factors played in role in shaping social policy. For instance, it is possible that women's organizations forged regional or international partnerships that allowed them to exchange ideas, coordinate strategies, and learn from each other. Along similar lines, perhaps the Christian Democratic parties in various countries established contact and sought to align their political platforms to some degree, or political actors, policymakers, and bureaucrats in each country attempted to monitor the social policy experiences of their neighbors. Alternatively, it is possible that social policy researchers in each country interacted with their counterparts in other countries to exchange lessons on best practice. The literature on familialism in welfare sheds little light on the above questions, leaving the possibility – or, more appropriately, the probability, given the simultaneity of social policy expansion in western Europe in the late 1800s and early 1900s, – of transnational or international influences on the familialist model unexplored.

Again, the roots of this oversight are understandable. Unable to conduct scientific experiments on countries and societies, social policy scholars have had to make use of one

of the few tools at their disposal that allow them to make causal inferences: the comparative method. For this reason, works exploiting differences in the social policy arrangements of different countries abound in the literature and have added tremendously to our understanding of multiple causal factors and pathways. Yet, this focus on the differences between social policy arrangements has obscured a basic commonality: the almost-contemporaneous emergence across western Europe of social policy arrangements that not only prefigured soon-to-come welfare states but also made women's positions as wives and mothers the key bases for women's entitlements. That such cross-country similarity existed suggests cross-country forces were at play. The existing historical welfare literature is largely inattentive to such forces, implicitly conveying the impression that they either did not exist or did not matter. Analyses of maternalism have thus remained country centric and the possible roles of developments occurring at the transnational and international levels – including, but not limited to, the formation of the International Labour Organization and the League of Nations during the interwar period – in fomenting maternalist social policy are not adequately understood.

Finally, the historical welfare literature illuminates familialism of the 20th-century affluent democracies but serves us less well if our objective is to understand the current maternalist wave, which consists in particular of programs for maternal health and which is spreading across the global south. There are several reasons why the explanations offered by this literature do not travel easily to other parts of the world. First, the “problems” to which familialism/maternalism was a response in 20th-century Europe do not exist or do not have the same resonance in the global south. Depopulation-driven

pronatalism, for instance, is a non-starter as an explanation for maternalism in most developing countries because there is little threat of de-population in these countries.⁹⁶ Second, the types of actors who drove familialist social policy in the Western welfare states are either missing or not equally powerful in the global south. The dense networks of middle-class women's voluntary organizations that lobbied for maternalist measures in 20th-century United States, for instance, find no equivalents in contemporary India, which (as the next chapter will show) has decisively focused policy attention on women as mothers. While elite feminist organizations and women's activist groups demanding state attention to maternal health exist, the penetration of such groups across levels of government and sections of society is so limited that,⁹⁷ unlike women's groups in the Progressive Era United States, they cannot be deemed to represent anything like a mass movement of women. And finally, the ideological sanction that political Catholicism or Christian Democracy provided to familialist social policy in Europe is missing in many countries of the global south, where political Catholicism is less powerful a force than it was in 20th-century Europe or where, in countries such as India, the sociopolitical arms of the dominant religions have taken little interest in women's public programming.⁹⁸

⁹⁶ As Chapter 4 shows, the opposite concern – too large a population – is also not what is driving India's recent maternalism

⁹⁷ See Deo, "An Organizational Theory of Social Movement Success in a Transnational Context," 27, for a discussion of the limited grassroots penetration of the women's movement in Indian society

⁹⁸ This is not to say that such organizations do not emphasize women's maternal function – they certainly do (see Jha, "Eighty Years On, the RSS Women's Wing Has Not Moved beyond Seeing the Woman as Mother" and Gupta, "RSS Women's Wing Camp Teaches Girls to Be Good Mothers"). The point is that there is no evidence that they have interest in shaping or have attempted systematically to influence GoI's *programming* for women.

2. Limitations of the contemporary literature on maternalism

If the historical welfare literature has limitations, so do both strands of the contemporary literature on maternalism.

a. Limitations of contemporary literature on social maternalism

The first strand – which self-identifies as scholarship on maternalism and examines social policy that codifies women’s social responsibilities as mothers – is limited usually due to its examination of single case study programs (such as Progresá in Mexico). This focus means that, just like historical welfare literature, this pioneering contemporary literature cannot tell us about the balance of maternalist and non-maternalist programs in the women’s social policy landscape. Are there other programs in same country that also channel benefits to women based on their work as mothers? Are there other programs that target women in non-familial roles? Without this big-picture view, we cannot assess if maternalism is a marginal phenomenon in women’s social policy in the countries covered by these studies or a central one. Even where multiple examples of maternalist policymaking are provided,⁹⁹ in absence of discussion of any non-familialist/non-maternalist policies that might also be in place, the overall incidence of maternalism in social policymaking is unclear, leaving us unable to assess the pervasiveness of maternalism in women’s social policy.

Second, this literature too focuses usually on domestic policymaking, rarely placing the emergence of maternalist social policy in one country in its regional or international contexts. This means that, once again, the cross-country character of the

⁹⁹ Moghadam, “Maternalist Policies versus Women’s Economic Citizenship? Gendered Social Policy in Iran.”

newest wave of maternalist policymaking is obscured, allowing domestic explanations to occupy pride of place and the roles of influential international or transnational developments to be relegated to the background. Works that *are* more systematically attuned to maternalist developments in international policy rhetoric, on the other hand, have the opposite limitation: they focus on maternalist policy *rhetoric* rather than policy action and allocations. The result is that we know a bit about the maternalist bent of international policy rhetoric and about a small number of prominent maternalist policy initiatives in various countries, but do not have a sense of the extent to which maternalism in social policy in one country is a unique occurrence or part of a general trend toward maternalism in similar countries.

Finally, this literature focuses on the way social policy codifies social responsibilities of motherhood, a focus that draws attention away from the other, likely more pervasive, form of maternalism in social policy: biological maternalism, or maternalism under which the biological aspects of motherhood (such as pregnancy and nursing) become the bases for the benefits women receive. This strand of the contemporary maternalist literature does not examine the extent to which programs for pregnant women and nursing mothers dominate social policy for women, potentially missing a large component of programming dealing with mothers in their maternal roles. Of course, the aim of these works is usually to explore why and how the social responsibilities of motherhood come to be reinforced through policy, so the choice not to study programs dealing with biological aspects of motherhood is understandable. Yet, the biological-maternalist programs are not devoid of ideas about the proper duties of motherhood. Many require, or at least urge, women to improve their diets during their

pregnancies, undergo prenatal tests, deliver with assistance from trained medical personnel, breastfeed their newborns, ensure that the infants undergo appropriate medical tests in the days after birth, monitor the newborns' health, get children immunized at the right intervals, and others. Thus, although maternal health initiatives deal largely with the physical aspects of pregnancy and childbirth, they – like social maternalist programs – assume and reinforce ideas about proper mothercraft. By not including these programs in its scope of study, then, this first strand of the contemporary maternalist literature misses out on important instances of maternalism in social policy today.

b. Limitations of contemporary literature on biological maternalism

The second strand of the literature, on the other hand, focuses squarely on biological maternalism, helping us understand if, where, why, and how maternal health has become politically salient. While, like the other literatures discussed above, this scholarship adds to our knowledge of maternalism in social policy, it too has various limitations.

First, this literature does not self-identify as maternalist or see the links between its own subject matter and that of any maternalist literature discussed above. Because this literature does not see itself as part of the rich tradition of the study of maternalism, it is unable to use the findings of other works on maternalism to illuminate its own. The resulting studies are thus both ahistorical, in that they do not place the contemporary political salience of maternal health in the historical context of a similar maternalist turn in Europe and the US in the past, and oblivious to the way the biological maternalism of maternal health programs shares similarities with social maternalism of other, coexisting

programs. And, in not seeing its subject matter as maternalist, the maternal health literature misses the deeply political reasons why maternal health programs are worthy of study: not only because they deal with an important facet of women's health, but also because of the way they which they become inextricably linked with questions of population size and quality, futures of races and nations, gender roles, gender relations, and the bases for women's social citizenship (more on this below). Studies of the politics of maternal health that treat maternal health as a technical matter thus miss the true politics of maternal health: the demographic, racial, and gender anxieties that often drive attention to it in the first place.

The second limitation of contemporary maternal health literature is that it is not yet able to offer coherent theories of when and why governments become interested in maternal health. As we saw above, the literature does offer many explanations for rising attention to maternal health, but it does not analyze them enough to suggest which among the dozens of explanations highlighted, often in a single study, have the most explanatory power. One study, for instance, highlights eleven predictors of political priority to maternal health: policy community cohesion, leadership, guiding institutions, civil society mobilization, internal frame, external frame, policy windows, global governance structure, credible indicators of the problem, severity of the problem, and effective interventions.¹⁰⁰ These are then sorted into four broader categories: actor power, ideas, political contexts, and issue characteristics.¹⁰¹ While this provides a comprehensive and much-needed framework for analysis for a budding literature, it

¹⁰⁰ Shiffman and Smith, "Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality," 1371.

¹⁰¹ Shiffman and Smith, 1371.

serves us less well if our objective is to understand the relative importance of the predictors identified and formulate a concise theory of the political salience of maternal health. To be fair, ranking predictors in order of importance and building a grand theory of the politics of maternal health were not the explicit aims of the study above. Yet, a long list of factors that matter can explain political phenomena only to some extent; the remaining explanation must come from a detailed analysis of the handful of factors that matter most. So, while the exhaustive approach that characterizes this literature produces studies that catalog thoroughly the many and varied causes of policy effort for maternal health, thus far it has impeded deeper exploration of which of the many factors has/have the highest explanatory power and why. For this reason, it remains difficult to derive parsimonious theories of the political salience of maternal health from this literature.

Finally, the maternal health literature rarely uses the comparative method to bolster its claims. While there are select exceptions, such as Smith and Shiffman's (2016) work comparing political priority for maternal survival to that for newborn survival,¹⁰² most work in this genre does not use explicit comparative cases as counterfactuals. The level of attention to or spending on maternal health is not examined in relation to that on other comparable health issues or other comparable policy areas of relevance to women. Attention to maternal health is also rarely compared across countries. As a result, although this literature tracks processes associated with rising policy effort for maternal

¹⁰² Smith and Shiffman, "Setting the Global Health Agenda: The Influence of Advocates and Ideas on Political Priority for Maternal and Newborn Survival."

health, it misses the opportunity to deploy a comparative design to make its causal claims even more persuasive.

It is on the above dimensions that this project seeks to add value. Before we proceed to a discussion of the research design it deploys and the theory it puts forth, let us discuss the merits of maternalism in social policy.

C. Assessing maternalism

The above paragraphs may convey the impression that maternalism is a simple, apolitical, even technical phenomenon – one that serves as grounds for women’s greater public participation, involves greater attention to the well-being of mothers and children, brings medical knowledge to bear on maternal and child health, and recognizes care work as *work*. In many ways, this sanguine interpretation holds true. Hundreds of thousands of women, if not more, have undoubtedly benefited over the years from improvements in maternity care and provision of financial support to mothers resulting from the maternalist policies described above. And many others, it is clear, exercised agency and found empowerment in carving out space for themselves in the otherwise masculine public sphere.

Yet there exists a darker, less salutary aspect to maternalism: its historical association with sexual control and repression, restrictive interpretations of acceptable family forms, eugenics, racism, and class prejudice. The paragraphs below examine this checkered past of maternalism, arguing that maternalism’s link to children, on whom anxieties regarding the future of the family/race/nation/religion/culture/social order/economy/military tend to be projected, makes it uniquely susceptible to permeation or cooptation by reactionary ideologies.

In its early pages, this chapter described the role of Christian Democracy in fomenting support for mothers in social policymaking in Germany, Austria, and others. Yet, it is important to note that the influence of the Church did not lead to support for *all* mothers. In 1929 in the Netherlands, for instance, Catholic and Protestant groups lobbied to exclude unmarried mothers from the maternity benefits provided by the Dutch health law. The benefits were financed by employer and employee contributions, and took the shape of paid maternity leave and medical care for pregnant women in industrial occupations.¹⁰³ Originally, the act made no distinction between married and unmarried women. Catholic and Protestant groups argued, however, that providing maternity benefits to married and unmarried mothers alike would undermine the traditional Dutch family, which was built around marriage, and cause moral pollution. Although feminist groups initially opposed the exclusion of unwed mothers, religious parties used their parliamentary majority to restrict eligibility to married women alone.¹⁰⁴ In this way, religious parties used maternalist and familialist arguments to further sexual control and repression: only sexual activity that occurred in the context of marriage was deemed appropriate, and only pregnancies and children resulting from such activity were said to deserve care and financial support. Unwed mothers and their children could not claim equal rights to either.

Italian maternalism of the early 20th century advanced a similarly circumscribed notion of appropriate sexuality and acceptable family forms. First, it was accompanied by

¹⁰³ In the framework used by this project, these benefits fall at the intersection of maternalist and individualist since they target women as both mothers and workers.

¹⁰⁴ van der Klein, “The State, the Women’s Movement and Maternity Insurance, 1900-1930: A Dutch Maternalism?”

a crackdown on (female) prostitution under which sex workers were imprisoned or compelled to work in state-run brothels. This ensured that while men still had access to sexual services, the women providing such services lived under constant police harassment and threat of imprisonment. The crackdown was part of an effort to draw a distinction between “good” and “bad” women and to reinforce the illicitness of sex and motherhood occurring outside the marital context.¹⁰⁵ Second, the Italian state criminalized not only abortion but also the dissemination of information about birth control as well as the act, even indirectly, of publicly encouraging women to use contraception or obtain an abortion. In practice, this meant that abortions continued but were driven underground and became less safe.¹⁰⁶ Third, to elevate the traditional family (comprised of a man, his wife, and their children) above all other family forms, the state refused to grant equal inheritance rights to children born out of wedlock and ONMI, the same state agency that looked after the needs of lone mothers, encouraged unmarried couples with children to “legalize their illegitimate unions.”¹⁰⁷ In these ways, Italian maternalism worked in tandem with policies designed to further sexual control and a narrow definition of what constitutes a legitimate family.

Equally troubling have been the links between maternalism and eugenics. In Germany and Romania, for instance, the same women who used maternalist arguments to draw attention to the plight of poor mothers and children in the 1920s participated also

¹⁰⁵ de Grazia, *How Fascism Ruled Women: Italy, 1922-1945*, 44-45.

¹⁰⁶ de Grazia, 55-58.

¹⁰⁷ de Grazia, 63-64.

in eugenic organizations.¹⁰⁸ Concerned about “crowding, pollution, and ill health in the urban environment” as well as the decline of the traditional family (as in western Europe), they advocated measures designed not to maximize the size of the population but to optimize its “quality.”¹⁰⁹ In the United States, too, maternalists and eugenicists were linked in many ways: prominent maternalists, who campaigned successfully for various state programs for mothers, allied with eugenic organizations; maternal and child health initiatives were often justified using the language of racial progress; a renowned organization designed to study and prevent infant mortality included a section on eugenics; the women’s clubs that led the drive for maternalist measures lobbied also for eugenic sterilization; and others.¹¹⁰ Maternalism and eugenic practice thus developed symbiotically.

Relatedly, maternalism has been intertwined with racism as well. Wherever maternalist policies have been formulated, they have raised questions about which mothers deserve benefits and why. Unsurprisingly, in many cases, the answer has favored mothers of the dominant racial group. For example, as American states in the early 20th century legislated provisions for mothers’ pensions, they also formulated rules for who deserved to benefit from them. The pensions, they decided, were to go to mothers “of good character suffering from temporary misfortune” who could provide “proper care to

¹⁰⁸ Lippek, “Maternalism, Pronatalism, Eugenics: Women as Biopoliticians in Interwar Romania and Weimar Germany,” 15; Lippek, “Pronatalism, Eugenics, and the Politics of State Health in Weimar Germany.”

¹⁰⁹ Lippek, “Maternalism, Pronatalism, Eugenics: Women as Biopoliticians in Interwar Romania and Weimar Germany,” 15-19.

¹¹⁰ Ladd-Taylor, “Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States,” 137-142.

their children in ‘suitable’ homes.”¹¹¹ The criteria turned out to be code for “white”: in practice, it was largely white widowed mothers who were deemed to be mothers of “good character” with “suitable” homes and thus came to benefit from the pensions. In 1931, for instance, at a time when nearly 10% of the country’s population was black, 96% of nearly 50,000 women receiving mothers’ pensions were white and only three percent were black.¹¹² Even in states and cities with heavier concentrations of black populations, black women formed a much smaller proportion of the recipients of mothers’ pensions – that is, if they received the benefit at all.¹¹³ Supporters of mothers’ pensions also presented pensions as a way to reform ostensibly uncultured immigrant mothers and children, raising them “up to ‘American’ standards.”¹¹⁴ In this way, by equating deservingness with whiteness and framing mothers’ benefits as a way to civilize immigrants, maternalism gave expression to racial bias.

However, it is not only racial bias that found expression in maternalism. Maternalist motivations often stemmed from class prejudice toward the poor. Recent research has discovered hints of condescension in the rhetoric of American maternalists, usually middle-class women, working for the benefit of poor mothers.¹¹⁵ In some cases, maternalists were driven not only by sympathy for single mothers and poor children but also by the fear that “the child-raising practices of the poor might produce adults lacking

¹¹¹ Abramovitz, *Regulating the Lives of Women: Social Welfare Policy from Colonial Times to the Present*, 200. Part of the quote is from Theodore Roosevelt’s message to the U.S. Congress in February 1909.

¹¹² Abramovitz, 201.

¹¹³ Abramovitz, 201.

¹¹⁴ Gordon, *Pitied but Not Entitled: Single Mothers and the History of Welfare, 1890-1935*, 47.

¹¹⁵ Michel, “Maternalism and Beyond,” 25.

in discipline, independence, and impulse control.”¹¹⁶ Worried that the poorly-raised children of the poor represented threats to the social order, middle-class maternalists imposed their own standards of care, calling the mothering practices of poor women into question. They also misinterpreted what poor women needed most: while poor women themselves identified financial support as their primary need, middle-class women determined that what they needed most was education.¹¹⁷ Middle-class female social workers, asked to make sure that recipients of mothers’ benefits were maintaining “suitable homes” for children, inevitably drew from their own class-shaped understandings of a fitting home. When the caregiving skills of poor mothers were found wanting, they pressured the women to take classes in English, infant care, nutrition, and others. Like racial prejudice, then, class prejudice too animated maternalism.

Maternalism is thus neither invariably “good” nor always “bad” in social policy. Much depends on the design of maternalist programs, the inclusion and exclusion criteria, and the extent to which maternalist policy serves as a vehicle for reactionary ideologies. Whether *Indian* maternalism, the topic of this project, works in favor of women is a more specific question that we address in the concluding chapter. Here, a different question is in order: why study maternalism in the first place?

D. Why study social policy for women?

Beyond the direct impact of social policy on the women (and children) who are its direct beneficiaries, women’s social policy has two important implications: it tells us about

¹¹⁶ Gordon, *Pitied but Not Entitled: Single Mothers and the History of Welfare, 1890-1935*, 43.

¹¹⁷ Gordon, 44.

the process by which women's "needs" come to be politically defined, and it is likely to have significant impact on the shape of the future welfare systems in the global south.

The first reason relates to the claim that social policy responds to social "needs." Since needs are rarely "self-evident and beyond dispute"¹¹⁸ however, the existence of social policy raises the questions: who decides what social conditions qualify as legitimate social needs deserving a social policy response, and how is this decision taken? As one observer of the constructed nature of our perceptions of social needs argues: "the interpretation of people's needs is itself a political stake, indeed sometimes *the* political stake."¹¹⁹ Applied to our context, the argument suggests that women's social policy is worthy of study because it reveals how women's "needs" are being understood in Indian society and who is doing the defining. How did India come to decide that pregnant women's needs are the most pressing among adult women's needs? How did pregnant women's needs come to be interpreted narrowly as the needs that arise in the days surrounding childbirth, rather than the lifelong needs of better nutrition, access to health facilities, and reproductive and bodily autonomy? How did women's socioeconomic needs – functional and legal literacy, higher education, vocational and professional training, jobs, access to financial institutions, equitable opportunity for political participation and leadership, freedom from domestic and sexual violence, access to government services of all types, self-determination in everyday life, better social status

¹¹⁸ Fraser, "Women, Welfare and the Politics of Need Interpretation," 104.

¹¹⁹ Fraser, 104. Emphasis in original.

overall – come to take a back seat? A study of women’s social policy promises a window into the gendered “politics of need interpretation”¹²⁰ in India.

The second reason is that the current, inchoate social policy in developing countries is likely to shape future, more comprehensive welfare arrangements of the future. Because many of these countries do not yet have well-developed welfare states, the welfare infrastructures they put in place today are likely to provide the foundations for the more elaborate welfare states of tomorrow, at least if the European and American experiences are any indication.¹²¹ Much of what we know now about maternalism in the early welfare arrangements of 20th-century European countries was discovered through efforts to understand the origins of present-day welfare states – efforts that were undertaken precisely because these early arrangements were known to have shaped in crucial ways the welfare states that succeeded them. Women’s social policy in the emergent welfare states of the global south is thus worthy of study not only for its current effects on millions of women and children but also because, simply put, policies have legacies: they foreclose some possibilities for the future and make others more likely.

One way to think about the impact of maternalist social policy on current and future systems of social provisioning is through use of the concept of social citizenship.¹²²

¹²⁰ Fraser, 104.

¹²¹ See Lynch, *Age in the Welfare State: The Origins of Social Spending on Pensioners, Workers, and Children*; Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States*; Koven and Michel, “Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920”; Dutton, *Origins of the French Welfare State: The Struggle for Social Reform in France, 1914-1947*; Pedersen, *Family, Dependence, and the Origins of the Welfare State: Britain and France, 1914-1945*.

¹²² Others have used related concepts, such as decommodification (Orloff, “Gender and the Social Rights of Citizenship: The Comparative Analysis of Gender Relations and Welfare States”) and dual-earner/dual-caregiver model (Lewis, “The Decline of the Male Breadwinner Model: Implications for Work and Care”) to explore the gendered dimensions of social provisioning.

T.H. Marshall's canonical definition of social citizenship distinguishes social citizenship from two other forms of citizenship – civil and political – which Marshall argues preceded the development of the social element of citizenship. Although other analysts have disputed the chronology theorized by Marshall on the grounds that the sequence he posits assumes a male citizen,¹²³ Marshall's typology of citizenship has been accepted widely. In Marshall's formulation, civil citizenship refers to "the rights necessary for individual freedom – liberty of the person, freedom of speech, thought and faith, the right to own property and to conclude valid contracts, and the right to justice,"¹²⁴ and political citizenship is "the right to participate in the exercise of political power, as a member of a body invested with political authority or an elector of the members of such a body."¹²⁵ In contrast, social citizenship is described as comprising of "the whole range [of rights] from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilised being according to the standards prevailing in the society."¹²⁶

If social citizenship is the right to economic security and social well-being, then systems of social provisioning are the means through which social citizenship is realized. Most components of any system of social provisioning address women as ungendered beings, through gender-blind programs meant for both men and women. However, the different social positions of men and women mean that these programs, although technically gender-blind, are rarely gender neutral. Designed to benefit genderless

¹²³ Pateman, "Equality, Difference, Subordination: The Politics of Motherhood and Women's Citizenship," 19.

¹²⁴ Marshall and Bottomore, *Citizenship and Social Class*, 8.

¹²⁵ Marshall and Bottomore, 8.

¹²⁶ Marshall and Bottomore, 8.

workers or heads of (poor) households, they do not officially preclude women, but the predominance of men in the workforce and as heads of households means women's access to benefits is limited. The result is that the direct benefits from ostensibly gender-blind social programs accrue mostly to men.¹²⁷

How are women to exercise their social citizenship, then? Unlike the gender-blind programs that dominate the social policy landscape, a few programs may take gender explicitly into account, for instance by limiting eligibility to women in recognition of women's disadvantaged social position. It is these programs that this project has called "women-specific programs." Bereft of equal opportunity to exercise their social citizenship rights through gender-blind programs, women do so through programs meant only for women. But, when these programs begin to target women mainly in their roles as current or potential mothers – that is, when women's social policy turns maternalist – *motherhood* becomes the basis for women's social citizenship. While this does amount to an acknowledgement of women's care work as useful work that adds value to society, basing women's social citizenship on motherhood carries some risks as well, especially for prospects of gender equality and fairer gender relations.

First, it links women – but not men – with children, implicitly lending support to the idea that childcare is primarily a mother's, not the parents', responsibility. In some cases, such as during pregnancy, the identification of women with children is inevitable given that it is women who bear children. Yet, as discussed earlier, even maternal health programs often codify not only biological aspects of motherhood but also some of its

¹²⁷ Pateman, "Equality, Difference, Subordination: The Politics of Motherhood and Women's Citizenship," 19.

social responsibilities, thus reinforcing the assumption that women are the primary caregivers. A social citizenship model in which women receive benefits based on their status as mothers therefore becomes one in which women's claims to economic security and social well-being are based on *difference* from, not on *equality* with, men.¹²⁸

Historically, it is this very notion of difference that has been used to justify the segregation of men and women into different "spheres" of life (the public and the private), which in turn has served as rationale for limiting women's access to education, paid work, and public affairs. Given the role of the sexual division of labor in both constituting and perpetuating gender inequality, a social citizenship model built on difference appears poised not to reduce but to exacerbate inequality.

Second, as we saw in the preceding section, maternalism, because of its link to children, is especially vulnerable to illiberal ideologies seeking to impose stricter patriarchal, eugenic, racist, or classist orders on society. Unsurprisingly, then, familialist/maternalist programs have often been designed in ways that restrict women's sexual and reproductive choices (such as by banning contraceptives and abortions), deepen women's dependency (by encouraging women to leave the labor market), favor one social group over others (by making it easier for women and children from the favored group to access benefits), and perpetuate the cultural domination of favored social groups (by using the childrearing practices of a certain class as the universal standard). Of these, perhaps the greatest danger is to women's autonomy. Women's association with children and children's identification as the future of the family or community (however

¹²⁸ See Bock and James, "Introduction: Contextualizing Equality and Difference" and Lister, *Citizenship: Feminist Perspectives*, 9, 96-101 for an overview of the equality-difference debate.

defined) give society an excuse for policing women's lives, especially their sexual, reproductive, and mothering choices. After all, if children are the community's future, and mothers hold unique responsibility for the health and well-being of their children, then the community can claim to have a direct stake in the choices of current and potential mothers – that is, of nearly all women. An excessive focus on women as mothers, backed by a social citizenship model that grants citizenship to women based on their current or potential motherhood, is thus especially susceptible to exploitation by a patriarchal order seeking to control women on the grounds that the survival of the community depends on women's (sexual, reproductive, and mothering) behavior.

Finally, in a model in which women's right to economic security and social well-being – that is, women's social citizenship – depends on motherhood, how women who do not, cannot, or prefer not to have children might exercise their social citizenship rights is unclear. Also ill-defined are social citizenship rights of women whose children are no longer young and dependent, and thus can no longer serve the bases of the claims women can make on the state. How are these women to derive social citizenship rights? By returning to (or entering for the first time) the paid labor market, where they will be at a disadvantage in comparison to their male peers for having detached themselves from paid work during their childrearing years? Or on the basis of "need," which tends to be defined at the family level and programs responding to which tend to direct benefits to the (likely male) breadwinner or (likely male) head of household? Neither option promises to work to women's optimal advantage.

The above discussion suggests that a maternalist model of social citizenship, despite its recognition of care work as work, is unlikely to favor women in the long run.

To summarize the reason for this in a few words, we might borrow from Sainsbury, who argues that “the bases of entitlement are decisive in determining whether welfare state policies reinforce women’s dependency or enhance their autonomy. The criteria for evaluating women’s social rights are whether they afford a socially acceptable standard of living independently of family relationships.”¹²⁹ In other words, a crucial test for systems of social provisioning available to women is whether they “defamilialise” women.¹³⁰ Sainsbury prefers maternalist systems to paternalist systems, arguing that maternal benefits may “have a defamilializing capacity in providing a decent standard of living independent of family relationships.”¹³¹ But, it is worth emphasizing here that maternalist systems, while likely superior to paternalist systems, are hardly *defamilializing*: they simply familialize women in another way, making women’s enjoyment of social rights contingent on having children rather than husbands. The emerging maternalist systems of social provisioning for women in the global south thus seem unlikely to pass one of the key tests assessing the impact of these systems on women: the defamilialization test. For this reason, if for no other, the causes, features, and consequences of maternalism in women’s social policy need to be studied systematically.

IV. Research Design

Now that we know what maternalism is, how the existing literature seeks to explain it, why existing literature is unable adequately to explain maternalism in the global south,

¹²⁹ Shiffman and Smith, “Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality,” 4.

¹³⁰ Lister, *Citizenship: Feminist Perspectives*, 172; Orloff, “Gender and the Social Rights of Citizenship: The Comparative Analysis of Gender Relations and Welfare States” calls this the “capacity to form and maintain an autonomous household.”

¹³¹ Sainsbury, *Gender, Equality and Welfare States*, 74.

and why maternalism is worth studying, let us discuss *how* this project seeks to study it. In the next few chapters, we examine the determinants of the onset of maternalism in women's social policy in the developing world by close examination of budding maternalism in one country: India. The paragraphs below shed light on the three phases of research that comprise this project: (1) case selection, (2) establishing the existence of maternalism in India, (3) paired comparison of two women's social programs in India.

A. Case selection

India was chosen as the case study for this project for three broad reasons: its consequentiality, its puzzling nature, and its "cruciality." The consequentiality of the Indian case stems from the fact that India is a developing country home to one-sixth of the world's women. Thus, the evolution of women's social policy in India affects a large proportion of women in the (developing) world. To the extent that India is among the more powerful or influential of the developing countries active on the international stage,¹³² social policy in India is also likely to enjoy greater visibility across the world, multiplying the potential impact of its social policy model. For reasons of practical significance alone, then, India is a suitable case study for examination of maternalism in social policy in the global south.

Maternalism in India is also puzzling for three reasons: (1) decline in conservative attitudes on gender in recent years, (2) low public health expenditures, and (3) concerns about the low rate of women's employment. Let us examine each in turn. Social attitudes toward gender in India today are less conservative than in decades past. For

¹³² See "India Ranks 7th among Countries with Positive Influence on Global Affairs: Survey"; Thakur, "India's Growing International Clout."

instance, compared to their parents and grandparents, young adults in India today express greater support for a range of ideas associated with gender equality (egalitarian marriages, sharing of childcare responsibilities, women's equal access to education, women's equal capacity for paid work, uniform treatment of sons and daughters, women's equal claim to inheritance) and greater condemnation of sexism and misogyny (as evidenced by falling approval of dowry-giving and violence against women).¹³³

Although reliable panel surveys are rare, the limited time-series data that are available show similar patterns.¹³⁴ A decline in conservative attitudes and a greater acceptance of non-traditional, non-familial roles of women sits uncomfortably with social policy that increasingly sees women through a familial lens.

Another reason India's rising maternalism, most of which manifests as rising policy effort on maternal health, is puzzling is the country's otherwise low public health expenditure, widely known to be "one of the world's lowest."¹³⁵ In 2014, for instance, public health expenditure in India equaled 1.4% of GDP.¹³⁶ At around the same time public health expenditure in the United States was 8.5% of GDP, and that in India's former colonizer, the United Kingdom, was 7.7%.¹³⁷ The corresponding share for the set of countries considered India's international peers ranged from 3.1% in China, 3.7% in

¹³³ Shukla, "Attitudes towards Role and Status of Women in India: A Comparison of Three Generations of Men and Women," 124; UN Women, "Making Women Count: An Annual Publication on Gender and Evaluation by UN Women Multi Country Office for India, Bhutan, Sri Lanka and Maldives," 90.

¹³⁴ See Jensen and Oster, "The Power of TV: Cable Television and Women's Status in India."

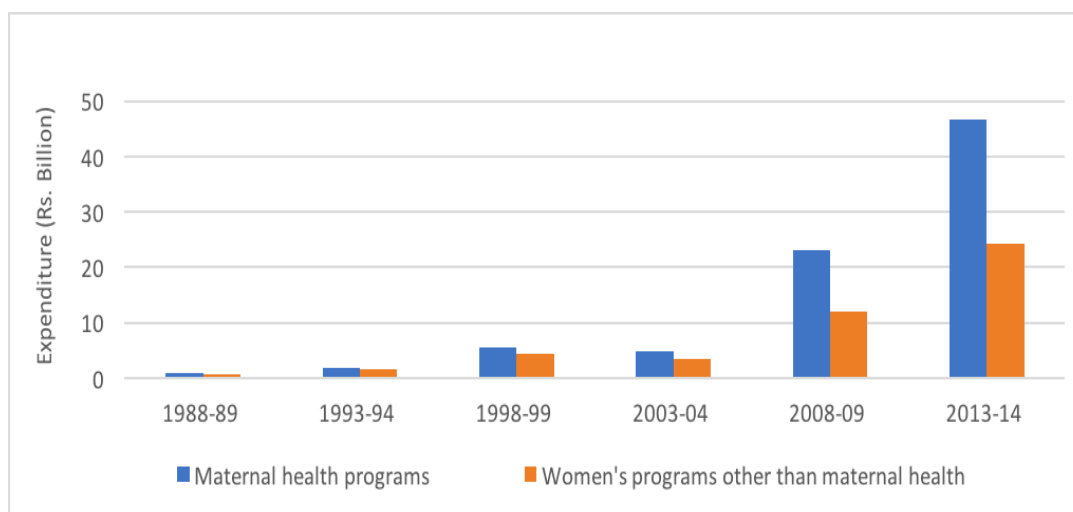
¹³⁵ "In Budget Speech, Few Specifics on Health Care;" Kumar, "Swine Flu Outbreak: Blame Govt's Shamefully Low Public Health Expenditure;" Mohan, "Why India's Healthcare Trends in 2016 Do Not Bode Well for the Future;" Kurian, "Financing Healthcare for All in India: Towards a Common Goal," 3; Chaudhary, "Why Price Control for Medical Devices Is Flawed and Counter Productive."

¹³⁶ The World Bank, "Health Expenditure, Public (% of GDP)."

¹³⁷ Sawyer and Cox, "How Does Health Spending in the U.S. Compare to Other Countries?"

Russia, and 3.8% in Brazil to 4.2% in South Africa.¹³⁸ India’s public health expenditure thus lags behind not only the rich democracies but also the other members of the BRICS group. Yet, despite the overall shortfall in public health expenditure relative to its peers, in 2013-14, India spent nearly 66% of the funding earmarked for women-specific programs on maternal health, as Figure 2.2 shows (and the following chapter describes in further detail). In other words, India, which otherwise has among the lowest public health expenditures in the world, spends most of the funds earmarked for women’s programs on women’s *health* – and especially on maternal health.¹³⁹ This paradox, too, makes India’s maternalism puzzling.

Figure 2.2: Public expenditure on maternal health programs and other women’s programs in India¹⁴⁰



¹³⁸ The World Bank, “Health Expenditure, Public (% of GDP).”

¹³⁹ This is *not* to say that public spending on women’s health in India is sufficient. In fact, public health experts tend to agree that neither India’s total health spending nor total spending on women’s health is sufficient to meet the health needs of the country’s population. Yet, the overall inadequacy of health expenditure does not detract from the fact that a large proportion of women-specific funds is allocated to women’s (maternal) health. Thus, without taking a position on the overall adequacy of health expenditure for women, this project seeks to probe its composition of women-specific expenditure.

¹⁴⁰ Source: See sources for Figure 3.2

A final reason India's maternalism presents a puzzle is that much concern has been expressed both domestically and internationally about the falling female labor force participation in the country. In rural areas, women's labor force participation rate declined from 33% in 1993-94 to 25% in 2011-12. The corresponding trend in urban areas was less pronounced but occurred in the same direction: women's workforce participation declined from 16.5% to 15.5% over the same period.¹⁴¹ Worries about this trend abound in scholarly and policy literature. Scores, if not hundreds, of articles and reports have been written to problematize the decline, and books devoted entirely to analyzing it are being published as well.¹⁴² Yet, despite the belief, expressed almost unanimously by those studying the decline of women's labor market participation in India, that women's labor market activation would do wonders not only for Indian women but also for the Indian economy, Indian social policy focuses increasingly on women's maternal role and programs designed especially to encourage women's higher education or enabling their labor market participation are conspicuous only by their absence, negligible funding, or limited coverage. The widespread concern over declining labor participation by women, too, makes the relative dearth of effort to increase women's economic participation – that is, the lack of a more individualistic social policy for women – puzzling.

¹⁴¹ Verick, "Women's Labour Force Participation in India: Why Is It so Low?," 1.

¹⁴² Dasgupta and Verick, *Transformation of Women at Work in Asia: An Unfinished Development Agenda*; Bhalla and Kaur, "Labour Force Participation of Women in India: Some Facts, Some Queries"; Klasen, "Low, Stagnating Female Labour-Force Participation in India"; Klasen and Pieters, "What Explains the Stagnation of Female Labor Force Participation in Urban India?"; Afridi, Dinkelman, and Mahajan, "Why Are Fewer Married Women Joining the Work Force in India? A Decomposition Analysis over Two Decades"; Lahoti and Swaminathan, "Economic Growth and Female Labour Force Participation in India."

Beyond being a consequential and puzzling case, India is also a “crucial” case for existing explanations for maternalist social policy. In his work on the different types of case studies, Gerring (2009) argues that there are two types of crucial cases: the most-likely case and the least-likely case. The least-likely case is “one that, on all dimensions *except* the dimension of theoretical interest, is predicted not to achieve a certain outcome, and yet does so.”¹⁴³ For our purposes, the “dimension of theoretical interest” – or, our key hypothesis – is the international spotlight on maternal mortality (see introduction and theory section below); the “outcome” in question is maternalist social policy; and “all [other] dimensions” are the three key predictors of maternalism derived from the historical welfare literature, which, as documented earlier in this chapter, are missing from the Indian setting.¹⁴⁴ The absence of all (three literature-derived hypotheses) but one (hypothesis of this project) theorized explanations of maternalism means that, from the perspective of existing literature, India is least likely to exhibit maternalism in social policy. For this reason, if social policy maternalism in India *is* found to predominate, it would strengthen the case for the one theorized predictor present in the Indian setting. India thus meets the conditions for a least-likely case, making it, once again, a suitable case study for examining maternalist social policy.

B. Establishing the rise of maternalism in social policy in India

Before proceeding to investigating the reasons behind the maternalist turn in Indian social policy, it is first important to establish that social policy for women in India is indeed increasingly maternalist. Although existing research on maternal health in India

¹⁴³ Gerring, “Case Selection for Case-Study Analysis: Qualitative and Quantitative Techniques,” 11.

¹⁴⁴ See the literature review section of this chapter.

suggests that this is the case, it does not provide systematic evidence to support the suggestion.¹⁴⁵ To document the rise of maternalist social policy, budgetary data for women’s social programs were gathered for every fifth year between 1988 and 2014 and analyzed. The analysis found strong evidence of rising attention to women as mothers, particularly in the form of programs for maternal health and nutrition, in policymaking. Chapter 3 describes the methodology and results in detail.

C. Paired comparison

The final phase of the research involved comparative analysis of two women-specific programs – National Maternity Benefit Scheme (NMBS), later renamed Janani Suraksha Yojana (JSY), and Indira Mahila Yojana (IMY), later renamed Swayamsiddha – that were proposed together, by the same administration, in 1989 and introduced together, by the same administration, in 1995. The key difference in the two programs is that while NMBS/JSY is a maternalist program, targeting women as current or future mothers, IMY/Swayamsiddha was designed to assist women socioeconomically, which makes it an individualist program under our framework. And while the former has grown remarkably since its launch, the latter floundered and was terminated in 2008 (see Figure 2.3).

The programs were chosen for paired comparison because (1) changes in their outlays accounted for a large part of the changes in familialist and individualist spending that have driven the divergence in these two types of programs since 2003-04, and (2) they approximate the most-similar systems design, which allows the cause(s) of divergent

¹⁴⁵ See Shiffman and Ved, “The State of Political Priority for Safe Motherhood in India.”

outcomes to be traced to antecedent difference(s) in otherwise similar units of study.¹⁴⁶ Following this type of research design, the comparison presented in Chapters 4 and 5 exploits both the broad similarities in the two programs (i.e. that they are both women-specific programs that were designed by the same administration and launched together) and the difference in their outcomes (i.e. NMBS/JSY expanded while IMY/Swayamsiddha was dissolved) to discover why maternalist social policy attracts greater support than individualistic social policy for women. Within each case of the paired comparison, process-tracing methodology is used to find causal-process observations,¹⁴⁷ which are then analyzed to illuminate both causal variables and causal pathways.

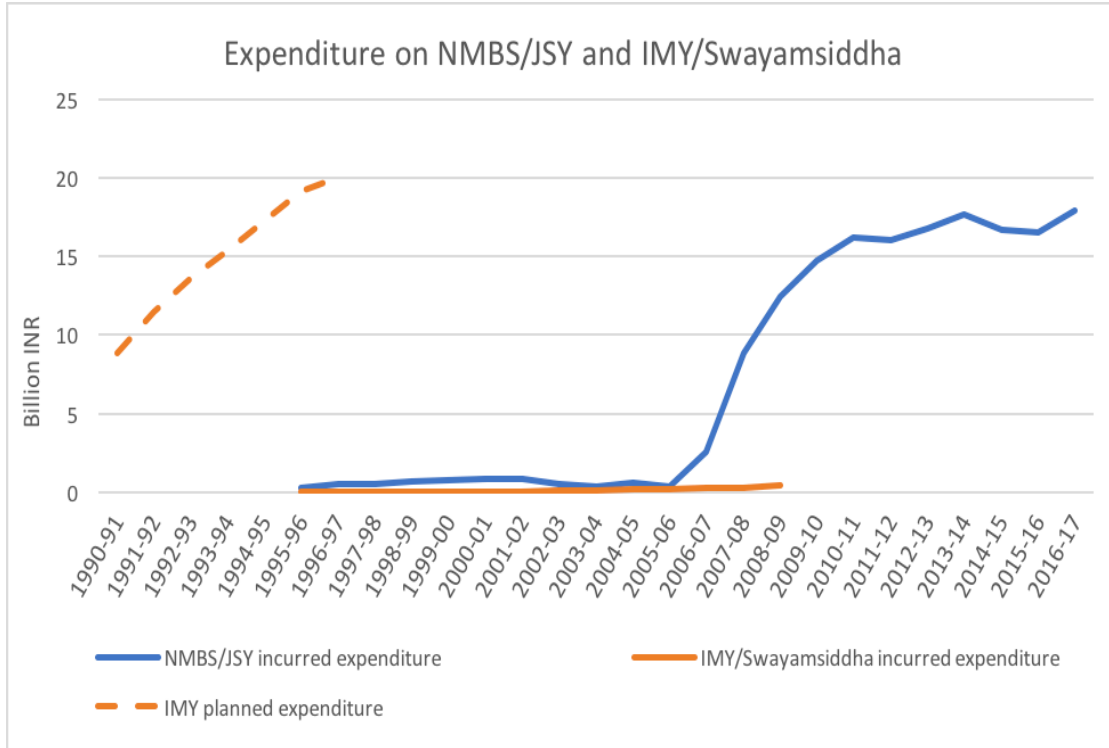
The divergent trajectories of the two programs, however, are interesting not only because of how much they differ from each other, but also because they are surprising given the circumstances surrounding the origins of the two programs. At the time that the programs were introduced, IMY promised to be the grander initiative: named after a former (late) female prime minister and inaugurated on her birth anniversary by her son, the then-prime minister, it was understood to be the most comprehensive and expensive program for women ever undertaken in India. In contrast, NMBS was a marginal, neglected campaign promise that failed to attract support from the political establishment and attention from the media. The different paths of NMBS and IMY (see Figure 2.3) are therefore doubly surprising. Because the trajectories are unexpected and because they illustrate dramatically the prioritization of maternalist programs over individualist

¹⁴⁶ Przeworski and Teune, *The Logic of Comparative Social Inquiry*, 32-35.

¹⁴⁷ Brady, "Causation and Explanation in Social Science," 237-242.

ones, a paired comparison of these programs is used to gain insight into India’s maternalism.

Figure 2.3: Planned and incurred expenditures on JSY and IMY, 1991-2017¹⁴⁸



V. Theory

Section III outlined existing explanations of maternalism in various literatures and revealed their limitations, arguing that they do not explain the emergent maternalism of

¹⁴⁸ This is the same figure as Figure 1.2. NMBS refers to National Maternity Benefit Scheme, a precursor to JSY. For NMBS/JSY, data from 1995 to 2004 pertain to NMBS; the rest pertain to JSY. IMY’s name was changed to “Swayamsiddha” in 2001. Incurred expenditure data on IMY are not available between 1995 (when the program was launched) and 1998. Incurred expenditure data pertain to IMY from 1998 to 2001 and to its successor, Swayamsiddha, after 2001. Expected expenditure data pertain to a program called Integrated Programme of Development for Women and Children, which was initially formulated in 1989 and later renamed and launched as IMY in 1995. IPDWC policy documents did not estimate the expenditure on the program beyond 1996-97, but the program was expected to continue after this date. All expenditure figures used in this project are nominal unless indicated otherwise. For sources, see Figures 4.1 and 5.1.

women's social policy in the developing world. Section IV then discussed how this project has sought to understand the rise of maternalist social policy in India. What findings did this research yield? Below I present a theory of emerging maternalism in India that ties together the various findings of this project. The project finds that the increasingly maternalist orientation of women-specific social programs in India has occurred for two reasons: the agenda-setting effect of international development conferences and agreements, and the conflation of gender and poverty in policymaking in India.

A. Setting the agenda

The agenda-setting, or spotlight, effect operated in the following manner. High-profile global conferences such as the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995) drew attention to women's sexual and reproductive health (SRH), linking them to population growth, public health, and economic development, among others. The acknowledgement by the global policy elites of the importance of women's SRH, of which maternal health is a part, attracted opposition from groups, such as the Vatican, that saw SRH as a fig leaf for enabling easy access to abortions, widespread use of contraceptives, and women's sexual promiscuity. To avoid controversy and ensure unanimity, the Millennium Summit, a prominent event held in New York in 2000 and attended by heads of state and other high-ranking leaders from around the world, steered clear of language on SRH while formulating its commitments document. Instead, this document, called the Millennium Declaration, struck a compromise: in exchange for omitting references to SRH, it incorporated a less contentious commitment to "maternal health."

The Millennium Development Goals (MDGs), a set of global development goals that derived from this outcome document, thus reflected the same compromise. The fifth goal on the list was to improve maternal health.¹⁴⁹ The goal was further specified through a target, and the target then operationalized through two indicators. The target aimed to “[r]educ[e] by three quarters, between 1990 and 2015, the maternal mortality ratio.”¹⁵⁰ The indicators used to measure progress on this target were (1) maternal mortality ratio (MMR), and (2) the proportion of births attended by skilled personnel.¹⁵¹ MDG 5 thus narrowed the meaning of maternal health: it now stood for reduction in maternal mortality (which is only one aspect of broader maternal health) and skilled personnel-facilitated birth.¹⁵²

The MDGs were not just any list of development goals, however. Formulated based on preceding lists of goals, deriving from the Millennium Declaration (which was itself signed by 189 UN member-states), elevated by their association with the historic occasion of the turn of the millennium, supported by civil society organizations across the world, and receiving extraordinary attention from the global media, they enjoyed exceptional legitimacy as a list of goals whose achievement was understood to constitute development. Goal 5 also came to occupy a unique position among the MDGs: as the only goal that dealt explicitly with adult women, it became synonymous with women-focused development. Since the introduction of the MDGs, MMR has been used to

¹⁴⁹ United Nations Development Group, “Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts, and Sources,” x.

¹⁵⁰ United Nations Development Group, x.

¹⁵¹ United Nations Development Group, x.

¹⁵² In 2008, a new target aiming to universalize access to reproductive health was added to the MDG matrix. Yet, by this time, the primacy of the maternal mortality target had long been established.

signify not only the condition of maternal healthcare in developing countries but also women's general well-being in the context of development. This created pressure on national governments across the (developing) world to take, or to be seen as taking, action against maternal mortality. India, whose MMR was not among the highest in the world and was already declining when the MDGs were introduced,¹⁵³ but which nevertheless had the largest *number* of maternal deaths in the world at the time (due to its large population),¹⁵⁴ felt especially compelled to improve its record on maternal mortality.

There are five pathways through which the influence of the MDGs and other international developments worked. First, development conferences, especially the International Conference on Population and Development, forged a discursive link between population concerns and reproductive health, catapulting the latter from the margins of the global policy agenda to its center, where population concerns dominated. Those who worried about the Malthusian scenario of growing populations in poor countries ill equipped to feed and accommodate them could no longer dismiss reproductive health as irrelevant to their concerns. This enabled the uptake of a peripheral issue, formerly of concern mostly to women's rights activists, in mainstream conversations about development. Chapter 5 explains in detail how, due to opposition to abortion and contraceptives, what began as a campaign for broader reproductive rights was whittled down to one for maternal health.

Second, the spotlight on maternal health raised the amount of foreign funding available for interventions against maternal mortality. A recent study, for instance, found

¹⁵³ The World Bank, "Maternal Mortality Ratio (Modeled Estimate, per 100,100 Live Births)."

¹⁵⁴ The World Bank, "Number of Maternal Deaths."

that donor assistance for maternal health has grown faster since 2000 than in the years before the turn of the millennium.¹⁵⁵ Specifically, it grew at an annualized rate of 2.6% in 1990-99, 4.7% in 2000-09, and 3.1% in 2010-15.¹⁵⁶ Between 2006 and 2012, the World Bank, the United Nations Population Fund, UK's Department for International Development, and other foreign sources supplied more than a billion USD – that is, more than half the funding required – for the Reproductive and Child Health program, one of India's key umbrella programs for maternal and infant health.¹⁵⁷ The infusion of such large sums of money enabled India's investment in maternalist programs.

Third, international commitments, particularly the MDGs, came with reporting obligations: countries were asked to submit periodic reports to the UN describing the steps they were taking to achieve the MDGs and the progress they were making. MDGs also generated significant media interest in maternal health (see figure 4.3). These developments drew policymakers' and the public's attention to the high rate of maternal mortality in India and incentivized policy effort for maternal health. Between 2005, when India began to incorporate MDGs into domestic policy goals, and 2017, when countries were asked to submit their final MDG reports, India submitted seven MDG reports detailing its progress on the goals. On average, the reports were 183 pages long. The pages had to be filled somehow. Thus, by requiring countries to make detailed reports, the MDGs incentivized action.

¹⁵⁵ This does not include funding for child and newborn health, which grew at an even faster pace

¹⁵⁶ Dieleman et al., "Development Assistance for Health: Past Trends, Associations, and the Future of International Financial Flows for Health."

¹⁵⁷ "India: Reproductive & Child Health Second Phase."

Fourth, in addition to this instrumental effect, the international spotlight on maternal health created an intrinsic effect: over time policymakers became convinced of the inherent value of improving maternal health, seeing India's high number of yearly maternal deaths as an abomination. Unfavorable comparisons with peer countries that outperformed India on lowering MMR became commonplace both in the news media and in the government's own publications. Observers sensed a feeling of "shame" among state actors about having the same MMR numbers as some countries in sub-Saharan Africa. The sense of shame was compounded by the realization that 99% of maternal deaths occurred in the developing world, a group of countries that India is at pains to distinguish itself from. Focus on maternal mortality in the Millennium *Development Goals* and the concentration of maternal deaths in developing countries thus tied maternal mortality to low levels of development, leading India to redouble its efforts to eradicate the problem, lest the country be characterized as a laggard even among developing economies.

Fifth, an international consensus on the importance of lowering maternal mortality not only encouraged state actors to advocate for greater resources for maternal health but also rendered them able to do so. As Chapter 4 shows, India's health ministry expanded the coverage and generosity of its key program for maternal health in successive steps between 2003 and 2013. Institutional processes required that it seek support from other ministries of the government and/or the Planning Commission for significant changes. Throughout, the ministry faced minimal opposition from these entities – an experience very different from that of the women's ministry, whose requests over the same years for resources to continue a women's socioeconomic program (that

was started at the same time as the maternal health program) met with indifference at best and antagonism at worst, as documented in Chapter 5.

Unlike maternal health programs, socioeconomic programs received little boost from international agenda-setting efforts, partly because these efforts were deficient relative to those for maternal health. The MDGs embody this imbalance well. While the Goals succeeded in putting maternal mortality on national development agendas, they were unable similarly to elevate other women-related goals, such as women's socioeconomic empowerment, because they did not incorporate the latter as central objectives. Besides MDG 5, the only other MDG relating explicitly to women was Goal 3, which exhorted governments to promote "gender equality and empower women."¹⁵⁸ The reference to "women" in the text of the goal would seem to make the goal relevant to adult women. However, instead of being operationalized in a manner that promoted broad *equality measures for adult women*, the goal was operationalized through a target that promoted *educational parity for boys and girls*. In its exact wording, the target sought to "[e]liminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015."¹⁵⁹ This narrowed the scope of the equality goal, limiting it to education and effectively excluding adult women from its purview.¹⁶⁰ Thus, of the two explicitly gendered goals among the MDGs, MDG 3 pertained mostly to girls and MDG 5, the only goal to deal with adult women, addressed women as

¹⁵⁸ United Nations Development Group, "Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts, and Sources," x.

¹⁵⁹ United Nations Development Group, x.

¹⁶⁰ United Nations Economic and Social Council, "E/CN.6/2014/3," 7; Jenson, "The New Maternalism: Children First; Women Second," 279. Some of the official indicators used to measure progress on this target brought adult women back into the picture, but it was the target, not the indicators, that carried greater political legitimacy (see McArthur, "The Origins of the Millennium Development Goals").

mothers.¹⁶¹ In this way, the international community gave greater sanction to efforts to combat maternal mortality than those to promote women's socioeconomic well-being.

B. Folding gender into poverty

The story is not yet complete, however. International actors may not have succeeded in putting women's socioeconomic empowerment on national development agendas, but why has sufficient support for individualistic programs also not materialized in India domestically? As the story recounted in Chapter 5 tells us, the reason for this is not that support for such programs did not exist in civil society or in some quarters of the Government of India; it is that state actors have managed to resist demands for *women-specific* socioeconomic programs on the grounds that such programs are made superfluous by existing sex-unspecific programs that serve both men and women.

This argument that women-specific individualist programs are a wasteful duplication of effort rests on a questionable premise, however. It assumes that women-specific socioeconomic programs add no value over sex-unspecific socioeconomic programs. This can be disputed on two counts. First, the extent to which benefits from sex-unspecific programs reach women is often limited. Due to their disadvantaged position in society, women face greater barriers than men in accessing benefits from sex-unspecific programs and thus tend to form a much smaller proportion of the beneficiary population than men.¹⁶² Women-specific programs are often better able to ensure that

¹⁶¹ Razavi, "Addressing/Reforming Care, But on Whose Terms?," 122; Jenson, "The New Maternalism: Children First; Women Second," 279.

¹⁶² See Mahajan and Ramola, "Financial Services for the Rural Poor and Women in India: Access and Sustainability," 216; Harrison and Melville, *Rethinking Social Work in a Global World*, 69-70; Roy, "Impediments to Women's Employment in Rural India: Access to Employment, Land and Other Resources," 200; Sudarshan, "Women Workers: Addressing Constraints to Work," 430.

women are not marginalized and that resources are expended on women.¹⁶³ Second, when programs are designed for women alone, they can be made to prioritize women's rights, needs, constraints, and vulnerabilities in a way that integrated programs may not be. Evidence from various countries and policy domains shows that, when designed well, such programs tend to generate better outcomes for women.¹⁶⁴ In other words, as argued toward the end of Section III, there is ample reason to believe that sex-unspecific programs create at best a weak form of social citizenship for women. This is not to say, of course, that there is no value in making sex-unspecific programs sensitive to the gendered experiences of men and women, a process the international community calls "gender mainstreaming." The point is simply that there exists at least a theoretical case for women-specific programming, even where sex-unspecific programs already exist.¹⁶⁵

This was the initial rationale behind Indira Mahila Yojana. As Chapter 5 shows, IMY was originally designed in the late 1980s as a multi-faceted, women-specific program that would address not only women's economic concerns but also their social disempowerment by imparting functional literacy, improving women's access to health

¹⁶³ Grown et al., "The Financial Requirements of Achieving Gender Equality and Women's Empowerment," 4; Former Minister, Ministry of Women and Child Development, Government of India, Interview # 24.

¹⁶⁴ See Prendergast et al., "The Relative Effectiveness of Women-Only and Mixed-Gender Treatment for Substance-Abusing Women"; Bloom and Covington, "Gender-Specific Programming for Female Offenders: What Is It and Why Is It Important?"; Hemphill, "The Data Reveals the Truth: Women Experience Better Outcomes in Gender-Specific Treatment"; "Women-Only Spaces Boost Female Tech Entrepreneurs: Cambridge Research Finds Women-Only Programmes Have Best Impact on Female Tech Entrepreneurs"; Vries, "A Realistic Agenda? Women Only Programs as Strategic Interventions for Building Gender Equitable Workplaces"; Ragasa, "Improving Gender Responsiveness of Agricultural Extension," 420-421; Audet, Berger-Douce, and St-Jean, "Perceptual Barriers Preventing Small Business Owners from Using Public Support Services: Evidence from Canada," 42.

¹⁶⁵ Mertus, "When Adding Women Matters: Women's Participation in the International Criminal Tribunal for the Former Yugoslavia," 1303, and Stratigaki, "Gender Mainstreaming vs Positive Action: An Ongoing Conflict in EU Gender Equality Policy," 177-180, discuss this "hybrid" approach to women's programming.

and other services, building women's grassroots networks, helping women recognize gender as a structural force that shapes their lives, and assisting women in mobilizing for women-relevant issues in their communities. Over time, as anti-poverty programs became popular, IMY began to be modeled after them. The radical, bottom-up vision of empowerment and emancipation that animated the program at the start began to fade. Still, several state actors believed that, even in a reduced form, IMY differed significantly from anti-poverty programs because its key objective was not to alleviate (women's) poverty but to address the multiple disadvantages women face in society.

Others, however, was not convinced. The Planning Commission advocated terminating the program on the grounds that it added no value above and beyond other anti-poverty programs. This line of thought failed to distinguish between programs that seek to fight *poverty* and those designed to fight *gender injustice*. It assumed, in other words, that the root of women's disadvantage lies not in gender but in poverty. Since programs seeking to alleviate women's (and men's) poverty already exist, the thinking went, there is little need for women-specific programs designed to do accomplish the same goal. In defending the termination of IMY on these grounds, the Planning Commission showed little appreciation for gender and poverty as distinct, albeit intersecting, dimensions of social inequality affecting women. Collapsing gender into poverty allowed the Commission to advocate the dissolution of IMY.

This lack of recognition of gender as a distinct axis of social stratification and the concomitant emphasis on poverty as the central problem of our times can be traced to several factors. First, rapid economic growth in India in recent years has thrown into sharp relief the large proportion of the population that continues to live in poverty even as

the standards of living of others continue to improve. Second, research on the “feminization of poverty” popularized the idea that poverty is concentrated among women, encouraging the incorporation of women into development thinking but highlighting their *poverty* and relegating gender in all its sociological complexity to the background. Third, the backlash against “neoliberal” reforms in the late 1990s forced reformers to reorient around, or at least adopt the language of, poverty reduction to stave off harsh criticism of market reforms. And finally, in India in the 1980s and 1990s, social mobilization along caste lines and the interpretation in political discourse of caste disadvantage as an *economic* disadvantage focused attention on the worst kind of economic disadvantage: poverty.

As poverty became the master narrative around which social policy in India is built, the poverty lens began to dominate social policymaking for women as well, undercutting arguments for women-specific socioeconomic programs and strengthening the case for sex-unspecific anti-poverty measures. Paradoxically, then, a focus on poverty diverted attention from those, such as women, who stood to benefit most from socioeconomic interventions. This is the reason that, while women-specific individualist programs exist in India and in fact outnumber familialist programs by nearly three to one, their funding, scope, and coverage remain miniscule compared to those of familialist programs. The resulting combination of high spending on familialist/maternalist programs and low spending on individualist programs is what gives the universe of women-specific social programs in India its familialist/maternalist orientation. It is to the landscape of women’s social programming in India that we now turn.

CHAPTER 3: Mapping the Terrain of Women's Social Programs in India

I. Introduction

What is the landscape of India's women-specific social programs like? What types of programs does it comprise, which programs attract the most funding, which women do the programs seek to assist, in what ways, and by what means? How has the landscape changed over time, if at all? This chapter uses an original dataset of government spending to provide a bird's-eye view of the terrain of women's social programming. It argues that the women's social programming is increasingly familialist/maternalist: while individualist programs outnumber familialist programs, it is the latter – and, within that category, maternalist programs – that receive most funds spent on women-specific programs. Depicting these trends sets the stage for the following two chapters, which zoom in on two programs to provide further proof of growing maternalism and to investigate its source.

The chapter proceeds in the following manner. Section II describes how I define women-specific programs and why. Section III recounts how the information presented in this chapter was gathered, sorted, and analyzed to estimate spending on maternalist and individualist programs. Next, section IV presents the results of the statistical analysis, concluding that programmatic spending on women is indeed increasingly maternalist, at least at the level of the federal government. Finally, section V discusses possible limitations of this study while arguing that the study adds value despite these limitations.

II. Demarcating the universe of women-specific programs

As the introductory chapter explains, I define women-specific programs as programs that provide targeted cash or in-kind benefits exclusively to women, girls, or women and children. Let us unpack the definition in pieces. First, this project examines only *programs*, not laws relevant to women or general social service spending – such as that on schools or hospitals – from which women might also benefit. Next, to qualify as women-specific, programs must target women directly. So, for instance, programs funding research or conferences on issues relevant to women in the hope that the accumulation of knowledge will yield indirect benefits for women in the future are excluded. Programs providing funds to NGOs to assist women in defined ways, such as to build and run shelters for widows, are included since the funding is earmarked for specific benefits or services that are to be targeted at women alone and the NGO in these cases is simply the administrator of the program. The benefits can be in the form of cash or kind, such as vocational training. The words “exclusively to women, girls, or women and children” indicate that programs that assist men or boys in addition to women or girls are disqualified (more on this below). The only exception here are programs for women and children. Since programs designed specially to assist women are often combined with child-focused interventions on the grounds that it is easier to operate the two together than separately, programs directing benefits to both women and children are included in the universe of women-specific programs. As we will see later in this chapter, however, while women-and-child programs are included in the study, only the part of the expenditure that targets women is used in the budgetary analysis.

Our definition of women-specific programs must be accompanied by two additional disclaimers: one about what it excludes, and the other about what it implies about the intended beneficiaries of the programs. First, women-specific social programs are not the only programs relevant to women. The universe of all central government-funded social programs, of which there are likely hundreds at any given time, can be divided into three categories: (1) women-specific programs – that is, those meant exclusively for women, girls, or women and children; (2) gender-sensitive programs – those which are not specific to women but take gendered experiences into account and make special efforts to reach or incorporate women or girls, such as sex-unspecific programs with women-specific quotas; and (3) gender-blind programs – those that are neither sex-specific nor explicitly designed to encourage women’s or girls’ inclusion in any way.¹⁶⁶ By excluding the latter two types of programs, this project is unable to account for the composition of spending on the full range of programs that serve women, which may call into question the chapter’s conclusion about growing maternalism.

While this is indeed a possible limitation, the decision to focus on women-specific programs alone was taken for three reasons. First, the fundamental goal of this project was to understand how governments in the global south are interpreting women’s specific needs and vulnerabilities – that is, whether women’s needs are equated with families’ and mothers’ needs or if there is a broader conception of the policy issues relevant to women qua women. Because the goal was to uncover and account for the Indian state’s conception of the gendered needs of women, it made sense to consider the state’s

¹⁶⁶ It is important to recognize that the programs may be officially gender-blind but, given women’s different social positions, cannot be gender-neutral in practice.

gendered responses. Hence, there was little rationale to include gender-blind programs, which by default do not provide a gendered response, in the analysis. The second reason for examining women-specific programs alone is that, as chapter 2 recounted, decades of experience with social programs in and outside of India has shown that women often face difficulty accessing benefits from gender-blind programs (since they are designed with the male beneficiary as the default assumed beneficiary) and are marginalized even in gender-sensitive programs (since these tend to subordinate women's needs to other goals). This is not to say that gender-blind and gender-sensitive programs do not benefit women: programs like the National Rural Employment Guarantee Scheme (NREGS), a gender-sensitive employment guarantee program with high levels of participation by women, clearly do. The point is that, in reducing women's barriers to access and addressing gender directly rather than through the filter of poverty or class, women-specific programs can offer something unique to women. So, while gender-sensitivity is important, it cannot replace women-specificity. Third, the budgetary data of the Indian state are not systematically disaggregated by sex.¹⁶⁷ Because of this, there is no feasible way to calculate the amount of funding directed to women via the gender-blind and even gender-sensitive programs (which, even though they sometimes have women's quotas, often fall short of meeting the quota or surpass it altogether). The only type of program for which relatively reliable conclusions regarding the amount of funding channeled to women in cash or kind can be made is thus the women-specific type. To understand the Indian government's efforts for women qua women, then, it is worth focusing on programs designed specifically for women.

¹⁶⁷ GoI's Gender Budgets, which began to be presented in 2005-06, are a recent exception.

The second disclaimer about our definition of women-specificity is that the definition is *not* meant to imply that women-specific programs are designed exclusively or even primarily with women’s welfare in mind. In fact, as this dissertation shows, in many cases the programs appear to be designed as much for the benefit of children or families as for the women themselves. I therefore use the term “women-specific” not to describe the intended final beneficiaries of these programs but simply to indicate that official descriptions of these programs identify women as the direct or first-order recipients of the cash or other benefits disbursed through the programs.

III. Methodology

A. Creating a comprehensive dataset of women-specific programs

The executive branch of the federal – or “central” – government of India is made up of several ministries, each charged with policy in specific domains such as health, agriculture, labor affairs, women and child development, and others. Over the last three decades, many of these ministries have launched and run programs meant for women. Hence, India’s women-specific programs are spread across various ministries. In 2005-06, the Government of India (GoI) began to draw up gender budgets to track spending on all women’s programs. To my knowledge, however, there exists neither a consolidated dataset that tracks expenditure on such programs prior to 2005 nor even a central list of the names of all women-specific programs.

The first task for this project, then, was to create a list of all women-specific social programs that GoI has run since 1985, a date chosen so that the resulting dataset would allow me to capture the landscape of women’s social programs in the decade before

India's economic liberalization of the 1990s, after which both public revenue and expenditure rose quickly. To create this list, I used GoI's official annual budget documents, specifically a part of the expenditure budget known as "Notes on Demands for Grants" (NDGs), as well as annual reports of relevant ministries. The NDGs, broken up by ministry, both itemize spending on the ministry's programs and provide a brief description of each program listed. I used these itemized lists and official program descriptions to identify women-specific programs.¹⁶⁸ Where sufficient information could not be found in the NDGs, or where I perceived a need for triangulation of information gathered from this source, I consulted the official Annual Report of the concerned ministry in the concerned year and/or other budget documents such as the Detailed Demands for Grants and ministry-specific Performance Budgets (or Outcome Budgets).

NDGs from fiscal year 2000-01 onward are available on government websites and are word-searchable. Women-specific programs from this year on could therefore be identified by searching the NDGs for keywords linked to women's programs. I generated the list of keywords, presented in Appendix 1, based on my prior research on and knowledge of women-specific programs, which helped me identify the words likely to be used in the names and descriptions of such programs. The list was fine-tuned and the searches re-run as new keywords were periodically identified and added to the list while gathering data for this project.

For the years between 1985 and 2000, Notes on Demands for Grants are unavailable online and therefore had to be accessed in physical form at various archives

¹⁶⁸ Programs were identified as women specific through their titles (which tended to include the words such as "women," "girls," "mothers" in English or Hindi) and through their official descriptions, which indicated who the intended beneficiaries of the programs were.

and libraries in New Delhi, including the Central Secretariat Library, the Parliament Library, and the libraries of the GoI Ministry of Finance, the National Institute of Public Finance and Policy, and the Indian Institute of Public Administration. The lack of digital copies of these documents meant that women-specific programs could not be identified through word searches. For these years, then, the identification of such programs was done manually. I read each line item and scanned all program descriptions in the NDGs, each of which runs 200 to 300 pages, for all years between 1985 and 2000, making note of all women-specific programs. In a large majority of cases, such programs could be identified by reading the names of programs itemized and/or their descriptions. In some cases, however, this was not sufficient. Three such scenarios and my response in each case are described below.

First, in exceptional cases, the programs listed in the line items were sex-unspecific umbrella programs that comprised of women-specific sub-programs.¹⁶⁹ In such cases, where the listed program I knew to be or eventually found to be comprised of distinct sub-programs of which one (or more) was specific to women, I included the relevant sub-program(s) in my list of women-specific programs.

Second, while the NDGs are comprehensive documents that provide details on program-level spending of each ministry, there are some programs that do not get listed individually as line items and are instead bundled into the category of “other programmes” in the NDGs. This category is not further disaggregated to help the reader

¹⁶⁹ For instance, from 1995 to 2001, the National Maternity Benefit Scheme (NMBS), a program for unconditional cash transfers to pregnant women, was a part of the umbrella program called the National Social Assistance Programme (NSAP). Under NSAP fell several distinct sub-programs, each with its own name, designed to channel social assistance to various groups perceived to need state support.

identify which programs comprise the category. The total spending on “other programmes,” however, tends to be a very small percentage – less than 0.5% – of the overall spending of the ministry, suggesting that the programs relegated to this category are even smaller and, in the ministry’s view, less important than those identified in the line items. So, although it is possible that my practice of identifying women-specific programs primarily through line items in NDGs led me to miss some women-specific programs that were not distinctly listed, it is nearly certain that these programs represented a negligible proportion of overall spending on women’s programs. In addition, for programs that were initially not itemized in the main budget files (presumably due to their very small allocations) but later grew and began to be itemized in subsequent budget files, I consulted supplementary budgetary documents at government offices and libraries in New Delhi to find their specific allocations in the years in which the programs existed but were not itemized in the main budgetary files and incorporated the resulting information into the dataset.

Finally, also in exceptional cases, the line items in the NDGs were not individual programs but semi-autonomous organizations funded by a ministry of the GoI.¹⁷⁰ Some of these organizations run programs that are not itemized individually in the ministry’s NDG but the details about which can be found in the annual reports of the concerned organizations. In cases where I discovered or suspected, based on descriptions of the organizations provided in the budget files, that these organizations ran women-specific

¹⁷⁰ For instance, the NDG of the Ministry of Women and Child Development (MWCD) lists not only the programs of this ministry but also organizations such as the Central Social Welfare Board and the National Institute of Public Cooperation and Child Development, both of which are semi-autonomous organizations funded by the MWCD. Similarly, the NDG of the Ministry of Human Resource Development includes grants given to a body called the University Grants Commission, the organization in charge of higher education in India.

programs, I examined the official annual reports of these organizations. Two such organizations were found and six programs, accounting for about 19% of average yearly expenditure on women-specific programs, were identified in this manner. Of these eight, just one – grant spending on women-specific colleges – accounted for 14% of average yearly women-specific expenditure.

The above procedure yielded a list of 84 distinct programs meant exclusively for women, girls, or women and children, run by the GoI between 1985 and 2015. Of these, 65 targeted adult women. Since the focus of our analysis is adult (18+) women, the rest of this project examines these 65 programs (listed in Appendix 2).

B. Gathering budgetary data

Once this comprehensive list of adult women-specific programs was ready, the next step was to gather expenditure data. For this, the same official documents – the Notes on Demands for Grants, the Detailed Demands for Grants, and the annual reports of various ministries – were consulted. Where budgetary data could not be found in these documents or where there was need for further verification, I consulted additional sources such as parliamentary records (debates as well as official answers to questions asked in parliament), governmental press releases, and secondary literature. When all else failed, I filed Right to Information (RTI) requests, an official procedure by which the Indian public can demand specific information from the state.

Due to the time-consuming nature of gathering budgetary information and because the purpose was to identify general trends, I collected budgetary data for every fifth fiscal year, starting with 2013-14 (the last year with most complete data at the time

this project began) and moving backward. As a result, my dataset contains budgetary data for six fiscal years between 1988-89 and 2013-14.

Although national elections in India are also supposed to be held every five years, nine national elections were held over the 25-year period of our study due to volatility in parliamentary coalitions. Five of the nine were held in the fiscal year succeeding the fiscal year for which data were collected. For instance, 2014 was an election year, and the dataset includes numbers for 2013-14.¹⁷¹ This raises the possibility of systematic bias in our dataset due to the electoral cycle.¹⁷² The impact of any bias created by the electoral cycle is minimized by three factors, however. First, there is no reason to expect that the electoral cycle biases individualist spending more or less than, or in a different direction from, familialist/maternalist spending. Because the core comparison in this chapter is that between individualist and familialist/maternalist spending at any given time, rather than total women's spending over different time periods, the partial overlap with election years matters less. Second, since five of the six fiscal years for which we have data coincided with the year before an election, any electoral-cycle bias that exists should affect all five years, which in effect controls for the impact of the electoral cycle. In other words, there is no reason to assume that the *extent* or *direction* of the electoral-cycle impact would differ systematically from one pre-election year to another. Finally, the following table of women-specific spending in the years for which data were collected shows there is no clear relationship between change in expenditures between two periods and whether

¹⁷¹ The other four elections had no clear relationship with the years for which data were gathered.

¹⁷² State elections are staggered, were held in each year of the period under study, and, in any case, are largely irrelevant to our analysis because the analysis focuses on central spending. Additionally, there is wide variation in the intervals at which other relevant factors, such as international grant-making and submission of country reports to donors and international organizations, occur, so there is little reason to expect that they coincide neatly with the years for which data were gathered.

the second of the two periods is a pre-election fiscal year (or an election year). This, too, suggests that there is no systematic impact of the electoral cycle on women-specific spending.

Table 3.1: Election years and changes in total spending on women’s programs¹⁷³

Period	Total expenditure on women-specific programs (Rs. billion)	Growth from previous period for which data were collected (%)	Did the current period immediately precede an election year?	Was the current period an election year?
1988-89	1.47	n/a	Yes	No
1993-94	3.55	141	No	No
1998-99	9.97	181	Yes	Yes
2003-04	8.20	-18	Yes	No
2008-09	35.07	328	Yes	No
2013-14	70.89	102	Yes	No

Recent budget documents of the GoI report three types of public expenditures on specific programs. These are the Budget Estimate (BE), the Revised Estimate (RE), and the Actual Expenditure (AE). In each fiscal year, the budget estimates represent financial allocation to programs at the start of the fiscal year. The revised estimates reflect the government’s mid-year estimate of how much money was spent or was likely to be spent on a given program in the preceding fiscal year. The actual expenditure refers to the

¹⁷³ Compiled from various sources. See sources for Figure 3.2 and “Election Results: Full Statistical Reports.”

government's final calculation of how much money was spent on a given program two fiscal year prior.¹⁷⁴

The budget figures I gathered and used in the analysis below are revised estimate figures. I chose revised estimates for two reasons. First, actual expenditure figures began to be reported in main budget files only in 2011-12. Because I needed expenditure figures that could be used to make cross-year comparisons from 1985 onward, actual expenditure numbers, unavailable in the main budget files before 2011, could not be used. Second, because they are calculated several months into the fiscal year to which they refer, revised estimates represent a more accurate picture of that year's likely spending than the budget estimates generated at the start of the fiscal year. For this reason, every effort was made to find revised estimates and almost all data points used for analysis below refer to revised estimates.¹⁷⁵

The dataset resulting from the data-gathering methods described above was compiled between November 2014 and April 2015, with some Right to Information (RTI) responses from the GoI continuing to trickle in afterward, and consists more than 400 data points.¹⁷⁶

C. Classifying programs

Once the dataset had been assembled, the next step was to classify programs into categories of interest to facilitate subsequent analysis. The broadest categories relevant to

¹⁷⁴ For instance, the budget documents for 2014-15, published at the start of fiscal year 2014-15, report the amount of money being allocated to each line item in 2014-15 (BE), an estimate of spending on each line item in 2013-14 (RE), and the government's final calculation of spending on each line item in 2012-13 (AE).

¹⁷⁵ If revised estimates were not available, I used actual expenditure where possible. In some cases, primary or secondary sources did not clearly identify the type of expenditure being reported. I used such expenditure figures in the analysis below only if they were my only source of information for expenditure on a program in a given year.

¹⁷⁶ RTI in India is akin to the Freedom of Information requests in the U.S.

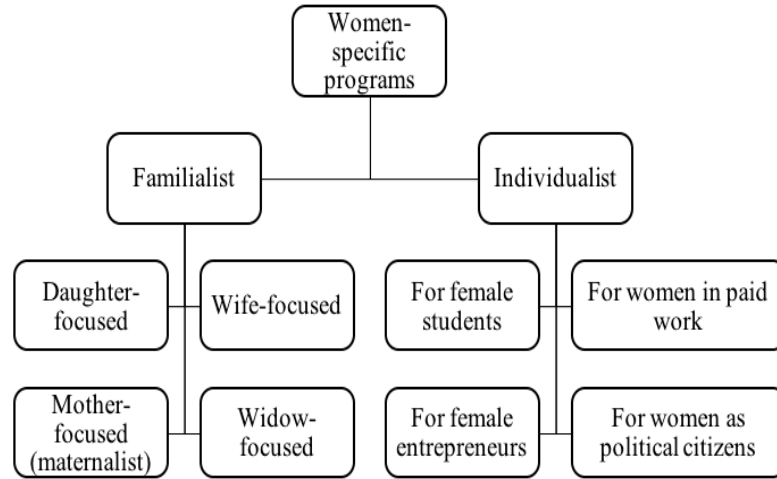
this project were familialist and individualist. Within the category of familialist, the sub-category of interest was maternalist. The following steps were taken to code programs as familialist or individualist broadly, and as maternalist or non-maternalist within the familialist category.

First, I located a brief description of each program in the NDG documents. If NDGs from more than one year described the program, I used the description provided in the earliest NDG (1985 onward) available to me that mentioned the program. If the NDGs did not describe the program at all or described it but not in sufficient detail, I consulted annual reports or performance budgets of the ministry in charge of the program to find official descriptions of the program.

As Figure 3.1 shows, preliminary analysis revealed eight distinct “bases of entitlement”¹⁷⁷ – roles in which the programs targeted women. Of these, four targeted women as members of families (daughter, wife, mother, widow) and four in non-relational, individualistic terms (student, paid worker, small entrepreneur, and political citizen).

¹⁷⁷ Sainsbury, *Gender, Equality and Welfare States*, 44.

Figure 3.1: Ideal types of women-specific programs in India



Because early analysis suggested these eight sub-categories of roles, most programs were coded as belonging to one of these categories. For instance, a program designed to provide safe accommodation to women who migrate away from their hometowns to pursue employment opportunities was coded as assisting women in their roles as paid workers; a program designed to promote better nutrition for pregnant women was coded as addressing women in their roles as mothers; a program designed to help female members of local governing councils hone their leadership and organizing skills was coded as one targeting women in their roles as political citizens, and so forth. Where the program targeted women in more than one role, I coded the program to reflect both roles.¹⁷⁸ A residual sub-category of “other individualist” was added for programs that could not easily be coded as targeting women in any one of the identified individualist roles.¹⁷⁹

¹⁷⁸ For instance, programs designed to assist working mothers by providing free or subsidized daycare for their children were coded as addressing women both as “paid worker” and “mother.”

¹⁷⁹ The Awareness Generation Program (AGP), for instance, was coded as “other individualist” because it is “aimed at inculcating a spirit of organised activity among the rural women for identifying their

Of the 65 programs identified for adult women, the above system of classification yielded 16 programs that were coded familialist, 42 that were coded individualist, two that were coded both individualist and familialist, and five that were deemed too ambiguous to be coded clearly. Expenditure on the five ambiguous programs together represented less than 1% of expenditure on women's programs on average, and was excluded from both familialist and individualist categories.¹⁸⁰ Twelve of the 16 familialist programs were found to target women in their maternal (including reproductive) function, and were therefore further coded as maternalist.

D. Calculating spending

The next step was to calculate total spending in each category in each year. For this, spending on all individualist programs was added to reveal total individualist spending in each year, spending on all familialist programs was added to reveal total familialist spending in each year, and spending on all maternalist (sub-category of familialist) programs was added to reveal total maternalist spending in each year. After estimating familialist and maternalist expenditures, it was evident that maternalist spending accounted for almost all familialist spending.

Three further calculation rules were developed to include three special types of programs. First, for programs that were coded as being for women in both familialist and

needs/problems and for chalking out plans of action to meet the various challenges that come their way” (Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2001-2002,” 105). Since this description makes clear that the AGP targets women not in a relational or familial role but as individual members of society, it was coded as an individualist program. Yet, none of our sub-categories under individualist roles (student, paid worker, small entrepreneur, and political citizen) captured meaningfully the way in which the AGP attempts to target women. It was therefore classified as belonging to the residual “other individualist” category.

¹⁸⁰ The miniscule spending on these programs means their exclusion from the calculation does not compromise the analysis.

individualist roles, I split the expenditure accordingly. Only two such programs were found, comprising 6% of average yearly expenditure on women's programs. Both were daycare programs that sought to assist employed women with childcare. In each case, I added half of the expenditure on these program to individualist spending and the other half to total familialist (specifically maternalist) spending. The literature on maternalism considers such programs, which enable women to reconcile childrearing and paid work, fully maternalist. So, classifying the entire expenditure on the program as "maternalist" would have been justified. Yet, splitting the expenditure evenly into the two categories allows me to arrive at a conservative estimate of maternalist spending and a liberal estimate of individualist spending.¹⁸¹

Second, for programs that deliver assistance to both women and children, I estimated the amount of assistance directed to women in each year (using beneficiary information found in annual reports and outcome budgets of the concerned ministry) and included only this amount, rather than the total spending on the program, in my calculation.¹⁸² It is worth noting here that the literature on maternalism tends to consider

¹⁸¹ The division rule is reasonable because the programs are equal-parts maternalist (in that they assist mothers) and individualist (in that they assist "working" women).

¹⁸² For instance, the Integrated Child Development Scheme (ICDS) provides two major types of services to two primary groups of beneficiaries: (1) non-formal education to children and (2) meals to children as well as pregnant and lactating women. To estimate how much of the expenditure on ICDS was on women in each year, I used annual reports of the Department/Ministry of Women and Child Development to gather data on the number of (1) women benefiting from the nutrition component, (2) children benefiting from the nutrition component, and (3) children benefiting from the non-formal education component. Making the simplifying assumption that the per-child spending on education, the per-child spending on nutrition, and the per-woman spending on nutrition were all equal, I estimated the total spending under ICDS on women for each year. Similarly, India's Reproductive and Child Health Programme (RCH), designed to reduce maternal, infant, and child mortality rates, targets both women and children. Data disaggregating total RCH spending into its maternal and child health components could not be found for most years. The 2009-10 Outcome Budget of the Ministry of Health and Family Welfare (MoHFW), however, indicated that the maternal health component of RCH received 57% of RCH funds in 2007-08 and 49% in 2008-09 (Government of India, Ministry of Health and Family Welfare, "Outcome Budget 2009-10," 214). Aiming

programs that assist women and children maternalist in their *entirety*, so from the perspective of this literature it would have been acceptable to include the entire spending on such programs and code it as maternalist. Instead, I estimated and used the women-only spending to provide the most conservative possible estimate of total maternalist spending in India.

Third, the University Grants Commission (UGC), the autonomous body under the Ministry of Human Resource Development in charge of higher education in the country, both funds some women-specific programs and gives general grants to institutions of higher education (IHEs), including women-specific institutions, in India. Gender-disaggregated spending data is not available from the UGC. Making the simplifying assumption that the per-student spending of the UGC in women-specific IHEs is the same as per-student spending on other IHEs, I estimated UGC's total general grant spending on women-specific institutions to be 9% of its total general grant spending on all IHEs.¹⁸³ While this grant spending may not be considered strictly programmatic in the sense that it functions as general budget support for women-specific IHEs rather than route specified benefits to women through the IHEs, it can also be argued that, in enabling women to receive higher education, the grants do the work of a women-specific

to arrive at a conservative estimate and making the simplifying assumption that proportion of funds spent on maternal health in RCH was the same each year, I estimated the maternal-health spending in RCH to be about 50% of RCH funding in all years in the dataset. The spending estimate generated for 2013-14 through this method was later confirmed via an RTI request to the MoHFW, which provided maternal health expenditure figure for this year that was very close to the estimate produced using the above method.¹⁸³ To estimate its spending on grants to women-specific IHEs, I took the following steps. First, I used UGC's annual reports to gather data on the total amount the organization spent on grants to all IHEs in each year. Next, to avoid counting the same funds twice, I subtracted the amount spent on women-specific programs from the total grants disbursed by the UGC to calculate UGC's total non-programmatic grant spending. Next, I collected from the UGC's office in Delhi information on (1) total enrollment in women-specific colleges and universities under the UGC in each year, and (2) total enrollment in all colleges and universities under the UGC in each year. This data showed that on average total enrollment in women-specific IHEs is 9% of total enrollment in all IHEs.

program without the trappings of a program (that is, without an official title and specification of precisely what the monies are to be spent on). Since it is possible to make both sides of the argument, I include grant spending on women-specific IHEs in the dataset because it raises individualist expenditure on women, rendering my case that maternalist spending outpaces individualist spending harder to make.¹⁸⁴

IV. Analysis of public spending on social programs for adult women

How much has the Government of India spent on women-specific programs over the years? As Figure 3.2 shows, total spending by the central government on adult women-specific programs rose from 1.5 billion INR (Indian Rupees) in 1988-89 to 71 billion INR (equivalent to 1.2 billion USD) in 2013-14, which represents an almost 50-fold increase in nominal prices and a 7-fold increase in real terms.¹⁸⁵ Growth occurred between each period for which we have data, except for 2003-04, when spending declined more than 30% (nominal value) relative to 1998-99. The decline was a result of changes in the allocation of the more generously funded women's programs. For instance, Development of Women and Children in Rural Areas (DWCRA) was merged into a sex-unspecific anti-poverty initiative¹⁸⁶ and thus dropped out of the dataset; the National Programme for Women in Secondary and Higher Education lost its funding and was eventually terminated on the grounds that it duplicated other existing programs¹⁸⁷; and the

¹⁸⁴ For transparency, however, individualist spending without UGC grants is depicted in Figure 3.5 below.

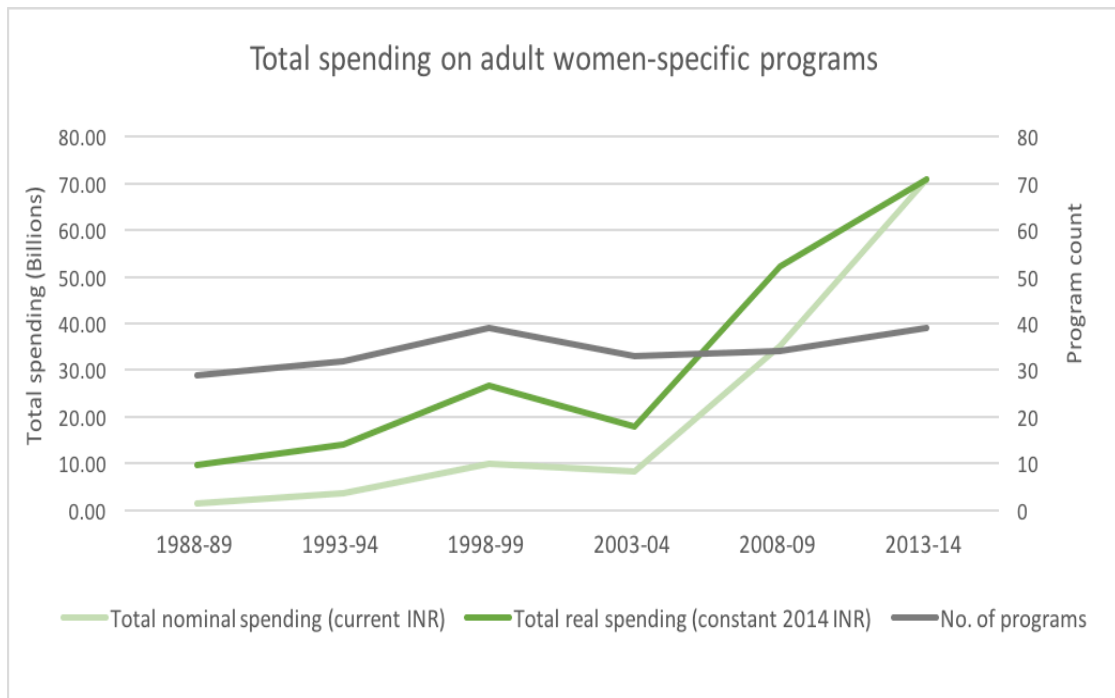
¹⁸⁵ Calculated based on inflation information reported on "Inflation Calculator India: Calculate India's Inflation between Any Two Years from 1971 to 2016."

¹⁸⁶ Mathura Krishna Foundation for Economic and Social Opportunity and Human Resource Management, "An Empirical Study of Poverty Alleviation Programmes in Bihar," 71.

¹⁸⁷ Government of India, Ministry of Human Resource Development, "Hundred Sixty-Eighth Report on Action Taken by Government on the Recommendations/Observations Contained in the Hundred Fifty

allocation for Reproductive and Child Health shrank by 27% for unclear reasons before growing 7-fold over the next five years (nominal values). Fiscal year 2003-04 was thus the exceptional year that saw a decline in spending on women-specific programs over a quarter century otherwise marked by growth. The total number of distinct women-specific programs running in any one year also grew over this time, but haltingly and at a slower pace. In 1988-89, GoI ran 29 women-specific programs; in 2013-14, this number was 39.

Figure 3.2: Total spending on women-specific programs in India, 1988-2014¹⁸⁸

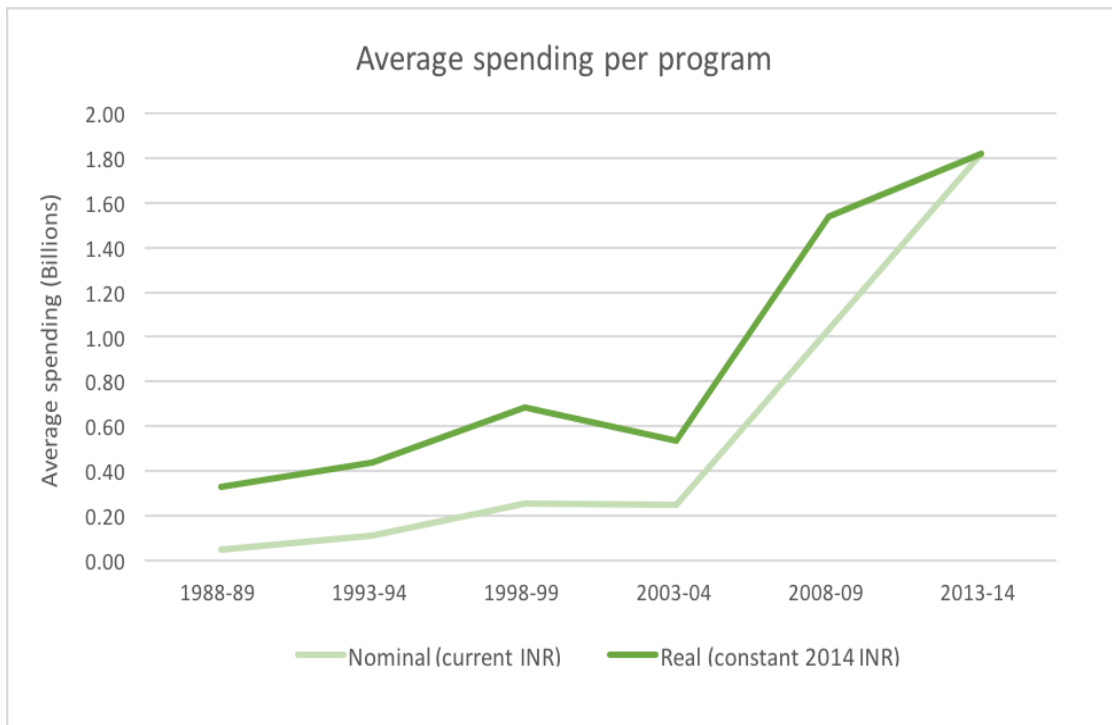


Ninth Report on Demands for Grants 2005-2006 (Demand No. 58) of the Department of Secondary and Higher Education.”

¹⁸⁸ Sources: Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants,” various years; Government of India, “Detailed Demands for Grants,” various ministries and years; Government of India, “Annual Report,” various ministries and years; Government of India, “Performance Budget,” various ministries and years; Government of India, “Outcome Budget,” various ministries and years; Lok Sabha archives; Rajya Sabha archives; RTI requests filed by author; and others.

While Figure 3.2 depicts total spending, Figure 3.3 shows average spending per program over the same years. Despite a rough growth in the number of programs between 1988 and 2014, per-program spending rose from a low of 330 million INR (constant 2014 value) in 1988-89 to 1.8 billion INR in 2013-14, a nearly 6-fold increase. Real per-program spending increased in each period (relative to the prior period for which we have data), except in 2003-04, when it dipped by 22% compared to 1998-99,¹⁸⁹ only to grow 185% by the next period (2008-09).¹⁹⁰

Figure 3.3: Average spending per adult women-specific program in India, 1988-2014¹⁹¹



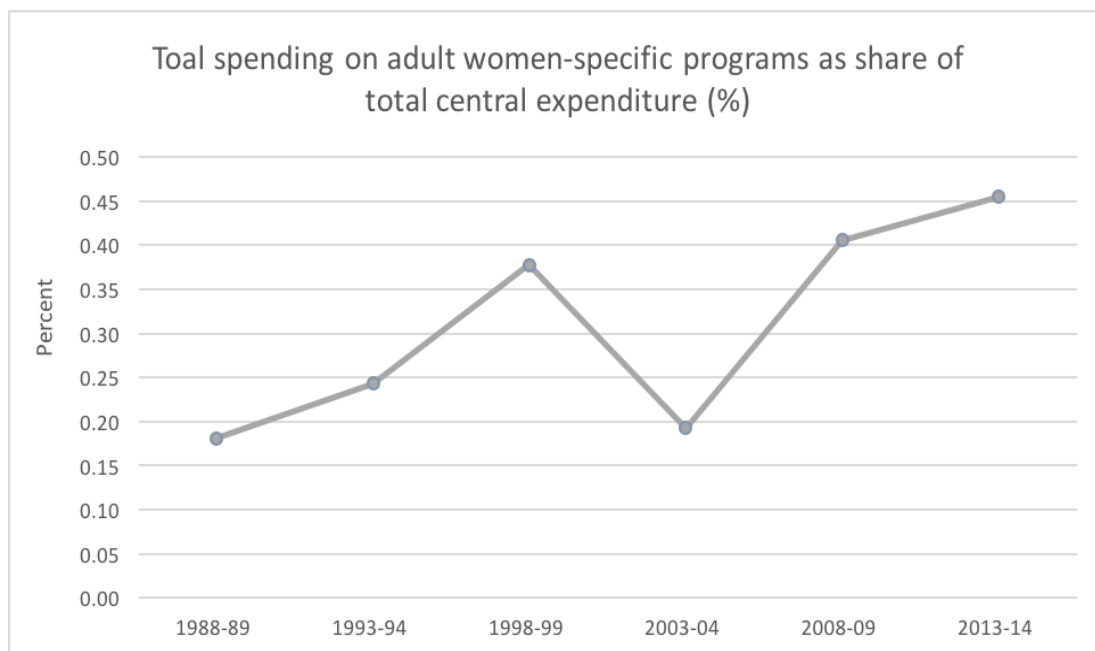
¹⁸⁹ See reasons in previous paragraph.

¹⁹⁰ Growth since 2003-04 is analyzed at the end of this section.

¹⁹¹ See sources for Figure 3.2.

Next, Figure 3.4 depicts central spending on women-specific programs as percent of total central expenditure. The positive slope of the line suggests that, except for 2003-04,¹⁹² spending on women-specific programs has risen consistently not only in absolute terms but also as proportion of total expenditure of the central government. In 1988-89, spending on women-specific programs accounted for a mere 0.18% of total expenditure of the central government. In 2013-14, the corresponding figure was 0.45%, representing a 2.5-fold increase. While 0.45% is still a very small figure, suggesting that GoI's expenditure on women-specific programs remains miniscule, it is perhaps unsurprising given India's overall social sector expenditure is low by international standards.¹⁹³

Figure 3.4: Total spending on women-specific programs as share of total spending of central government, 1988-2014¹⁹⁴



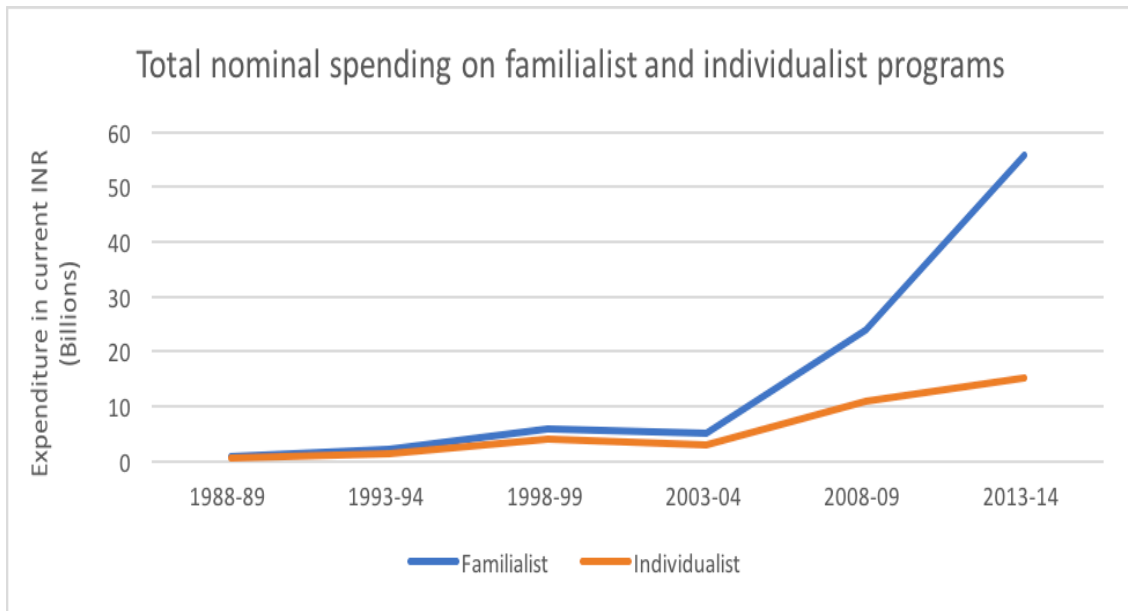
¹⁹² The dip in 2003-04 results from a combination of a rapid rise in total public expenditure from 1989-99 to 2003-04 and a slight decline in spending on women-specific programs over the same period.

¹⁹³ "India's Social Sector Spending 'Woefully' below Peers: Study."

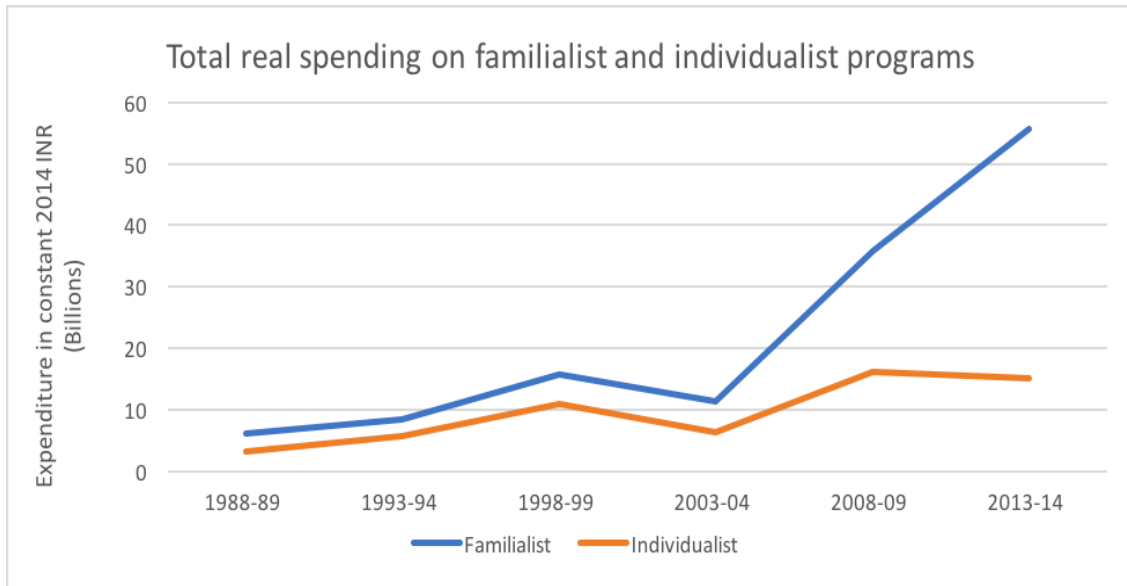
¹⁹⁴ See sources for Figure 3.2.

Figure 3.5a and 3.5b decompose total (nominal and real) spending on women-specific programs into spending on familialist and individualist programs. In 1988-89, real familialist expenditure was a little less than twice as high as real individualist expenditure (see Figure 3.5b). While both types of expenditures rose and declined in lockstep from then to 2003, familialist expenditure began to outpace individualist spending in 2003-04 and reached a level nearly four times greater than the latter in 2013-14, the last year of data availability. In addition, Figure 3.5b shows that, in real terms, individualist spending *declined* slightly between 2008-09 and 2013-14, even as maternalist spending continued to grow.

Figure 3.5a and Figure 3.5b: Decomposition of spending on women-specific programs into spending on familialist and individualist programs, 1988-2014¹⁹⁵



¹⁹⁵ See sources for Figure 3.2.

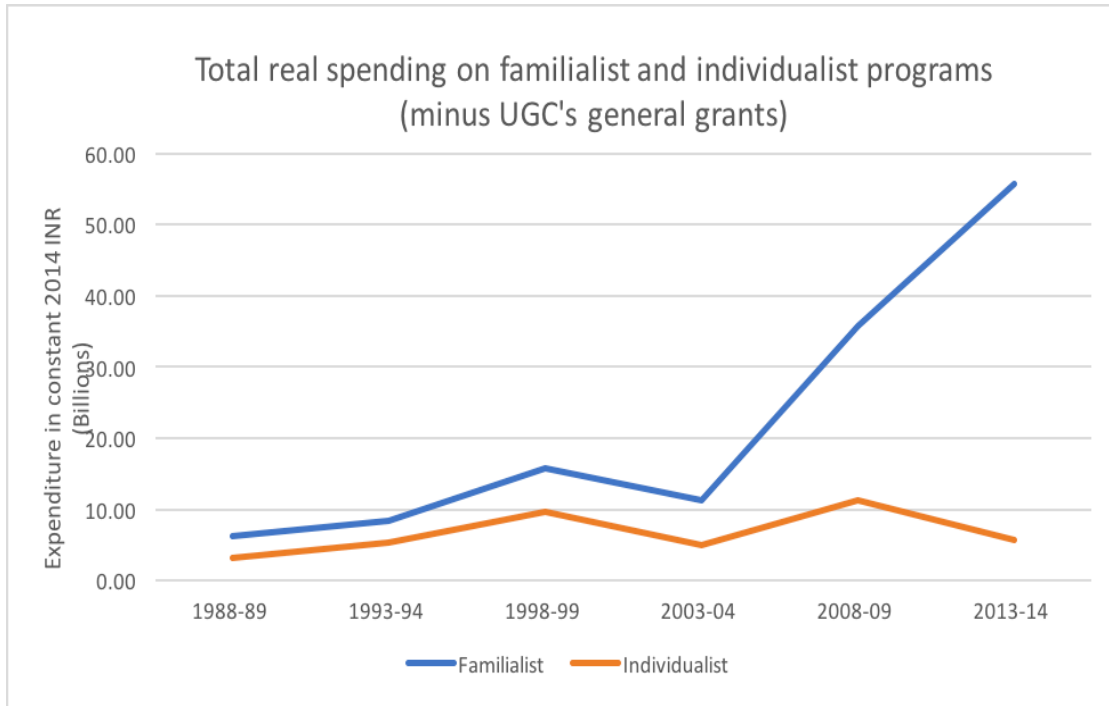


It is worth noting, however, that the above charts include in the individualist category the funds given as grants to women-only institutions of higher education by the University Grants Commission of the GoI Ministry of Human Resource Development.¹⁹⁶ While these grants capture spending on adult women as students, and may therefore be considered part of individualist spending, they do not represent strictly programmatic spending. In other words, there is no distinct social program under which allocation to women-specific higher education institutions is made each year. This spending is simply part of grant expenditure of the central government on institutions of higher education around the country. If we remove grants to women-only institutions of higher education from individualist spending, spending on familialist programs diverges from that on individualist programs even more starkly: as Figure 3.6 shows, familialist spending then reaches a level 10 times higher individualist spending in 2013-14, and the decline in

¹⁹⁶ Rationale for this is discussed in section above.

individualist spending between 2008-09 and 2013-14 is even steeper than that suggested by Figure 3.5b.

Figure 3.6: Spending on familialist and individualist programs minus UGC's general grants to women-specific institutions of higher education, 1988-2014¹⁹⁷



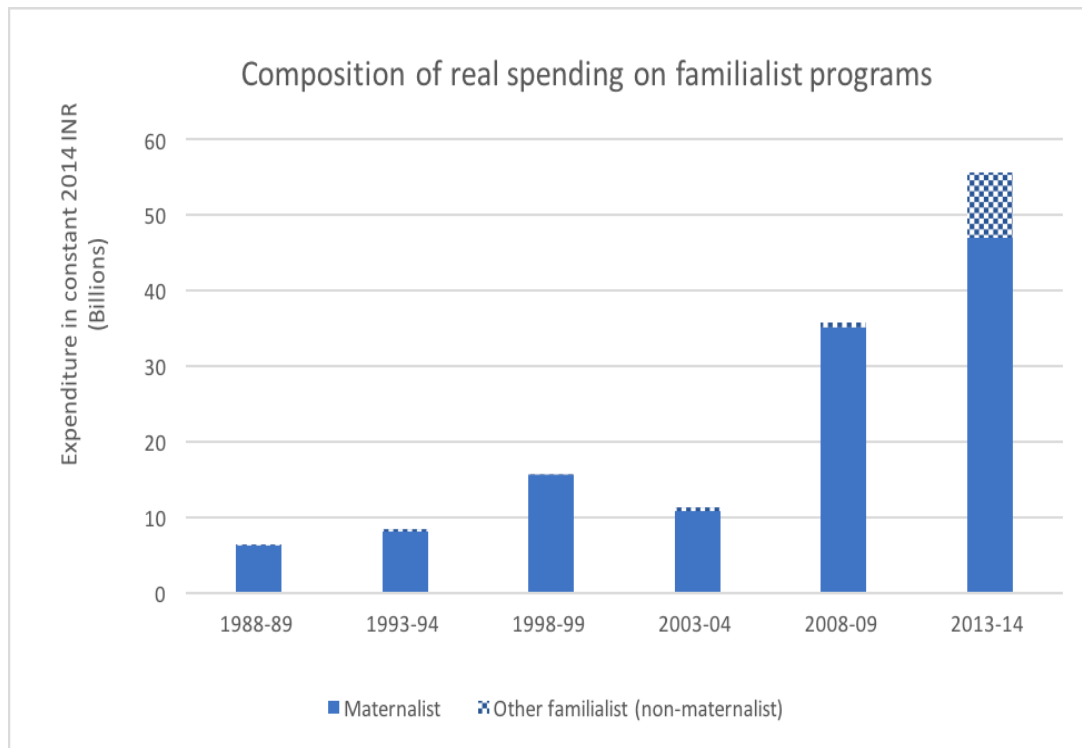
Yet, to present the most liberal estimate of individualist spending (and thus subject the claim of rising maternalism to the strictest possible test), the rest of this chapter reverts to including these grants in individualist spending on women.

Next, Figure 3.7 decomposes real familialist spending into its component parts: maternalist and non-maternalist spending. It shows that the spending on familialist programs is almost entirely comprised of spending on maternalist programs. Between 1988 and 2009, maternalist spending accounted for 96 to 99% of familialist spending. In 2013-14, this proportion fell to 85%, due mostly to introduction of a widow assistance

¹⁹⁷ Sources: See sources for Figure 3.2

program, called Indira Gandhi National Widow Pension Scheme (IGNWPS), that alone accounted for 11% of familialist spending. IGNWPS provides non-contributory social assistance to poor widows 40 to 79 years in age.¹⁹⁸ The age range suggests that assistance is extended to widows based on the “principle of maintenance” (i.e. in recognition of widows’ status as dependents of the deceased spouses) rather than on the “principle of care” (i.e. to help widows provide care to young children).¹⁹⁹ For this reason, spending on widows is not considered maternalist spending for our purposes.

Figure 3.7: Decomposition of familialist spending into maternalist and non-maternalist spending, 1988-2014²⁰⁰



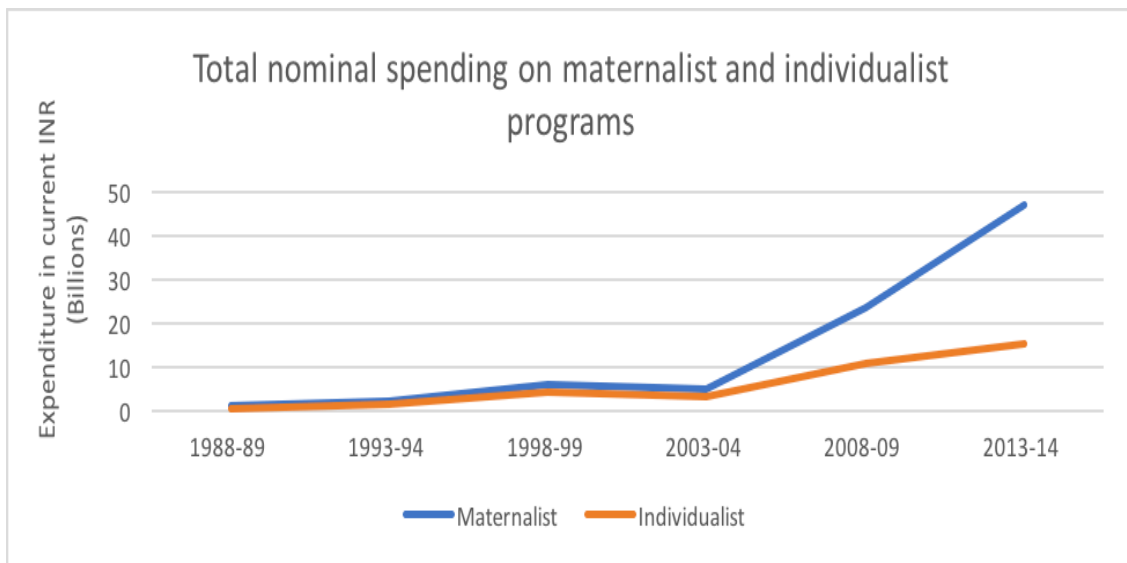
¹⁹⁸ Widows older than 80 are to be covered through a sex-unspecific old age pension scheme.

¹⁹⁹ See Sainsbury, *Gender, Equality and Welfare States*, 70-72, for a discussion of the principle of maintenance v. principle of care.

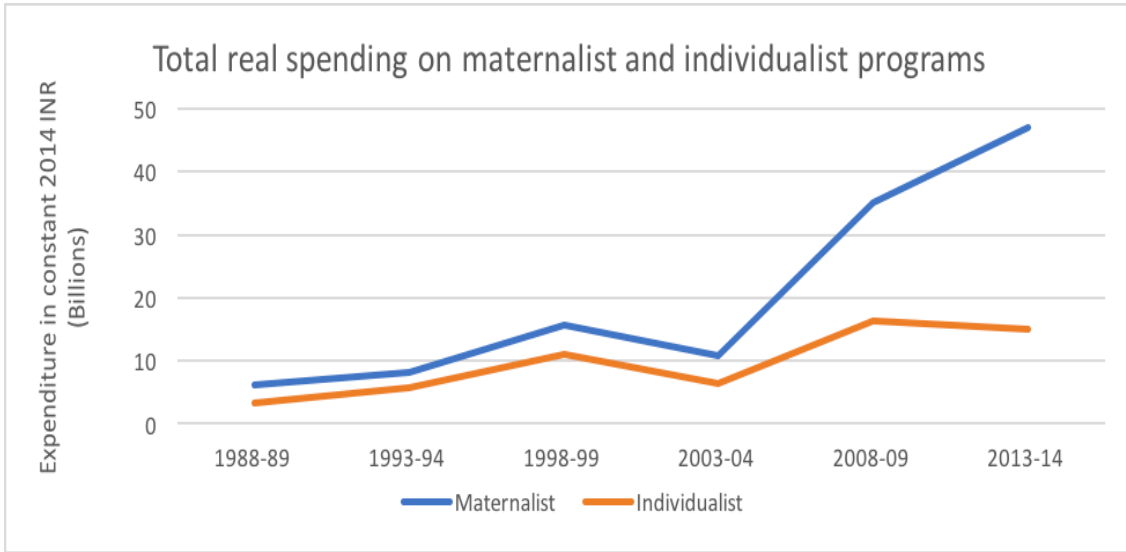
²⁰⁰ Sources: See sources for Figure 3.2.

Since maternalist spending accounts for much of familialist spending, the divergence between familialist and individualist spending shown in Figures 3.5a, 3.5b, and 3.6 is driven almost entirely by growth in maternalist spending and stagnation in (or slight decline in) individualist spending. Hence it makes sense to boil our analysis down to maternalist v. individualist spending. Figures 3.8a and 3.8b juxtapose maternalist and individualist expenditures in nominal and real terms, respectively. Both figures show maternalist and individualist expenditures rising at nearly the same pace between 1988-89 and 1998-99 and then declining in tandem till 2003-04, after which maternalist spending rises much more quickly than individualist spending. Like Figure 3.5b, Figure 3.8b suggests that in real terms individualist spending declined slightly in the period between 2008-09 and 2013-14 even as maternalist spending grew quickly.

Figure 3.8a and 3.8b: Decomposition of spending on women-specific programs into spending on maternalist and individualist programs, 1988-2014²⁰¹



²⁰¹ See sources for Figure 3.2.



The divergence is even starker when we consider per-program spending. Figures 3.10a and 3.10b show average spending per maternalist and individualist program in nominal and real terms, respectively. The gap between the two lines is explained not only by higher total spending on maternalist programs but also the smaller number of maternalist programs at any given time than the number of individualist programs (see Figure 3.9). Between 1988-89 and 2013-14, real per-program individualist spending rose less than four-fold. In comparison, real per-program maternalist spending grew by a factor of 10, despite a higher initial level. Consequently, in 2013-14, spending on a maternalist program on average was more than 13 times higher than that on an individualist program. In fact, real per-program *individualist* spending in 2013-14 was still about 22% lower than real per-program *maternalist* spending a quarter of a century earlier in 1988-89. Thus, maternalist funding not only exceeds individualist funding, it is also more concentrated on a few programs than individualist funding, which is spread across 3 to 5 times as many programs as in the maternalist category in any given year. So,

individualist policy effort is not only smaller but also far more fragmented than the maternalist policy effort.

Figure 3.9: Number of maternalist and individualist programs, 1988-2014²⁰²

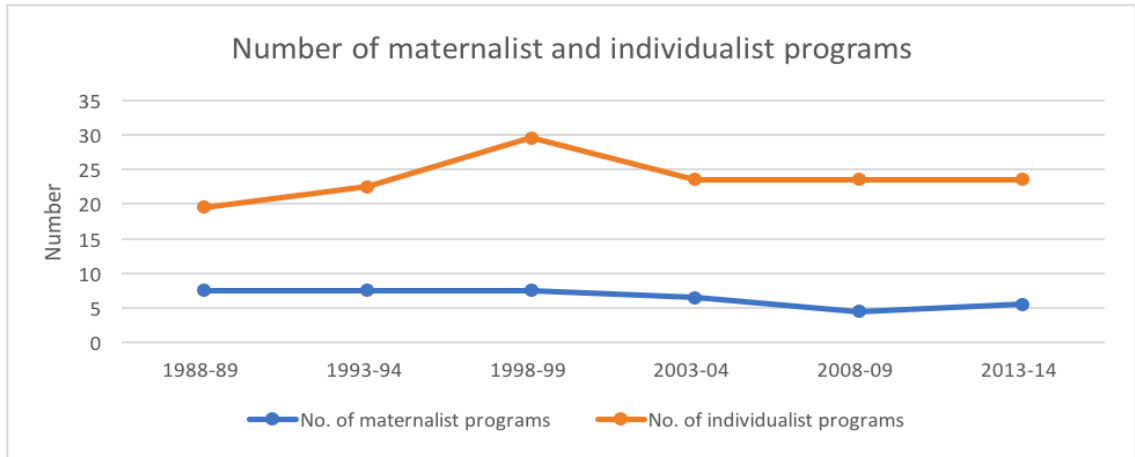
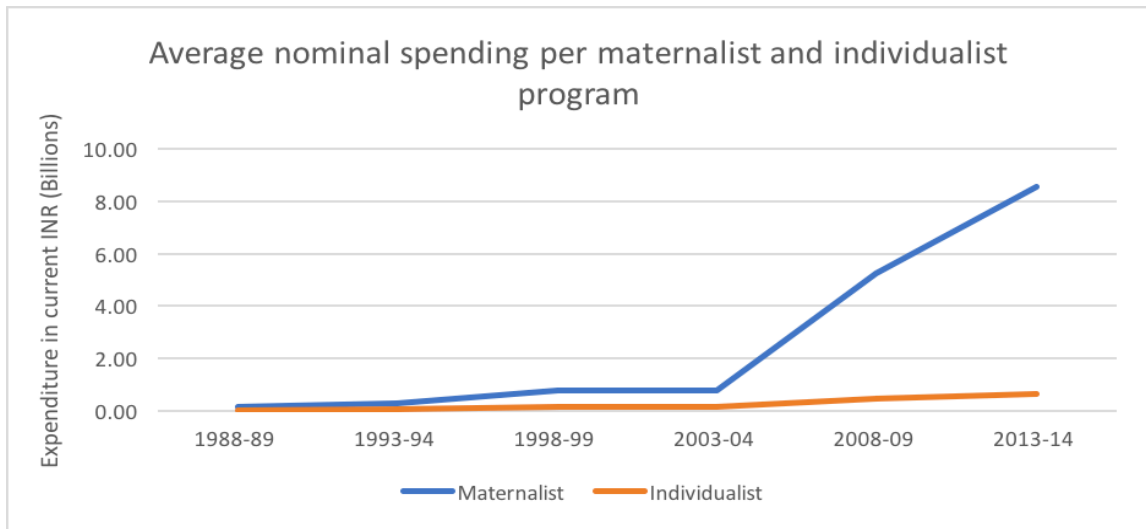
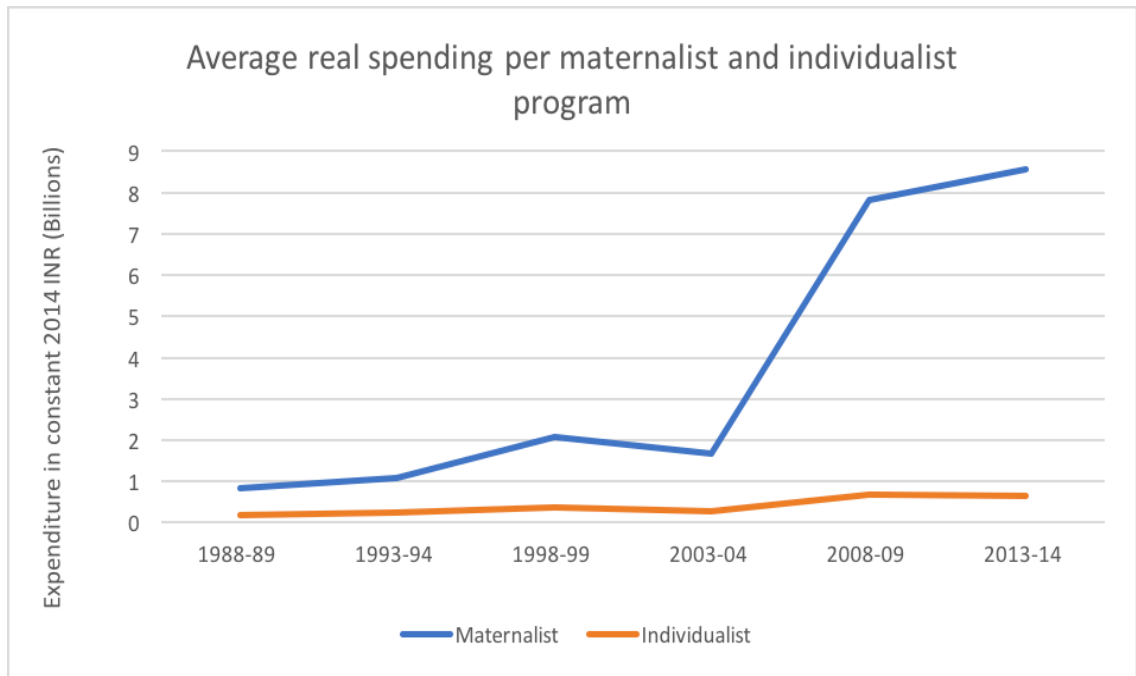


Figure 3.10a and 3.10b: Average spending per maternalist and individualist program, 1988-2014²⁰³



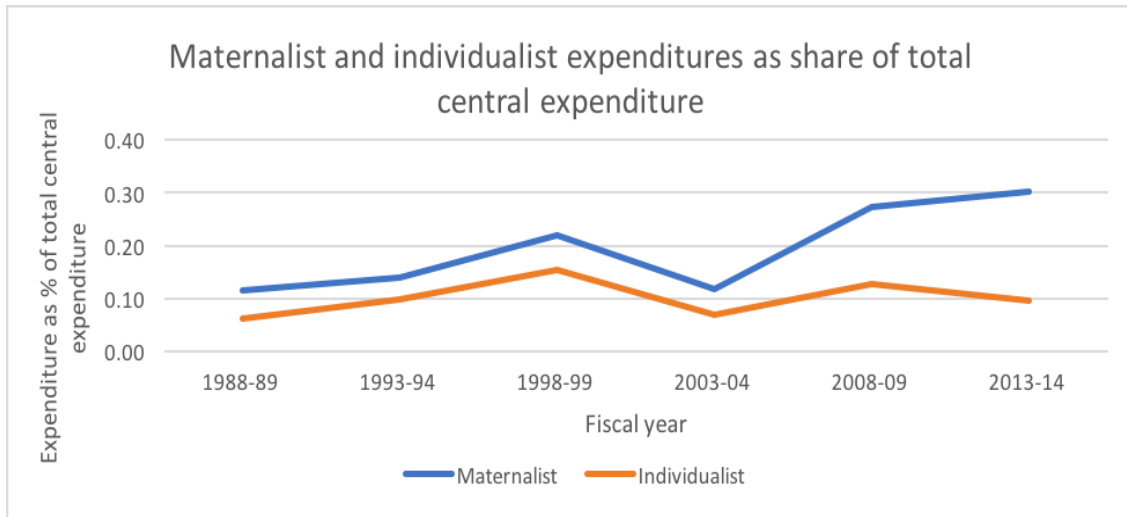
²⁰² The two programs that were coded as part-maternalist and part-individualist are considered equal to half a program in each category. Hence, for instance, the figure shows the number of maternalist programs in 2013-14 was 5.5 and that of individualist programs was 23.5. The number of ambiguous programs (ranging from 0 to 4, with total funding less than 0.4% of total women-specific spending) is not depicted. For sources, see Figure 3.2.

²⁰³ Sources: See sources for Figure 3.2.



Finally, how do maternalist and individualist expenditures fare when considered as proportion of total expenditure of the central government? Figure 3.11 shows growing divergence between maternalist and individualist expenditures relative to total central expenditure as well. In 1988-89, maternalist expenditure accounted for 0.12% of total central expenditure, while individualist spending was at 0.06%. In 2013-14, the corresponding figures were 0.3% and 0.10% respectively, showing a 150% increase in proportion of central expenditure on maternalist spending and a 67% increase on individualist programs. As in other figures above, both percentages dropped in 2003-04, after which the maternalist share of expenditure continued to rise till 2013-14 but the individualist share rose until 2008-09 and declined thereafter, never recovering its pre-2003-04 level.

Figure 3.11: Spending on maternalist and individualist programs as share of total spending of the central government, 1988-2014²⁰⁴



This brings us to a key pattern in the charts above that we have left unexplained: the inflection point at 2003-04, which marked the acceleration of divergence between maternalist and individualist spending. While the deeper causes of this dynamic are discussed in chapters 4 and 5, the specific programs that have driven the shift since 2003-04 are worth considering here. The sharp rise in maternalist spending between 2003-04 and 2013-14 is due mainly to growth in outlay of two existing maternalist programs and introduction of a new maternalist program. Both existing programs whose outlays expanded are mother-and-child programs. The first, Integrated Child Development Services (ICDS), was launched in 1975, falls under the purview of the Ministry of Women and Child Development, and provides meals and health services to pregnant women and young children.²⁰⁵ The second, Reproductive and Child Health Programme Phase II (RCH-II), began in 2005, is run by the Ministry of Health and Family Welfare, and is an

²⁰⁴ For sources, see Figure 3.2.

²⁰⁵ Children also receive non-formal education services.

umbrella program for maternal and infant health services. Janani Suraksha Yojana, the conditional cash transfer scheme for pregnant women that is the focus of chapter 4, is part of this program. Between 2003-04 and 2013-14, both ICDS and RCH-II grew almost 5-fold in real terms and their combined funding in 2013-14 accounted for nearly 93% of all maternalist spending in that year. A third program that contributed significantly to the growth in maternalist spending over this period was Indira Gandhi Matritva Sahyog Yojana (Indira Gandhi Motherhood Assistance Scheme, or IGMSY), a pilot maternity benefit program that was launched in 2010 by the Ministry of Women and Child Development to provide financial incentives to pregnant women and new mothers for seeking ante-natal care, immunizing and breastfeeding their newborns, and undergoing counseling on child nutrition.²⁰⁶ Even though IGMSY was a pilot program operating in select districts in the country, in 2013-14 it accounted for 6% of spending on maternalist programs.²⁰⁷

The slight decline in real individualist spending between 2008-09 and 2013-14, as depicted by Figure 3.8b, is due to the termination of (1) Swayamsidha, a socio-economic empowerment program for women, on the grounds that it duplicated the work of sex-unspecific antipoverty programs (see Chapter 5) and of (2) the Special Scheme for

²⁰⁶ Government of India, Ministry of Women and Child Development, “Indira Gandhi Matritva Sahyog Yojana - A Conditional Maternity Benefit Scheme: Implementation Guidelines for State Governments/UT Administrations,” 7-8.

²⁰⁷ In 2013, after the Indian Parliament passed the National Food Security Act, which required GoI to provide maternity benefit of Rs. 6000 (USD 98 in 2013)²⁰⁷ each month for six months to the majority of the country’s pregnant women who are not employed in national or state governments (which have their own, more generous maternity policy) and not receiving maternity benefits under another law (such as that governing the formal private sector),²⁰⁷ GoI adopted IGMSY as the vehicle through which it would meet its obligation under the new law. In 2017, the government renamed the program Pradhan Mantri Matritva Sahyog Yojana (Prime Minister Motherhood Assistance Scheme, or PMMVY) and pledged to expand it from a pilot program to one operational across the country.

Construction of Women's Hostels, the funding for which was routed to the sex-unspecific grant fund of the University Grants Commission.²⁰⁸ Funding from these two programs accounted for 28% of total real individualist spending in 2008-09. Hence, the loss of this funding, which some rise in funding for other individualist programs could not entirely offset, caused the slight decline in individualist spending by 2013-14.

V. Limitations

There are five major limitations of the analysis presented in this chapter.

First, social spending data used without “appropriate controls for social needs”²⁰⁹ may be faulted for not taking the eligible beneficiary population into account. The critique is warranted in some cases but does not apply here. There are two reasons. First, the principal comparison this project makes is between familialism and individualism in women's social policy in India. The largest possible universe of all adult women who can be targeted with familialist policy is the same as the largest possible universe of all women who can be targeted with individualist policy – both comprise of all adult women. Hence, normalization of social spending data is not required: it would make little sense to normalize familialist and individualist spending by the same number in any case. In addition, since the number of women in India who are in the workforce (around 122 million),²¹⁰ far exceeds the number of women who are pregnant in any given

²⁰⁸ Government of India, University Grants Commission, “Annual Report 2010-11,” 68. The dataset I use in this project captures the (estimated) part of the general grants of the UGC that are given to women-specific institutions of higher education, as discussed earlier in this chapter.

²⁰⁹ Jensen, “Less Bad than Its Reputation: Social Spending as a Proxy for Welfare Effort in Cross-National Studies,” 328.

²¹⁰ The World Bank, “Labor Force Participation Rate, Female (% of Female Population Ages 15+) (modeled ILO Estimate);” “The World Factbook.”

year (around 27 million),²¹¹ the largest possible sub-category of beneficiaries of individualist programs is 5 times largest than the largest possible sub-category of beneficiaries of maternalist programs. Normalizing by extent of “social need” would thus only make our case – that maternalist spending outpaces individualist spending – easier to make.

The other reason the critique does not apply is that it takes “social need” as exogenously given rather than as interpreted in society. The universe of population that is considered needy of or eligible for almost any benefits can expand or shrink dramatically based on looser or tighter definitions of need, which in turn are socially and politically determined.²¹² This is not to imply that needs are not “real” or deeply felt by those experiencing any form of deprivation. Instead, the point is that our conceptions of social need are malleable. Accordingly, as Chapter 4 will show, available funding for National Maternity Benefit Scheme in India informed the conception of the social need to which that program was a response, instead of the other way around. Hence, normalization by social need is only likely to raise further questions about the appropriate measures of need without adding much to the analysis.

The second limitation is that this chapter examines only central-level spending on women-specific programs, not state-level expenditure. India’s federal structure of government allows both central and state governments significant scope in social spending decisions. By not capturing spending on social programs for women at the state

²¹¹ United Nations Children’s Fund, “Annual Number of Births.”

²¹² Fraser, “Women, Welfare and the Politics of Need Interpretation”; Langan, “The Contested Concept of Need”; Saugeres, “The Social Construction of Housing Management Discourse: Objectivity, Rationality and Everyday Practice,” 97; Beveridge, *Special Educational Needs in Schools*, 1; Molyneux, “Mothers at the Service of the New Poverty Agenda: Progresa/Oportunidades, Mexico’s Conditional Transfer Programme,” 438.

level, the chapter can be said to be missing a sizeable part of the social policy landscape. While this is again a reasonable critique, there are four reasons why central spending on social programs is still worthy of attention. First, because (1) states have greater control over some areas of social policy (including health) than others (such as education and employment, for which responsibility is constitutionally shared between the states and the central government), and (2) maternalist spending in India tends to be in the health sector), it is likely that excluding social expenditure by states in our analysis excludes *more* maternalist spending than individualist spending. Hence, if the exclusion of state expenditure does create bias in the analysis presented here, it is bias that would render the argument of this chapter harder, not easier, to make. This direction of the bias (against the argument of this chapter) makes the bias problematic for our purposes. Second, although states do retain significant control over social spending, the central government looms large in the formulation of social policy across the country for four reasons – (1) while the Indian Constitution empowers states to make social policy in many respects, it does not *bar* the central government from enacting social policy; (2) the central government launches and funds many of the most important, well-resourced, and high-profile social policy initiatives in the country; (3) the central government provides financial assistance to states to help state governments meet their social-sector responsibilities; and (4) the central government influences the policy priorities of states.²¹³ Third, like information on central spending, that on state spending on women’s programs is not systematically available through any one source. The original dataset on spending

²¹³ Tulasidhar, “Expenditure Compression and Health Sector Outlays.”; Kapur and Nangia, “Social Protection in India: A Welfare State Sans Public Goods?”; Mooij and Dev, “Social Sector Priorities: An Analysis of Budgets and Expenditures in India in the 1990s,” 98.

across all ministries of the central government used for the analysis presented in this chapter was compiled over six months; collecting similar data for all 29 states and 7 union territories in India would be beyond the scope of this project. And finally, as it became clear through the process of this research that much of India's maternalism was a response to incentives produced by the agenda-setting efforts of international organizations, the rationale for including state-level spending weakened further because international organizations such as the United Nations work directly with central, not state, government structures in India. For these reasons, I choose to focus on the expenditure trends of the central government in this project.

Third, women-related state policy action that does not take the form of government-run social programs itemized in government budgets is excluded from the purview of this analysis. For instance, the above analysis does not take into account women-related changes to the legal code – such as the 73rd and 74th constitutional amendments, which require female representation on local governing councils – and any microloans that are granted to women by public-sector banks but that are not already enumerated as social programs in the budget files of the central government. While both may be important instruments for promoting women's well-being and gender equality, neither qualifies as a *social program* with a defined budget outlay. Laws, for instance, generally serve to define women's rights in abstract rather than require the state machinery proactively to provide cash or another in-kind benefit to women as social programs do. In addition, they do not have budget allocations attached to them. Public-sector microloans are very different from state social programs as well: first, they are controlled by largely autonomous banks rather than by the central government itself; and

second, they are given usually on a non-programmatic and episodic basis that runs counter to the spirit of planning and (intended, if not always achieved) regularity that defines the social programs run by the various ministries of the GoI. They are also loans to be paid back rather than grants from the state to women and therefore cannot be considered *state expenditure* on women. For these reasons, laws and microloans by public-sector banks did not merit inclusion in this study of state expenditure on women's social programs.

Fourth, the foregoing analysis examines spending on programs for adult women, not that on programs for girls. Limiting the scope to adult women-specific programs allowed me to compare like with like, keeping the analysis clear and consistent. Is it possible, however, that the exclusion of girl-specific programs introduced systematic bias in the spending trends depicted in this chapter? Preliminary analysis of spending on girl-specific programs shows that incorporating this spending, much of which is on programs for girls' education, in our study reduces to a small extent, but does not close, the gap between maternalist and individualist spending. This suggests that the ratio of individualist to maternalist spending is higher for girls than for women – a pattern that, it is interesting to note, parallels the Millennium Development Goals, which include individualist goals for girls (gender parity in education) and maternalist goals for women (improved maternal health) – but that the small downward bias in individualist spending introduced by the exclusion of girl-specific programs does not negate the key findings of this chapter.

A final critique might be that individualist and maternalist programs are not nearly as different from each other as this chapter suggests: maternalist programs might

address women as individuals in some ways and individualist programs might sometimes assist women as mothers. This coexistence of maternalist and individualist elements in the same program is indeed possible, and I recognize fully that programs/policies are multifaceted and likely to fall at different points along a continuum between maternalism/familialism and individualism rather than entirely in one camp or another. Nonetheless, I present familialism/maternalism and individualism as ideal types in the hope that exaggerating the differences between these concepts helps clarify these differences.

While the five points highlighted above present reasonable limitations, this section has argued that they do not defeat the purpose of the analysis undertaken here.

VI. Conclusion

Original spending data for women-specific programs were gathered for this chapter from various government archives in New Delhi, India. The chapter analyzed the resulting dataset – to my knowledge the only one systematically to identify 65 of GoI's adult women-specific programs since 1985 and to include public expenditure data on each until 2015 – to show the large and growing difference between expenditure on familialist (specifically maternalist) programs and individualist programs. It argued that a stark difference in maternalist and individualist spending (1) is robust to various measures -- nominal, real, total, per-program average, with and without UGC grants, and proportion of public expenditure – of both types of spending, and (2) exists despite use of coding and calculation rules that, as the chapter documents at each step, were designed to yield a very conservative estimate of maternalist spending and a liberal estimate of individualist

spending. The next chapter zooms in to reveal the story of one of the programs responsible for India's growing maternalist spending: Janani Suraksha Yojana.

CHAPTER 4: Political and Policy History of Janani Suraksha Yojana, 1989-2013

I. Introduction

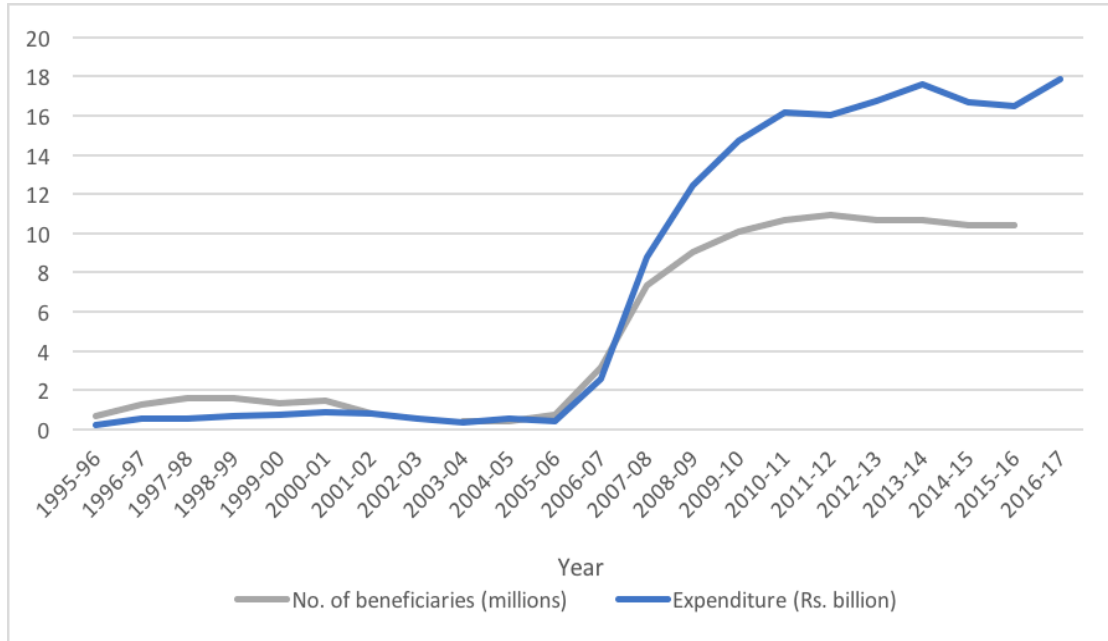
National Maternity Benefit Scheme (NMBS) was first announced in 1989 and eventually introduced in 1995. A cash assistance program for poor pregnant women, it failed to garner much attention in its early years: the administrations that produced it spent little time promoting it, and the media reported on it cursorily at best. Yet, by 2010, NMBS – now called Janani Suraksha Yojana (Mother Protection Scheme, or JSY) – had become known as the largest conditional cash transfer program in the world.²¹⁴ In 2013-14, public expenditure on the program was almost 18 billion rupees,²¹⁵ accounting for about a quarter of India’s total federal spending on women-specific programs. In its first decade of existence (2005-2015), JSY assisted 83 million pregnant women in India²¹⁶ – a million more than the entire population of Germany, Europe’s most populous country.

²¹⁴ Lim et al., “India’s Janani Suraksha Yojana, a Conditional Cash Transfer Programme to Increase Births in Health Facilities: An Impact Evaluation,” 2010; Randive, Diwan, and Costa, “India’s Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between Institutional Birth Proportion and Maternal Mortality?”

²¹⁵ close to 300 million USD.

²¹⁶ Government of India, Press Information Bureau, “Assistance to Beneficiaries Registered under Janani Suraksha Yojana (JSY).”

Figure 4.1: Rising expenditure on and coverage of NMBS/JSY, 1995-2017²¹⁷



It is this extraordinary trajectory of NMBS/JSY – from a small, unknown initiative to one of India’s most generously funded schemes for women and the world’s largest conditional cash transfer program – that this chapter seeks to record and explain in order to illuminate the possible determinants of the recent wave of maternalist policymaking in the global south.²¹⁸ It argues that three key factors rooted in India’s political economy and the politics of international development drove JSY’s remarkable evolution: (1) the electoral compulsions accompanying rapid economic liberalization in a

²¹⁷ Data from 1995 to 2004 pertain to NMBS; the rest pertain to JSY. All expenditure figures used in this project are nominal unless indicated otherwise. Source: Source: Annual reports of Ministry of Health and Family Welfare (MoHFW) and Ministry of Rural Development (MoRD); Internal records of MoRD; Online records of the Ministry of Statistics and Programme Implementation; Five-year plans; Saxena, “Sixth Report of the Commissioners to the Supreme Court: Writ Petition (Civil) 196 of 2001 (PUCL v. Union of India & Others)”; Government of India, Press Information Bureau, “Press Releases”; Gupta, *Poverty in India*, 178; HAQ Centre for Child Rights, “Rising But Not Shining: Children’s Share in the Union Budget,” 75.

²¹⁸ The phrase “generously funded” is used to indicate that the program has higher funding than most other women-specific programs, not that its outlay is greater than what is required or even sufficient to meet the goals of the program.

poor democracy, (2) a budding social movement for food security that managed to tap into the power of an activist judiciary, and, most importantly, (3) the spotlight cast on maternal mortality by the Millennium Development Goals and other high-profile international commitments to improve maternal health. The impact of this spotlight, the chapter shows, is visible in JSY's (1) framing, (2) content, and (3) timing.

The chapter argues further that there are five pathways through which developments occurring at the international level exerted causal influence over JSY: by (1) forging a tight link between maternal health and population growth, which brought maternal health into the mainstream of conversations on global challenges, (2) generating international funding for maternal health interventions, (3) creating incentives for policymakers to be seen as taking steps to achieve national and international targets on maternal mortality, (4) inculcating among policymakers and other state officials a sense of shame over India's maternal mortality, and (5) legitimizing the devotion of significant financial resources to maternal health.

In making the above arguments, and in emphasizing especially the influence of the politics of international development on the course of JSY, this chapter seeks to underscore the pivotal role of the Millennium Development Goals (MDGs) in reshaping the landscape of women's public policy. While international relations and comparative politics literature has recognized that the MDGs have had some impact on domestic policymaking in developing countries,²¹⁹ it has often underestimated the extent to which they have fundamentally reoriented national policy landscapes and resource allocations in

²¹⁹ See Fukuda-Parr, "Global Development Goal Setting as a Policy Tool for Global Governance: Intended and Unintended Consequences"; "MDG Progress of Arab States in 2015"; Hafner and Shiffman, "The Emergence of Global Attention to Health Systems Strengthening."

the global south,²²⁰ rarely traced their impact on evolution of specific national policies and programs, and not always teased out the overlapping pathways through which the causal influence has worked.²²¹ This chapter adds value on these three dimensions.

We proceed in the following manner. Section II draws on original sources to weave a narrative of the history of NMBS/JSY. Section III discusses the foregoing narrative to draw attention to the three key factors, summarized above, that shaped the evolution of JSY. Section IV considers alternative explanations. Section V suggests what general tendencies the story of JSY might reflect, and Section VI concludes with an overview of the argument.

The chapter relies primarily on an inductive, process-tracing methodology: it draws information from more than 2500 pages of internal documents of the Government of India (GoI) – not available publicly and, to my knowledge, never before consulted for research – and probes this information to uncover the proximate and distal causal forces at play.²²² In-depth interviews with government officials and other subject matter experts as well as secondary sources provide additional details.

²²⁰ Kenny and Sumner, “More Money or More Development: What Have the MDGs Achieved?,” 24; Singh, “Emphasize Capacity Building, Inputs and Processes to Achieve Greater Impact of MDGs,” 11; Shiffman and Ved, “The State of Political Priority for Safe Motherhood in India.”

²²¹ Cha, “The Impact of the Worldwide Millennium Development Goals Campaign on Maternal and under-Five Child Mortality Reduction: ‘Where Did the Worldwide Campaign Work Most Effectively?’”; Christian, Alicea, and West, Jr., “The Impact of the Millennium Development Goals in Argentina, Brazil, and Chile”; Barimah and Diko, “The Impact of United Nations Millennium Development Goals on Sub-Saharan Africa.”

²²² Methodology and original sources are described in greater detail in Chapter 3.

II. Evolution of Janani Suraksha Yojana, 1989-2013²²³

NMBS/JSY evolved in many phases between 1989, when it first made appearance as an overlooked idea in an election manifesto, and 2013, when it channeled benefits to almost 11 million pregnant women. Table 4.1 below summarizes the major phases in the evolution of the program, and the following sub-sections recount its story in more detail.

Table 4.1: Milestones in the evolution of NMBS/JSY²²⁴

Year	Month	Milestone
1989	Nov.	-The Congress party's election manifesto promises to introduce a maternity assistance program
1995	Aug.	-National Maternity Benefit Scheme (NMBS) is launched to enable <i>pre-natal and post-natal care</i> -Mothers' benefit level: Rs. 300 per pregnancy -Eligibility criteria: <ul style="list-style-type: none"> • Age: 19 and above • Poverty status: Below poverty level (BPL) • Parity: No more than two live births in the past
1997	[Unclear]	-Mothers' benefit is raised to Rs. 500 per pregnancy
2000	Jul.	-NMBS begins to be presented as a maternal <i>nutrition</i> initiative
2001	Apr.	-NMBS is transferred from Ministry of Rural Development to Ministry of Health and Family Welfare
2003	Feb.	-NMBS begins to be presented as an <i>anti-maternal mortality</i> initiative
2005	Apr.	-NMBS is re-launched as Janani Suraksha Yojana (JSY) -Cash benefit, formerly unconditional, is made conditional on institutional delivery -NMBS's eligibility criteria are retained in JSY -States are classified as high-performing (HPS) and low-performing (LPS), and further subdivided into urban and rural areas -Mothers' benefit level is enhanced and staggered by type of state and area: <ul style="list-style-type: none"> • LPS-Rural: Rs. 700 per institutional delivery

²²³ The analysis presented in this chapter ends in 2013, both because 2013-14 was the last year of data availability when this project began and because no records from beyond 2013 could be accessed at MoHFW.

²²⁴ Source: Compiled by author through review of relevant policy documents from GoI.

		<ul style="list-style-type: none"> • LPS-Urban: Rs. 600 per institutional delivery • HPS-Rural: Rs. 700 per institutional delivery • HPS-Urban: None <p>-Mothers' benefit is extended to women in LPS on their third delivery if women agree to undergo sterilization after delivery</p> <p>-Accredited Social Health Activists (ASHAs) are incorporated as front-line female health workers to encourage institutional delivery</p> <p>-ASHAs are given staggered monetary incentives as well:</p> <ul style="list-style-type: none"> • LPS-Rural: Rs. 600 per institutional delivery • LPS-Urban: Rs. 200 per institutional delivery • HPS-Rural: None • HPS-Urban: None
2006	Jun.	<p>-Eligibility criteria for mothers' institutional delivery benefit are loosened:</p> <ul style="list-style-type: none"> • Age restriction removed for LPS • Parity restriction removed for LPS • Poverty status restriction removed for LPS in case of deliveries in public (not private) facilities <p>-Home delivery benefit of Rs. 500 is added for women meeting the following criteria:</p> <ul style="list-style-type: none"> • 19 or above in age, • BPL status, • No more than two live births in the past
	Sept.	<p>-Mothers' benefit is raised in LPS:</p> <ul style="list-style-type: none"> • LPS-Rural: Rs. 1400 per institutional delivery • LPS-Urban: Rs. 1000 per institutional delivery
2009	Apr.	<p>-ASHA incentive is extended to HPS:</p> <ul style="list-style-type: none"> • HPS-Rural: Rs. 200 per institutional delivery • HPS-Urban: Rs. 200 per institutional delivery
2010	Jul.	<p>-ASHA incentive is raised in tribal districts of HPS:</p> <ul style="list-style-type: none"> • HPS-Tribal: Rs. 600 per institutional delivery
2013	Apr.	<p>-ASHA incentive is raised to make the amount consistent across all rural areas and across all urban areas:</p> <ul style="list-style-type: none"> • LPS-Urban: Rs. 400 per institutional delivery • HPS-Urban: Rs. 400 per institutional delivery • HPS-Rural: Rs. 600 per institutional delivery
	May	<p>-Eligibility criteria for mothers' benefits are further loosened:</p> <ul style="list-style-type: none"> • Age restriction removed for institutional delivery benefit in HPS • Parity restriction removed for institutional delivery benefit in HPS

		<ul style="list-style-type: none"> • Age restriction removed for home delivery benefit in HPS and LPS • Parity restriction removed for home delivery benefit in HPS and LPS
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A. Backdrop

Maternity and child health (MCH) services had an early, albeit a slow, start in independent India. The country’s very first five-year economic plan (1951-56) outlined a strategy to deploy doctors and midwives in rural health centers and urban MCH centers to safeguard the health of pregnant women and their newborn babies.²²⁵ The goal was to produce a stronger nation: the plan document proclaimed that the “protection of the health of the expectant mother and her child is of the utmost importance for building a sound and healthy nation.”²²⁶

By the 1960s, once India had established itself as an independent state, nation-building concerns receded and a more pressing problem appeared on the horizon: India’s fast-growing population, which hit 500 million that decade.²²⁷ The idea that population growth caused poverty took hold, and policymakers began to look for ways to increase the uptake of India’s family planning programs. To this end, they merged India’s MCH programs with its family planning initiatives, hoping that a link with the former would incentivize acceptance of the latter, leading to lower fertility.²²⁸ By the time the Fourth

²²⁵ Government of India, Planning Commission, “First Plan,” paragraph 64-65.

²²⁶ Government of India, Planning Commission, paragraph 62.

²²⁷ The World Bank, “Population.”

²²⁸ Sagar, “Doctors’ Business or Women’s Business? Towards Making Childbirth Safer for Poor Women in India,” 295.

Five-year Plan was released in 1969, “[m]aternal health had become commensurate with fertility reduction.”²²⁹

During the Emergency years of the mid-1970s, with civil liberties suspended, state officials forcibly sterilized around 11 million people, mostly men.²³⁰ In the aftermath of this abuse of state power, for which GoI was excoriated internationally and at home, “family planning” and “vasectomies” became politically toxic words. In response, policymakers replaced “family planning” with “family welfare”²³¹ and began to target sterilization efforts at women rather than at men, which brought maternal health back into focus.

Within four years, in 1987, the United Nations Population Fund, the World Bank, and the World Health Organization had come together to sponsor the Safe Motherhood conference in Nairobi, drawing global attention to the problem of maternal mortality. According to WHO estimates, half a million women were dying each year, mostly in developing countries, due to pregnancy-related causes.²³² Taking note of the scale of the problem, the participants at Nairobi launched a global campaign to promote maternal health.²³³ As discussed below, the campaign set in motion a process that eventually shaped India’s maternal health policy.

²²⁹ Sagar, 295.

²³⁰ Morse and Mosher, “A Once and Future Tragedy: India’s Sterilization Campaign 39 Years Later.”

²³¹ Sagar, “Doctors’ Business or Women’s Business? Towards Making Childbirth Safer for Poor Women in India,” 297.

²³² AbouZahr, “Safe Motherhood: A Brief History of the Global Movement 1947-2002.”

²³³ Cohen, “The Safe Motherhood Conference,” 68.

B. Origins

On 7 November 1989, the Indian National Congress, India's foremost political party at the time, released its election manifesto for the national elections that were to be held later that month. In it, the party promised to “work towards introducing social security schemes for workers in the unorganised sector to provide for medical treatment, maternity benefit as well as old age pension.”²³⁴ The exact impetus behind the inclusion of maternity benefits in this set of social security measures for workers in the informal sector is unclear, but it is likely that the inspiration came from a popular state-level maternity benefit scheme introduced in the state of Tamil Nadu in 1987.²³⁵

Whatever its provenance, the maternity benefit was mentioned in the manifesto only once and only in passing. The document revealed neither what the program was likely to be called, nor what its features might be. A marginal promise in a 64-page document littered with other pledges, the maternity benefit failed also to attract any serious attention from the press. The Congress party lost the following election, and, although the party returned to power in 1991, there was little mention of the maternity benefit for another four years as the government turned its attention to the foreign-exchange crisis that induced India to initiate pro-market economic policy reforms.

While in power, however, the Congress party took two other steps that paved the way for a maternity benefits program in the future. First, following the Safe Motherhood conference of 1987, and in partnership with the World Bank and the United Nations

²³⁴ Indian National Congress (I), “Election Manifesto: General Election 1989,” 35.

²³⁵ “Modi’s Scheme for Pregnant Women Has Roots in TN”; Under Secretary, Ministry of Health & Family Welfare to Various officers, Government of India, “Various Pending Issues of Govt. of Tamil Nadu -- Meeting Held by HFM on 20.11.07 -- Regarding,” 146.

Children’s Fund (UNICEF), it launched the Child Survival and Safe Motherhood (CSSM) project in 1992.²³⁶ A four-year, country-wide project costing \$330 million, CSSM sought to increase child survival and improve maternal health, in part by establishing more hospitals and community health centers equipped to provide emergency obstetric care, protecting pregnant women from anemia and tetanus, and encouraging women to deliver in clinics and hospitals rather than at home.²³⁷ Over the long term, one of the objectives of the initiative was to “shift India’s family welfare program from its near-exclusive concern with fertility regulation to mother and child health.”²³⁸ The high profile of CSSM drew domestic attention to the poor state of child and maternal health in India.

Second, in response to a macroeconomic crisis triggered by India’s dwindling foreign exchange reserves in 1991, the Congress party began a series of pro-market economic policy changes aiming to free the private sector from state control and open the Indian economy to foreign trade and investment.²³⁹ These changes, now known as India’s “economic reforms” or “economic liberalization,” were not without their critics. Opposition came from within the “stodgy Congress party, a divided Parliament, nervous industrialists and shrill intellectuals.”²⁴⁰ Yet, the reforms continued.

In 1994, the states of Andhra Pradesh (AP) and Karnataka – both usually considered strongholds of the Congress party, which had won seven out of nine state

²³⁶ “India Steps up to the MDG 5 Challenge.”

²³⁷ The World Bank, Population and Human Resources Operations Division, “Implementation Completion Report -- India: Child Survival and Safe Motherhood Project (Credit 2300-IN),” ii-iii.

²³⁸ The World Bank, Population and Human Resources Operations Division, ii.

²³⁹ For more on India’s economic liberalization, see Sitapati, *Half-Lion: How P.V. Narasimha Rao Transformed India.*; Ramesh, *To the Brink and Back: India’s 1991 Story*; Jenkins, *Democratic Politics and Economic Reform in India.*

²⁴⁰ Sitapati, *Half-Lion: How P.V. Narasimha Rao Transformed India*, Chapter 7, location 1869.

elections in each since independence – went to the polls in routine state-level elections. Coming soon after the onset of economic liberalization of 1991 and just two years before the next national election of 1996, the 1994 state polls carried special significance for the party. And, even though it was the incumbent party in both states, it was trounced in both elections: it lost 86% of its seats in the AP legislative assembly and 81% in the Karnataka assembly.²⁴¹ This “put the fear of God” into the Congress leadership, which, interpreting the losses as a sign of widespread discontent with its economic policies, sought now to “bring about a degree of social ‘adjustment with a human face’” into its economic liberalization efforts.²⁴²

The Congress party’s desire to soften the image of liberalization and spread the fruits of growth more evenly across the population led, among other things, to the creation of a social security initiative called the National Social Assistance Scheme (NSAS), one component of which was the maternity benefit program initially proposed in the 1989 Congress party manifesto. The story of how NSAS came to be involves two key figures: Dr. Manmohan Singh, an economist and India’s finance minister under the Congress government in the early 1990s, and S. Guhan, a retired senior civil servant and social policy expert.

“Very concerned that reforms were being given a bad name,” Singh turned to Guhan for help.²⁴³ Guhan – an observer of the Tamil Nadu social security programs (which included a cash assistance program for pregnant women) and author of several

²⁴¹ Legislative assemblies are the popularly elected lower houses of state legislatures. The party/coalition of parties winning a plurality of seats in the legislative assembly is invited to form a government at the state level.

²⁴² Member of Parliament, Congress Party, Interview # 33.

²⁴³ Member of Parliament, Congress Party.

published analyses of social security – had for long been a proponent of social security arrangements for those working in the unorganized/informal sector.²⁴⁴ The informal sector employed around 80% of India’s non-agricultural workforce at this time,²⁴⁵ and workers in this sector had little recourse to systematic social security arrangements, most of which served only formal-sector workers – a setup that Guhan found “skewed, regressive, and limited.”²⁴⁶ For Guhan, then, “social security [for the informal sector] was the key.”²⁴⁷ Singh, for his part, “instinctively and intellectually related more to the social security” idea than to other social policy proposals being discussed at the time.²⁴⁸ Between Singh and Guhan, the high-level support needed to steer a nascent social security program through political and bureaucratic channels was thus in place.

Presented with the opportunity created by Singh’s request and the rare availability of state revenues, which had expanded owing to the rapid growth of the Indian economy in the years following liberalization, Guhan helped design a system of social security for the vast majority of Indian labor working in the informal sector.²⁴⁹ What resulted was the National Social Assistance Scheme, which Finance Minister Singh announced in his budget speech on 15 March 1995, calling it an effort to ease the “greatest hardships” suffered by the most vulnerable of the poor. The proposed program, Singh said, would have three components: an old age pension scheme for the elderly poor above 65 years of age, a survivors’ benefit program to help a poor family in case of the death of the

²⁴⁴ Guhan, “Social Security Initiatives in Tamilnadu, 1989,” 5-8. Many thanks to Madras Institute of Development Studies, India, for sharing this document.

²⁴⁵ Unni, “Size, Contribution and Characteristics of Informal Employment in India,” 2.

²⁴⁶ Guhan, “Social Security Initiatives in Tamilnadu, 1989,” 6.

²⁴⁷ Member of Parliament, Congress Party, Interview # 33.

²⁴⁸ Member of Parliament, Congress Party.

²⁴⁹ Member of Parliament, Congress Party.

breadwinner, and a maternity benefit program to enable “pre-natal and post-natal maternity care to women belonging to poor households.”²⁵⁰ He added that he was appointing a governmental committee to design the program.

C. Launch

By June of that year, Singh’s committee, chaired by the top civil servant in the Department of Rural Development and comprising of representatives of relevant federal ministries and officials from some state governments, had worked out the details of the program. According to the NSAS Cabinet note – a synopsis of the objectives and design of the program presented to the prime minister’s Cabinet for approval – the NSAS started “for the first time a national all-India policy for the unorganised sector.” Using the language of social protection, the note said that the purpose of the program was to help protect the poor from “contingencies” such as “old age, death of bread earner, and maternity.”²⁵¹

The note called the maternity benefit component of NSAS the National Maternity Benefit Scheme and conceptualized it as a two-part cash transfer, to be funded jointly by federal and state governments. Eligible pregnant women were to receive the first installment once they registered their pregnancies with a local clinic for ante-natal care. The second installment was to be disbursed 45 days after delivery, once the child had received relevant immunizations. The Cabinet note suggested that the maternity

²⁵⁰ “Budget 1995-96: Speech of Shri Manmohan Singh, Minister of Finance.”

²⁵¹ Government of India, Ministry of Finance, “Note for the Cabinet: The National Social Assistance Scheme,” paragraph 3.

benefit “can be linked to maternal care and family welfare measures,”²⁵² but did not provide additional details about the concrete objectives of the program.

The authors of the note expected that benefits from NMBS would reach around 4.5 million women each year at an annual cost of 1.4 billion rupees in the years immediately following its launch. The Department of Rural Development, in the Ministry of Rural Areas and Employment, was to oversee the implementation of the program. The Expenditure Finance Committee (EFC), an inter-ministerial committee in charge of approving new programs, approved NSAS on June 14.²⁵³ The Cabinet followed suit on July 18.²⁵⁴ National Maternity Benefit Scheme was now ready to be launched.

On 15 August 1995, Prime Minister Rao used his Independence Day address to the country to launch the umbrella social assistance scheme, now known as the National Social Assistance *Program* (NSAP).²⁵⁵ By this time, the designers of NSAP had also changed some of the program’s features. Instead of a two-part cash transfer envisioned in the Cabinet note, NMBS would now disburse Rs. 300 to a pregnant woman eight to 12 weeks prior to expected delivery. The eligibility criteria for NMBS had also been further specified. To be eligible for a cash transfer under the program, a pregnant woman would have to be below the poverty line, aged 19 years or more, and have given birth to no

²⁵² Government of India, Ministry of Finance, paragraph 4.

²⁵³ Government of India, Ministry of Finance, paragraph 5A.

²⁵⁴ Government of India, Cabinet Secretariat, “Extract from the Minutes of the Meeting of the Cabinet Held at 1815 Hours, on Tuesday, the 18th of July, 1995, at 7, Race Course Road, New Delhi.”

²⁵⁵ “Prime Minister’s Independence Day Address.”

more than one live child in the past.²⁵⁶ Rao announced that the maternity benefit was designed to help poor pregnant women who “do not have anybody to look after them during delivery or are too poor to depend on medicines,”²⁵⁷ but did not clarify what precisely he expected the cash to be used for – as wage replacement, subsidy for medication, assistance for purchasing medical care, or something else. The Department of Rural Development, in the Ministry of Rural Areas and Employment, was to oversee the implementation of the program.²⁵⁸

Policymakers expected that benefits from NMBS would reach around 4.5 million women each year at an annual cost of 1.4 billion rupees in the years immediately following its launch. Soon, the benefit was increased from Rs. 300 to Rs. 500 per beneficiary, due to concerns that the original “quantum of benefit was too low.”²⁵⁹ Yet, spending on and coverage of NMBS remained much lower than expected.²⁶⁰ The fledgling program had yet to take off.

²⁵⁶ Government of India, Ministry of Rural Areas and Employment, “Guidelines for the National Social Assistance Programme (NSAP),” 9.

²⁵⁷ “Prime Minister’s Independence Day Address.”

²⁵⁸ Government of India, Ministry of Finance, “Note for the Cabinet: The National Social Assistance Scheme,” paragraphs 16-26.

²⁵⁹ Government of India, Parliamentary Standing Committee on the Empowerment of Women, “First Report: Action Taken on First Report of Committee on Empowerment of Women (12th Lok Sabha),” 19.

²⁶⁰ Government of India, Planning Commission, “Ninth Plan,” paragraphs 2.1.66-2.1.67; Government of India, Parliamentary Standing Committee on the Empowerment of Women, “First Report: Action Taken on First Report of Committee on Empowerment of Women (12th Lok Sabha),” 18; Government of India, Planning Commission, “Tenth Plan, Volume II,” 300.

D. Growth

1. Renewed interest in population control

The first boost came in 1999, as newspapers began to report that India's population would hit one billion within months in less than a year.²⁶¹ In June 1999, a group of government ministers appointed by the Cabinet gathered to formulate India's population policy for the following decade. Convened as an official Group of Ministers (GoM), they recommended that NMBS be transferred from the Ministry of Rural Development (MoRD) to the Ministry of Health and Family Welfare (MoHFW) to function as a component of the latter's population stabilization program, a set of initiatives MoHFW had undertaken to arrest the rapid growth of India's population.²⁶²

What exact concern or hope prompted the GoM to recommend the transfer is unclear, but it is likely that the apparent thematic affinity between NMBS (which was designed to promote maternal well-being) and the health ministry's population stabilization program (which sought to control population growth through family planning efforts, including women's reproductive behavior) played a role.²⁶³

Unhappy with the prospect of losing control over NMBS, MoRD resisted the GoM's recommendation for months.²⁶⁴ In what was likely an effort to distinguish NMBS from the population control-focused programs of the MoHFW, at this time MoRD began suddenly to present NMBS as a *nutrition* initiative. "NMBS is a programme under which a lumpsum grant of Rs. 500 is made for maternal nutrition so as to ensure that a pregnant

²⁶¹ "World Population Hits 6 Billion."

²⁶² Government of India, Ministry of Rural Development, "New Proposed Guidelines on National Social Assistance Programme (NSAP) and Annapurna," 2.

²⁶³ Government of India, Planning Commission, "Eleventh Plan, Volume III," 98.

²⁶⁴ EA(Mon.) to Secretary (RD), December 20, 1999.

woman gets nutrition even during the period of pregnancy when she is unable to go to the field and work so as to ensure healthy self and healthy child,” it argued.²⁶⁵

Although MoRD’s resistance failed to stop the transfer of NMBS, its framing of NMBS as a nutrition program had lasting consequences. No prior description of NMBS, public or internal, had linked the program with maternal and child nutrition – in fact, the word “nutrition” was being used in the description of the initiative for the first time. Before this, NMBS was identified simply as a program providing “lumpsum cash assistance” to poor pregnant women,²⁶⁶ or as a scheme of assistance for “pre-natal and post-natal maternity care.”²⁶⁷ Now, however, MoRD was reframing NMBS as a nutrition initiative. Other official statements soon confirmed this reconceptualization.²⁶⁸ The notion of NMBS as a program for maternal nutrition – a consequential idea, as we will see below – had crystallized by the latter half of the year 2000. The transfer of NMBS to the health ministry took effect on 1 April 2001.²⁶⁹

2. Domestic social movement for food security

Also in April 2001, an advocacy organization called People’s Union for Civil Liberties, Rajasthan, filed public interest litigation (PIL) – cases filed for the protection of public interest – in the Supreme Court against the Government of India, alleging that the

²⁶⁵ Joint Director (NSAP) to Joint Secretary (NSAP), July 26, 2000.

²⁶⁶ Government of India, Ministry of Rural Areas and Employment, “Annual Report 1995-96.” 51; Government of India, Ministry of Rural Areas and Employment, “Annual Report 1996-97.” 53; Government of India, Ministry of Rural Areas and Employment, “Annual Report 1998-99,” 63; Government of India, Ministry of Rural Development, “Annual Report 1999-2000.” 55; Government of India, Ministry of Rural Areas and Employment, “Performance Budget of Department of Rural Development, 1998-99,” 31.

²⁶⁷ Government of India, Planning Commission, “Ninth Plan,” paragraph 2.1.58

²⁶⁸ Government of India, Ministry of Rural Development, “Lok Sabha Starred Question No. 128 Answered on 28.11.2000: National Maternity Benefit Scheme.”

²⁶⁹ Government of India, Ministry of Rural Development, “Revised Guidelines for the Schemes under National Social Assistance Programme (NSAP),” 4.

government was failing to use the country's food stocks to prevent hunger and starvation. To supplement its effort to promote food security through the legal channel, the organization partnered with other civil society groups to begin a public campaign to build support for a "right to food" that, affiliated activists argued, was implied in the right to life enshrined in the Indian Constitution.²⁷⁰ The Right to Food (RTF) campaign, as the effort came to be known, advocated proper implementation of all existing nutrition programs.²⁷¹ The campaign drew on the notion of NMBS as a nutrition scheme – promoted, as we saw above, by MoRD since July 2000 – to bring maternity benefits under the umbrella of food security rights as well, giving NMBS a second impetus through its powerful advocacy.

In an order issued in September 2001 in response to the campaign's allegations, the Supreme Court directed federal and state governments properly to implement various existing nutrition programs including NMBS.²⁷² Two months later, the court passed a second order on NMBS, giving the benefits under this scheme the status of legal entitlements.²⁷³

Because of the interest of the RTF campaign and the intervention of the Supreme Court, in 2001 NMBS was already on its path to greater prominence. But, it was yet to meet the targets laid out for it in 1995: the number of women who received benefits

²⁷⁰ "About: Right to Food Campaign"; "PUCL v. Union of India & Others."

²⁷¹ "About: Right to Food Campaign."

²⁷² "Supreme Court Order on Writ Petition (Civil) No 196 of 2001," September 17, 2001.

²⁷³ Saxena, "The Right to Food, Two Years On," 4.

under the program in 2000-01 had reached around 1 million, only a quarter of the annual number the NMBS policy documents had predicted more than six years earlier.²⁷⁴

3. From maternal nutrition to maternal mortality

Starting February 2003, fewer than two years after the Ministry of Health and Family Welfare took charge of the NMBS, the ministry began to propose some financial and procedural modifications to the program. It justified these changes by invoking India's high maternal mortality: "Maternal mortality in India is one of the higher in the world," it said in a memo, adding that "[a]nemia is often considered to be particularly problematic for pregnant women and it is one of the major causes (19%) of Maternal Mortality... Thus, the scheme aims at reducing Maternal Mortality by providing nutritional support to the expectant mothers."²⁷⁵

Maternal death has usually been defined as the "death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes."²⁷⁶ According to GoI reports published in 2002, India's maternal mortality ratio (MMR) stood at 407 maternal deaths per 100,000 live births in 1998, down from 437 in 1993 and 468 in 1980 (see Figure 4.2).²⁷⁷ In the late 1990s, South Asia had the second-highest maternal mortality ratios in the world (behind

²⁷⁴ Government of India, Ministry of Rural Development, "Report of the Working Group on Social Protection Policy: National Social Assistance Programme and Associated Programmes," Annexure II.

²⁷⁵ Mukhopadhyay to Director (MH), February 18, 2003.

²⁷⁶ Ronsmans and Graham, "Maternal Mortality; Who, When, Where, and Why," 1190.

²⁷⁷ Government of India, Planning Commission, "Tenth Plan, Volume II," 219-231. Despite reporting this decline in MMR, however, the Plan lamented that there had "not been any decline in MMR" in the 1990s (p.184). The reason behind the strange contradiction is unclear.

those of sub-Saharan Africa).²⁷⁸ Although India was far from the worst offender within South Asia – that distinction went to Afghanistan, with an estimated MMR of 1900 per 100,000 live births in the year 2000 – India’s large population meant that even with a lower MMR, the country accounted for the highest *number* of maternal deaths in the world.²⁷⁹ Of the 529,000 maternal deaths that occurred worldwide in 2000, more than a quarter – around 136,000 – occurred in India.²⁸⁰

Yet, despite India’s status as the world’s leader in the number of maternal deaths, in the 14 years since NMBS was first proposed in 1989, and in the eight years since it was introduced in 1995, MoHFW’s February 2003 memo was the first to link NMBS with the problem of maternal *mortality*. Before this, as we saw above, NMBS was presented initially as a program of cash assistance designed to help poor pregnant women in a mostly unspecified way and later as a nutrition program for pregnant women. None of these descriptions invoked India’s high maternal mortality rate as a rationale for the program, let alone present high MMR as the reason for the existence of NMBS.

As we will see below, MoHFW would soon invoke the maternal mortality numbers to propose sweeping changes in the program that, under the guise of slight improvements, would transform entirely the character of NMBS.²⁸¹ First, however, a different question demands our attention: how did maternal mortality come suddenly to be a key concern of policymakers in 2003? Answering this requires a brief detour into the politics of international development, to which we turn below.

²⁷⁸ United Nations Children’s Fund, “Maternal Mortality,” 15.

²⁷⁹ AbouZahr and Wardlaw, “Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF and UNFPA,” 27-32.

²⁸⁰ “Maternal Deaths Disproportionately High in Developing Countries.”

²⁸¹ The next section describes the changes

4. Maternal mortality in international development

The story begins in 1994, when, following the attention that the Safe Motherhood conference of 1987 brought to maternal mortality, the International Conference on Population and Development (ICPD) held in Cairo “transformed the population paradigm”²⁸² by linking population goals closely with issues of development, gender equality, and reproductive health for women.²⁸³ The Fourth World Conference on Women, held in 1995 in Beijing, reinforced the centrality of gender equality and women’s sexual and reproductive rights to a wide array of public policy concerns: public health, education, environmental protection, and economic development.²⁸⁴ Connected to reproductive rights is maternal health, linked to which is maternal mortality, a problem that agreements emerging from both conferences emphasized and committed to fighting.²⁸⁵

Not everyone supported the outcomes of the conferences, however. The Vatican, along with some Islamic countries and conservative Christian groups in the United States, feared that language promoting better reproductive and maternal health served to smuggle abortion rights into the consequential international documents resulting from

²⁸² Sen, “Gender Equality and Human Rights: ICPD as a Catalyst?,” 45.

²⁸³ Yamin and Boulanger, “Why Global Goals and Indicators Matter: The Experience of Sexual and Reproductive Health and Rights in the Millennium Development Goals,” 2-3; Mishra and Roalkvam, “The Reproductive Body and the State: Engaging with the National Rural Health Mission in Tribal Odisha,” 125; Hulme, “Reproductive Health and the Millennium Development Goals: Politics, Ethics, Evidence and an ‘Unholy Alliance,’” 11.

²⁸⁴ Crossette, “Reproductive Health and the Millennium Development Goals: The Missing Link,” 2.

²⁸⁵ “Programme of Action: Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994,” paragraph 1.12; “Beijing Declaration and Platform for Action,” paragraph 106; Thomas, “Maternal Health from 1985-2013: Hopeful Progress and Enduring Challenges,” 2.

these conferences, especially the ICPD.²⁸⁶ In the years that followed, opposition to the Cairo agreement coalesced, and dissenters lobbied to keep reproductive health rights out of any agreements reached at the upcoming 2000 UN Millennium Summit²⁸⁷ – a gathering so significant that it has been described by observers as “the mother of all summits.”²⁸⁸ UN Secretary General Kofi Annan hoped that all UN Member States would sign the declaration produced at the end of the Millennium Summit, signaling unprecedented, unanimous, and global support for the development agenda formulated at the conference. The declaration thus had to steer clear of controversy.

The Millennium Declaration, signed in September of that year, represented a compromise: it retained a reference to maternal mortality, but, to appease the critics, it dropped reproductive health from the agenda.²⁸⁹ Subsequently, an effort to codify the goals identified in the text of the Millennium Declaration culminated in the formulation of the Millennium Development Goals in 2001.²⁹⁰ The MDGs, like the Millennium Declaration from which they derived, made no mention of reproductive health.²⁹¹ Instead, reduction in maternal mortality was included as one of the goals (MDG 5).²⁹²

²⁸⁶ Hulme, “The Millennium Development Goals (MDGs): A Short History of the World’s Biggest Promise,” 10.

²⁸⁷ Yamin and Boulanger, “Why Global Goals and Indicators Matter: The Experience of Sexual and Reproductive Health and Rights in the Millennium Development Goals,” 3; Hulme, “Reproductive Health and the Millennium Development Goals: Politics, Ethics, Evidence and an ‘Unholy Alliance,’” 15-16.

²⁸⁸ Hulme, “The Millennium Development Goals (MDGs): A Short History of the World’s Biggest Promise,” 25.

²⁸⁹ UN General Assembly, “A/55/L.2,” paragraph 19.

²⁹⁰ Hulme, “The Millennium Development Goals (MDGs): A Short History of the World’s Biggest Promise,” 38-40.

²⁹¹ UN General Assembly, “A/56/326,” 56-58.

²⁹² Hulme, “The Millennium Development Goals (MDGs): A Short History of the World’s Biggest Promise,” 40; UN General Assembly, “A/56/326,” 56-58. It was not until 2008, after sustained efforts from those both within and outside the UN, that the maternal health goal was amended to include a second target of “universal access to reproductive health” and indicators designed to measure progress on this

The specific target under this goal sought to reduce maternal mortality ratio (MMR) by 75%, using 1990 figures as the baseline.²⁹³ Progress on this target was to be measured through two indicators: (1) MMR, and (2) the proportion of births attended by skilled personnel.²⁹⁴ In this way, maternal mortality was elevated from one of the hundreds of measures of development to one of the chosen few – and, among those few, it was the only indicator pertaining to adult women.²⁹⁵ No surprise, then, that MMR – and, to some extent, deliveries assisted by trained personnel – became the key metrics by which women’s well-being in developing countries would be assessed worldwide.²⁹⁶

Drafted based on many preceding documents, the MDGs had consolidated, prioritized, and codified hundreds of development objectives into a neat list of eight. Because of the complexity of this exercise, the Goals’ long and distinguished pedigree, and the nominal link of the MDGs to the “momentous”²⁹⁷ occasion of the turn of the millennium, the MDGs enjoyed extraordinary levels of support from the international community and attention from the global media.²⁹⁸ No country could afford to ignore them entirely, and, as one observer said about the thrall of the MDGs in the mid-2000s, “[i]f you’re not an MDG, you’re not on the agenda.”²⁹⁹

target as well (Hulme, 44). Possibly because of its late inclusion, however, the new target has not been adopted by country governments to the same extent as the earlier target of lowering maternal mortality ratio.

²⁹³ UN General Assembly, “A/56/326,” 56.

²⁹⁴ UN General Assembly, 56.

²⁹⁵ The only other goal relevant to the female sex was the gender equality goal (MDG 3), operationalized primarily as a goal for educational parity between boys and girls. Adult women were therefore excluded from the main text of MDG 3, leaving MDG 5 as the only goal specific to adult women.

²⁹⁶ Currey, “Maternal Mortality and Mothers’ Deaths as Development Indicators.”

²⁹⁷ McArthur, “The Origins of the Millennium Development Goals,” 6.

²⁹⁸ McArthur, 6-17.

²⁹⁹ Steven Sinding, quoted in Crossette, “Reproductive Health and the Millennium Development Goals: The Missing Link,” 14.

5. From National Maternity Benefit Scheme to Janani Suraksha Yojana

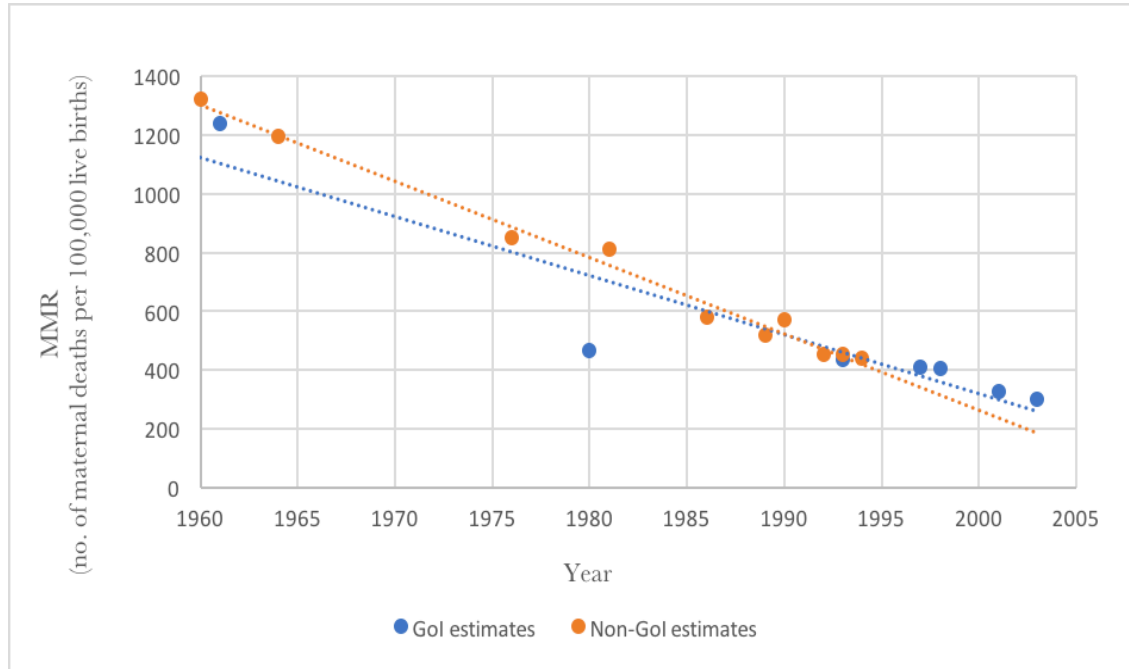
By 2003, once UN officials had further popularized the MDGs and urged governments around the world to commit resources to the MDGs, the Goals were ready to be implemented. At this time, data on MMR in India were patchy and conflicting. While most of the data available in 2003 showed declines in India's MMR (see Figure 4.2), GoI officials noted that at least one of the government surveys showed an increase in MMR between 1993 and 1998, from 424 to 540 per 100,000 live births.³⁰⁰ Policymakers recognized that the confidence intervals for these estimates were too wide for the difference between the two estimates to be statistically significant, but they worried that the lack of statistically discernible reduction in MMR suggested that the rate of reduction of maternal mortality was slowing down.³⁰¹ If India were to reach its MDG 5 target of 109 by 2015,³⁰² the pace of MMR reduction would have to accelerate.

³⁰⁰ Government of India, Planning Commission, "Tenth Plan, Volume II," 184.

³⁰¹ Government of India, Planning Commission, 184.

³⁰² Government of India, Ministry of Statistics and Programme Implementation, "Millennium Development Goals India Country Report 2007," 59.

Figure 4.2: Declining maternal mortality ratio in India, 1960-2003³⁰³



Accordingly, as mentioned above, in February 2003 MoHFW began to discuss changes to NMBS on the grounds that the program had not had “the desired impact on MMR.”³⁰⁴ That lowering maternal mortality had never been an objective of NMBS was of no import.

A March 2003 note followed up with details. It made four key suggestions. First, it proposed changing the name of the program from National Maternity Benefit Scheme to Janani Suraksha Yojana (JSY). The words “National Maternity Benefit Scheme,” the

³⁰³ Sources: Internal documents of GoI, Five-year Economic Plans; Chandramouli, “Child and Maternal Mortality: 1990-2015”; Bhat, Navaneetham, and Rajan, “Maternal Mortality in India: Estimates from a Regression Model”; Bhat, “Maternal Mortality in India: An Update”; World Health Organization and United Nations Children’s Fund, “Revised 1990 Estimates of Maternal Mortality: A New Approach by WHO and UNICEF”; World Health Organization et al., “Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA and The World Bank”; “More than a Personal Tragedy”; “US Census Bureau: Women’s Health and Education in India Profiled in New Reports from the Census Bureau.” GoI estimates depicted in this figure do not include the NFHS estimates due to concerns, as noted in the text, that little could be inferred from the estimates due to their broad confidence intervals.

³⁰⁴ Secretary (FW) to Director (CD), September 23, 2003.

note said, meant nothing to the program’s intended beneficiaries, who spoke little English, and restricted the uptake of the scheme.³⁰⁵ Second, it recommended removing the condition that barred women who had already given births to two children (born alive) from being eligible for benefits in subsequent pregnancies. It reasoned that the two-child ceiling precluded some of the neediest and poorest women from receiving the maternity benefit.³⁰⁶ Third, it suggested making the receipt of benefits contingent on ante-natal checkups and institutional deliveries – that is, on deliveries in hospitals or clinics, where childbirth was far likelier to be attended by trained personnel than it would be at home, and which accounted for only about 40% of all deliveries at this time.³⁰⁷ Finally, it proposed to give *dais*, traditional birth attendants normally untrained in Western medicine, financial incentives for encouraging pregnant women to deliver in clinics or hospitals.³⁰⁸

Unlike NMBS, under which the cash benefit was to be disbursed 8 to 12 weeks prior to delivery, JSY could disburse benefits only after delivery, once administrators had verified that the delivery did indeed occur in a medical facility.³⁰⁹ Coming after the birth, the funds could no longer be said to enable a woman’s intake of nutritious food during

³⁰⁵ Mukhopadhyay to Director (MH), March 26, 2003.

³⁰⁶ Mukhopadhyay to Director (MH).

³⁰⁷ Government of India, Planning Commission, “Report of the Working Group on Health of Women and Children for the Eleventh Five Year Plan, 2007-2012,” 17; Mukhopadhyay to Director (MH), March 26, 2003.

³⁰⁸ Mukhopadhyay to Director (MH), March 26, 2003; Mukhopadhyay to Director (MH), February 18, 2003. The note reasoned that the *dais* needed to be paid to urge pregnant women to deliver in hospitals because, without a cash incentive to do so, they could actively discourage women from institutional delivery in order to preserve their own livelihoods. By June 2003, the narrative had evolved further to implicate home deliveries in India’s high rate of maternal mortality (Government of India, Ministry of Health and Family Welfare, “Note for Expenditure Finance Committee on Janani Suraksha Yojana,” June 2003).

³⁰⁹ Government of India, Ministry of Health and Family Welfare, “Note for Expenditure Finance Committee on Janani Suraksha Yojana,” June 2003.

pregnancy. The transformation of the program from a nutrition scheme to a scheme for institutional delivery intended to reduce MMR was now well underway.

This ministry's JSY proposal – called the “EFC note” in reference to the Expenditure Finance Committee, a bureaucratic body whose approval it was written to obtain, – estimated that the changes proposed would cause the expenditure on JSY in the remaining years of the 10th Plan period (2002-2007) to grow to almost 7.5 billion rupees (around \$115 million).³¹⁰ In annual terms, this was about 40% higher than that expected on NMBS in its early years. There was one problem, however. The Planning Commission had already allocated 5 billion rupees to NMBS for the 10th Plan period. As per the rules of the finance ministry, a note proposing changes to an existing scheme was not to be sent to the EFC until arrangements had already been made to obtain all necessary funding.³¹¹ This condition, and other suggestions by various ministries and other government bodies to whom the draft proposal was sent for comments, led to a series of revisions to the EFC note.

One of the major revisions was the introduction of a classification scheme to sort Indian states into two different categories that would make women in these states eligible for different levels of benefits. The 10 states where the institutional delivery rate of below-poverty-line (BPL) populations was lower than 25% would be classified as Low Performing States (LPS), and women in these states would be eligible for higher financial incentives for institutional delivery. The remaining states would be considered High

³¹⁰ Government of India, Ministry of Health and Family Welfare.

³¹¹ Senior Research Officer, Planning Commission, to Joint Secretary, Ministry of Health and Family Welfare, June 12, 2003.

Performing States (HPS), and women there would be given a lower incentive.³¹² Each state, low or high performing, would further be divided into rural and urban areas, with women in the former receiving a higher incentive than those in the latter, on the grounds that rates of institutional delivery were lower in rural areas.³¹³ Receipt of cash would be conditional on institutional delivery. Although ante-natal checkups, post-natal care, and neo-natal care would be encouraged, these would not be required for availing the cash benefit.³¹⁴ The cash benefit itself would increase from Rs. 500 under NMBS to Rs. 600 or 700, depending on whether the beneficiary was in LPS or HPS and in a rural or urban area (see Table 1).³¹⁵ Despite this increase in the incentive amount, the staggering of benefits across two dimensions (LPS/HPS and urban/rural) allowed planned expenditure on JSY to fall below the ceiling of Rs. 5 billion in the 10th Plan period.

A second change was the incorporation of the Accredited Social Health Activist (ASHA), a female community health worker, as a front-line health agent for women.³¹⁶ The original proposal for JSY, written in 2003, envisaged the local *dais* as the front-line workers, responsible for encouraging pregnant women to undergo ante-natal checkups and to deliver in hospitals or clinics. Now, MoHFW introduced the possibility that ASHAs, instead of or in addition to *dais*, could help women navigate the process of checkups and institutional delivery under JSY and receive a monetary incentive to do

³¹² Under Secretary (MH) Mukhopadhyay to Deputy Director General (MH), June 18, 2004.

³¹³ PPG (MH), September 25, 2004.

³¹⁴ Government of India, Ministry of Health and Family Welfare, "Draft Note for Cabinet Committee on Economic Affairs: Introduction of Janani Suraksha Yojana," 4.

³¹⁵ Government of India, Ministry of Health and Family Welfare. 6. Women from urban areas of HPS would not receive an institutional delivery incentive under this plan.

³¹⁶ PPG (MH), September 25, 2004.

so.³¹⁷ (In time, ASHAs would go on to become pivotal figures in the implementation of JSY.) Additionally, unlike the first EFC draft, which proposed a 25-rupee incentive to the *dai* per case,³¹⁸ the final note advocated an incentive of Rs. 600 in rural areas of LPS and Rs. 200 in urban areas of LPS per case to the *dai*/ASHA.³¹⁹ No *dai*/ASHA incentive was planned for HPS.

Third, after receiving criticism for the effort to extend benefits to pregnant women who had already had two live births in the past – including the charge that such a provision would give “the unintended impression of rewarding ‘births’ in a country...which wants to limit births and stabilize population”³²⁰ – the ministry modified this provision. Instead of removing the two-birth ceiling entirely, it now proposed that JSY benefits be extended in LPS to pregnant women on their third delivery, “provided the woman on her own accord, chooses to undergo sterilization, after the delivery.”³²¹ In a note to the Planning Commission in early 2005, the ministry attributed this decision to retain the two-child ceiling to a “paucity of resources,” adding that “if government support is available the scheme may be extended to all women.”³²²

Fourth, a statement addressing the recent actions of the Supreme Court was added to the note. Based on a complaint by the Right to Food activists in the ongoing

³¹⁷ Government of India, Ministry of Health and Family Welfare, “Draft Note for Cabinet Committee on Economic Affairs: Introduction of Janani Suraksha Yojana,” 6.

³¹⁸ Government of India, Ministry of Health and Family Welfare, “Note for Expenditure Finance Committee on Janani Suraksha Yojana,” June 2003.

³¹⁹ Government of India, Ministry of Health and Family Welfare, “Draft Note for Cabinet Committee on Economic Affairs: Introduction of Janani Suraksha Yojana,” 6.

³²⁰ Director, National Commission on Population to Director (MH), Ministry of Health and Family Welfare, December 16, 2003. It is unclear why the author used quote marks around the word “births” in his note.

³²¹ Government of India, Ministry of Health and Family Welfare, “Draft Note for Cabinet Committee on Economic Affairs: Introduction of Janani Suraksha Yojana,” 5.

³²² Section Officer (NMBS) to Under Secretary (MH), February 11, 2005.

public interest litigation on food security, the Supreme Court had ruled that NMBS should not be “discontinued or restricted in any way without the prior approval of this Court.”³²³ Acknowledging the order, MoHFW said that, in its view, the “introduction of Janani Suraksha Yojana in modification of NMBS does not result in reducing benefits under NMBS as the new integrated Scheme will enhance overall maternal health care and benefits in a focused manner.”³²⁴ Still, it said, if the court “makes any observation/issues any direction to the contrary,” MoHFW would make the required changes “*within* the overall frame work of Janani Suraksha Yojana” (emphasis added).³²⁵ In other words, no matter the grievances of the Right to Food campaign and the future directions of the Supreme Court, JSY as a scheme to promote institutional delivery was to continue.

On 14 March 2005, the final policy note with all above revisions was sent to the Cabinet.³²⁶ This Cabinet Note justified the proposal to convert NMBS to JSY by, once again, invoking India’s maternal mortality. One “of the accepted strategies for reducing maternal mortality,” it argued, “is to promote deliveries at health institutions, conducted by the skilled personnel like doctors and nurses.”³²⁷ It gave the responsibility to implement JSY to state governments.³²⁸ Once the cabinet approved the proposal, JSY

³²³ “Supreme Court Order on Writ Petition (Civil) No 196 of 2001,” April 27, 2004.

³²⁴ Government of India, Ministry of Health and Family Welfare, “Draft Note for Cabinet Committee on Economic Affairs: Introduction of Janani Suraksha Yojana,” 7.

³²⁵ Government of India, Ministry of Health and Family Welfare, 7.

³²⁶ Section Officer (NMBS) to Under Secretary (MH), March 15, 2005.

³²⁷ Government of India, Ministry of Health and Family Welfare, “Draft Note for Cabinet Committee on Economic Affairs: Introduction of Janani Suraksha Yojana,” 4. To be sure, the effort to ensure that deliveries were occurring in presence of skilled personnel was not new: NMBS, too, asked state governments to work toward this goal. But the overarching concern with maternal *mortality* and the *priority* attached to skilled birth attendants were unprecedented.

³²⁸ Government of India, Ministry of Health and Family Welfare, 7.

was launched on April 12, with more than 3.5 billion rupees remaining out of its approved allocation of 5 billion for the remaining two years of the 10th Plan period.³²⁹

On the same day, MoHFW also launched the National Rural Health Mission (NRHM), a significant “architectural correction”³³⁰ to the Indian public health system and one that subsumed the existing programs of MoHFW.³³¹ The objective of NRHM was to make public healthcare more accessible and affordable. The program sought to do so by introducing an army of trained female community health workers (ASHAs) across the country, strengthening local health infrastructure, and enabling decentralized health planning at the district level.³³² The impetus behind NRHM was the return to power in 2004 of the Congress party, which had campaigned on a pro-poor platform that criticized the “India Shining” rhetoric of the previous government and highlighted the continued deprivation experienced by many despite unprecedented economic growth.³³³ In its National Common Minimum Programme, a document outlining the common objectives of the coalition of parties in power, the Congress party-led coalition had promised to focus on primary healthcare and to raise public spending on healthcare from less than 1% to at least 2 to 3% of GDP by 2009.³³⁴ Many saw NRHM as an attempt to

³²⁹ Government of India, Planning Commission, “Report of the Working Group on Health of Women and Children for the Eleventh Five Year Plan, 2007-2012,” 19; Secretary (HFW) to AS&FA, June 23, 2006, 62.

³³⁰ “Speeches: PM Launches ‘National Rural Health Mission.’”

³³¹ Hota, “National Rural Health Mission,” 193.

³³² Hota, “National Rural Health Mission,” 193-194.

³³³ Dasgupta and Qadeer, “The National Rural Health Mission (NRHM): A Critical Overview,” 138.

³³⁴ “UPA Government to Adhere to Six Basic Principles of Governance.”

make good on this promise.³³⁵ Along with other programs, JSY was subsumed under the NRHM umbrella.

6. Expanding coverage, enhancing benefits, and raising expenditure

Within a month of the introduction of JSY and NRHM, the Supreme Court intervened again. In the food security case, it ruled that NMBS should not be “modified by reducing, abridging or qualifying in any way the social assistance entitlements under the original scheme for expecting BPL mothers, including cash entitlement of Rs. 500/- provided therein.”³³⁶ In addition, it asked the government to provide further information about how exactly JSY will preserve benefits provided under the original NMBS, and ordered the Supreme Court Commissioners, two prominent former bureaucrats appointed to monitor the implementation of orders relating to the food security case, to conduct a detailed study of NMBS and file a report.

Responding to the court order in October, the commissioners submitted a report describing what they saw as the many shortcomings of NMBS/JSY. First, they alleged that despite agreeing not to reduce benefits under NMBS, the government had, for all practical purposes, ended the program by converting it into JSY, which promoted not maternal nutrition but institutional delivery.³³⁷ Second, the imposition of many eligibility criteria in JSY undermined the maternity entitlement by making about 70% of the women who would be eligible for assistance under NMBS ineligible for any assistance

³³⁵ Center for Health and Social Justice, “Training on Community Assessment of Health Expenditure: A Report,” 10.

³³⁶ “Supreme Court Order on Writ Petition (Civil) No 196 of 2001,” May 9, 2005.

³³⁷ Saxena, “Sixth Report of the Commissioners to the Supreme Court: Writ Petition (Civil) 196 of 2001 (PUCL v. Union of India & Others),” 6.

under JSY.³³⁸ Third, the government continued “to make inadequate provision in the budget to cover all pregnant women giving first two births.”³³⁹ Fourth, awareness of the program among eligible women was low, in part because the 500-rupee benefit per delivery was too low an amount to encourage high participation.³⁴⁰

A few months later, in April 2006, a state-level official wrote to MoHFW, echoing some of the same concerns about JSY. More money needed to be spent to raise awareness about the scheme, the official said. Even more importantly, all women delivering in government facilities should be able to receive benefits under JSY without having to produce BPL certification. Not all below-poverty-line families were able to obtain such certification, and in any case only the poor used public health facilities, the official said. The BPL certification requirement should therefore be removed, the official suggested.³⁴¹

In response to the Supreme Court’s intervention and feedback from state governments and NGOs, in June 2006 the Secretary of Health and Family Welfare proposed further changes to JSY that would dramatically expand coverage and pave the way for JSY to become the largest conditional cash transfer program in the world.³⁴² Just like NMBS, the Secretary’s proposal argued, JSY in its first year of implementation (2005-

³³⁸ Saxena, 261.

³³⁹ Saxena, 242.

³⁴⁰ Saxena, 257.

³⁴¹ Financial Commissioner and Principal Secretary, Government of Haryana to Secretary, Health and Family Welfare, April 27, 2006.

³⁴² Additional Secretary, Ministry of Health and Family Welfare, to Mission Directors and Principal Secretaries, EAG States, July 11, 2006; Joint Secretary, Ministry of Women and Child Development, to Principal Secretaries/Secretaries/Administrators dealing with ICDS (Women and Child Development Department), all States/UTs, November 8, 2010; Secretary (H&FW) to HFM, October 3, 2006; Secretary (Health & Family Welfare), Ministry of Health and Family Welfare, to Secretary (Family Welfare), Government of Rajasthan, October 31, 2006.

06) did not incur sufficient expenditure. At Rs. 550 million over the year, this low expenditure showed “that some barriers prevent access to the scheme’s benefits.”³⁴³ It then identified three barriers and outlined steps to remove them.

First, it said, the eligibility criterion that required beneficiaries to be 19 years of age or above created a key barrier because age certificates were hard to obtain, especially in rural areas.³⁴⁴ JSY’s age certification requirement should therefore be removed and JSY benefits be extended to all BPL women, regardless of age, in low-performing states.³⁴⁵ Second, the proposal sought once again to remove the two-child ceiling that MoHFW had been unable to eliminate in the Cabinet Note due to objections that doing so would amount to incentivizing more births. Women with many children, it argued, had higher risks of mortality and morbidity and thus a greater need for the medical attention available through institutional delivery.³⁴⁶ Third, not every poor woman had a BPL card to certify her poverty status, and it was usually only the poor who accessed healthcare through public institutions. Keeping this in mind, JSY benefits should be extended to all women who, no matter their ability to produce BPL certification, delivered in public facilities in LPS.³⁴⁷ And finally, without identifying it as an addition or presenting a rationale for it, the proposal extended (a smaller) cash benefit of Rs. 500 to women delivering *at home*, provided they were 19 or above, could produce BPL certification, and had not given more than two live births in the past.³⁴⁸

³⁴³ Secretary (HFW) to AS&FA, June 23, 2006, 58.

³⁴⁴ Secretary (HFW) to AS&FA, 58.

³⁴⁵ Secretary (HFW) to AS&FA, 58-60.

³⁴⁶ Secretary (HFW) to AS&FA, 59.

³⁴⁷ Secretary (HFW) to AS&FA, 61.

³⁴⁸ Secretary (HFW) to AS&FA, 61.

Later internal documents of MoHFW and government publications indicated that this quiet extension of benefits to women delivering at home – the exact opposite of the institutional delivery norm that JSY was designed to promote – occurred due to the Supreme Court’s insistence that NMBS should continue.³⁴⁹ Giving poor pregnant women Rs. 500 in cash benefit for delivery at home and a larger sum for delivery in medical institutions allowed MoHFW both to retain NMBS’s unconditional benefit in some form and to incentivize institutional delivery, reflecting a compromise between the demands of the right to food campaign/Supreme Court orders and the ministry’s effort to lower MMR by urging women to deliver in medical facilities under supervision of trained personnel.

The Secretary’s proposal estimated that the above modifications would raise the expected expenditure on JSY in 2006-07 to 2.4 billion rupees³⁵⁰ (more than 60% higher than the amount calculated by the 2005 Cabinet Note for the same financial year).³⁵¹ The proposed modifications went into effect in July 2006, and JSY’s coverage more than quadrupled from 0.7 million women in 2005-06 to 3 million women in 2006-07.³⁵²

More changes were soon to follow. On 26 September 2006, the Mission Steering Group (MSG), the highest decision-making body of NRHM, made several important changes to JSY.³⁵³ Among others, it doubled the cash benefit to pregnant women in the

³⁴⁹ Secretary (H&FW) to HFM, October 3, 2006; Joint Secretary, Ministry of Women and Child Development to Principal Secretaries/Secretaries/Administrators dealing with ICDS (Women and Child Development Department), all States/UTs, November 8, 2010.

³⁵⁰ Secretary (HFW) to AS&FA, June 23, 2006, 62.

³⁵¹ Government of India, Ministry of Health and Family Welfare, “Draft Note for Cabinet Committee on Economic Affairs: Introduction of Janani Suraksha Yojana,” 9.

³⁵² Additional Secretary, Ministry of Health and Family Welfare to Mission Directors and Principal Secretaries, EAG States, July 11, 2006.

³⁵³ Director (MH) to DC (MH), September 26, 2006.

10 LPS from Rs. 700 to Rs. 1400 per delivery in rural areas, and almost doubled it from Rs. 600 to Rs. 1000 per delivery in urban areas. In addition, MSG decided to make women from Scheduled Castes (SC) and Scheduled Tribes (ST) – historically disadvantaged social groups in India – eligible for JSY’s institutional delivery benefits, regardless of these women’s ability to produce BPL certification.³⁵⁴ While documents from the MSG meeting did not illuminate the reasons behind these changes that more than doubled the expenditure under JSY, a later letter from MoHFW to state governments attributed them to inputs from field functionaries who complained that the cash assistance given to pregnant women was “not enough to meet even the cost of a normal delivery completely and also that the differential between cash assistance for home and institutional delivery” was not enough to incentivize the latter.³⁵⁵

In late September 2006, the ministry calculated that, once the changes approved by the MSG went fully into effect, annual expenditure on JSY would soon rise to almost 4 billion rupees,³⁵⁶ which amounted to a 63% increase over the 2.4 billion anticipated for 2006-07 in the Secretary’s June 2006 proposal, and an almost 170% increase over the expenditure calculated for 2006-07 in the 2005 Cabinet note. JSY expenditure over the 11th Plan period (2007-2012), the ministry estimated, would rise to 17.5 billion rupees,³⁵⁷ exactly 10 billion more than the 7.5 billion estimated by the first draft of the EFC note for the 10th Plan period in June 2003 – an estimate that, because it exceeded that period’s allocation to the JSY, had necessitated a series of consequential revisions that transformed

³⁵⁴ Director (MH) to DC (MH).

³⁵⁵ Secretary (Health & Family Welfare), Ministry of Health and Family Welfare to Secretary (Family Welfare), Government of Rajasthan, October 31, 2006.

³⁵⁶ Director (MH) to DC (MH), September 26, 2006.

³⁵⁷ Secretary (H&FW) to HFM, October 3, 2006.

JSY between 2003 and 2005 (see sub-section above). Now, only three years later, MoHFW appeared confident that its request for 17.5 billion rupees in allocation for JSY would be approved.

In August 2007, however, MoHFW revised its estimation of expenditure on JSY again. This time, the ministry calculated that 11th Plan funding requirements for JSY would reach almost Rs. 60 billion (more than \$900 million) – an amount more than 3 times greater than that estimated less than a year earlier in September 2006. The reason, according to internal correspondence of the ministry, was the popularity of the program: in 2007-08, demand for JSY funds from state governments had reached 9 billion rupees, almost 4 times higher than that year’s allocation, and the number of beneficiaries was also climbing steadily, more than quadrupling (as discussed before) between 2005-06 and 2006-07.³⁵⁸

Even 60 billion turned out to be too low an estimate, however. Between 2007 and 2012, MoHFW spent 68 billion rupees on JSY,³⁵⁹ and expenditure over the next five years (2012-2017) grew another 25% to 85 billion.³⁶⁰ These increases were due in part to further changes in the features of JSY (see Table 4.1). The most significant of these changes took effect on 7 May 2013, when women of any age and with any number of children were made eligible to receive the institutional delivery incentive in high-

³⁵⁸ Under Secretary (MH) Mukhopadhyay to Advisor (MH), August 17, 2007.

³⁵⁹ Government of India, Ministry of Health and Family Welfare, “Annual Report 2012-13,” 52. This does not include expenditure on related programs such as Janani Shishu Suraksha Karyakram (Mother Child Protection Program), which was begun in 2011 to lower India’s infant mortality rate and help India reach its MDG commitments (AC (CH) to JS (AJ), December 19, 2008.)

³⁶⁰ Government of India, Ministry of Health and Family Welfare, “Annual Report 2016-17,” 32; Government of India, Ministry of Health and Family Welfare, “Lok Sabha Unstarred Question No. 2008 To Be Answered on 29.12.2017: Janani Suraksha Yojana.”

performing states and the home delivery benefit in all states.³⁶¹ Before this, as discussed earlier, women under 19 and women with two or more children were not eligible for institutional delivery incentive in HPS and home delivery benefit anywhere, due to fears that providing benefits to women under 19 would legitimize child marriage and extending them to multiparous women would encourage higher fertility. In early 2012, the ministry had estimated that the removal of age and parity conditions for institutional delivery in HPS and home delivery everywhere would immediately raise annual expenditure on JSY by 7.6 billion – that is, by almost 45% – in 2012-13.³⁶²

The decision in 2013 to remove age and parity requirements can be traced to a series of influences. First, in April 2010 and again in September 2011, the Supreme Court Commissioners in charge of monitoring implementation of food security programs as part of the food security litigation wrote to the Supreme Court to share again their concerns about JSY. Subsuming NMBS under JSY had not yielded the desired results, they said, and JSY's strict eligibility restrictions continued to exclude large numbers of poor pregnant women. To enable more women to benefit from the program, they recommended that age and parity restrictions be removed from the home-delivery component of JSY, allowing women and girls of any age and with any number of previous deliveries to receive the basic (NMBS-equivalent) benefit under JSY that was not conditional on institutional delivery.³⁶³

³⁶¹ Joint Secretary (RCH) to Mission Director-NRHM, All States/UTs, May 13, 2013.

³⁶² Consultant (JSY) to Director (RCH), March 1, 2012.

³⁶³ Saxena and Mander to The Registrar, Supreme Court of India, "Response to Application of Ministry of Health and Family Welfare, Government of India (IA No. 92) for Directions Regarding Implementation of Janani Suraksha Yojana," 3-8; Saxena and Mander to The Registrar, Supreme Court of India, "Response Based on Field Surveys in Eight States on the Implementation of the National Maternity Benefit Scheme/Janani Suraksha Yojana," 8.

Second, in June 2010, a comprehensive study of JSY published in the renowned medical journal *The Lancet* found that the poorest and the least educated women had low odds of receiving benefits under JSY and stressed “the need for improved targeting of the poorest women.”³⁶⁴ An internal file of MoHFW that dealt with the removal of age and parity conditions included a copy of this article, with the above quote highlighted in bright pink, suggesting that the findings of the study did not go unnoticed at the ministry.³⁶⁵

Third, the file also included a marked-up copy of another report on maternity protection that was commissioned by the International Labour Organization (ILO) and India’s Ministry of Labour and Employment (MLE). Published in April 2011, the report had noted that Indian women working in the formal sector had recourse only to a patchwork of government programs such as JSY, but coverage gaps in such programs were large and poor women slipped through them routinely.³⁶⁶ The authors suggested that JSY be made applicable to all self-employed women workers, regardless of their income, age, and number of children³⁶⁷ – a recommendation that was highlighted in neon in the ministry’s copy of the report, indicating again that officials at the ministry had read and considered the idea.

Following this, in early 2012, MoHFW drafted a series of notes, to be circulated internally and sent to key external actors, proposing removal of age and parity criteria for institutional births in HPS and home births in all states. The notes justified the proposed

³⁶⁴ Lim et al., “India’s Janani Suraksha Yojana, a Conditional Cash Transfer Programme to Increase Births in Health Facilities: An Impact Evaluation.” 2009.

³⁶⁵ Government of India, Ministry of Health and Family Welfare, *File Z-14018-1-2012-JSY*.

³⁶⁶ Lingam and Krishnaraj, “Maternity Protection in India: A National Assessment,” xix, 209-212.

³⁶⁷ Lingam and Krishnaraj, xxiii.

changes by referring to the findings of the ILO/MLE and other reports as well as to the “courts” – likely, the Supreme Court – that, the notes said, had “been taking an adverse view of conditionalities of parity and age under JSY.”³⁶⁸ Effective 7 May 2013, the ministry removed the age and parity restrictions for the institutional delivery incentive in HPS and the home delivery assistance in all states.³⁶⁹ The criteria that limited eligibility for the institutional delivery incentive in HPS to BPL, SC, and ST women and for the home delivery assistance in all states to women from BPL households, however, were retained.³⁷⁰ Table 4.2, taken verbatim from MoHFW’s correspondence with state governments, summarizes the eligibility conditions that came into effect in May 2013, and which remain in place, more or less intact, at the time of this writing in 2017.

Table 4.2: JSY eligibility conditions and benefit amounts, May 2013³⁷¹

Category of States	Rural Area			Urban Area			Eligibility Criteria
	Mother	ASHA*	Total	Mother	ASHA**	Total	
	Financial Assistance for Institutional Delivery						
Low Performing States (LPS)	Rs. 1400	Rs. 600	Rs. 2000	Rs. 1000	Rs. 400	Rs. 1400	Available to all women regardless of age and number of children for delivery in government/private accredited health facilities
High	Rs. 700	Rs. 600	Rs.	Rs. 600	Rs. 400	Rs.	Available only to

³⁶⁸ Government of India, Ministry of Health and Family Welfare, “Payment of Enhanced and Uniform Incentives to ASHA in All the States and Removal of Conditionalities under Janani Suraksha Yojana (JSY).”; Consultant (JSY) to Director (RCH), March 1, 2012.

³⁶⁹ Lim et al., “India’s Janani Suraksha Yojana, a Conditional Cash Transfer Programme to Increase Births in Health Facilities: An Impact Evaluation,” June 2010.

³⁷⁰ Joint Secretary (RCH) to Mission Director-NRHM, All States/UTs.

³⁷¹ Source: Joint Secretary (RCH) to Mission Director-NRHM, All States/UTs. Table is reproduced verbatim. Formatting is simplified.

Performing States (HPS)			1300			1000	BPL/SC/ST women regardless of age and number of children for delivery in government/private accredited health facilities
Financial Assistance for Home Delivery							
LPS	Rs. 500	Nil	Rs. 500	Rs. 500	Nil	Rs. 500	Available only to BPL women who prefer to deliver at home regardless of age and number of children
HPS	Rs. 500	Nil	Rs. 500	Rs. 500	Nil	Rs. 500	

*Rs. 600/ per delivery in rural area includes Rs. 300 for antenatal component and Rs. 300 for facilitating institutional delivery

**Rs. 400/ per delivery in urban area includes Rs. 200 for antenatal component and Rs. 200 for facilitating institutional delivery

With this, JSY's period of rapid expansion came to a close. State attention to women as mothers, however, has not waned, as several other major programs for maternal health and maternity benefit have since been launched (see Chapter 6).

III. Discussion

The question we asked at the start of this chapter was: how and why did the maternity benefit program, introduced with little enthusiasm, grow to be among the better-funded programs for women in India and the largest conditional cash transfer program in the world? The narrative of its evolution alluded to a plethora of factors that shaped the course of NMBS/JSY. Of these, three, discussed below, stand out for their explanatory power.

A. The need for “adjustment with a human face”³⁷²

There are two ways in which the need for “adjustment with a human face” drove the evolution of NMBS/JSY: in 1995, it spurred the Congress party to introduce a system of social security (which included NMBS) for the informal sector, and from 2005 onward, it fomented higher expenditure on public health, which supplied funding for JSY.

First, as the previous section shows, while the precise impetus behind the initial incorporation of the maternity benefit proposal in the Congress party election manifesto of 1989 is unclear, the revival of this proposal in Finance Minister Manmohan Singh’s 1995 budget speech can be traced to (1) the perceived need to give India’s structural adjustment “a human face” – that is, combine economic restructuring with a focus on human needs³⁷³ – in the aftermath of Congress party’s devastating electoral loss in two important state elections in 1994, and (2) the presence in Congress’s high-level political and policy circles of Manmohan Singh and S. Guhan, – an economist-turned-politician and a civil servant-turned-social policy expert – both of whom saw value in establishing a system social security for the millions working in India’s informal sector.

Why include maternity benefits in the proposed social security program, however? After all, social security is generally associated not with maternity benefits but with pension arrangements, health insurance, disability benefits, unemployment assistance, and others. It is likely that the inclusion of maternity benefits resulted from political leaders wanting to do – and wanting to be *seen* doing – something specifically for women,

³⁷² Jolly, “Adjustment with a Human Face.”

³⁷³ Cornia, Jolly, and Stewart, *Adjustment with a Human Face: Protecting the Vulnerable and Promoting Growth. A Study by UNICEF*, xviii.

who had cast 43% of all votes in the previous national election.³⁷⁴ Neither of the other elements of the proposed NSAS at the time – old age pension and survivors’ benefits – targeted women specifically. Maternity benefit, then, was a fitting complement to the other two components of the program.

Even so, why did the desire to do something “for women” translate specifically into maternity benefits, rather than into any number of possible women-related interventions, such as assistance for widows (which came later, in 2009), tuition reimbursement for women, and others? The answer, according to one longtime member of the Congress party with knowledge of the matter, is that maternity benefits were “very much part of the Indian discourse.”³⁷⁵ That India had a long history of legislated maternity benefits (the first of which was introduced in the Bombay presidency in 1929) for the formal sector and that maternity benefits were included in the Tamil Nadu social security system, which Guhan knew well and had written extensively about, likely also made a difference.

Second, as we learned before, in 2005 NMBS was re-launched as JSY, along with NRHM, the “flagship” health program of the Congress government.³⁷⁶ As the historical narrative recounts, the Congress party-led coalition government came to power in 2004 after campaigning against massive inequality despite rapid economic growth. Countering the rosy “India Shining” claims of the incumbent Bharatiya Janata Party-led government, the Congress party pledged to raise public health spending from less than 1% of GDP to

³⁷⁴ Election Commission of India, “Statistical Report on General Elections, 1991 to the Tenth Lok Sabha, Volume I.”

³⁷⁵ Member of Parliament, Congress Party, Interview # 33.

³⁷⁶ Government of India, Ministry of Health and Family Welfare, “Janani Suraksha Yojana: Background.”

2 to 3% by 2009. NRHM, the key health intervention that followed, received large amounts of money in budgetary allocation.³⁷⁷ The program's outlay rose from approximately 70 billion rupees in 2005-06 to about 200 billion in 2016-17,³⁷⁸ an increase enabled by the expansion of state revenues due to market-led economic growth.³⁷⁹ Although insufficient for raising total public health spending to the level promised,³⁸⁰ the large NRHM outlays are what financed JSY, making possible the steep rise in spending on JSY after 2005.

Therefore, in a rough illustration of international political economy's "compensation thesis"³⁸¹ – the idea that economic liberalization and market integration heighten economic risk, necessitating expansion of state support to compensate (and coopt) those made insecure by the new economy or left behind by it entirely – National Maternity Benefit Scheme emerged in part from the electoral compulsions created by India's economic liberalization of the early 1990s, and grew in part due to availability of funds under the National Rural Health Mission, which itself emerged from the Congress party's effort to spread the benefits of growth more widely.

³⁷⁷ Shiffman and Ved, "The State of Political Priority for Safe Motherhood in India," 788.

³⁷⁸ Government of India, Central Bureau of Health Intelligence, "National Health Profile 2017," 190; Government of India, "Union Expenditure Budget Volume II: Notes on Demands for Grants, 2006-2007." Figures are revised estimates.

³⁷⁹ Mancheri, "India's Reform-Led Growth Benefits the Poor"; Bhagwati and Panagariya, *Why Growth Matters: How Economic Growth in India Reduced Poverty and the Lessons for Other Developing Countries*, 231.

³⁸⁰ EPW Research Foundation, "Special Statistics - 41: Budget Making a La Chidambaram," 1380; Duggal, "Is the Trend in Health Changing?," 1335; Himanshu, "Social Sector: Continuation of Past Priorities," 31.

³⁸¹ Busemeyer, "From Myth to Reality: Globalisation and Public Spending in OECD Countries Revisited," 455; Rodrik, "Why Do More Open Economies Have Bigger Governments?"

B. Civil society activism and Supreme Court intervention for food security

While the efforts of the Right to Food campaign and directions of the Supreme Court failed to preserve NMBS in its original form, they affected the course of JSY in two crucial ways. First, they compelled MoHFW to, in effect, incorporate the basic NMBS benefit – unconditional cash transfer to poor pregnant women – into JSY. This benefit, known as the home delivery benefit under JSY, continues to be an important part of the program.

Second, they urged MoHFW to roll back the exclusionary eligibility criteria of JSY and enhance the amount of cash benefit it provided. As we saw earlier, the Supreme Court Commissioners, at the direction of the Supreme Court, conducted studies of JSY and identified various shortcomings that they shared in public reports. Based on their findings, they asked MoHFW to loosen eligibility criteria (in particular, by removing age and parity restrictions) and raise spending on JSY to allow benefits to reach a greater number of eligible beneficiaries. Over time, MoHFW adopted both suggestions. It is clear, then, that the Right to Food campaign and the Supreme Court influenced the trajectory of JSY by keeping an unconditional cash benefit on the agenda, monitoring the implementation of JSY, publicly holding MoHFW accountable for poor performance, and urging MoHFW to make changes designed to ensure that JSY could reach those who needed its benefits most.

Two questions remain, however – what motivated these two actors, the RTF campaign and the Supreme Court, to attempt to make changes to JSY, and what enabled them to influence the course of the program even though neither of them had any authority over it? The answer lies in the confluence of three factors: the interest of the

RTF campaign in NMBS, the possibility of filing litigation against the state on behalf on the public interest in India, and the willingness of Indian courts to direct government action on questions of social policy and social justice.

The Right to Food campaign, as the historical section shows, became interested in maternity benefits, which would normally be considered outside the purview of food security, because of NMBS's framing as a nutritional initiative in late 2000, only a few months before the food security litigation against GoI began. As a nutritional program, NMBS was swept up in the food security-related public interest litigation along with other food security programs. This PIL was, in turn, made possible by the right third parties in India have had since the late 1970s to sue the state on behalf of public interest when those directly aggrieved by state action (or non-action) are unable themselves to move the courts.³⁸² The PIL gave the Supreme Court the occasion to direct the government to continue NMBS. Finally, the court's willingness to issue such a policy instruction to the government – wading, as critics have said, into traditionally executive territory – is in line with other instances of “judicial activism” exercised by Indian courts in recent years.³⁸³ The Supreme Court intervened to promote food security on the grounds that although the Indian Constitution does not provide an explicit right to food, it guarantees a right to life, which can be interpreted to mean a right to life with dignity, which in turn can be interpreted to suggest a right to food.³⁸⁴

³⁸² “What Is Public Interest Litigation?”; Deva, “Public Interest Litigation in India: A Critical Review,” 23-27.

³⁸³ Andhyarujina, “Disturbing Trends in Judicial Activism”; Sathe, *Judicial Activism in India: Transgressing Borders and Enforcing Limits*; Khosla, “Addressing Judicial Activism in the Indian Supreme Court: Towards an Evolved Debate.”

³⁸⁴ Birchfield and Corsi, “Between Starvation and Globalization: Realizing the Right to Food in India,” 709.

This trifecta of the Right to Food campaign's interest in NMBS, the possibility of PILs, and a pattern of judicial intervention in policy matters traditionally under the scope of the executive enabled the food security movement and the Supreme Court to shape the evolution of JSY.

C. International spotlight on maternal mortality

This brings us to what is perhaps the most important explanation for why NMBS/JSY grew to become one of the largest and most generously funded programs for women in India: the changes occurring in the world of international development in the late 1990s and early 2000s. To understand how these changes exerted causal influence on NMBS/JSY, the paragraphs below describe the causal process.

1. Causal factors

The previous section shows two overlapping ways in which the spotlight cast on the issue of maternal mortality by international actors affected NMBS/JSY. First, the International Conference on Population and Development, held in Cairo in 1994, transformed the discourse on population control by bringing development, reproductive health, and women's rights from the margins of the population control conversation to its center. In time, political expediency required the notions of "reproductive health" and "women's rights" to be whittled down to "maternal health" in mainstream international agreements. Second, the inclusion of a maternal mortality target in the Millennium Development Goals, along with the exclusion of any other adult women-focused goals, made MMR the key indicator of women's well-being in the context of development around the world.

These trends, especially the pledges of the Cairo Programme of Action (a document that India signed), are reflected in the evolution of India's official population policies, of which there have been two.³⁸⁵ The first, called the National Population Policy of 1976 (NPP 1976), argued that addressing India's "population problem" was crucial if the future of the country was "to be secured, and the goal of removing poverty to be attained."³⁸⁶ The policy aimed to reduce India's birth rate from 35 per thousand in 1974 to 25 per thousand in 1984, but referred to maternal health only once and only in passing.³⁸⁷ The only other woman-friendly measure the policy mentioned was to raise female literacy, which it noted strongly predicts lower fertility.³⁸⁸ The notions of "reproductive rights" and "sexual health" did not make an appearance in this policy.

In 1996, however, India began to incorporate some elements of the Cairo document into its domestic policy agenda: it rolled back its target-driven approach to family planning (under which the federal government set sterilization and other contraceptive-acceptance targets for health workers) and sought to take broader reproductive health seriously.³⁸⁹ In 1997, after the World Bank-funded Child Survival and Safe Motherhood project ended, GoI started the Reproductive and Child Health (RCH) program to continue the work of CSSM and supplement it with other

³⁸⁵ Srinivasan, Shekhar, and Arokiasamy, "Reviewing Reproductive and Child Health Programmes in India," 2931-32.

³⁸⁶ Government of India, "National Population Policy: A Statement of the Government of India," 309.

³⁸⁷ Government of India, 310.

³⁸⁸ Government of India, 311.

³⁸⁹ Mukherjee, "Gender Matters," 2.

reproductive health services.³⁹⁰ The National Population Policy of 2000 (NPP 2000) took the shift a step further: maternal mortality, it said,

...is not merely a health disadvantage, it is a matter of social injustice. Low social and economic status of girls and women limits their access to education, good nutrition, as well as money to pay for health care and family planning services. The extent of maternal mortality is an indicator of disparity and inequity in access to appropriate health care and nutrition services throughout a lifetime, and particularly during pregnancy and child-birth....³⁹¹

In addition to placing maternal mortality in its social and gender context, the policy also made 11 references to issues of maternal health, incorporating the reduction of MMR as one of its key goals.³⁹²

In addition to showing how Indian policy rhetoric evolved in tandem with international discourse, this incorporation of maternal health concerns in NPP 2000 matters for our purposes because it set the stage for the reworking of NMBS, a maternity assistance scheme, into JSY, an anti-maternal mortality program. And, indeed, it is while drafting NPP 2000 that policymakers noted the relevance of NMBS (which promoted maternal health) to MoHFW's population stabilization initiatives (of which reproductive health was a key part) and recommended transferring the program from Ministry of Rural Development to MoHFW.³⁹³ In time, this transfer would give MoHFW the opportunity to expand and transform JSY beyond recognition.

Beyond affecting NBMS/JSY via the population policy, the international spotlight on maternal health shaped the program directly as well. There are three key observable

³⁹⁰ Kesterton et al., "Institutional Delivery in Rural India: The Relative Importance of Accessibility and Economic Status," 2.

³⁹¹ Government of India, "National Population Policy 2000," paragraph 8.

³⁹² Government of India, paragraph 2.

³⁹³ Government of India, Ministry of Rural Development, "New Proposed Guidelines on National Social Assistance Programme (NSAP) and Annapurna," 1.

implications of the causal influence of this spotlight, especially of the MDGs, on NMBS/JSY. These can be seen in: (1) the program’s (re)framing, (2) its content, and (3) the timing of its major milestones. Let us address each in turn.

First, in 2003 MoHFW began suddenly to present NMBS, the nutrition program with no explicit prior link to maternal mortality, as a program whose very objective was to reduce the country’s maternal mortality ratio. This newfound concern about maternal mortality, pressing enough to lead to the sudden reframing of an existing program, in a country where maternal mortality rates had not only been high but also been acknowledged to be high all along (see Figure 4.2),³⁹⁴ suggests a powerful trigger was at work. That there is little in the domestic political economy of India that changed in a way that would predict greater attention to maternal health in particular – the same party, Bharatiya Janata Party, under the same prime minister, Atal Bihari Vajpayee, had led the federal government since 1998; women’s share in the total number of votes cast had held steady at around 43% in all nine national elections since gender-disaggregated voting data became available in 1971³⁹⁵; and no notable “focusing event”³⁹⁶ occurred in India to precipitate attention to maternal mortality – suggests that the trigger was of international, rather than domestic, origin.³⁹⁷ And finally, that the program was reframed

³⁹⁴ For instance, see India’s First Five-Year Economic Plan, which called India’s estimated MMR of 2000 per 100,000 live births a “very high figure” (Government of India, Planning Commission, “First Plan,” Chapter 32, part 3).

³⁹⁵ Calculated based on information available on the official website of the Election Commission of India (“Election Results: Full Statistical Reports.”)

³⁹⁶ For an explanation of focusing events, see Kingdon, *Agendas, Alternatives, and Public Policies*, 94-99; Birkland and Warnement, “Focusing Events, Risk, and Regulation.”

³⁹⁷ To be sure, India’s key civil society group advocating maternal health interventions, White Ribbon Alliance for Safe Motherhood, had worked to raise awareness of high MMR since 1999. Yet, its energetic activism in the years leading up to JSY – such as the “March to Taj” it organized in 2001 – is best understood as the alliance’s effort to utilize the window of opportunity opened by MDG 5 rather than as a

as one addressing the problem of maternal *mortality* specifically – as opposed to one enhancing women’s overall health (or even overall maternal health), or compensating women for lost wages during pregnancies, or assisting poor pregnant women’s families with health expenditure relating to childbirth – leaves little doubt that the international spotlight cast on maternal mortality in recent years was that trigger.

Second, MoHFW changed not only the framing of NMBS/JSY from a nutritional to anti-maternal mortality initiative but also the substantive *content* of the program. Formerly, NMBS made a small cash transfer to poor pregnant women in the weeks before childbirth to enable consumption of more nutritious food. With the launch of JSY in 2005, cash transfers were no longer unconditional in nature: poor pregnant women would now receive the cash upon delivery, provided that the delivery occurred in a certified medical institution. MoHFW put this requirement in place because, it argued, the presence of “Skilled Birth Attendants (SBAs) at every birth” could be ensured only when women delivered in institutions.³⁹⁸ In addition, early versions of JSY sought also to incorporate a provision to train the *dai*, the traditional birth attendant, in some aspects of modern midwifery to ensure that pregnant women had access to skilled care even when not delivering in a medical institution.³⁹⁹ This emphasis on the presence of skilled or trained attendants at birth and the exact correspondence between the terminology of the second indicator under MDG 5 – “proportions of births attended by skilled health

domestic cause of rising policy attention to maternal mortality by itself. Internal GoI documents on NMBS/JSY from 2001 to 2005, for instance, give no indication that lobbying by women-focused civil society groups contributed to the creation of or shaped the program.

³⁹⁸ Government of India, Ministry of Health and Family Welfare, “Proposal for Ex-Post Facto Approval/Approval of EPC for ASHA Package Under Janani Suraksha Yojana (JSY) in Tribal Districts of High Performing States (HPS).”

³⁹⁹ Government of India, Ministry of Health and Family Welfare, “Note for Expenditure Finance Committee on Janani Suraksha Yojana,” September 2003, 3.

personnel”⁴⁰⁰ – and the language of JSY indicate that MoHFW changed not only the framing but the substance of NMBS in response to the MDGs. As a high-ranking bureaucrat working at MoHFW in the early years of JSY recalled: “when we designed the JSY, we had to bear in mind our commitments” under MDGs.⁴⁰¹

Third and finally, further clues can be found in not only the changes made to the framing and the substantive content of NMBS/JSY, but also in the *timing* of these changes. Both these changes occurred in the first five years of the new millennium, soon after the commitments in Millennium Declaration were distilled into a set of eight Millennium Development Goals in 2001 and the UN had completed a serious effort to persuade governments around the world to mobilize resources for the implementation of these goals in 2003. That NMBS transformed into a maternal mortality-targeting and institutional delivery-promoting program neither in the 1990s (when the MDGs were not yet in sight) nor in the late 2000s or 2010s (long after maternal mortality had burst onto the global scene as the key measure of women’s well-being around the world), but very much in the immediate aftermath of the formulation of the MDGs in 2001 suggests, again, that the rising importance of maternal mortality in the global development agenda at this time made all the difference.

2. Causal pathways

It is clear, then, that rising international attention to reproductive rights and maternal health, reflected in the Cairo documents and the Millennium Development Goals, shaped the evolution of NMBS/JSY. *How* these macro developments occurring

⁴⁰⁰ “Official List of MDG Indicators.”

⁴⁰¹ Former Joint Secretary, Ministry of Health and Family Welfare, Government of India, Interview # 19.

on a remote, global stage exerted influence on a specific national program in India remains to be seen, however. Below I identify five pathways through which the causal influences worked: by (1) creating a linkage between a fringe (maternal health) and a central (population growth) concern already widely acknowledged to be an urgent global problem, (2) making a large amount of international funding available for maternal health interventions; (3) generating rational incentives for policymakers to take steps against maternal mortality, (4) provoking a sense of shame among policymakers about India's high maternal mortality, and (5) providing a ready and legitimate argument for why anti-maternal mortality work was of utmost importance. While less thoroughly documented with the use of original sources than the foregoing observations of this chapter, the theorized pathways below find support in existing literature.

First, while maternal mortality was still considered a peripheral issue in the 1980s and 1990s, of concern primarily to health activists and women's organizations, the international community had long considered population growth a core global problem.⁴⁰² As discussed above, one of the many contributions of the Cairo conference that year was to create a *linkage* between these two policy issues. The resulting association with the high-profile problem of population growth catapulted maternal health from the margins of international advocacy to its mainstream, making it a key part of the population agenda. This, in turn, put maternal health on the radars of actors and institutions not otherwise known for their special concern for women. The interest in maternal health displayed by the MoHFW, the drafters of NPP 2000, and even India's

⁴⁰² Rosenfield and Maine, "Maternal Mortality - A Neglected Tragedy: Where Is the M in MCH?," 83; Hartmann, *Reproductive Rights and Wrongs: The Global Politics of Population Control*, 13.

state governments⁴⁰³ in the late 1990s and early 2000s is a case in point. The linkage with population objectives thus generated unprecedented attention for maternal health, paving the way for a grander, bigger JSY.⁴⁰⁴

Second, the spotlight on maternal health as a key development concern generated *international funding* for maternal health interventions. For the second phase of the Reproductive and Child Health program (RCH-II), of which JSY is part, the World Bank's International Development Association granted India a loan of USD 360 million between 2006 and 2012.⁴⁰⁵ The United Nations Population Fund (UNFPA), the British Department for International Development (DFID), and other foreign sources supplied another \$800 million.⁴⁰⁶ International financing thus comprised about 53% of total expected cost of \$2232 million (around 144 billion rupees, as per 2005-06 exchange rate) of RCH-II over six years. Although it is unclear exactly what proportion of international funds was directed specifically to JSY, there is evidence that at least some World Bank funding was used to support it,⁴⁰⁷ and, given the sizeable share of international funding in RCH-II's budget, it is unlikely that without infusion of international capital into RCH-II, JSY could have received the large outlays it did throughout the period under study. The placement of maternal mortality on the international development agenda thus boosted

⁴⁰³ Padma, "Perceptions on Safe Motherhood: An Analysis of Results from Rural Andhra Pradesh," 465.

⁴⁰⁴ For more on the agenda-setting effect of the MDGs, see Manning, "Using Indicators to Encourage Development: Lessons from the Millennium Development Goals," Section 3.

⁴⁰⁵ The World Bank, Human Development Sector Unit, "Project Appraisal Document on a Proposed Credit in the Amount of SDR 245 Million (US\$350 Million Equivalent) to the Republic of India for the Reproductive and Child Health Project II," 1.

⁴⁰⁶ "India: Reproductive & Child Health Second Phase." What proportions of these amounts were loans and what proportions were grants or aid is unclear.

⁴⁰⁷ Bredenkamp, "Results-Based Financing for Health (RBF): India," 2.

the availability of international funding for maternal health interventions, enabling their expansion.

Third, the MDGs came with a set of reporting requirements to which UN Member-States were subject, and which supplied a pressing *incentive* to act. Countries were asked, for instance, to submit MDG progress reports “at least once every 2-3 years,” describing in 20 to 25 pages the progress made on MDG indicators, challenges faced in working toward the goals, domestic and external resources necessary for meeting them, and so forth.⁴⁰⁸ Starting in 2005 – the same year that JSY was launched – India submitted at least seven such progress reports, each of which devoted a chapter to steps taken to achieve MDG 5, with a special focus on MMR and proportion of births assisted by skilled birth attendants. JSY featured prominently in all but one of these reports⁴⁰⁹ and even NPP 2000, with its MMR targets, appeared in a few.⁴¹⁰

Simultaneously, the MDGs piqued popular media’s interest in maternal health: periodicals around the world began to report on maternal mortality with rising frequency after the mid-1990s, and even more often in the aftermath of the MDGs. For example, a search for “maternal mortality” between 1971 and 2017 on the Factiva database yielded

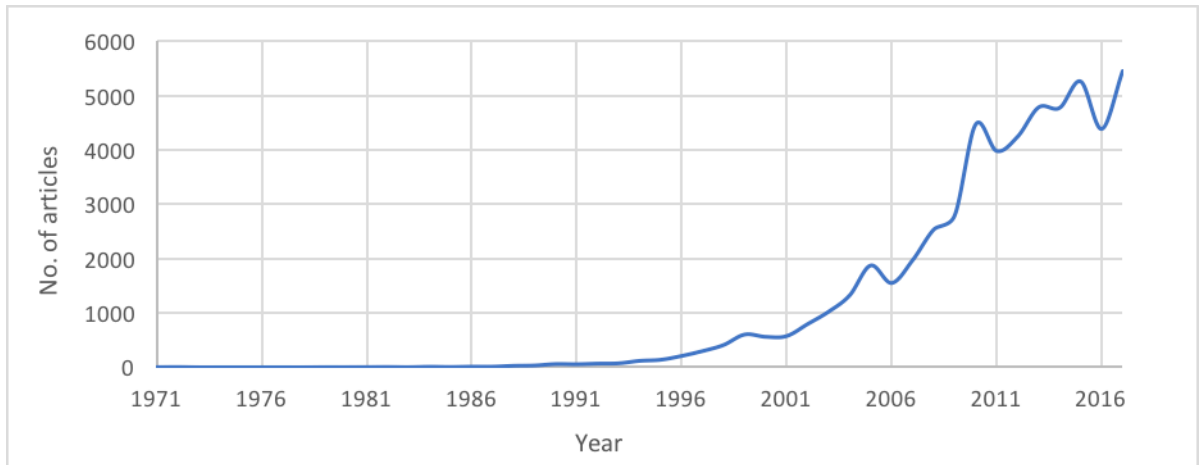
⁴⁰⁸ United Nations Development Group, “Reporting on the Millennium Development Goals at the Country Level: Guidance Note,” 4-7.

⁴⁰⁹ Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals India Country Report 2005,” 63; Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals India Country Report 2007,” 66; Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals India Country Report 2011,” 70; Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals India Country Report 2014,” 71; Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals India Country Report 2015,” 91; Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals: Final Country Report of India,” 91.

⁴¹⁰ Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals India Country Report 2005,” 61; Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals India Country Report 2007,” 68.

almost 60,000 articles from 100 periodicals worldwide (see Figure 4.3). More than 99% of these articles were published after 1994, and Indian sources alone accounted for about 13% of the total.⁴¹¹ This suggests that public scrutiny of state action to lower maternal mortality tightened in the years after Cairo and the MDGs.

Figure 4.3: Sharp rise in the number of articles referring to “maternal mortality” worldwide⁴¹²



It is likely that the periodic reporting requirements and rising media coverage of India’s performance on MDG indicators served to make the MDGs, whose final deadline of 2015 must otherwise have felt quite distant in the early 2000s, more salient to policymakers. That such reporting requirements incentivize reportable action is well established in the literature and was confirmed by a former minister in charge of women-

⁴¹¹ To be sure, since Factiva has added more periodicals to its database over the years, the trend depicted in this figure may result partly from the availability of a greater number of indexed sources in the later years. Yet, 38 of the 100 publications that yielded articles with references to maternal mortality had been indexed by 1990 and all 100 had been indexed by 2000. This suggests that the upward slope of the line is only partly attributable to variation in the number of publications available to search over time. The other explanation can only be the one identified in the text above: a rising interest in maternal mortality worldwide.

⁴¹² Source: Drawn based on information gathered from the Factiva database, accessed 26 Jan 2018.

related policymaking in India.⁴¹³ As research in psychology and sociology has shown, people prefer to meet expectations, changing priorities and adjusting behavior in response to monitoring and evaluation.⁴¹⁴ One observable indication of the seriousness with which the MDG indicators were taken in India is the extent to which these indicators came to be prioritized in domestic health monitoring systems,⁴¹⁵ suggesting that the responsibility to report progress triggered change.

Fourth, there are many more subtle ways in which monitoring via numerical indicators exerts causal influence.⁴¹⁶ A conscious desire to have something favorable to report aside, policymakers and bureaucrats appear also to have been persuaded of the intrinsic importance of lowering maternal mortality. In other words, international spotlight on maternal mortality *socialized* policymakers into both (1) problematizing the existing and long-familiar condition of high maternal mortality, and (2) wanting to do something about it. This “socialization” mechanism is different from the “rational incentive” mechanism outlined above because, while the latter posits a “logic of

⁴¹³ Andrews, “Downward Accountability in Unequal Alliances: Explaining NGO Responses to Zapatista Demands,” 99-113; Taylor, “Strengthening the Link Between Performance Measurement and Decision Making,” 859; Former Minister, Ministry of Women and Child Development, Government of India, Interview # 24.

⁴¹⁴ Espeland and Sauder, “Rankings and Reactivity: How Public Measures Recreate Social Worlds;” Adair, “The Hawthorne Effect: A Reconsideration of the Methodological Artifact.”

⁴¹⁵ Mishra and Roalkvam, “The Reproductive Body and the State: Engaging with the National Rural Health Mission in Tribal Odisha,” 130.

⁴¹⁶ Yamin and Boulanger, “Why Global Goals and Indicators Matter: The Experience of Sexual and Reproductive Health and Rights in the Millennium Development Goals,” 6-8; Kelley and Simmons, “Politics by Number: Indicators as Social Pressure in International Relations,” 68; Fukuda-Parr, Yamin, and Greenstein, “The Power of Numbers: A Critical Review of Millennium Development Goal Targets for Human Development and Human Rights,” 5-8.

consequences” (do X to achieve or avoid Y), the former invokes a “logic of appropriateness” (do X because it is *natural* or *appropriate*).⁴¹⁷

One observable indication that the logic of appropriateness was at work is the frequency with which the word “shame” began to appear in discussions of MMR in India. Many at MoHFW continue to talk of India’s high maternal mortality as a shameful tragedy.⁴¹⁸ For instance, recounting the story of the making of JSY, a high-ranking official involved with the program in its early years, recalled a speech by then-Prime Minister Manmohan Singh that invoked a feeling of national shame at India’s high MMR.⁴¹⁹ In this 2005 speech urging state governments to act on what was “surely a matter of national shame,” Singh had asked: “Do we care so little for our women and children that we allow preventable deaths to occur even when we know the nature of the interventions required?”⁴²⁰ Three months later, Singh had addressed the Planning Commission, yet again calling India’s performance on health in general, and on MMR in particular, “no less than a national shame.”⁴²¹ Following suit, the then-Minister for Health and Family Welfare had then publicly called maternal mortality a “big shame” for the country.⁴²² Along similar lines, according to one expert on sexual and reproductive rights in India, the introduction of JSY had to do with the extent to which India’s high

⁴¹⁷ For more on the two logics, see March and Olsen, “The Logic of Appropriateness” and Finnemore, *National Interests in International Society*. For more on international socialization, see Finnemore and Sikkink, “International Norm Dynamics and Political Change” and Bearce and Bondanella, “Intergovernmental Organizations, Socialization, and Member-State Interest Convergence.”

⁴¹⁸ Personal conversations.

⁴¹⁹ Former Joint Secretary, Ministry of Health and Family Welfare, Government of India, Interview # 19.

⁴²⁰ “Implement MTA Recommendations in Collective Spirit of Federalism: PM.” Surprisingly, in this speech Singh also lamented that that India’s MMR had “shown virtually no improvement in the past decade or more.” The government’s own publications, however, reported declining MMR.

⁴²¹ “Prime Minister Calls for Agricultural Marketing Reforms.”

⁴²² “Boost for Child Health as Govt. Plans to Spend 89.5 Billion Dollars.”

MMR had come to be regarded as a national embarrassment. This observer, from civil society, believed that the thought process behind JSY ran in the following way:

...India has this kind of thing about a certain national pride about many things, and one of the [reasons for] national shame was the maternal mortality rates, because *we* could be compared to Sub-Saharan Africa, and that was a big slap on our face. But how did we deal with it? So this JSY I think was a huge push to rectify that.⁴²³

The frequent reference to “shame” suggests that efforts to combat maternal mortality were at least partly a result of the idea – now more widely shared than before – that maternal deaths represented a humanitarian tragedy and a moral failing. In other words, steps to address maternal mortality had to be taken not only because the UN required reports detailing such steps and the media had begun to pay greater attention to MMR (logic of consequences) but also because a high MMR was in itself a serious problem and attempts to lower it were the *right* response (logic of appropriateness).

What induced this deep sense of shame about high MMR at a time when maternal mortality in the country was, ironically, the lowest it had been (at least since maternal deaths began to be recorded) in India? As the quote above from the civil society expert above suggests, unfavorable comparisons with other middle- and low-income countries had a role to play. By the time JSY was launched, it was well known that India had the highest number of maternal deaths in the world, accounting for about a quarter of global maternal mortality.⁴²⁴ An important GoI report from 2005 compared India to Sri Lanka and China, discussing in detail the progress of the latter two in lowering MMR

⁴²³ Program Officer, international foundation, India office, Interview # 21.

⁴²⁴ Krishnakumar, “Unsafe Motherhood;” AbouZahr, “Global Burden of Maternal Death and Disability.” 3; Ramarao et al., “Safer Maternal Health in Rural Uttar Pradesh: Do Primary Health Services Contribute?” 256.

while India's own figures remained "unacceptably high."⁴²⁵ The comparisons, in turn, were likely triggered by MDG-directed spotlight on maternal health and enabled by MDG-driven availability of comparative data.⁴²⁶ Moreover, the very process of collecting and analyzing data on MMR likely focused policymakers' attention on the scale of the problem, compounding their embarrassment.⁴²⁷

In addition, by the time MDGs were introduced, it was clear that 99% of maternal deaths occurred in developing countries.⁴²⁸ That high MMR was now widely associated with being less-developed, a label that contradicted India's self-image as an aspiring global power,⁴²⁹ appears to have deepened the sense of shame. As one observer puts it: "Brand India is about India not being Third World."⁴³⁰ How, then, could high maternal mortality, a quintessentially Third-World phenomenon by 2005, go unproblematic in India?

Finally, while the above four mechanisms explain how the MDGs led to the introduction of JSY, we have yet to determine whether and how they account for the program's expansion after 2005. For this we turn to the way in which the MDGs accorded the efforts to reduce maternal mortality a *ready legitimacy* that could be invoked

⁴²⁵ Government of India, Planning Commission, "Mid-Term Appraisal of the Tenth Five Year Plan (2002-2007)," 83-85.

⁴²⁶ Prior to the formulation of MDGs, reliable data on maternal mortality in the developing world were rare.

⁴²⁷ For further discussion of the role of reporting requirements, see Bogdandy and Goldmann, "The Exercise of International Public Authority through National Policy Assessment: The OECD's PISA Policy as a Paradigm for a New International Standard Instrument."

⁴²⁸ Ray, "Safe Motherhood: Initiatives to Make It Safer."

⁴²⁹ For more on India's international aspirations, see: Nayar and Paul, *India in the World Order: Searching for Major-Power Status*; Chaulia, "India's 'Power' Attributes." 25-29; Ogden, "Perception and Evolution in the Making of China and India as Great Powers."; Kirk, *India and the World Bank: The Politics of Aid and Influence*, xxxi.

⁴³⁰ Haines, "Cracks in the Facade: Landscapes of Hope and Desire in Dubai," 168.

each time JSY had to be expanded, enhanced, or defended from critics. Without the internationally sanctioned focus on eliminating maternal mortality, it appears unlikely that MoHFW would have succeeded in expanding NMBS/JSY by removing nearly all eligibility conditions between 2005 and 2013 (see Table 4.1).⁴³¹ Each round of benefit enhancement and coverage expansion attracted some criticism from various ministries and the Planning Commission, but MoHFW overcame this opposition easily, deploying the same arguments each time: MMR was still too high, rate of institutional delivery attended by skilled personnel still too low, and barriers to accessing JSY benefits still too strong, the ministry said repeatedly.

It is telling that during this process the ministry never felt compelled to justify why *maternal mortality* – which is, after all, only one among the many severe deprivations experienced by the people of India – deserved the significant efforts and resources proposed by MoHFW. That maternal mortality was a problem worthy of this level attention was an idea that all parties took for granted in a way that would have been entirely unfamiliar just a decade earlier, even though MMR was higher then (see Figure 4.2). While the Millennium Declaration was not the first to raise concerns about MMR, then, the MDGs legitimized anti-MMR efforts to an unprecedented degree.

Of course, MDG 5 did not give MoHFW *carte blanche* on JSY: as the historical section shows, the ministry still needed approvals from the Planning Commission, the Cabinet, and the decisionmaking bodies of NRHM for many of the changes it sought to

⁴³¹ For more on the legitimacy conferred by MDGs, see United Nations Development Programme, “From the MDGs to Sustainable Development for All: Lessons from 15 Years of Practice,” 5; World Economic Forum, “Global Education Initiative: Retrospective on Partnerships for Education Development 2003-2011,” 5; United Nations Girls’ Education Initiative and University of London, Institute of Education, “E4 Conference -- Engendering Empowerment: Education and Equality,” 38.

implement. In addition, MoHFW often initiated changes in JSY not proactively but in response to feedback from state governments, pressure from the Supreme Court, and lobbying from civil society. Yet, once the ministry decided that a policy change was in order, the broad consensus on maternal mortality as a key indicator of women's well-being gave the ministry recourse to an ever-ready justification for why JSY needed to be bigger and better.

This suggests that the final mechanism through which the international spotlight on maternal mortality wielded causal influence was the way in which this spotlight forged a consensus around the importance of tackling high maternal mortality, which provided MoHFW an automatic rationale for JSY – a rationale that, as this article shows, even India's Supreme Court had ultimately to accept.

IV. Alternative explanations

What could be some alternative explanations for the current size and scale of JSY, however? Three possible explanations are discussed below.

First, it may be argued that one reason for the rapid expansion of JSY is that many poor women were dying in childbirth, presenting a true humanitarian tragedy to which any government would feel compelled to respond. This need-based explanation is inadequate on many counts: (1) it cannot account for the timing of JSY's introduction and expansion (2005-2013), because maternal mortality over this time was already lower than it had previously been; (2) it does not explain why maternal mortality, as opposed to countless other conditions, came to be considered a humanitarian problem meriting a state response; and (3) it does not consider why poor pregnant women in particular came

to be considered especially vulnerable and deserving of direct state assistance. In short, the need-based explanation is insufficient because it fails to recognize that notions of need, vulnerability, and deservingness are constructed in society rather than given exogenously.⁴³²

Another possible explanation is that efforts to combat maternal mortality began to be emphasized once the public health and medical communities appeared to come to the agreement that one of the major reasons behind maternal death was that, throughout their pregnancies and especially during childbirth, women did not have access to necessary medical services and trained personnel who could anticipate and address obstetric complications.⁴³³ While there is reason to believe that the convergence of some “epistemic communities”⁴³⁴ on the importance of medical assistance during childbirth played a role,⁴³⁵ it is unlikely that findings published in academic journals spurred action by themselves. For these findings to matter, technical information had systematically to be studied and translated into viable policy strategies, a time-consuming and costly exercise unlikely to be undertaken unless some policy space existed already for the issue of maternal mortality. For this reason, while an incipient scientific consensus might have been a proximate cause or facilitator of rising spending on maternal health, a search for the distal cause would bring us back to broader developments, such as the formulation of

⁴³² For instance, see Schneider and Ingram, *Deserving and Entitled: Social Constructions and Public Policy*.

⁴³³ McCarthy and Maine, “A Framework for Analyzing the Determinants of Maternal Mortality,” 25-27; Buor and Bream, “An Analysis of the Determinants of Maternal Mortality in Sub-Saharan Africa”; Thaddeus and Maine, “Too Far to Walk: Maternal Mortality in Context”; Filippi et al., “Maternal Health in Poor Countries: The Broader Context and a Call for Action,” 1535.

⁴³⁴ Haas, “Introduction: Epistemic Communities and International Policy Coordination.”

⁴³⁵ Government of India, Planning Commission, “Mid-Term Appraisal of the Tenth Five Year Plan (2002-2007),” 83; Former Joint Secretary, Ministry of Health and Family Welfare, Government of India, Interview # 19.

the MDGs, that put maternal health on the global political agenda in the first place. Therefore, the arguments of this chapter still stand.

A third possibility is that what drove spending on JSY was not the high rate of maternal mortality but a high rate of infant mortality in the country. India's infant mortality rate was 68 per 1000 births in 2000 and 58 in 2005, compared to the world average of 49 over this five-year period.⁴³⁶ Indeed, reduction in infant mortality was an explicit objective of JSY.⁴³⁷ Yet, a thorough review of 2500 pages of MoHFW's policy documents and correspondence on JSY leaves no doubt that worries about high MMR were what motivated JSY: the program had many goals, but, as documented in the historical section above, averting maternal death dominated the conversation on JSY throughout the period of this study.

A third alternative argument might be that JSY was less a program to combat maternal mortality and more one to advance, under the guise of improving maternal health, the population control agenda of the Indian state. The idea that JSY is designed to control population growth does not withstand scrutiny, however, because, as the historical section shows, MoHFW sought to remove the two-child eligibility criteria that JSY inherited from NMBS even before JSY was officially launched. The ministry failed in this effort at the time. Noting the limited resources available to JSY in its early years and yielding to the objections of other governmental actors who feared that, without the two-child ceiling, JSY would inadvertently promote higher fertility, MoHFW backed

⁴³⁶ Government of India, NITI Aayog, "Infant Mortality Rate (IMR) (per 1000 Live Births)"; United Nations Department of Economic and Social Affairs/Population Division, "2017 Revision of World Population Prospects." Custom data acquired via website.

⁴³⁷ Secretary (FW) to HFM, August 2, 2004, 11.

down temporarily. Yet, in response to pressure from the Supreme Court, the insistence of the food security movement and other civil society actors, and feedback from state governments, it returned to this eligibility criterion repeatedly in the years after, removing it in increments: for LPS beneficiaries willing to undergo sterilization in 2005, for all LPS beneficiaries in 2006, and for all HPS recipients in 2013 (see Table 4.1).⁴³⁸ This tells us that, although population-control concerns wielded some influence in the making of JSY, they did not provide the overriding motivation for the program. Had the key objective of JSY been to promote population control, parity restrictions would have been made tighter rather than relaxed, and sterilization conditions made stricter rather than removed.

Finally, two secular trends preceded JSY: (1) economic growth augmented incomes, and (2) India's maternal mortality nearly halved between 1990 and 2005, declining from more than 550 per 100,000 live births to fewer than 300.⁴³⁹ This raises the possibility that these correlates of JSY had causal links to the program. Let us consider each in turn.

There is little doubt that economic growth allowed for greater absolute social spending (including on programs such as JSY) via higher state revenues, but perhaps the relationship between economic performance and attention to maternal mortality is even more specific – could it be that countries begin to problematize maternal mortality once they pass a certain level of development, possibly due to a rising threshold of what

⁴³⁸ Dates apply to the institutional delivery benefit. For home deliveries, the parity restriction was removed from all states in 2013.

⁴³⁹ World Health Organization, "Trends in Maternal Mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division," 8.

constitutes an acceptable standard of living? There is some suggestive support for this hypothesis. The emergence of maternalist politics/policy in the US, UK, Germany and France can be traced back to the late 19th century,⁴⁴⁰ when income per capita in these countries ranged between \$2000 and \$4500 (in 1990 international prices), as shown in table 4.3 below.⁴⁴¹ Income per capita in India between 2005 and 2008 – the years that marked the onset of JSY – was very similar: \$2400 to \$3000 per capita (in 1990 international prices).⁴⁴² It is possible, then, that there exists a threshold level of development – perhaps around \$2000 to \$2500 in income per capita – beyond which high maternal mortality becomes harder to ignore. This is a possibility, but not one that can be assessed here. More systematic, cross-country research is needed to establish whether, why, and how this threshold effect might occur.

Table 4.3: GDP per capita (PPP, 1990 international prices, \$)⁴⁴³

Year/Country	France	Germany	UK	US
1880	2120	1991	3477	3184
1890	2376	2428	4009	3392
1900	2876	2985	4492	4091

Similarly, a significant and long-term decline in maternal mortality preceded the emergence of maternalist politics and policy in several European countries in the late 19th century. In Germany, for instance, MMR declined by a quarter between 1740 and 1860

⁴⁴⁰ Koven and Michel, “Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920”; Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States*.

⁴⁴¹ Maddison, “Historical Statistics of the World Economy: 1-2008 AD.”

⁴⁴² Maddison.

⁴⁴³ Source: Data compiled from the Maddison database, 2010.

– from 1761 to 1292 per 100,000 live births.⁴⁴⁴ In England and Wales, it fell by more than half, from 1300 to around 500 per 100,000 live births, between 1750 and 1890.⁴⁴⁵

As discussed earlier, the introduction of JSY followed years of decline in MMR in India as well. It is possible that this pattern of the onset maternalist politics/policy following long-term decline in MMR suggests a causal link: perhaps falling maternal mortality demonstrates that it is indeed possible to make childbirth safer, which makes continued maternal deaths unconscionable and galvanizes support for policy efforts to address them. This hypothesis, too, could supplement the arguments of this chapter and will have to be tested through future research.

V. Generalizing from the experience of JSY

What lessons can we derive from the analysis presented in this chapter?

One takeaway from the tale of JSY is that while spotlight in the form of a narrow set of international goals and indicators can convert formerly peripheral “conditions” into serious “problems” and place them on the political agenda,⁴⁴⁶ the spotlight effect carries the risk of stripping problems of their complexity and reducing them to easy-to-measure, technical inputs. For instance, the grand political vision behind the Cairo documents, which emphasized the centrality of reproductive health and women’s rights to development, was reduced to the idea of strong maternal health by the time it got funneled to MDG 5. The first target under MDG 5 then whittled maternal health down

⁴⁴⁴ Klasen, “Marriage, Bargaining, and Intrahousehold Resource Allocation: Excess Female Mortality among Adults during Early German Development, 1740-1860,” 451.

⁴⁴⁵ De Brouwere, “The Comparative Study of Maternal Mortality over Time: The Role of the Professionalisation of Childbirth,” 547-549.

⁴⁴⁶ Kingdon, *Agendas, Alternatives, and Public Policies*, 109-115.

to maternal *mortality*, which in turn was distilled by JSY to rate of institutional delivery. Unsurprisingly, then, much conversation around the success or failure of JSY has focused on whether the program has managed to bring pregnant women to medical facilities rather than on whether it has strengthened women's overall health, improved their reproductive autonomy, or even actually lowered maternal mortality. For instance, India's 2015 country report on the MDGs summarized JSY's contribution in the following way: the program, it said, "has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch."⁴⁴⁷ Hence, while the MDGs have focused our attention on women's health, it is on a very narrow, technical aspect of women's health that our lenses are trained.

Second, the story of JSY reveals just how consequential the frames used to describe policy interventions can be. NMBS had little traction as a program of basic financial assistance for pregnant women. Its trajectory changed when it began to be framed as a nutritional program: it became linked to a larger set of food security interventions, which triggered the interest of the Right to Food campaign, which advocated its continuation and even moved the Supreme Court in its favor. Once the nutrition frame was discarded in favor of a maternal mortality frame, the course of JSY changed once again: it was now India's premier program for achievement of MDG 5 and had to be accorded attention and resources commensurate with its new status. What the ICPD in Cairo accomplished was also, arguably, a reframing of the population problem – from population growth as an isolated issue to population growth as intimately connected

⁴⁴⁷ Government of India, Ministry of Statistics and Programme Implementation, "Millennium Development Goals India Country Report 2015," 91.

with women's reproductive rights and development. This reframing at Cairo, the chapter shows, set into motion forces that eventually put maternal health at the center of international development agenda through the MDGs, reorienting national policy landscapes and remaking gender budgets in countries such as India. JSY's story tells us, then, that policy and problem frames are far from the trivial and ornamental things that the word "frames" suggests – they are often pivotal to the course of what they frame.

A final tendency suggested by the story of JSY concerns the role of civil society in shaping women-specific policy in the context of development. In contrast to Europe and the US, where maternalist programs were introduced thanks directly and in large part to the efforts of *women's* civil society groups, India's JSY benefited more from advocacy of civil society groups working on non-women-specific issues. For instance, although women's rights activists are part of the Right to Food campaign, the overarching goal of the campaign is not to further gender equality or enhance women's well-being but to ensure food security for the poor. Not only did the RTF campaign shape JSY in many ways, it also played a part – and an even greater one at that – in the introduction of a subsequent maternity entitlement program that promises to triple the amount of cash assistance available to pregnant women under JSY.⁴⁴⁸ The efforts of women-focused civil society associations, on the other hand, appear to have mattered much less in JSY's evolution.⁴⁴⁹ While the reasons for this are unclear, the muted role of women's groups

⁴⁴⁸ Discussed in the concluding chapter

⁴⁴⁹ It is possible that this conclusion is an artefact of the methodology adopted to gather information for this chapter: analysis of the internal policy documents of MoRD and MoHFW on NMBS and JSY. A different methodology – one relying primarily on interviews with civil society actors, for instance – might have yielded a different perspective on the role of women-focused civil society groups, perhaps revealing the effect of civil society efforts on the broader contours of the maternal health debate in India. Yet, such a contribution would still be considered an indirect determinant of maternalist policy in India, which

and the prominent role of non-women's groups in fomenting maternalist policy in India might reflect the marginalization of women's and feminist groups even within civil society. In addition, it might suggest that women-focused policy fares better when advocated by organizations not primarily identified as feminist or even women focused.

VI. Conclusion

This chapter sought to understand what accounts for the size, in terms of number of beneficiaries and expenditure, of Janani Suraksha Yojana, given the program's humble beginnings as the National Maternity Benefit Scheme. Through presentation of a historical narrative and its subsequent analysis, the chapter argued that three factors relating to India's own political economy and the politics of international development shaped the trajectory of JSY.

First, India's rapid economic liberalization of the 1990s necessitated and, through expansion of state revenues, enabled pro-poor interventions (such as cash assistance for poor pregnant women) that were designed to give structural adjustment "a human face." Second, a civil society movement for food security filed public interest litigation at a time of high judicial activism, leveraging the power of the courts to urge the state to expand nutritional programs, one of which was the maternal nutrition program NMBS. Finally, the emergence of the Millennium Development Goals as a focal point for international development cast a sharp spotlight on maternal health, giving India's health ministry both a reason and the ability to augment its existing efforts for maternal health. Of these three factors, the chapter argues, the last had the greatest impact on the course of JSY.

reinforces the point made here: unlike in Europe and the US, where women's groups were directly involved in the onset of maternalist policymaking, the role of women's organizations in India appears to have been more distant.

The chapter argued further that this international spotlight exerted causal influence in five ways: by linking maternal health with other high-profile issues, generating funding for maternal health interventions, creating incentives for domestic policymakers, socializing domestic actors, and legitimizing major interventions for better maternal health. The findings of the chapter suggest that emergence of maternalist social policy in the global south has roots in the policy trends unfolding in the world of international development.

One question remains to be addressed, however: has JSY succeeded in attaining its objectives? Is institutional delivery rate now higher and maternal mortality lower due to JSY? I draw on existing evaluations of the program to answer this question in the concluding chapter. First, however, the story of another women-specific program that took shape alongside NMBS/JSY is in order. Chapter 5 presents this story.

CHAPTER 5: Political and Policy History of Indira Mahila Yojana, 1989-2012

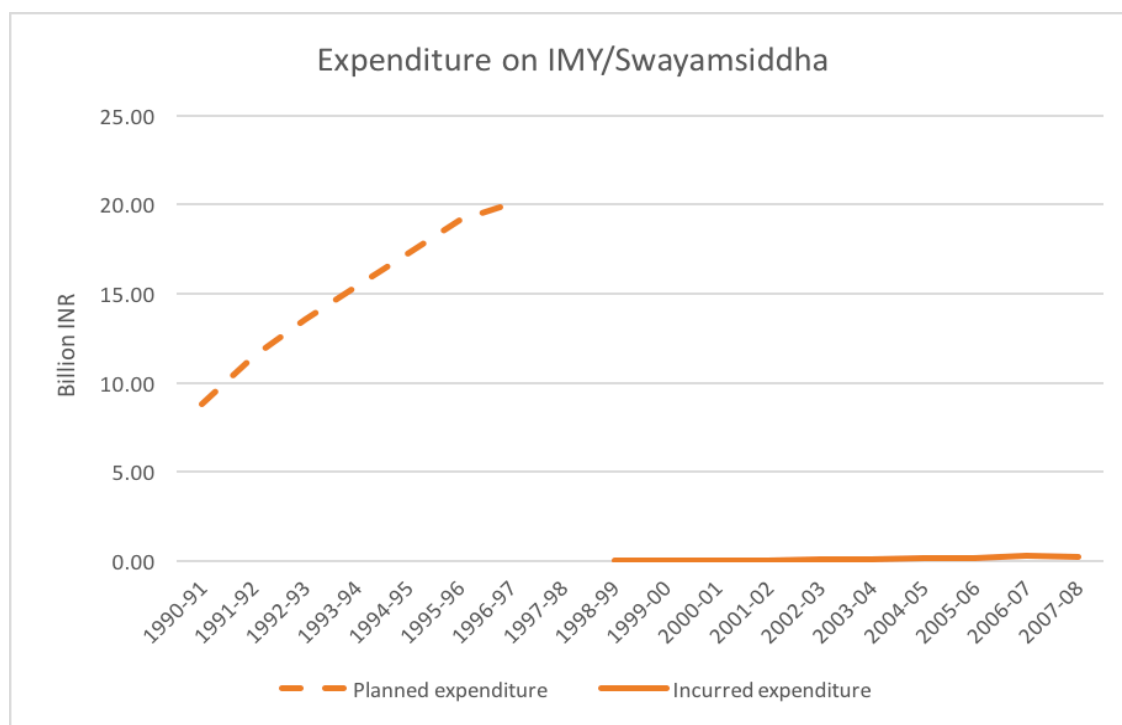
I. Introduction

Indira Mahila Yojana (IMY), a program for women's socioeconomic empowerment, shares its origins with National Maternity Benefit Scheme (NMBS), discussed in Chapter 4.⁴⁵⁰ Like NMBS, it was first proposed in 1989 and launched in 1995. Unlike NMBS, however, it raised high expectations in its early years, only to foil them during its lifetime. Although planned as a grand program designed to overhaul women's social policy and challenge gender-based injustices in India, IMY – in the form that it came to be introduced and implemented – could not realize the vision around which it was built, remained small in terms both of coverage and expenditure (see Figure 5.1), and was terminated within 13 years of its launch. This chapter seeks to understand why these three developments – the loss of the original vision, the failure to take off, and an early death – occurred in the life of IMY and its successor, called Swayamsiddha.⁴⁵¹ Put another way, the chapter asks why policymakers and political leaders in charge did not feel compelled to make IMY the watershed program it was intended to be when it was designed in the late 1980s.

⁴⁵⁰ Indira Mahila Yojana translates as Indira Woman Scheme or Indira Scheme for Women. The name was later changed to Swayamsiddha, denoting self-reliance and self-dependence.

⁴⁵¹ Also spelled "Swayamsidha" in some official documents

Figure 5.1: GoI expenditure on IMY/Swayamsiddha⁴⁵²



The chapter finds that IMY’s underwhelming trajectory can be attributed to three factors: (1) the transformation of the program from a “holistic” empowerment program into a narrower microcredit scheme, (2) the effort to make IMY a financially self-sustaining program, and (3) the prioritization of non-sex-specific, anti-poverty measures

⁴⁵² Incurred expenditure data on IMY are not available between 1995 (when the program was launched) and 1998. Incurred expenditure data pertain to IMY from 1998 to 2001 and to its successor, Swayamsiddha, after 2001. Expected expenditure data pertain to a program called Integrated Programme of Development for Women and Children (IPDWC), which was initially proposed in 1989 and later renamed and launched as IMY in 1995. IPDWC policy documents did not estimate the expenditure on the program beyond 1996-97, but the program was expected to continue after this date. Expenditure figures are nominal. Sources: Government of India, Department of Women and Child Development, “Annual Report 1993-94”; Chakraborty, “Macroscan of Union Budget 2003 in India: A Glimpse through the Gender Lens”; Lahiri et al., “Gender Budgeting in India”; Government of India, Planning Commission, “Annual Plan 2000-01”; Menon-Sen and Prabhu, “The Budget: A Quick Look through a ‘Gender Lens’”; Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, various years; Government of India, “Union Expenditure Budget Volume I: Gender Budget,” various years; Mishra, Panda, and Gonsalves, *Human Rights and Budgets in India*; Government of India, Department of Women and Child Development, “Annual Report 2002-03”; Government of India, Department of Women and Child Development, “Integrated Programme of Development for Women and Children (IPDWC).”

over women-specific, gender-justice programs such as IMY. The chapter argues that, in the final analysis, these factors can be traced to the tendency among policymakers in India to view the problems of women through the lens of poverty rather than that of gender. The course of IMY reflects the assumption that what ails women is poverty: if women's poverty is eliminated, gender will automatically become inconsequential. There is little appreciation of the idea that gender might exist independently of poverty/class as a dimension of social stratification.⁴⁵³ The result is an effort to solve gender by solving poverty. The course of IMY reflects policymaking resulting from collapsing the distinction between these two axes of inequality.

The chapter also identifies pathways through which these factors exerted causal influence. The reframing and transformation of IMY into a microcredit program served to weaken the unique social interventions that accompanied economic ones in the original vision of the program, likening IMY to other (non-sex-specific) anti-poverty initiatives. An emphasis on self-sustainability kept IMY small in coverage and scope. Finally, preference for anti-poverty measures led state actors to dismiss further the usefulness of interventions that did not target poverty directly. These three pathways came together in the story of IMY in 2008, when the Government of India (GoI) dissolved IMY on the grounds that the program duplicated on a smaller scale the efforts of larger, non-sex-specific, anti-poverty programs that were already assisting India's poor, including women. The implication was that poor women are to be targeted as poor first and as women later, if at all. Because general anti-poverty initiatives were already in

⁴⁵³ The words "poverty status" and "class" are used interchangeably here.

place, state actors envisioned little need for women-specific initiatives that combined anti-poverty measures with those promoting broader social empowerment of women.

While social science research has often recognized the subordination of gender to class or the folding of gender into poverty⁴⁵⁴ and literature focused on India has also noted the domestic tendency to “address gender through poverty,”⁴⁵⁵ work establishing this tendency empirically and tracing its impact on policymaking is rare. This chapter adds value by tracing the policy impact of folding gender into poverty status as a single dimension of disadvantage in India. It illustrates one downstream effect of privileging poverty in this way: the creation of a social policy landscape that interprets gender injustice as *economic* injustice and seeks to address it accordingly.

We proceed in the following way. First, I describe the historical evolution of IMY. Next, I complement the chronological approach with an analytical one, discussing (1) features that set IMY apart from existing social programs for women in the late 1980s and early 1990s, (2) reasons for the program’s initial rise and anemic growth, (3) the possible reasons behind the Indian polity’s tendency to privilege poverty status/class over gender, and (4) the merits of the arguments offered by GoI to advocate the termination of IMY. Next, I discuss the general implications of the foregoing analysis and assess possible alternative explanations for IMY’s trajectory. I then conclude with a succinct overview of the findings.

⁴⁵⁴ Howard, “Our Own Worst Enemies: Women Opposed to Woman Suffrage,” 463; Williams, “What so Many People Don’t Get about the U.S. Working Class?”; Gedalof, “Sameness and Difference in Government Equality Talk,” 130; Fleschenberg, “South and Southeast Asia,” 36; Jackson, “Rescuing Gender from the Poverty Trap,” 489-504; Jackson and Palmer-Jones, “Rethinking Gendered Poverty and Work,” 557-558.

⁴⁵⁵ Swaminathan, “Intervening for Empowerment,” 3598. See also: Rustagi, “Women and Poverty: Rural-Urban Dimensions”; Razavi, “Gendered Poverty and Well-Being: Introduction,” 409.

II. Evolution of Indira Mahila Yojana, 1989-2012

This section weaves together the early history of the launch of the program; describes the ways in which IMY was elaborated and thereby modified in the years after its initial launch; demonstrates how the Planning Commission, the body formerly responsible for formulating India's economic plans, resisted the early efforts to expand IMY into a bigger program with a broader reach, anticipating its own stronger objections to the program in subsequent years; and recounts the debate between the Planning Commission and the Ministry of Women and Child Development that ultimately led to the program's dissolution.

A. Backdrop

In response to a UN mandate asking governments to conduct comprehensive studies of the condition of women in their societies, the Government of India constituted the Committee on the Status of Women in India in 1971. The committee comprised renowned feminists, elected representatives, activists, social workers, academics, and others. In 1974, it released the results of its extensive study of women in India in a report called *Towards Equality*. The 480-page report described in great empirical detail the many manifestations of women's inferior social position in Indian society. It painted a dire picture, drawing attention to and discussing in detail the increasingly skewed child sex ratio, the institutionalization of gender inequality in the major religions of the country, high rates of child marriage, low rate of women's participation in the paid economy, significant gaps between the earnings of men and women, low rates of educational attainment among women, and low representation of women among elected

officeholders.⁴⁵⁶ Three pioneers of women's studies in India describe the impact of the report in the following way: "The appalling findings of the Report reopened the women's question for the government, academia and women's organizations."⁴⁵⁷ The report is now considered a foundational text of the women's movement and women-focused policymaking in the country.⁴⁵⁸

The following decade witnessed the production of another key policy document on women. In 1988, under the direction of then-Prime Minister Rajiv Gandhi, GoI set up a group to formulate a ten-year plan for the country's women. The purpose was to establish a decadal vision for improvement in women's status that could help GoI's various ministries overcome the myopia resulting from the annual planning incentivized by yearly budgetary cycles. The group steering the effort to draft this plan identified eight areas for interventions favorable to women: rural development and agriculture, employment and training, supportive services, education, health and family welfare, legislation, political participation and decisionmaking, and media and communication.⁴⁵⁹ The resulting document, called the National Perspective Plan for Women, identified steps to be taken in each area for lasting improvements in women's condition. At nearly 400 pages long, it presented another comprehensive analysis of women's situation in India and represented another watershed moment in women-focused policymaking in India.

⁴⁵⁶ Government of India, Ministry of Education and Social Welfare, "Towards Equality: Report of the Committee on the Status of Women in India."

⁴⁵⁷ Desai, Mazumdar, and Bhansali, "From Women's Education to Women's Studies: The Long Struggle for Legitimacy," 52, as quoted in Khullar, *Writing the Women's Movement: A Reader*, 11.

⁴⁵⁸ "Report: The Making of a 'Founding Text,'" 87.

⁴⁵⁹ Alva, *Courage and Commitment: An Autobiography*, Chapter 19, 3625.

While there are many commonalities between the findings and recommendations of *Towards Equality* and the National Perspective Plan, one in particular set the stage for the formulation of IMY. This was the finding that women's participation in formal political institutions was low across the country and had to be raised to amplify women's voices in the polity and make governance friendlier to women. To achieve this objective, both reports recommended instituting quotas for women in local government. The *Towards Equality* report, for instance, called for provision to women of "special opportunities for participation in the representative structures of local Government."⁴⁶⁰ The perspective plan followed suit in recommending a 30% reservation for women of seats in local bodies.⁴⁶¹

Following these recommendations, and in search for issues to politicize for the upcoming 1989 national election, the Congress administration under Gandhi sought to use constitutional amendments to mandate women's quotas in local governments. The 64th and 65th Constitutional Amendment Bills, which gave local elected governance bodies such as *panchayats* (village councils) and *nagarpalikas* (municipalities) a constitutional standing and set 30% of the seats aside in both bodies for women, were drafted.⁴⁶² The effort was top-down in nature rather than a response to demands from women's groups.⁴⁶³ Although the bills lapsed due to insufficient support in the upper house of

⁴⁶⁰ Government of India, Ministry of Education and Social Welfare, "Towards Equality: Report of the Committee on the Status of Women in India," 304.

⁴⁶¹ Government of India, Department of Women and Child Development, "National Perspective Plan for Women, 1988-2000 A.D.," 164.

⁴⁶² Chandrashekar, "Panchayati Raj Bill: The Real Flaw," 1433.

⁴⁶³ Deo, *Mobilizing Religion and Gender in India: The Role of Activism*, 129.

Parliament in 1989,⁴⁶⁴ the prospect of women occupying 30% of elected seats in local bodies, as we will see below, had lasting consequences for IMY.

B. Origins

On 24 February 1989, V.A. Pai Panandiker, director of a top think tank in New Delhi, wrote an opinion piece in a popular Indian news daily. Discussing possible strategies available to Rajiv Gandhi, the incumbent prime minister, in the national election that November, Panandiker argued that while Gandhi enjoyed the support of India's middle class, this support would not be sufficient to keep him in office. Given electoral considerations, Gandhi had no choice but to use the following year's state budget, which his administration was designing as Panandiker was writing the article, to attract votes. But whose votes would Gandhi seek? Panandiker answered his own question: "Recent pronouncements indicate that Mr. Rajiv Gandhi wants to woo women, the youth and the poor," who would comprise "a formidable coalition which would be a winning one," he said. Gandhi "will have to present a series of credible schemes to win the support of these groups," he concluded.⁴⁶⁵

As if on cue, Finance Minister S.B. Chavan promised several interventions for women in a speech delivered to introduce the 1989-90 national budget the following week. These included an income-generating program for women, an initiative to raise women's awareness of their own rights and social issues, and even a plan to distribute free saris to poor women.⁴⁶⁶ Chavan offered no additional information about the possible

⁴⁶⁴ Singh, "The Sabotage of the Women's Reservation Bill." The bills were later passed in the form of 74th and 75th Constitutional Amendment Acts in 1992.

⁴⁶⁵ Panandiker, "Prime Minister's Dilemma."

⁴⁶⁶ "Speech of Shri S.B. Chavan Minister of Finance Introducing the Budget for the Year 1989-90," 6-13.

design or reach of these programs at the time, so the promises remained short on details. The stage for a timelier and more conspicuous announcement, however, was now set.

Newspapers began to fill in some of the blanks in subsequent months. *Times of India* reported that the Gandhi administration planned to launch a program that would not only consolidate existing disparate interventions for women under one umbrella but would also add other components. While women's programs were generally implemented by the Department of Women and Child Development (DWCD) under the Ministry of Human Resource Development, talks were underway to put this program under the charge of the Ministry of Rural Development, a more powerful entity.⁴⁶⁷ The possibility of employing a woman worker per village to coordinate the program and of consulting other government agencies and NGOs for suggestions on the design of the program was also being discussed.⁴⁶⁸

Official details came on 6 November 1989, two weeks before the national polls. In its election manifesto, Gandhi's party, the Indian National Congress, described its plans for a new program it called the Indira Mahila Yojana (IMY), or Indira Scheme for Women. "The basic philosophy of the IMY," the manifesto said, "is that the problems of women, especially of poor women in rural areas, should be approached holistically instead of being split into several separate and disparate components." IMY exemplified this holistic approach, it said, and aimed to (1) make women aware of and empowered to exercise their rights; (2) strengthen women economically by helping them acquire skills and access to resources such as credit and inputs; (3) promote women's health; and (4)

⁴⁶⁷ The reason was the possible passage of a law that would require village governance councils to reserve 30% of their seats for female candidates.

⁴⁶⁸ "Govt. Plans Schemes for Women, Kids."

educate young girls as well as adult women. The program “will bring together, rationalize and further augment all that has been done, is being done and will be done to ensure respect, recognition and reward for women commensurate with their great and indispensable contribution to building our nation,” the manifesto announced.⁴⁶⁹

What the 1989 manifesto called IMY was a program designed earlier that year by four senior civil servants in charge of four social sector departments or ministries of the government of India: S.P. Shukla of Department of Women and Child Development, Anil Bordia of Department of Education, Vinod Pande of Ministry of Rural Development, and (to a lesser extent) Mira Seth of Ministry of Health and Family Welfare. Pande led the group.⁴⁷⁰ The exact origins of the group are unclear, but it is likely that it was convened by Roma Mazumdar, who preceded Shukla as Secretary of Women and Child Development.⁴⁷¹ One of the driving factors behind the creation of this program, called the Integrated Program of Development for Women and Children (IPDWC), was the perceived need to prepare women for work as elected representatives in local (village and municipal) governments.⁴⁷² As the previous sub-section recounts, the Rajiv Gandhi government was trying to obtain constitutional standing for local governments through the 64th and 65th Constitution Amendment Bills of 1989, which also provided for a 30% quota for women in village and municipal councils. If the amendment passed, several hundred thousand women would have to be elected to local governments in the near future, and the number would rise to more than a million in a

⁴⁶⁹ Indian National Congress (I), “Election Manifesto: General Election 1989,” 28.

⁴⁷⁰ Former Secretary, Department of Women and Child Development, Interview # 29.

⁴⁷¹ Former Secretary, Department of Women and Child Development.

⁴⁷² Former Member of Parliament, Congress Party, Interview # 23.

few years.⁴⁷³ Where were the women who could step up to do the job well? As a senior official from the prime minister's office at the time recalls:

By 1989 Rajiv was most interested in panchayati raj [local self-government]. That was his top priority. And he was told by a lot of people that we were not sociologically at a level of development where there would be effective participation of women in [sic] even in the elections, let alone in the running of the panchayats. I recall a minister in charge at the time...saying "*Mujhko koi aitraz nahi hai, lekin...mujhe batayiye main kahan dhoondoonga itni mahilayein?*" (I have no objection, but...tell me: where am I going to find so many women?)...And these were not people who were objecting to women per se. One was saying that given social conditions in Haryana, where every Hindu woman walks with a *ghoongat* [veil] down to her knee, and every Muslim woman is dressed in black from head to toe, where are they going to find the women? It was a genuine question to ask.⁴⁷⁴

To have an effective system of local self-governance with female representatives, then, women had first to be empowered socially. Without some level of social development enabling women to function in the public sphere, there could be little, if any, meaningful participation and representation of women in the panchayats. The program designed by the group of four was partly an answer to this conundrum produced by the efforts to mandate 30% female representation in local government in a country where, according to the previous census, three-quarters of women (compared to a little more than half the men) could not yet read and write.⁴⁷⁵

After months of meetings, deliberations, research tours, and consultations with civil society, the group of Secretaries prepared a proposal for a women-specific program that it called the Integration Programme of Development for Women and Children

⁴⁷³ Government of India, Ministry of Panchayati Raj, "Study on EWRs in Panchayati Raj Institutions," 1; Qazi, "The Power of India's Village Women."

⁴⁷⁴ Former Member of Parliament, Congress Party, Interview # 23.

⁴⁷⁵ Government of India, Department of Women and Child Development, "National Perspective Plan for Women, 1988-2000 A.D."; Premi, "India's Literacy Panorama."

(IPDWC).⁴⁷⁶ The program proposal critiqued the “sectoral” approach to social policymaking for women in India: the lack of a “holistic” approach in existing policy, it argued, “has brought about a certain amount of directionlessness [sic] in different programmes beamed at rural women and children” and created “overlap and inefficient utilisation of resources.”⁴⁷⁷ Various shortcomings undermined “conception, design, process and personnel management” of existing programs for women.⁴⁷⁸

To fix these problems, the integrated program sought to combine interventions aiming to accomplish three goals: (1) build women’s awareness of the manner in which their social position as women systematically shapes their lives; (2) provide economic opportunities to women, including “wage employment, self-employment, individual and group production, access to credit and subsidy, acquisition of new skills and upgradation of traditional skills and encouragement of thrift groups”⁴⁷⁹; and (3) merge women-focused health, nutrition, family welfare, and non-formal education services under the same umbrella.⁴⁸⁰ The proposal recommended creating a new government agency to implement the program.⁴⁸¹ Inspiration was drawn from, and the goal was to scale up, the most successful features of other women-focused interventions already operating on a smaller scale in various parts of the country. One such intervention was Rajasthan’s Women’s Development Program, which formed women into groups designed to strengthen women’s networks and help women realize that “their deprived condition is

⁴⁷⁶ Former Secretary, Department of Women and Child Development, Interview # 29.

⁴⁷⁷ Government of India, Department of Women and Child Development, “Integrated Programme of Development for Women and Children (IPDWC),” 12–13.

⁴⁷⁸ Government of India, Department of Women and Child Development, 13.

⁴⁷⁹ Government of India, Department of Women and Child Development, 31.

⁴⁸⁰ Government of India, Department of Women and Child Development, 15–31.

⁴⁸¹ Government of India, Department of Women and Child Development, 17.

not unchangeable, that alternatives exist, that they have the competence to choose between alternatives and that they are not alone in the task.”⁴⁸²

Along the same lines, IPDWC’s ultimate goal, in the words of one of its key architects, was to trigger “a social transformation by changing the conceptual framework, and changing the design, and changing the approach” to women’s public programming.⁴⁸³ The group of four estimated that IPDWC would cost around Rs. 8 billion (around \$320 million) in its first year of operation and that the expenditure would slowly rise as additional women were mobilized each year. The last year for which the authors estimated expenditure was 1996-97, when IPDWC was expected to cost around Rs. 20 billion (see Figure 5.1).

It was this program that the Congress party manifesto announced in November 1989, changing its name to Indira Mahila Yojana. The manifesto did not have to explain the provenance of the name – it was understood that the scheme was named after Indira Gandhi, Rajiv Gandhi’s late mother and India’s only female prime minister, assassinated while in office exactly five years and one week before the scheme bearing her name was announced in the manifesto. To tie the program even more closely to Indira Gandhi, the government made plans formally to announce the program three days before the national elections, on a day that would mark Indira Gandhi’s 72nd birth anniversary.⁴⁸⁴ On 19 November 1989, then, during a commemorative event comprising tributes, rallies, and prayer meetings at the headquarters of the Congress party, Rajiv Gandhi declared he

⁴⁸² Das, “The Women’s Development Program in Rajasthan: A Case Study in Group Formation for Women’s Development,” 6.

⁴⁸³ Former Secretary, Department of Women and Child Development, Interview # 29.

⁴⁸⁴ “PM Confident of Congress Victory.”

intended to launch the scheme during his second administration if he won the upcoming election. Additionally, he pledged to allocate 50 billion rupees, equal to around 3.5 billion USD at the time and about 5 billion USD in 2015, to it annually.⁴⁸⁵

Gandhi's remarks on IMY during the event made front-page news in several major newspapers. In his speech, Gandhi reiterated the primary objectives of IMY presented in the manifesto. First, it would aim to make women aware of "their rights and privileges as equal, honoured and respected members of society."⁴⁸⁶ The second goal was to provide education, training, credit, improved technology, and other resources to women to help them boost their income, which would enable them to "lead a less arduous and more fulfilling life."⁴⁸⁷ Finally, IMY would seek to "provide supplies and services for the administration of all integrated schemes ranging from health and nutrition to maternity care and family counseling, from education and skills-formation to assets-acquisition and income generation, from khadi and village industries to tree pattas [titles] and land pattas for women,"⁴⁸⁸ and to incorporate the women-specific components of otherwise non-sex-specific programs.⁴⁸⁹

In addition, Gandhi described the specific gaps and problems the program would address.⁴⁹⁰ First, he said, the Indian government sponsored 90 or so programs that were meant exclusively for women or had a heavy women-focused component. The problem

⁴⁸⁵ "Tributes to Indira." Currency conversions are based on information provided in RBI publications and consumer price index information available elsewhere. See: Reserve Bank of India, "Table 148: Exchange Rate of the Indian Rupee Vis-a-Vis the SDR, US Dollar, Pound Sterling, D. M./ Euro and Japanese Yen (Financial Year – Annual Average and End-Year Rates)" and "Inflation Calculator India: Calculate India's Inflation between Any Two Years from 1971 to 2016."

⁴⁸⁶ "PM Unveils Plan to Uplift Women."

⁴⁸⁷ "PM Unveils Plan to Uplift Women."

⁴⁸⁸ "PM Unveils Plan to Uplift Women."

⁴⁸⁹ "PM Proposes 5000-Crore Plan for Women's Welfare."

⁴⁹⁰ "PM Unveils Plan to Uplift Women."

was that these were being run by different agencies and departments. Although the exact text of his speech is unavailable, the implication of his remarks is clear from newspaper reports: too many cooks were spoiling the broth. Indira Mahila Yojana, Gandhi said, would be designed to consolidate (at least 40 of)⁴⁹¹ these programs within a single institutional framework. Second, only about 30% of the funds spent on women's programs reached targeted beneficiaries; the rest leaked out in the form of salaries and "unproductive overheads."⁴⁹² IMY would stem such leakage. Most importantly, existing programs treated beneficiary women in a fragmented manner instead of seeing them as single individuals with multiple needs. "Therefore," he said, "much less actually gets done than could be achieved through an integration of these numerous programmes" into one scheme. IMY's "holistic" approach would provide the solution.

Gandhi offered specific information about the design of the program as well. IMY, he said, will be administered by local "Mahila Sabhas," or groups of women from concerned areas, and governed by village councils in rural areas and municipal councils in urban ones. Women in each Mahila Sabha would elect a voluntary female worker called a "saathin" (which translates loosely as a female friend or helper), who would be responsible for spreading awareness among women of IMY and linked schemes. In addition, under IMY the government would open a women and child development center in each village or municipal ward of the country within five years of the launch of

⁴⁹¹ "PM Proposes 5000-Crore Plan for Women's Welfare."

⁴⁹² "PM Proposes 5000-Crore Plan for Women's Welfare."

the scheme. Each such center would employ a range of workers to implement the scheme and provide services to women and children.⁴⁹³

Within days of the announcement, opposition parties made clear their objections to the Congress party making a detailed announcement of a large scheme immediately before the election and asked the Election Commission, the body responsible for ensuring free and fair elections in India, to take action against the party.⁴⁹⁴ In response, the commission criticized Gandhi lightly for violating the model code of conduct governing behavior in the days before the polls.⁴⁹⁵

Had they known the outcome of the election in advance, though, the opposition parties and the Election Commission might have chosen not to bother with the reprimand. This is because three days after the announcement of IMY, the country went to the polls and voted Gandhi and his party out of office, dealing IMY its first devastating blow.

The Congress party lost more than half of its entire strength in the lower house of Parliament that year.⁴⁹⁶ In the aftermath of the election, analysts pointed to many causes ranging from a corruption scandal involving Gandhi⁴⁹⁷ and his reliance on inexperienced advisors⁴⁹⁸ to the Congress party's poor governance record and loss of Muslim support for the party.⁴⁹⁹ No one, however, blamed IMY. Yet, the party's inability to retain office

⁴⁹³ "PM Unveils Plan to Uplift Women."

⁴⁹⁴ "Indira Mahila Yojana: EC Asks Cong for Details."

⁴⁹⁵ "State Ad Blitz Draws Flak."

⁴⁹⁶ Baru, *1991: How P.V. Narasimha Rao Made History*, Chapter 3

⁴⁹⁷ Rudolph and Rudolph, "Congress Learns to Lose: From a One-Party Dominant to a Multiparty System in India," 32.

⁴⁹⁸ "Gandhi Dismissing Officials in Party."

⁴⁹⁹ "Unsettling Scenarios."

that year, whatever its actual causes, had the effect of disrupting the momentum IMY had gained in prior months.

There is no indication that the coalition of parties, called the National Front, that came to power in 1989 developed IMY further in any way. The scheme was, after all, the brainchild of the leader of a much-despised rival party. But the National Front could not hold together for very long. Formed by set of parties that had coalesced primarily to keep the Congress party at bay, the alliance fell apart in 1990. The ensuing coalition government unraveled a few months later as well, necessitating a second round of national elections within two years. The first of three phases of this election was scheduled for May 20, 1991. Once again, Rajiv Gandhi led the Congress party's election efforts and promoted Indira Mahila Yojana as an important plank of the party platform.

The Congress manifesto in 1991 stayed true to its 1989 forerunner: it promised that IMY will be the “focal point for programmed women’s development.”⁵⁰⁰ On his campaign stops across the country, Gandhi delivered speeches to gather support for his party. A reporter who followed him on the campaign trail in northeastern India filed a story on the day of the election: “Two announcements made by Mr. Gandhi drew enthusiastic applause at every meeting,” he wrote. “One was the creation of one crore [10 million] jobs for youths. The other was the setting aside of Rs. 5,000 crores [50 billion] for the uplift of women and to prevent their exploitation and suppression. The funds would be earmarked for the Indira Mahila Yojana.”⁵⁰¹

⁵⁰⁰ Indian National Congress (I), “Election Manifesto: General Election 1991,” 38.

⁵⁰¹ “Rajiv Draws Applause in N-E.”

While the extent to which Gandhi was genuinely committed to gender equality cannot be known, his persistent emphasis on IMY as a vehicle for women's empowerment suggests that the program might have seen some glory had Gandhi managed to become prime minister again. The Congress party's strong victory that election, in which the party won nearly twice as many seats as the next ranking party in the lower house of Parliament, might have predicted a similar outcome.⁵⁰² Yet, what swept the Congress to power in 1991 also delivered a second blow to IMY: the program lost its most enthusiastic proponent a day after the first phase of the polls when, while campaigning for the remaining phases of the election, Rajiv Gandhi was killed by a suicide bomber in reprisal for his intervention in the Sri Lankan civil conflict.

C. Launch

A wave of sympathy for the grieving Gandhi family brought the Congress party back to power,⁵⁰³ and the party appointed Congressman P.V. Narasimha Rao the prime minister of the country after Rajiv Gandhi's widow, Sonia Gandhi, refused to take the reins of the party. Although elected on what could be interpreted as a mandate to implement Rajiv Gandhi's vision for the country, Rao appears to have done nothing to launch IMY, an important election pledge, in the first three years of his administration. Between 1991 and 1994, there is almost no meaningful mention of IMY in state publications and newspapers. The references that do exist are cursory at best – quick

⁵⁰² Election Commission of India, "Statistical Report on General Elections, 1991 to the Tenth Lok Sabha, Volume I," 64.

⁵⁰³ Guha, *India After Gandhi: The History of the World's Largest Democracy*, 628; Baru, *1991: How P.V. Narasimha Rao Made History*, Chapter 3.

assurances that the program will be revived, but no effort to offer any details that would lend credence to the claim.⁵⁰⁴

One notable exception exists, however. In a parliamentary discussion in 1992, Mani Shankar Aiyar, an elected representative in the lower house of the Parliament and a member of the Congress party, urged the Rao government to take IMY forward. At nearly 1700 words, Aiyar's strong defense of IMY is too long to produce here in full. Instead, some highlights are presented below. He said:

Mr. Chairman, it was back in September 1985 that the then Prime Minister, Shri Rajiv Gandhi undertook what I personally regard as the single most constructive decision of his Prime Ministership... The perception was that whereas the needs and requirements of a human being are diverse and many, the human being himself or herself is indivisible. Therefore, if we were to develop one part of a human being without developing the totality of that human personality, we might end up with a grotesque distortion....

Thus the essence of the Indira Mahila Yojana is that where at present, there are something like 50 or perhaps even more programmes of the Government itself, designed to meet the requirements of women and children, they should somehow be brought together, if not into a single programme, then, at any rate, into a single delivery mechanism, and, on the other side, on the demand side, the women should be organized in Mahila Sabhas so that they select from among themselves, people who would be representative of them...⁵⁰⁵

Aiyar presented the program as one of Gandhi's major unrealized policy visions, making an emotive case for the implementation of the scheme. Despite such an exhortation, the Rao government would not be spurred to quick action.

One possible reason was that much else of import was occurring in the early years of Rao's administration. In 1991, India's debt crisis came to a head, necessitating serious change in economic policy that resulted in the (partial) liberalization of India's economy.

⁵⁰⁴ "Narasimha Rules out Bank Privatisation;" "Government Stable, Avers Narasimha;" "Credit Fund for Women Soon;" "India Tops in Kids' Nutrition Scheme."

⁵⁰⁵ "Lok Sabha Debate: 10th Lok Sabha." Transcript edited lightly to correct spelling errors.

Rao himself blamed the crisis-driven lack of fiscal capacity for his early inaction on social programs.⁵⁰⁶ Additionally, in 1992, right-wing Hindu groups mobilized and led a drive to demolish a 16th-century mosque, provoking religious riots across the country. Another challenge that Rao dealt with in his years in office was the aftermath of highly controversial caste-based quota policies implemented in 1990. Perhaps no other three-year period of India's post-independence history witnessed as much political churning in as many areas as the early years of the Rao administration. It is possible, then, that the Rao government may simply have been too busy putting out fires elsewhere to pay much attention to IMY.

Rao finally revived the scheme in August 1995 on India's Independence Day, announcing in the customary prime ministerial address to the country that this program, brainchild of Rajiv Gandhi, would be officially launched on 20 August 1995 to mark Gandhi's birth anniversary. Gandhi, he said, "had put a lot of effort in this."⁵⁰⁷ The scheme Rao launched, however, was a far cry from what Gandhi had pledged. In contrast to the all-India program envisioned originally, Rao's IMY would be a pilot program implemented in 200 of the more than 5000 administrative sub-divisions (called "blocks") across the country.⁵⁰⁸ Also gone were the ambition, the vision, and the political backing that characterized Gandhi's IMY. Rao's speech gave no indication whether his version, like the original, would seek to converge 90 or so different programs in place for

⁵⁰⁶ "Prime Minister's Independence Day Address." On the other hand, in the same speech, Rao went on to mention the programs his administration began in 1992, within a year of his taking office, and others that followed the next year, including a savings program for women. The validity of the lack-of-funds argument, then, is questionable.

⁵⁰⁷ "Prime Minister's Independence Day Address."

⁵⁰⁸ Government of India, Department of Women and Child Development, "Indira Mahila Yojana."

women or be flushed with the kind of resources – equivalent of 3.5 billion USD a year in 1989 – that Gandhi pledged repeatedly in public.⁵⁰⁹ In short, where the original architects of IPDWC and Gandhi’s Congress party hoped to make IMY the centerpiece of the country’s gender strategy – a one-stop shop for women’s entry into a system mandated to meet their multiple needs – Rao’s IMY was little more than yet another small scheme, a mere shadow of what was proposed earlier.

Unsurprisingly, then, after a long overdue birth, the program received a slow start. It began as small scheme mounted on an existing program for young children, called the Integrated Child Development Scheme (ICDS). On 20 August 1995, the day IMY was officially launched, a minister in Rao’s cabinet offered some details on the institutional architecture that would underpin the program. This centered on Indira Mahila Kendras – or Indira Woman Centers – at the *anganwadi* level. Anganwadis are village-level centers that were created under ICDS and tasked primarily with providing nutrition and non-formal education to children under the age of six. The implication was that anganwadis would double up as women centers, providing space for women to meet, identify needs, and create “micro plans” for their villages.⁵¹⁰

To this day, because of this early merger between IMY and ICDS, it is unclear what the initial allocation for or spending on IMY alone was. Since the program used much of ICDS infrastructure, official figures report only the sum allocated to ICDS and IMY *together*, rather than to IMY alone.⁵¹¹ For 1995-96, for example, official records indicate that the funds allocated to the joint program amounted to 5.67 billion rupees

⁵⁰⁹ “Prime Minister’s Independence Day Address.”

⁵¹⁰ “Indira Mahila Yojana Launched.”

⁵¹¹ “Rajiv Draws Applause in N-E.”

(170 million USD) – one-tenth of the figure that Rajiv Gandhi had pledged for IMY alone.⁵¹² Combined allocation was 5.16 billion rupees (145 million USD) in 1996-97⁵¹³ and 6 billion rupees (161 million USD) in 1997-98.⁵¹⁴ Therefore, while we know Rao shrank both the coverage and the funding of the scheme, the exact extent to which the funding was cut in the early years remains unclear in absence of IMY-specific figures.⁵¹⁵

The only available hint comes from a 1996 article that appeared in a prominent news magazine, *Outlook*. According to the writers, Rao deliberately “alienated those who were identified as Rajiv loyalists,”⁵¹⁶ keeping them at arm’s length, even refusing to grant government jobs to those seen as close to Rajiv Gandhi.⁵¹⁷ “To rub it in,” the article continues, Rao “stalled many programmes initiated by the late prime minister. Thus, funds for the Indira Mahila Rozgar Yojana were slashed from Rs. 1,700 crore [17 billion rupees or 500 million USD] to Rs. 70 crore [700 million rupees or 21 million USD].”⁵¹⁸

If this claim is true, it means the funds for IMY were first cut from 50 billion rupees pledged by Rajiv Gandhi to 17 billion – presumably by the Rao administration in the early years of his prime ministership, since Gandhi reportedly maintained the 50-billion figure throughout the 1991 election campaign⁵¹⁹ and was killed before he would

⁵¹² Government of India, Department of Women and Child Development, “Annual Report 1995-96.” 110. The figure amounts to around one-tenth of the promised amount in rupees and, because the rupee had been significantly devalued against the dollar since 1989, about half of that proportion in dollar terms.

⁵¹³ Government of India, Department of Women and Child Development, “Annual Report 1996-97.” 118.

⁵¹⁴ Government of India, Department of Women and Child Development, “Annual Report 1997-98,” 112.

⁵¹⁵ All dollar values given here calculated based on official exchange rates of the time. See: Reserve Bank of India.

⁵¹⁶ Pillai et al., “The Hand That Rocks the Congress.”

⁵¹⁷ Sitapati, *Half-Lion: How P.V. Narasimha Rao Transformed India*, Chapter 11.

⁵¹⁸ Pillai et al., “The Hand That Rocks the Congress.” It is unclear if the insertion of the word “Rozgar” (“employment”) in the title of the program was an error or if the name of the program was temporarily changed to include it.

⁵¹⁹ “Rajiv Draws Applause in N-E.”

have had a chance to revise downward – and then further from 17 billion to 700 million rupees.

The Congress party’s grand program for women therefore received its third setback when Rao launched it as a diluted, add-on initiative. This, despite the fact that it was Rao who, as would-be education minister in Rajiv Gandhi’s cabinet in 1985, had urged Gandhi to refashion the ministry of education as a human resource ministry comprising of various new departments, including one for women and children.⁵²⁰ This department and eventual ministry would be the one to run the Indira Mahila Yojana (and its subsequent avatar, Swayamsiddha) through the course of the program’s life. Ironically, then, Rao both invented the institution that would administer IMY, and, a decade later, dampened the spirit of the very program that could have been this institution’s biggest legacy.

D. Limited Growth

Even in its shrunken form, however, IMY kindled high hopes. For instance, a 1995 *Times of India* article titled “A year that has been eventful for women,” called the launching of IMY a “significant event for the cause of Indian women.”⁵²¹ India’s Ninth Economic Plan too described IMY as “a major initiative undertaken during the Eighth Plan”⁵²² – and for good reason. Even though the program did not yet have the resources that would allow it to soar to great heights and attain the original goals of empowering women through social mobilization, service convergence, and livelihood building, it is the only program that sought to achieve these goals under one grand initiative. In addition,

⁵²⁰ Sitapati, *Half-Lion: How P.V. Narasimha Rao Transformed India*, Chapter 5.

⁵²¹ “A Year That Has Been Eventful for Women.”

⁵²² Government of India, Planning Commission, “Ninth Plan.”

the Rao administration introduced the program as a “pilot” initiative, hinting at the possibility of future expansion. Such expansion, as it turned out, was indeed on the cards.

Yet, two of the ways in which the Indian state elaborated, and thereby modified, the scheme before attempting to expand it spelled its eventual demise. These were (1) the de facto privileging of microcredit – originally just one among many equally important components of the program envisioned by Rajiv Gandhi – over others, making IMY a microcredit scheme first and foremost; and (2) the sudden emphasis placed on ensuring that the program was self-sustainable rather than dependent on state funds. The paragraphs below trace these developments to illustrate their rising prominence.

Once Rao announced the IMY in 1995, his administration set to work turning the bare-bones Independence Day promise into reality. The 1995-96 annual report of the Department of Women and Child Development began to define some of the contours of the program. It reported that the government had identified the 200 blocks where the IMY would be piloted. Institutionally, it envisaged formation of cells called Indira Mahila Kendras (IMKs) – Indira Woman Centers – comprising of 100 to 250 women members each. Around 120 village-level IMKs, the report anticipated, would be federated at the block level, forming committees called Indira Mahila Block Samitis (IMBSs).

Financially, the report indicated the GoI would provide 5000 rupees per IMK as a one-time grant that would be channeled to the IMKs through state governments, which would pass the funds on to block committees to finally disburse to the IMKs. Because GoI would supply only a one-time start-up grant each member of the IMK, the annual report said, will pay a five-rupee membership fee and a one-rupee monthly contribution

to ensure continuation of group activities. The funds thus collected will be used “as small credit requirements of the individual members, and seed money wherever necessary, and for expenditure on holding of awareness generation camps and any other activity resulting in furtherance of the cause of IMY.”⁵²³ Finally, the report reiterated the three principal components of IMY: convergence of services; income generation; and sustained awareness generation, mobilization, and education. While at this time the text did not explicitly or implicitly single income generation out as the core component of IMY, it is important to note that this *was* the first time in the history of the IMY that the idea that the government’s fiduciary responsibility would be limited to supplying start-up grants was mentioned.

In May 1996, Rao left office after the Congress party lost the national elections held that year. There is no indication that the three unstable governments that followed between 1996 and 1998 took any interest in the IMY. The program now lay squarely in the domain of the administrative apparatus of the Indian state, a change that moves the focus of our analysis from the political/partisan to the administrative realm.

By 1997, the program had been elaborated further. The 1996-97 annual report of the DWCD was the first of the official publications to explicitly state that IMY would be implemented in urban areas in addition to rural ones. Each IMK, the report said, would comprise of nine or ten economically homogenous women’s groups.⁵²⁴ The groups would elect office-bearers. Each IMK, in turn, would send representatives to the block committees, which were tasked with coordinating major schemes across IMKs, assisting

⁵²³ Government of India, Department of Women and Child Development, “Annual Report 1995-96,” 54.

⁵²⁴ Government of India, Department of Women and Child Development, “Annual Report 1996-97,” 48.

IMKs in creating proposals for district-level official plans for women, organizing trainings, and supervising implementation of IMY in their blocks. The report also noted some progress on linking IMY to other programs, especially a credit fund by the name of Rashtriya Mahila Kosh (National Credit Fund for Women), and on the awareness-building components of IMY. “Some of the states like UP,” the report said, “have already started monthly workshops at the IMKs where special issues pertaining to child marriages...atrocities on women and other social issues are discussed.”⁵²⁵

Yet, a financial rider was in order here as well: the block committees, the report indicated, “will be financially sustained by the member IMKs and the Government does not intend to provide any additional financial support to them for this purpose,” the report said, adding that “IMY is not aimed to create another funding window.”⁵²⁶

Instead, IMBSs would be expected to use funding available for other schemes for women and children by covering such schemes through IMY. The funds for IMY operations, in other words, will be supplied by women’s own contributions and, to the extent possible, obtained through funding allocated to other programs that could be linked operationally with IMY. The program’s own core funding would remain small. The process of pulling funding from the program thus continued.

In 1998, the IMY underwent another modification by elaboration: the DWCD adopted the language of self-help while discussing IMY, calling groups to be formed under IMKs “self-help groups” (SHGs) for the first time.⁵²⁷ To be sure, references to generating self-employment had been made in earlier remarks about the scheme,

⁵²⁵ Government of India, Department of Women and Child Development, 51.

⁵²⁶ Government of India, Department of Women and Child Development, 49.

⁵²⁷ Government of India, Department of Women and Child Development, “Annual Report 1997-98,” 18.

including in Gandhi's own speeches, but the spotlight in these cases was not on self-employment, which was simply one of the many goals of IMY, such as jobs, services, legal awareness, and others.⁵²⁸

The semantic shift to “self-help groups” in 1998 was important because by this time the term had already become synonymous with microfinance: it referred to groups of poor people, particularly women, who saved together, extended loans to each other when necessary, and used the group's “social collateral”⁵²⁹ – the social pressure exerted by members on one another to use funds appropriately and pay loans and interest back in time – to compensate for their lack of physical collateral when applying for external loans from financial institutions for small entrepreneurial initiatives and urgent consumption needs.⁵³⁰ This linking of IMY to self-help groups and microcredit, as the analytical section below will show, served to liken IMY to other antipoverty initiatives, diminishing its unique features and setting it up for unfavorable comparisons with such initiatives.

The same 1997-98 annual report that first embraced the terminology of self-help groups also indicated that the DWCD and the Planning Commission – the erstwhile government body in charge of formulating India's economic plans and directing development spending – conducted a joint evaluation of IMY's performance.⁵³¹ The following year's report summarized the results of that report: while IMY had transformative potential, its current manifestation suffered various shortcomings, such as inadequate training requirements, deficient resource material, and insufficient personnel,

⁵²⁸ “PM Unveils Plan to Uplift Women.”

⁵²⁹ Schuster, “Theorizing the Contemporary.”

⁵³⁰ For instance, see Ledgerwood, *Microfinance Handbook: An Institutional and Financial Perspective*.

⁵³¹ Government of India, Department of Women and Child Development, “Annual Report 1997-98,” 19.

among others. Based on these findings, the report said, the DWCD planned to revamp the scheme. The “recast” scheme, the report promised, would be implemented the following year.⁵³²

The DWCD did not fulfill this promise. The following year’s annual report failed to announce a renewed program. GoI’s Annual Plan 2000-01 suggested the redesigning of the scheme was still in process. Unlike the annual report, however, the annual plan from that year hinted at the design of the new program. Highlighting the importance of the credit and income-generation components of the program, it said that the program was being re-conceived to further incorporate the “special provisions of income generation, capacity building through training, credit and market linkages, etc.”⁵³³ In fact, the plan said, the new version of IMY was to be merged with an existing program, called the Mahila Samridhhi Yojana (roughly translates as Prosperity Program for Women), which began in 1993 and aimed to give women incentives to accumulate savings and deposit them into micro-savings accounts. The standalone Mahila Samridhhi Yojana (MSY) was terminated in March 1998 due to prohibitively high operational costs.⁵³⁴ Perhaps to salvage what was left of MSY, then, the DWCD decided to merge it with IMY,⁵³⁵ furthering the transformation of the IMY into a primarily microfinance initiative.

Yet, the “recast” IMY was still nowhere to be seen in operation. This lack of progress on the redesigned IMY bothered at least one entity: the Lok Sabha Committee

⁵³² Government of India, Department of Women and Child Development, “Annual Report 1998-99,” 23.

⁵³³ Government of India, Planning Commission, “Annual Plan 2000-01,” section 5.6.1.

⁵³⁴ Government of India, Parliamentary Committee on Human Resource Development, “85th Report on Detailed Demands for Grants of the Department of Women and Child Development, 1999-2000,” 40.

⁵³⁵ Government of India, Department of Women and Child Development, “Annual Report 1999-00,” 22.

on the Empowerment of Women (CEW), a standing committee in the lower house of parliament. Made up of 30 members from the two houses of parliament and headed at the time by Margaret Alva,⁵³⁶ then a lower-house representative and a former minister of the DWCD, the three-year-old committee was tasked with holding the government to account on matters relating to women.⁵³⁷ In one of its reports released in December 2000, the committee reprimanded the DWCD for slow progress on IMY. Calling IMY and MSY “two schemes for women’s economic empowerment,” the report asked DWCD to begin to implement the redesigned IMY by March 2001, thereby accepting and perhaps cementing IMY’s new identity as an *economic empowerment* scheme first and foremost.

Nearly everything else the CEW said about IMY in that report reinforced the idea that IMY was primarily a microcredit program. For instance, the CEW asked the government to ensure IMY and Rashtriya Mahila Kosh (RMK), a program that is essentially a credit fund for women, were not identical programs that duplicated each other’s work.⁵³⁸ The question of duplication would not arise if the CEW did not consider microcredit the core of IMY. The government’s response reflected the same understanding. Instead of challenging the CEW’s interpretation of IMY as a microcredit program, DWCD responded by arguing that RMK and IMY were complements rather than substitutes because RMK supplied the funds that “intermediate organisations” such as Indira Mahila Block Samitis, the block-level entities created by IMY, channeled to

⁵³⁶ Government of India, Parliamentary Standing Committee on the Empowerment of Women, “First Report: Action Taken on First Report of Committee on Empowerment of Women (12th Lok Sabha),” iii.

⁵³⁷ Government of India, Lok Sabha, “Introduction: Committee on Empowerment of Women.”

⁵³⁸ Government of India, Parliamentary Standing Committee on the Empowerment of Women, “First Report: Action Taken on First Report of Committee on Empowerment of Women (12th Lok Sabha),” 73.

women as small loans.⁵³⁹ In other words, the RMK and IMY were different not because the IMY's original remit was much broader than provision of credit but because the two occupied different parts of the microcredit chain.

It was surprising, then, when in the same report the government offered the opposite argument as well. The CEW asked the government to make sure IMY did not duplicate the efforts of a program called Support to Training and Employment Programme for Women (STEP), which sought to help women build skills that would render them employable in agriculture, animal husbandry, handlooms, and other "traditional sectors."⁵⁴⁰ If they were deemed not to be substitutes, the report said, the government should explore possible linkages between the two. In response, the DWCD wrote: "IMY and STEP are not identical since IMY is trying to bring about empowerment of women through their mobilization, and providing inputs on awareness generation, income generation and conversion of schemes of various sectoral departments."⁵⁴¹ In this answer, then, the DWCD offered a very different interpretation of IMY, one that reflected the program's original mission rather than its more recent avatar.

How can we make sense of this uncharacteristic response from DWCD? The very next sentence in the answer gives a clue: "So far Government of India has funded the Awareness Generation component [of IMY] only...It is now proposed to expand IMY to 900 blocks and its will offer an integrated mechanism to simultaneously access schemes

⁵³⁹ Government of India, Parliamentary Standing Committee on the Empowerment of Women, 75.

⁵⁴⁰ Government of India, Parliamentary Standing Committee on the Empowerment of Women, 76.

⁵⁴¹ Government of India, Parliamentary Standing Committee on the Empowerment of Women, 77.

like STEP in these blocks.”⁵⁴² In other words, the department argued, IMY and STEP are different because, until now, IMY has focused on awareness generation while STEP has provided trainings to raise employability. Efforts are now underway to expand the microcredit and livelihood-building component of IMY, which will likely bring the program closer to STEP in its goals. This similarity, instead of making any of the two programs redundant, will provide the rationale and means for integrating the two. This reading suggests that even while DWCD understood the original mandate of IMY was far broader than to provide microcredit, it seemed eager to redesign the program to accentuate its economic-empowerment dimension.

Even more telling than DWCD’s response on STEP was the manner in which it addressed CEW’s concerns regarding a program called Development of Women and Children in Rural Areas (DWCRA). The CEW asked why this program – which, in the government’s words, “aimed to improve the socio-economic status of the poor women in the rural areas through creation of groups of women for income-generating activities on a self-sustaining basis”⁵⁴³ – had not been transferred from the Ministry of Rural Development to DWCD for integration with IMY despite orders given more than four years ago. In response, the DWCD said the program was not transferred because DWCRA and IMY were incompatible. First, unlike the IMY, the DWCRA was a country-wide program, a feature that would make the two programs difficult to integrate. Second, and more importantly, DWCD said that IMY and DWCRA differed from each other in a more fundamental way: while “majority of DWCRA groups are being

⁵⁴² Government of India, Parliamentary Standing Committee on the Empowerment of Women, 77.

⁵⁴³ Government of India, Planning Commission, “Development of Women and Children in Rural Areas (DWCRA),” 71.

sustained on subsidy only,” the “IMY advocates a subsidy free” approach.⁵⁴⁴ In providing this answer, the DWCD highlighted again the self-sustainability feature it had added to IMY in 1995.

Although it was not obvious in 2001, these two developments – the foregrounding of the microfinance component of IMY and the government’s new emphasis on self-sustainability of (some) social programs – would eventually be used by the Planning Commission to argue against the continuation of the program and so turn out to be the fourth and fifth major setbacks for IMY.⁵⁴⁵

E. Second launch

The “recast” IMY was finally ready in 2001. The government, now led by the Congress party’s primary rival, the Bharatiya Janata Party (BJP), made two important changes to the program at this time. First, it changed the name of the program from Indira Mahila Yojana to Swayamsiddha, a word meant to suggest self-reliance in Hindi, and thus distanced the program from the Gandhis. Second, on 27 February 2001, it decided to expand the program’s operations from 238 to 650 blocks across the country.⁵⁴⁶ The BJP government announced the new, expanded program that July⁵⁴⁷ and launched it formally in November.⁵⁴⁸ The key difference between IMY and Swayamsiddha, according to the 2000-01 annual report of the DWCD, was that while the former

⁵⁴⁴ Government of India, Parliamentary Standing Committee on the Empowerment of Women, “First Report: Action Taken on First Report of Committee on Empowerment of Women (12th Lok Sabha),” 76.

⁵⁴⁵ The first three setbacks are discussed in chapters 7 and 8.

⁵⁴⁶ Government of India, Department of Women and Child Development, “Annual Report 2000-01.”

⁵⁴⁷ “2 More Schemes for Women Announced.”

⁵⁴⁸ Government of India, Department of Women and Child Development, “Annual Report 2001-02,” 65.

operated in 238 administrative blocks of the country, the latter would slowly expand to 650 blocks by 2002.⁵⁴⁹

While some state publications continued to refer to the original mandate of IMY in their discussions of Swayamsiddha – one, for instance, said that the program aims to achieve “more comprehensive and holistic empowerment of women through awareness generation, economic empowerment and convergence of various schemes”⁵⁵⁰ – others began to recognize microcredit as central to the program. For instance, the Press Information Bureau of India (PIB), the government’s public relations agency, released an article later that year describing the redesigned program. Swayamsiddha, it said, is a:

...scheme for empowering the Indian women both socially and economically to enable them to live with dignity and self-reliance. The scheme lays stress on access to micro-credit and envisages block and panchayat-level participation among women, cutting across all regional, economic and social groups... ‘Self-help’ is the magic word here. The programme urges women to help themselves, literally.⁵⁵¹

The PIB thus identified microcredit as central to IMY.

What the Bureau failed to mention, however, was that Swayamsiddha came with an expiration date and a budget that was extremely small even by the standards of IMY. State publications described Swayamsiddha as a six-year program with a total outlay of 1.16 billion rupees.⁵⁵² This meant that while IMY was envisioned under Gandhi as a long-term program, Swayamsiddha was planned as a short-term project with a predetermined termination date. In addition, the funds set aside for Swayamsiddha –

⁵⁴⁹ Government of India, Department of Women and Child Development, “Annual Report 2000-01.”

⁵⁵⁰ Government of India, Department of Women and Child Development, “Annual Report 2001-02,” 65.

⁵⁵¹ Government of India, Press Information Bureau, “Swayamsiddha.”

⁵⁵² Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2002-2003,” 119.

1.16 billion for 6 years – were much less not only than the 50 billion yearly that Gandhi pledged but less also than the 1.65 billion allocated to IMY (which operated in one-third as many blocks as Swayamsiddha was to operate in) for five years as part of India’s 9th five-year economic plan, from 1997 to 2002.⁵⁵³ At 1.16 billion for 6 years, then, Rajiv Gandhi’s program for women was receiving 0.4% of the yearly financial support he had pledged.⁵⁵⁴ Explanation was offered neither for the built-in expiration date nor the diminished funding, both of which amounted to further modification by elaboration.

By February 2005, only 31% of the funding allocated for Swayamsidha Phase I had been utilized.⁵⁵⁵ Yet, the scheme was set to expire on 31 March 2006.⁵⁵⁶ As the end date neared, state officials began to discuss the possibility of extending the program beyond 2006. One reason was that another program called Swashakti (literally, self-power) was to end in 2005 when its external funding expired.

Swashakti was a World Bank- and International Fund for Agricultural Development-supported project that, unlike Swayamsiddha, was implemented in only nine states, but, like Swayamsiddha, aimed to empower women through provision of credit to self-help groups. Swashakti did not provide subsidies to women’s enterprises, a feature that the Ministry of Women and Child Development, DWCD’s ministry-level successor, would later come to interpret as key to Swashakti’s success. GoI wanted to

⁵⁵³ Government of India, Planning Commission, “Tenth Plan.”

⁵⁵⁴ This is without accounting for inflation, which eroded the value of the rupee by more than 50% between 1989 and 2001 relative to a representative basket of goods tracked by the Consumer Price Index. From: “Inflation Calculator India: Calculate India’s Inflation between Any Two Years from 1971 to 2016.”

⁵⁵⁵ Desk Officer to Director (SR), “Continuation of the Scheme of Swayamsida as Swayamsidha Phase-II with World Bank Assistance.”

⁵⁵⁶ Government of India, Planning Commission, “Report of the Steering Committee on Empowerment of Women and Development of Children for the Eleventh Plan,” 8. Since the program was launched in 2001 for 6 years, one would expect it was set to expire in 2007. Instead, at some point GoI decided to end the program a year earlier in 2006, and later postponed the date to 2007 and again to 2008.

continue Swashakti beyond its planned end in 2005. In the Annual Plan meeting between the DWCD and the Planning Commission in December 2004, state officials decided to, in effect, merge Swashakti with Swayamsiddha and extended the tenure of the resulting program by another few years.⁵⁵⁷ This extended program was named Swayamsiddha Phase II.

This re-making of Swayamsiddha along the lines of Swashakti further established Swayamsiddha as a program for microcredit, because Swashakti was designed to increase “the number of women enlisted in self-help groups, the degree of increase in household incomes, and the rates of return to investment activities.”⁵⁵⁸ The metrics of success, in other words, were all economic in nature. Built around a notion of women’s empowerment as better financial outcomes for women, Swashakti furthered the microcreditification of Swayamsiddha when merged with the latter.

The officials also decided to seek funding from the World Bank for the program, and the World Bank indicated informally its willingness to consider providing support for some components of Swayamsiddha Phase II.⁵⁵⁹ The formal proposal to the World Bank, however, was yet to be made. This proposal, the DWCD was told, would have to be sent to the World Bank through the Department of Economic Affairs (DEA),⁵⁶⁰ a division of the Ministry of Finance charged with overseeing matters relating to foreign aid for development.⁵⁶¹ While the DEA indicated its willingness to forward the proposal to the

⁵⁵⁷ Desk Officer to Director (SR), “Swayamsidha Phase-2.”

⁵⁵⁸ Ramachandran, Jandhyala, and Govinda, “Cartographies of Empowerment: An Introduction.”

⁵⁵⁹ Desk Officer to Director (SR), “Continuation of the Scheme of Swayamsida as Swayamsidha Phase-II with World Bank Assistance.”

⁵⁶⁰ Desk Officer to Director (SR).

⁵⁶¹ Government of India, Ministry of Finance, “Allocation of Business: Department of Economic Affairs.”

World Bank, it asked the DWCD simultaneously to obtain permission for Swayamsiddha Phase II from the Planning Commission.⁵⁶² Informally, both the Commission and the minister of the human resource ministry (of which DWCD was a part) appeared to approve of the plan to extend Swayamsiddha into a second phase.⁵⁶³

Not everyone agreed that seeking World Bank funding was a good idea, however. A DWCD official representing the department's finance division called into question the merits of requesting interest-bearing loans from the World Bank. "The overall cost of the proposed Swayamsidha Phase II is Rs. 750.00 crore [7.5 billion] to be spent over a period of five years," he wrote. Since Swayamsiddha Phase I was funded out of domestic resources, it "may not be difficult for the Government of India to meet the proposed cost" of Phase II as well.⁵⁶⁴ The official suggested that the ministry request the Planning Commission to fund the entire program from domestic revenues.⁵⁶⁵

In a meeting held the following month between senior officials from the DWCD, the DEA, the Planning Commission, and the World Bank, the question of funding arose again. The Secretary of DWCD – that is, the official occupying the topmost position within the department bureaucracy – favored requesting World Bank funding. The experience with Swashakti, she argued, showed that external funding provided incentives to monitor implementation, control expenditure, and institute and follow a system of approvals and a defined set of norms. With World Bank funding also came the

⁵⁶² Desk Officer, "Proposal for Swayamsidha Phase-II Starting from 1.10.2005 for Submission to World Bank and DFID."

⁵⁶³ Joint Secretary to Integrated Finance Division, August 3, 2005.

⁵⁶⁴ Prasad to Director (Fin.), August 9, 2005.

⁵⁶⁵ Prasad to Director (Fin.).

organization's global development experience.⁵⁶⁶ The director of DEA concurred, pointing to the successful example of Swashakti and another World Bank-funded project. He also conveyed the DEA's readiness to provide funds for Swayamsidha Phase II, since the program promised to continue the work of Swashakti, which the DEA regarded as a success.⁵⁶⁷ In contrast, the representative of the Planning Commission now dithered on funding. While he did not disapprove of seeking assistance from the World Bank, he cautioned that the Planning Commission will be able to consider funding the project only after it receives a project proposal.⁵⁶⁸ This, then, was the first of many signs of the Planning Commission's reluctance to support the program and foreshadowed its consequential objection to the program in 2010.

State officials present at this meeting also decided to extend Swayamsiddha Phase I by a year – that is, to 2007 – in order to keep the program going while Swayamsiddha Phase II was being designed.⁵⁶⁹ In the following months, DWCD officials attempted to finalize the design of Phase II so a proposal could be written and sent to the Planning Commission for its formal permission to extend the program. In a note to the department Secretary, the Joint Secretary (the official occupying the second-highest position in the department bureaucracy) indicated that the plan was to implement Phase II in 14 states of the country. These states, she said, were selected on the basis of three criteria: worsening sex ratio, low literacy, and high poverty. Since these states had the greatest need, Swayamsiddha Phase II should focus on them. The Joint Secretary did not

⁵⁶⁶ Executive Director, Swashakti to Joint Secretary (LK), "Minutes of the Meeting Held in Secretary's Chamber on 2 September 2005 on Phase-II of Swayamsidha."

⁵⁶⁷ Executive Director, Swashakti to Joint Secretary (LK).

⁵⁶⁸ Executive Director, Swashakti to Joint Secretary (LK).

⁵⁶⁹ Executive Director, Swashakti to Joint Secretary (LK).

clarify whether the latter two indicators were disaggregated by gender – that is, whether they referred to *women's* literacy and poverty rates or rates for the entire (male and female) population of the state⁵⁷⁰ – hinting already at the low salience of gender even in discussions regarding a women-specific program.

In a response in March 2006, the Minister of Women and Child Development suggested that the ministry consider extending the program to the states in southern India, which had not featured in the list of 14 states identified by the ministry so far.⁵⁷¹ In a follow-up note, the minister explained her rationale. While the southern states had better development indicators in general, there could be districts within these states that were performing poorly. In addition, the ministry should not punish better-performing states by denying them the benefit of the extended program. The way to incentivize strong performance would be to reward it. In any case, there was “no denying the fact that Empowerment [*sic*] is needed for women of the entire country.”⁵⁷² In September, on the minister's insistence, the ministry decided to expand the program across the country. It calculated that instead of 7.5 billion estimated earlier, the program would now cost about 11 billion rupees. About half of that sum could be expected from the World Bank. GoI and state governments would have to supply the other half.⁵⁷³

During this time, the Planning Commission continued to exhibit ambivalence toward the program, but did not indicate the source of its reservations. A few months before then, in around March 2006, the DEA contacted the Ministry of Women and

⁵⁷⁰ Joint Secretary and Secretary, “Integrated Women's Empowerment Project (Swashakti) With Domestic Funding.”

⁵⁷¹ Officer on Special Duty to Minister of State (WCD) to Joint Secretary (PDD), March 6, 2006.

⁵⁷² Minister of State (WCD) to Secretary (WCD), July 2006.

⁵⁷³ Deputy Secretary to Joint Secretary, “Proposal for Swayamsidha Phase-II.”

Child Development (MWCD)⁵⁷⁴ to assure the ministry that the DEA had begun conversations with the World Bank to request funding for Phase II. The dialogue was launched on the presumption that the ministry would obtain approval from the Planning Commission. Had the ministry obtained this approval yet?⁵⁷⁵ On receiving the DEA's letter, the ministry sent a reminder to the Planning Commission asking for an "in-principle approval" – permission to bring the proposed project before a cross-ministry committee for consideration⁵⁷⁶ -- for Phase II.⁵⁷⁷ In response, the Planning Commission emphasized again that it would need a formal proposal before granting approval. Because the proposal could be drafted only after the intended coverage of the program was finalized, ministry officials decided to wait. It was July before the minister responded with her rationale for asking for broader coverage and September before the decision to make the program an all-India project was taken.

By January 2007, a proposal had been prepared. The ministry now anticipated that the project would run for eight years and require almost 15 billion rupees in funding. In a meeting early in the month, however, the Planning Commission, while deliberating the upcoming year's annual plan, changed course again. Instead of offering hesitant statements of support, it now decided to allocate to Swayamsiddha Phase II almost twice as much money as the ministry had requested for the program. In an intra-ministry note, an MWCD official observed that at more than 28 billion that was offered by the Planning

⁵⁷⁴ The Department of Women and Child Development was upgraded to ministry status in 2006.

⁵⁷⁵ James to Deputy Secretary (RP), March 10, 2006.

⁵⁷⁶ Joint Secretary (Administration, Planning Commission) to Secretaries of all Central Ministries/Departments, "Guidelines Regarding Inclusion of New Schemes in the Plan, Enhancement of Five Year Plan/Annual Plan Outlay, Major Changes in the Scope and Investment Approval of the Plan Schemes, for the Central Ministries/Departments."

⁵⁷⁷ Deputy Secretary (RP) to Joint Secretary (PDD), March 16, 2006.

Commission, the project could cover not only some blocks in all states but *all* blocks in all states of the country. “Therefore,” he wrote, “a project has to be prepared with revised outlay and larger geographical coverage.”⁵⁷⁸ In the revised concept note written “in order to absorb the enhanced allocation,”⁵⁷⁹ the ministry proposed a longer lifespan for the program as well – instead of being implemented for eight years, the program was now expected to last ten. The World Bank, the ministry hoped, would still provide half of the total funds.⁵⁸⁰ The ministry’s finance division approved the concept note in February that year⁵⁸¹ and the minister followed suit in March.⁵⁸² In the meantime, Phase I, scheduled to expire on 31 March 2007, was now extended for another year.⁵⁸³

In April 2007, the Planning Commission changed tack again. This time the reversal was not on the issue of funding but on whether Phase II required in-principle approval from the Planning Commission before the project proposal could be forwarded to the relevant cabinet committee for final consideration. Backtracking from its earlier demand for a concept note for in-principle approval, the commission told the ministry it would not be needing such an approval after all. Since Phase II is an extension of an ongoing project, an in-principle approval was not necessary. The ministry was free to present the proposal directly to the Expenditure Finance Committee (EFC) for approval.⁵⁸⁴

⁵⁷⁸ Desk Officer to Director (RP), January 17, 2007.

⁵⁷⁹ Desk Officer to Director (RP), February 13, 2007.

⁵⁸⁰ Desk Officer to Director (RP), January 17, 2007.

⁵⁸¹ Desk Officer to Director (RP), February 8, 2007.

⁵⁸² Personal Secretary to Secretary (WCD), March 14, 2007.

⁵⁸³ Government of India, Planning Commission, “Report of the Steering Committee on Empowerment of Women and Development of Children for the Eleventh Plan.”

⁵⁸⁴ Director (WCD, Planning Commission) to Joint Secretary (MWCD), April 12, 2007.

Now, however, it was the DEA's turn to vacillate. When the ministry learned it did not need an in-principle approval, it informed the DEA of the development and sought to schedule a meeting with the department to consider future steps.⁵⁸⁵ By mid-August, the DEA had not responded.⁵⁸⁶ The ministry sent a reminder that month and then again in November.⁵⁸⁷ The DEA responded in January 2008, informing the ministry that it had contacted the Planning Commission with some questions and was waiting for a response.⁵⁸⁸ The questions, it turned out, dealt with funding: the DEA wanted to see how much of the promised funding the Planning Commission expected to provide. The DEA would request the rest from the World Bank.⁵⁸⁹ In a March 2008 meeting between the MWCD and the DEA, attending officials now made the decision to seek World Bank funding only if the Planning Commission was unable to cover what was originally supposed to be the World Bank's share of allocation. In addition, officials asked the MWCD to demonstrate that it had institutional capacity to absorb the funds it was requesting for Swayamsiddha Phase II.⁵⁹⁰ The Joint Secretary agreed, noting that since the Planning Commission had already allocated 28 billion rupees for the program, it made sense to proceed with domestic funding alone.⁵⁹¹ If domestic funding was to cover the entire cost of Swayamsiddha Phase II for 10 years, the request to the Planning Commission now would have to be for more than 50 billion rupees.⁵⁹²

⁵⁸⁵ Desk Officer to Director (RP), April 19, 2007.

⁵⁸⁶ Director (RP) to Desk Officer (IMY), August 16, 2007.

⁵⁸⁷ Desk Officer (IMY) to Director (RP), November 5, 2007.

⁵⁸⁸ Balghour to Director (RP), January 1, 2008.

⁵⁸⁹ Director (RP) to Joint Secretary (KC), January 10, 2008.

⁵⁹⁰ Meena to Under Secretary (IWEP), April 25, 2008.

⁵⁹¹ Director (RP) to Under Secretary (IWEP), May 22, 2008.

⁵⁹² Under Secretary (IWEP) to Director (RP), July 3, 2008.

In July 2008, MWCD Secretary objected to that amount (50 billion rupees) and asked his subordinates to explain why the figure was so high.⁵⁹³ The amount was high, ministry officials responded, because Swayamsiddha Phase II sought to raise state expenditure per self-help group to a level higher than that under the early years of IMY.⁵⁹⁴ The Secretary did not approve. Since Phase II was simply an extension of Phase I, expenditure per SHG should remain the same as before, he said.⁵⁹⁵ In response, the MWCD revised the new 10-year budget for Swayamsiddha Phase II to around 30 billion rupees.⁵⁹⁶ In addition, the Secretary said, for the remaining years of the 11th Plan (2007-2012), the ministry should take care to use only as much funding for Swayamsiddha Phase II as was allotted to it for this program at the start of the 11th Plan.⁵⁹⁷ This amount was 5 billion rupees, 13 billion short of what would be required to extend Swayamsiddha to all blocks in the country.⁵⁹⁸ To keep 11th Plan budget within 5 billion, the ministry decided not to expand the program to all blocks during the plan period. During the 11th Plan, the ministry decided then, Swayamsiddha would be extended from 650 blocks to 1670 blocks. When more funding was available after the 11th Plan, the program would be extended further to the remaining 3927 blocks.⁵⁹⁹ After these changes were made to the draft note on Swayamsiddha Phase II, the note was finally circulated to 14 concerned

⁵⁹³ Secretary to Joint Secretary (KC), July 24, 2008.

⁵⁹⁴ Under Secretary (IWEP) to Joint Secretary (KC), July 29, 2008.

⁵⁹⁵ Secretary to Joint Secretary (KC), August 6, 2008.

⁵⁹⁶ Joint Secretary (KC) to Various officers, Government of India, "Draft Note for the Expenditure Finance Committee for Continuation of the Scheme of Swayamsidha as Swayamsidha Phase-II -- Request for Comments."

⁵⁹⁷ Secretary to Joint Secretary (KC), September 17, 2008.

⁵⁹⁸ Under Secretary (IWEP) to Director (RP), September 15, 2008.

⁵⁹⁹ Under Secretary (IWEP) to Director (RP), "Continuation of the Scheme of Swayamsidha as Swayamsidha Phase II -- Reg."

ministries and departments, including to the Planning Commission, for comments on 9 April 2009.⁶⁰⁰

F. An early death

In January 2010, after eight months of mostly uninterrupted silence, the Planning Commission finally responded to the note. In it, it objected to the continuation of Swayamsiddha on many counts, most of which amounted to a request for further information on program design. Two of the more fundamental critiques, however, questioned the very rationale behind the program and formed the basis of the Commission's conclusion that the program did not merit extension. The paragraphs below discuss these two critiques.

First, the Commission argued, it made little sense to extend Swayamsiddha because the program was very close in nature to two other programs – the Swarnjayanti Gram Swarozgar Yojana (SGSY)⁶⁰¹ and Swarna Jayanti Shahari Rozgar Yojana (SJSRY)⁶⁰² -- of the GoI.⁶⁰³ SGSY and SJSRY were programs designed to boost self-employment to reduce poverty in rural and urban areas respectively. These goals, said the Planning Commission, likened the programs to Swayamsiddha enough to make Swayamsiddha redundant. Both programs, the Commission's response said,

...follow the Self-Help Group [SHG] model for empowerment and economic betterment of the poorer sections of society which is also the target group of

⁶⁰⁰ Section Officer (IWEP) to Under Secretary (IWEP), May 8, 2009; Government of India, Ministry of Women and Child Development, "Memorandum for the Expenditure Finance Committee on Continuation of the Scheme of Swayamsidha as Swayamsidha Phase-II."

⁶⁰¹ Literal translation: Golden Jubilee Rural Employment Scheme

⁶⁰² Literal translation: Golden Jubilee Urban Employment Scheme

⁶⁰³ Deputy Advisor (Project Appraisal & Management Division, Planning Commission) to Joint Secretary (Ministry of Women and Child Development), "Note for Expenditure Finance Committee (EFC): EFC Memorandum for Continuation of the Scheme of 'Swayamsidha as Swayamsidha Phase-II' during the 11th Plan Period."

Swayamsidha. Though the SGSY and SJSRY are not exclusively for women, more than 2/3rd of the SHGs under SGSY are exclusively women SHGs and formation of women SHGs is given priority under SJSRY. The empowerment of women gets facilitated [by] formation of a SHG and the journey of the SHG from a purely lending institution (among the members) to the ultimate setting up of a micro enterprise are [*sic*] major milestones in the process of empowerment.⁶⁰⁴

To drive the point home, the Commission also included in the appendix to the report a table that compared Swayamsiddha, SGSY, and SJSRY in order to highlight the similarities between the three. The information in the table, reproduced below exactly as it appears in the policy file accessed at the MWCD, suggested that the three programs had very similar content: all of them encouraged self-help groups, income generation, and self-employment to fight poverty. Where the programs differed, however, was in terms of their coverage (SGSY and SJSRY had broader reach) as well as in terms of their costs (more funding was committed to SGSY than to Swayamsiddha).

Table 5.1: Comparison chart used to show similarities between programs

Components of SS II, SGSY, SJSRY with Identical Objective and Coverage⁶⁰⁵

SI. No.	Swayamsidha Phase II	Swarna Jayanti Gram Swarozgar Yojana (SGSY)	Swarna Jayanti Shahri Rozgar Yojana (SJSRY)
I.	Component		
	<ul style="list-style-type: none"> • Self Help Group Formation • Formation of Cluster • Income Generation Training 	<ul style="list-style-type: none"> • SHGs Formation • Self Employment • Universalisation of SHG • Interest Subsidy and Marketing through PPP 	<ul style="list-style-type: none"> • Urban Women Self Help Programme • Urban Self Employment Programme • Urban Wage

⁶⁰⁴ Deputy Advisor (Project Appraisal & Management Division, Planning Commission) to Joint Secretary (Ministry of Women and Child Development).

⁶⁰⁵ Title, chart text, and layout (including any errors) are reproduced exactly as they appear in the internal records of the Ministry of Women and Child Development. “Lakh” in the Indian numbering system refers to 100,000. “Crore” is equivalent to 10 million. Source: Deputy Advisor (Project Appraisal & Management Division, Planning Commission) to Joint Secretary (Ministry of Women and Child Development). Unlike in the rest of this project, PPP in this table refers to public private partnerships, not purchasing power parity.

	Programme <ul style="list-style-type: none"> • Capacity Building • Community Service • Centres (CSC) • Revolving Fund • Innovative Fund • Convergence of other Government Schemes, etc. 	Model <ul style="list-style-type: none"> • Skill Development and Placement • Capacity Building and Training Programme • Dedicated Implementation Structure • Revolving Fund • Capital Subsidy • Convergence of technical and other inputs 	Employment Programme <ul style="list-style-type: none"> • Urban Programme for Poverty Reduction among SC/STs • Urban Capacity Building Programme • Micro Business Centre • Urban Community Development Network • Thrift and Credit Society
II,	Coverage		
	5597 Blocks – Target 8.39 Lakh Self Help Group by the end of 12 th Plan	Rural area of all the districts in the country (except Delhi and Chandigarh) – Target 45 lakh SGHs will be formed by 2014-15	In all the towns of the country except Lakshwadeep with the emphasis on Urban Poverty Alleviation as thrust/priority area.
III.	Estimated Cost		
	Rs.3358 Crores	Rs.34229 Crores – 11 th Plan Rs.61168 Crores – 12 th Plan Rs.95397 Crores -- Total	Rs.3920 Crores Centre's Share Rs.2940 Crores

The second fundamental critique the Planning Commission offered problematized the small size of Swayamsiddha. The Commission explained that Swayamsiddha, even in its expanded Phase-II version, would still be too small to cover a sufficient number of women. Swayamsiddha's target of 150 self-help groups, consisting of 10 or so members, in each block of the country would translate to coverage of fewer than 10% of the country's eligible women. SGSY, on the other hand, aimed to cover every rural poor household. Therefore, the Planning Commission's appraisal said, "the truly universal coverage can only be achieved under SGSY and SJSGY [*sic*]," not under

Swayamsiddha.⁶⁰⁶ If Swayamsiddha had additional elements that were missing from SGSY/SJSRY, the appraisal continued, these could easily be integrated into the two programs. In the concluding paragraph of its note, the Planning Commission invoked again both the existence of SGSY/SJSRY and the smaller size of Swayamsiddha to argue that there was “no case for continuation of Swayamsiddha.”⁶⁰⁷

On receiving the Commission’s letter, the MWCD, UN Development Fund for Women (UNIFEM), and other interested parties organized a meeting of experts in April 2010 to discuss how to respond to the Planning Commission’s comments. Not accepting the Commission’s charge that Swayamsiddha simply duplicated the work of SGSY and SJSRY, the group agreed that Swayamsiddha was “an entirely different scheme in its objectives and vision” and that the MWCD should continue to make a case for it.⁶⁰⁸ The group also feared that termination of Swayamsiddha would weaken the MWCD, which, as the key state agency for women, was supposed to have a “major a role in mobilization of women into groups while ensuring overall empowerment.”⁶⁰⁹ Encouraged by the positive feedback received from gathered experts, the MWCD decided to continue to argue for Swayamsiddha. The Ministry Secretary agreed to be the one to take the case to the Planning Commission.⁶¹⁰

The following month, the Secretary wrote a letter to the Planning Commission on behalf of the MWCD. In it, he offered a point-by-point rebuttal of the Commission’s

⁶⁰⁶ Deputy Advisor (Project Appraisal & Management Division, Planning Commission) to Joint Secretary (Ministry of Women and Child Development).

⁶⁰⁷ Deputy Advisor (Project Appraisal & Management Division, Planning Commission) to Joint Secretary (Ministry of Women and Child Development).

⁶⁰⁸ Consultant (IWEP) to Section Officer (IWEP), May 6, 2010.

⁶⁰⁹ Consultant (IWEP) to Section Officer (IWEP).

⁶¹⁰ Unknown official to Director (LS), May 24, 2010.

comments from earlier that year. Disagreeing with the assertion that Swayamsiddha was simply a smaller version of SGSY, the Secretary argued that microcredit does not “automatically” bring about economic empowerment of women – that goal, he said, requires “deliberate efforts and strategies aiming at women’s broader social and political empowerment,” which Swayamsiddha was designed to provide. He continued:

...it is important to recognize the fact that the supply of credit to women (which SGSY ensures), and women’s empowerment through micro- credit (which Swayamsidha envisions) are two different goals requiring different pathways. In the latter approach, women’s agency must be given primacy, women’s rights over property need to be enhanced, and women’s access, control and decision making needs are to be ensured in all program processes.⁶¹¹

If empowerment is the aim, in other words, microcredit cannot but be only one component of a “manifold strategy” that includes “social empowerment and intermediation” through awareness generation trainings. Drawing a “fine distinction” between income generation through self-employment and economic empowerment, the Secretary’s letter argued that awareness generation helps translate the former into the latter by enhancing women’s control over income:

It is not always the fact that a woman’s access to resources that enable her to pursue income generation activities and consequently earn lead her to be economically empowered. The empowerment does not happen at all if she does not have control over her income. This could only be ensured when she is aware about her rights and entitlements. Swayamsidha II aims at addressing these concerns of awareness generation and capacity building...⁶¹²

In addition, he wrote, while SGSY targeted below-poverty-line households, Swayamsiddha was open to all women who “have remained marginalized and deprived”

⁶¹¹ Secretary (MWCD) to Secretary (Planning Commission), “Expenditure Finance Commission (EFC) Memorandum for Continuation of the Scheme of ‘Swayamsidha as Swayamsidha Phase-II’ during the 11th Plan Period.”

⁶¹² Secretary (MWCD) to Secretary (Planning Commission).

no matter their official poverty status, which was ultimately an artificial designation in any case. “It is also important to recognize,” he added, “that SGSY is [a] gender neutral scheme which eventually graduated into women oriented program by coincidence or by circumstance.” Unlike SGSY – and its cousin, the National Rural Employment Guarantee Scheme (NREGS) – Swayamsiddha was a “100% women oriented programme by design and therefore its components are more responsive to the needs of women.” In fact, the letter said, a group of gender experts and practitioners from around the country that the ministry consulted agreed that economic and financial empowerment had to be combined with a “deliberate strategy” for social empowerment for the former to be successful.⁶¹³

Adopting the Planning Commission’s own strategy, the MWCD too included a table in its response. By pointing out the differing motivations and objectives of SGSY and Swayamsiddha, the table, reproduced below verbatim as Table 5.2, served to challenge the Planning Commission’s framing of Swayamsiddha as an anti-poverty program along the lines of SGSY.

Table 5.2: Comparison chart used to show differences between the programs⁶¹⁴

Particulars	SGSY	Swayamsidha II
Ideology	Self Employment	Self Empowerment
Vision	Poverty Alleviation	Holistic Empowerment as envisioned in ‘National Policy for Empowerment of Women’ and X th five year plan document

⁶¹³ Secretary (MWCD) to Secretary (Planning Commission).

⁶¹⁴ Chart text and layout (including any errors) reproduced exactly as they appear in the internal records of the Ministry of Women and Child Development. Source: Secretary (MWCD) to Secretary (Planning Commission). BPL refers to below poverty line.

Objective	<ul style="list-style-type: none"> • To provide sustainable income to rural BPL families through formation of SHGs for creation of income generating assets, credit linkage with banks and back ended subsidy from government. • To reduce poverty by bringing poor families above poverty line through improved livelihoods. 	<ul style="list-style-type: none"> • To achieve an all round empowerment of women- socially, economically, politically, legally by ensuring their direct access to and control over resources through a sustained process of mobilization • To ensure that gender inequality is addressed through awareness generation and rights based perspective with a broader aim of challenging conventional societal structures that inhibits women’s abilities and prospects of development and empowerment • To ensure women’s participation in decision making and bringing them in mainstream • To ensure convergence of ongoing sectoral programs for long term sustainability and viability.
Major Components	Economic empowerment through skill development trainings.	Holistic empowerment inclusive of social, political, legal and economic through significant capacity building, skill development as well as awareness generation components.
Target group	Rural BPL families not necessarily women. Although SGSY does not aim for ‘empowerment’ of women per se, its guidelines require that women should be at least 40% of beneficiaries in a year.	All women
Implementation Strategy	DRDA, Block level functionaries and PRIs. Mission mode in proposed NRLM (National Rural Livelihood Mission)	<ul style="list-style-type: none"> • Separate structure specially created for the purposes of the project at central, state and district level • Implementation of scheme at

		the grassroots level through NGOs.
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Although it is likely that the Secretary in his letter exaggerated the differences between Swayamsiddha and SGSY – as the earlier part of this chapter showed, the aspects of Swayamsiddha that had little to do with microcredit had already been deemphasized since the late 1990s – the defense of Swayamsiddha offered by the Secretary was not entirely without basis: in his enumeration of all that is unique to Swayamsiddha, the Secretary was invoking and resurrecting the original vision on which the program was based,⁶¹⁵ showing that the vision was alive beneath the tendency to prioritize poverty/class over other dimensions of social stratification. The analytical section below discusses this in further detail.

There is no evidence that the Planning Commission ever responded to the spirited defense of Swayamsiddha that the Secretary provided. The deliberation on Swayamsiddha within the MWCD, as records available in the relevant file indicate, fizzled out soon after this letter was written in May 2010. The paper trail in the file, too, ended abruptly in 2011, with no indication of whether the Expenditure Finance Committee (EFC), the inter-ministerial committee in charge of approving programmatic proposals, ever met to evaluate the Swayamsiddha proposal.

The Planning Commission officer responsible for writing the January 2010 appraisal of the Swayamsiddha that argued against the extension of the program, however, did recall participating in an EFC meeting to discuss the future of the program. Committee members agreed with his appraisal, he said. Convinced that Swayamsiddha

⁶¹⁵ See earlier parts of this section

added no value over SGSY and SJSRY, they voted not to extend the program. The MWCD tried to defend the program, but, as a smaller ministry with limited political clout, it did not succeed in its efforts.⁶¹⁶ Even though the ministry, hoping to obtain approval for extension, continued to allocate funds to Swayamsiddha every year until 2012,⁶¹⁷ the program lay dead since 2008.

III. Discussion

This section serves three functions. First, it shows why IMY, in its early stages, promised to be a strong and rare program for women. Next, it discusses the ways in which IMY's elaboration and modification after 1995 spelled the end of the program and weighs various possible explanations for why policymakers in India view the problems of gender through the lens of poverty. Third, it pokes holes in the arguments offered by the Planning Commission to dissolve Swayamsiddha, suggesting that there was sufficient rationale to continue and even expand the program.

A. Setting IMY apart

Before we discuss the reasons behind the rise and fall of IMY, let us first consider what, if anything, was special about IMY. The foregoing narrative has suggested that IMY stood out for its promised size, scope, and funding – that is, its country-wide reach, its aim to integrate many services for women under a one-stop shop, and the extraordinary amount of funding earmarked for it.

Yet, beyond these features, what set IMY substantively apart from other women's programs of the GoI was the deeper gender analysis from which it emerged. The

⁶¹⁶ Former Deputy Advisor, Planning Commission, Interview # 20.

⁶¹⁷ Government of India, Ministry of Women and Child Development, "Annual Report 2011-12."

conceptual framework underpinning the earliest version of IMY, as reflected in the blueprint for IPDWC, borrowed from feminist analyses of Marxist thought to identify two root causes of women's troubles.⁶¹⁸ "The low status of women in our society is due to profound and persisting inequities in the two reproduction systems," it said.⁶¹⁹ The two systems at fault were the demographic reproduction system and the material reproduction system, and inequities in each were said to reinforce those in the other. The demographic reproduction system restricted women's ability to make free marital, sexual, and reproductive choices, and the material reproduction system curtailed their ability to participate in the paid economy on an equal footing with men.⁶²⁰

The proof of injustice against women in these two systems lay in various indicators: women's low status in the demographic reproduction system was reflected in high maternal morbidity and mortality, high infant mortality, women's low age of marriage, and a poor sex ratio, and women's disadvantage in the material reproduction system was visible in the high female illiteracy, low participation of women in paid work, a wage gap unfavorable to women, women's limited inheritance and property ownership rights.⁶²¹ In other words, India's poor performance on all frequently cited indicators showing women's low status could be traced to women's disadvantaged position in these two systems of economic and social reproduction.

⁶¹⁸ See Hartmann, "The Unhappy Marriage of Marxism and Feminism: Towards a More Progressive Union" for an effort to foster a "healthier marriage" between Marxism and feminism.

⁶¹⁹ Government of India, Department of Women and Child Development, "Integrated Programme of Development for Women and Children (IPDWC)," 13.

⁶²⁰ Government of India, Department of Women and Child Development, 13–14.

⁶²¹ Government of India, Department of Women and Child Development, 13–14.

The IPDWC document went on to address why women found themselves unable to rise above their disadvantage in these two systems. The reason, it said, was the three fears that women experienced: fear of government, fear of society, and fear of (men in the) family. The only solution was an intervention that would help women overcome all these fears. It is worth quoting the intended strategy of the program at length:

The holistic women development programme must aim at fighting the fear in all its three aspects. It must enhance the self-esteem through heightening the awareness and building the self-confidence. It must restore the equal status of the woman in the demographic reproduction system. This would mean, first and foremost, creation of a sense of awareness in women (and also men) that such an equal status is the natural order of things and the present state of affairs is a distortion created through social customs, sanctified by religion and reinforced by the inequities in the material reproduction system. It must make women the masters and not the means of reproduction. It must equip them with relevant information, knowledge, skills and techniques. Simultaneously, the programme should aim at redressing inequities in the material reproduction system...The programme must provide them with the opportunities for economic betterment in situ. The new programme should integrate all these three elements. It would not be complete, nor effective, if it leaves out any one of them for one reason or the other (emphasis in original).⁶²²

Smaller-scale programs from across the country provided inspiration for the social betterment goals outlined in the above paragraph. Among these were two of the country's most celebrated interventions for women: Women's Development Program (WDP) in Rajasthan and Mahila Samakhya (MS) in Gujarat, Karnataka, and Uttar Pradesh.⁶²³ Although the programs differed in their precise strategies, the one element common to them was the formation of women's groups, *not* for provision of joint credit (as women's groups have now become associated with) but for collective deliberation and

⁶²² Government of India, Department of Women and Child Development, 15.

⁶²³ Government of India, Department of Women and Child Development, 26; Former Secretary, Department of Women and Child Development, Interview # 29.

action. For instance, the purpose of WDP, a pilot program launched by Rajasthan government in 1984, was:

to form groups which will consolidate themselves for their own development. It is implicit that these groups, once formed, will initiate the action which they need and decide upon...Almost all government programs in women's development have stressed the need to build awareness and confidence among women, but before WDP there had never been a program that saw this as a paramount prerequisite for integrating women into the development process.⁶²⁴

This was a departure from the original goals of WDP. The original plan was to build women's groups to facilitate women's access to credit for income generation. Early experiences with the program, however, "brought about a fundamental change in the WDP approach."⁶²⁵ The transformative potential of bringing rural women and local female facilitators or front-line workers, called *saathins* (helpers), together in small groups to discuss "individual issues as they affect the lives of particular women"⁶²⁶ and devise solutions soon became clear, and the emphasis on credit and technical skills was replaced with a focus on mobilizing women through group formation. When the four senior civil servants convened to formulate IPDWC visited some of the resulting groups as part of their research, they were impressed. One of them remembered the experience in this way:

...an individual doesn't have that strength or courage [but] in a group that courage comes in. And we could see that that when they held this *jajam* as they call – *jajam* is the weekly meeting or the daily meeting – they get together, sit together, and *then* they become bold. Suddenly there is a change....They will talk about the husbands' habits of drinking, they'll talk about the beating, they'll talk about the *saas* [mother-in-law], they will talk about the need to know the writing on the bus, because [they will say] 'I want to go to such and such a place, but I

⁶²⁴ Das, "The Women's Development Program in Rajasthan: A Case Study in Group Formation for Women's Development," 13–14.

⁶²⁵ Das, 62.

⁶²⁶ Das, 39.

don't know where it [the bus] is going [because of inability to read]. I once sat in it, and went to some other place. *Now*, I know where to and how to go.' And [that brings] a great sense of, you know, pride.⁶²⁷

Women's groups also bring gender consciousness – a sense of identification as *women*.

The same former civil servant recalled:

Even Marx talks of new class emerging, you know, that history of British working class... They saw their birth, they were witness to their birth, because they were getting on the shop floor, they were having the same problems, they exchanged, then a new sense of consciousness arose *ki* [that] we belong, we belong to a group or a class, where our problems are there and we find a solution. Now the class is born, they are witness to their birth. Similarly, the *jajam* is a witness to the birth... So it's a very elemental thing... then you get over the fear. Get over the fear, even talking to the police inspector... [The idea is] I can do it better when I'm in a group.⁶²⁸

The focus, then, was not on achieving tangible benefits – such as increased earnings – but on building an intangible sense of solidarity, awareness, and efficacy among women. In accordance with this vision, WDP lacked quantitative targets. Instead, WDP workers focused their attention on the process of group formation and left agenda-setting largely to *saathins* and women attendees of group meetings: a rare bottom-up approach.⁶²⁹

Mahila Samakhya (Women's Confederation), another program for women, used WDP's group-formation strategy to promote women's non-formal education.⁶³⁰

Launched in 1988, the program defined education as acquisition not only of academic knowledge but of any knowledge deemed to be relevant to women's lives and needs –

⁶²⁷ Former Secretary, Department of Women and Child Development, Interview # 29.

⁶²⁸ Former Secretary, Department of Women and Child Development.

⁶²⁹ Das, "The Women's Development Program in Rajasthan: A Case Study in Group Formation for Women's Development," 13.

⁶³⁰ Das, 74; Ramachandran, Jandhyala, and Govinda, "Cartographies of Empowerment: An Introduction."

such as literacy and numeracy, knowledge of laws regarding child marriage and domestic violence, how to determine which bus to take to reach the desired destination, or how to exert collective pressure on village councils for decisions more favorable to women, among others. In the words of one of the guiding principles of the program:

The ‘banking’ approach to education – where we merely ‘deposit’ various sets of information and skills in people, so that at the end of a given period their ‘accounts’ are supposedly full – must be broken. History shows that this approach does not necessarily equip people to think, analyse, apply, or innovate. Instead, education must be understood as a process which enables us to question, conceptualise, find answers, act and reflect on our actions, and raise new questions.⁶³¹

Research on the impact of MS is full of stories of group members working together to move local authorities to exact justice for survivors of rape, exert social pressure to keep abusive husbands at bay, prevent girls in their communities from being initiated as *devdasis* (customary sex slaves), dissuade members’ families from forcing members to marry against their wishes or while under age of consent, and others.⁶³² Like WDP, MS too refused quantitative targets and top-down agenda setting, leaving groups to set their own agendas.⁶³³ As a recent review suggests, the key achievements of MS have less to do with poverty reduction and more with empowering women to claim “both physical and abstract space.”⁶³⁴ And while some groups eventually choose to participate in microfinance, “no one joins Mahila Samakhya for access to credit.”⁶³⁵

⁶³¹ Ramachandran, “The Making of Mahila Samakhya 1987-1992.”

⁶³² Jain and Rajagopal, “Between Questions and Clarity: Education in Mahila Samakhya.”

⁶³³ Jandhyala, “Empowering Education: The Mahila Samakhya Experience,” 3.

⁶³⁴ Townsend, Porter, and Mawdsley, “Creating Spaces of Resistance: Development NGOs and Their Clients in Ghana, India and Mexico,” 880.

⁶³⁵ Townsend, Porter, and Mawdsley, 880.

IPDWC was a direct descendant of and an effort to scale up these types of initiatives for women – ones that saw women’s “empowerment” not as a simple process of ensuring lines of credit to women but instead as a deeply political process requiring women to mobilize around their gender identity, understand the structural nature of their inferior social positions, and imagine and work toward the possibility of alternative arrangements. It is this more radical vision of systemic change for gender justice that IPDWC sought to implement on a country-wide scale and that its successors, IMY and Swayamsiddha, moved away from before long.

This is not to say that Swayamsiddha’s narrower focus on credit was without merit: for women seeking to build livelihoods in places where jobs are few, credit-enabled self-employment may be the only viable means to an independent income. The point is therefore not that Swayamsiddha’s attempt to channel credit to women was misplaced; it is that in going from broad-based IPDWC to narrower Swayamsiddha and further from women-specific Swayamsiddha to sex-unspecific SGSY/SJSRY, IMY lost something uniquely helpful to women: a program, designed only for women, that took gender seriously as a distinct dimension of social disadvantage not collapsible into poverty status.

B. Explaining IMY’s trajectory

1. The rise

Why and how did IMY come about in the first place? Studies of women’s status in the 1980s continued to portray a dire picture of the condition of Indian women.⁶³⁶ The need for the state to do more, then, was obvious.⁶³⁷ But not every existing obvious

⁶³⁶ See Buxi, “Status of Women in India.”

⁶³⁷ See Swaminathan, “State and Subordination of Women.”

need is able to conjure up efforts to meet it. What happened in the late 1980s to put women and women's social policy on the political agenda?

Three developments heightened the political salience of women and women's policy issues in the late 1980s. First, the quota proposal of the 64th and 65th Constitution Amendment bills raised the prospect of millions of women holding elected office in local governments across the country, which in turn triggered concerns about the availability of a sufficiently large pool of poor rural women able to assume the roles of public representatives in a society that still believed that women's place was not only in the home but behind the *purdah* (screen or veil used to seclude women). As the foregoing historical narrative shows, realizing that the passage of the 64th and 65th amendments would require an army of women able to undertake the responsibility of elected representatives, political actors felt the need to raise the level of women's social development. IPDWC was an effort to accomplish this task.

Second, 1989 was a difficult election year for the Congress party: regional parties were challenging the Congress across the country, the opposing Hindu Right was growing stronger, and a major corruption scandal had tarnished Gandhi's "Mr. Clean" image, jeopardizing his chances in the upcoming election.⁶³⁸ The party had also lost several regional elections in the preceding years.⁶³⁹ Judging by the vigorous effort Gandhi put into the campaign and by some of his policy actions and reversals in advance of the election season, it was clear that he was aware of the electoral difficulties that lay ahead.⁶⁴⁰ To make matters worse, the Gandhi-led Congress party had won the 1984 election not

⁶³⁸ Guha, *India After Gandhi: The History of the World's Largest Democracy*, 588-89.

⁶³⁹ Guha, 575.

⁶⁴⁰ Guha, 590-591.

on the basis of his appeal but in the aftermath of his mother's, the then-prime minister's, assassination. The election in 1989 was then the first that Gandhi would fight on the strength of his own record. The political stakes were high, which served to set the stage for women's votes to matter significantly.

Third, in 1986, a mere three years before the election, Rajiv Gandhi had made what quickly came to be considered one of the biggest blunders of his administration: he had botched his response to the famous Shah Bano case. Shah Bano was an Indian Muslim woman who had moved the courts to procure adequate maintenance from her estranged husband. In an effort to appear sensitive to minority rights and curry favor with conservative Muslim communities, Gandhi led the passage of a law that, overturning a Supreme Court judgement favoring Shah Bano, diluted divorced Muslim women's right to maintenance from former spouses. According to the autobiography of Margaret Alva, then minister of women and child development in Gandhi's administration, Alva personally urged Gandhi not to pilot the bill, citing the example of former prime minister Jawaharlal Nehru, Gandhi's grandfather, who had refused to yield to conservative Hindu groups' demands for special treatment during his own time in office. Gandhi dismissed Alva's request: "Yes, my grandfather was a Hindu dealing with Hindu law," she recalls him saying, "Here I am a Hindu dealing with Muslim law. Do you see the difference?"⁶⁴¹

Yet, Gandhi proceeded with the bill, alienating women's organizations and secularist groups all over the country and attracting some of the sharpest censure his administration had seen. Alva reports she understood then that the "slide [of the

⁶⁴¹ Alva, *Courage and Commitment: An Autobiography*, Chapter 19.

Congress party] will begin.”⁶⁴² Arif Mohammed Khan, a minister in Gandhi’s own administration sympathetic to the cause of divorced women’s rights, resigned in protest against the law.⁶⁴³ Progressive Muslims banded together to form the Committee for the Protection of Rights of Muslim Women (CPRMW), which sent a signed memorandum to the prime minister urging him to support the rights of Muslim women.⁶⁴⁴ The All-India Democratic Women’s Association, the women’s wing of the Communist Party of India (Marxist), organized demonstrations.⁶⁴⁵ Women’s groups blocked traffic outside the parliament building in an act of civil disobedience that spread across the country.⁶⁴⁶ Women’s vote at this time was considered “concentrated” and their allegiance known to waver – women were said to have hurt the Congress party in 1977 and helped it come into power in 1980 and 1984.⁶⁴⁷ In 1989, then, women represented a crucial swing vote. Gandhi’s handling of the Shah Bano episode had created a need for the Congress to regain women’s confidence.

The combination of the three factors described above – the possibility of women’s quotas in local governments, the tough upcoming election, and the need to revive the Congress party’s standing with women voters – explains the political logic behind the creation of IMY.

⁶⁴² Alva, Chapter 19.

⁶⁴³ Guha, *India After Gandhi: The History of the World’s Largest Democracy*, 575.

⁶⁴⁴ Armstrong, *Gender and Neoliberalism: The All India Democratic Women’s Association and Globalization Politics*, 75.

⁶⁴⁵ Ali, “1985: Shah Bano Case.”

⁶⁴⁶ Armstrong, *Gender and Neoliberalism: The All India Democratic Women’s Association and Globalization Politics*, 76.

⁶⁴⁷ “Women Voters Sound Cynical.”

2. The decline

The historical narrative suggests three proximal causes of the small size and scope as well as the early death of IMY: the “microcreditification” of the program, its emphasis on self-sustainability, and GoI’s prioritization of anti-poverty initiatives over gender-focused ones. Let us discuss how each wielded causal influence.

We saw earlier that, starting in 1998, Department of Women and Child Development began to present IMY as a microcredit scheme first and foremost. Other government entities soon followed suit, and IMY became framed as an economic empowerment program for women, even though its origins lay in an effort to alleviate not economic but primarily social challenges faced by women. This “microcreditification” of IMY mattered in later years because it enabled the Planning Commission to argue that IMY/Swayamsiddha was no different from SGSY, another microcredit program, in its aims.

Had the other two pillars of Swayamsiddha, namely social mobilization and service convergence, been developed and retained as equally important features of the program, the commission could not have so easily argued that Swayamsiddha presented no added value over SGSY. Strong social mobilization and service convergence efforts would have also enabled the MWCD to illustrate the program’s uniqueness and argue forcefully for its extension. Instead, that these elements were weakened under the effort to promote private enterprise as a method of poverty reduction meant that by the time the Planning Commission objected to the extension of Swayamsiddha in 2010, the program had long become associated with microcredit, a linkage that the commission then used to justify the termination of the program. The end of Swayamsiddha, then,

was partly an unintended, long-term consequence of a policy change made earlier in its life.

Second, we also see above that, starting in 1995, the Indian state began to stress that IMY had to become a non-subsidized, self-sustaining program, a feature not mentioned in discussions of IMY before this time. The effort to make IMY self-sustaining, too, proved highly consequential for the program. Because the entire point of a self-sustaining program is that it does not require infusions of large amounts of state funding, self-sustainability meant that IMY received much less funding than what its early architects had envisioned and what the Congress party under Gandhi had pledged. As the historical narrative in the previous section shows, the relative underfunding of the program was, in turn, invoked by the Planning Commission to eliminate the program altogether. Since Swayamsiddha was simply a smaller version of SGSY, the commission argued, it made sense to terminate Swayamsiddha and continue SGSY.

Third and perhaps most importantly, the prioritization of anti-poverty and social protection initiatives provided the proverbial straws that broke the camel's back. As we saw in the historical section, the Planning Commission discounted even the theoretical importance of an empowerment initiative targeted at women, dismissing Swayamsiddha's unique non-financial interventions with the suggestion that these features were insufficient to allow Swayamsiddha to continue and could simply be appended to SGSY *in case* they were deemed necessary. It is this discounting of non-financial interventions that allowed the Planning Commission to build the third and final plank of the argument that Swayamsiddha did not merit extension: when anti-poverty initiatives serving both men

and women are already in place, what was the need to duplicate their effort through a women-specific program, it asked.

All three factors above reflect an economistic view of the source of women's troubles: the idea that gender-based inequalities can be boiled down to poverty and should therefore be addressed using general anti-poverty tools such as microcredit and employment programs. It is only in the context of such an understanding of the roots of gender inequalities that the (1) foregrounding of microcredit in Swayamsiddha, (2) the emphasis on funding the program through women's own earnings rather than public monies, and the (3) clear prioritization of anti-poverty initiatives over gender-focused ones make sense.

In absence of this poverty-centric view, it would be difficult to frame Swayamsiddha as a primarily microcredit program without any internal objection from the GoI; argue that the program's ability to generate enough funds for its beneficiaries to make public funding necessary would be paramount; and explicitly prioritize a non-sex-specific anti-poverty program over a women-specific empowerment measure. The occurrence of all three factors suggests blindness to gender as a system of social stratification independent of poverty and class. If gender is not problematized and the particular hardships of women attributed unquestioningly to their poverty, the question of continuing to fund a program that sought to address women's specific and multifaceted needs beyond poverty does not arise.

C. Accounting for the dominance of the poverty frame

This raises the question: how did poverty come to be the master narrative around which social policy – at least women's social policy – in India is built? There are four

possible reasons for India's poverty-centrism: (1) rapid economic growth in recent years, (2) "feminization of poverty," (3) neoliberalism, and (4) caste-based mobilization in India.

First, societal focus on poverty likely results in large part from economic growth. In early twentieth-century United States, for instance, rapid economic growth that raised the average standard of living threw into sharp relief the lives of those who did not share in the prosperity. The presence of wealth made poverty appear evitable and unconscionable. Observers who recognized that the rising tide had not lifted all boats problematized and popularized the condition of those left behind. Poverty began to be understood less as a condition resulting from individual vice and more as a systemic problem, less a problem of "dependency" and more one of "insufficiency and insecurity."⁶⁴⁸ This was the "discovery of poverty" in the United States in the early 1900s.⁶⁴⁹

Although this explanation emerged from an analysis of the recognition of widespread poverty in the United States, it applies to the Indian case as well. The problematization of poverty in the global south appears to have followed rapid economic growth in other parts of the world – a development that served to make the global south poorer by comparison. And that the rise of a contrasting phenomenon – widespread wealth and improved livings standards – in one place would draw attention to its opposite in others is not surprising. Yet, this explanation alone does not suffice because it fails to explain why poverty trumps gender as an axis of inequality problematized by society. If the contrast between rich and poor societies leads to the problematization of poverty, why

⁶⁴⁸ Bremner, *The Discovery of Poverty in the United States*, 125.

⁶⁴⁹ Bremner, 128.

does the contrast between men's freer lives and women's restricted ones not lead to equal problematization of the latter? For this reason, while global economic growth partially explains the problematization of poverty in non-rich countries, it does not account fully for the downplaying of gender in the predominant conception of social disadvantage in India.

A second reason is the emergence in developing thinking of the concept of "feminization of poverty," which refers to the disproportionately high and rising share of women among the world's poor. The feminization of poverty literature, which became popular in the 1990s, pointed to the poverty of female-headed households as key evidence of the female face of poverty.⁶⁵⁰ In recent years, however, research has emerged questioning both the equation of female-headed households with poverty and the interpretation of "feminization of poverty" in a manner that emphasizes not the gendered experience of poverty but the concentration of women among the poor.⁶⁵¹ Still, at the height of its popularity, the feminization of poverty literature provided strong rationale to carve out a greater space for women in development activity.⁶⁵² Yet, since the rationale was rooted in poverty, it would be unsurprising if the interventions for women that resulted from it remained rooted in poverty as well. The IMY of the late 1990s provides a fitting example.

Third, the poverty-centricity of modern social policy can also be attributed to neoliberal thought. There are various manifestations of this argument. The first suggests

⁶⁵⁰ Chant, "Rethinking the 'Feminization of Poverty' in Relation to Aggregate Gender Indices," 202.

⁶⁵¹ Jackson, "Rescuing Gender from the Poverty Trap," 491–493; Jackson and Palmer-Jones, "Rethinking Gendered Poverty and Work," 558.

⁶⁵² Jackson, "Rescuing Gender from the Poverty Trap," 491.

that under the pro-market worldview, all social disadvantage is, in the final analysis, economic disadvantage.⁶⁵³ Hence, organizations operating with a pro-market stance seek to provide economic redress for social inequality. It is no surprise, then, that such organizations – chiefly international financial institutions such as the World Bank – attempt also to empower poor women by problematizing poverty more than gender. As one observer reflects on women’s employment-generation programs in India: “For most governments, donors and international financial institutions, women’s active participation in the market economy is a vital sign of empowerment.”⁶⁵⁴

The key recent text in the other version of the argument is *Development Beyond Neoliberalism?: Governance, poverty reduction and political economy* by David Craig and Doug Porter (2006). In it, the authors trace the evolution of development thinking, particularly since 1990s, to show the increasing importance of poverty reduction in development discourse and policy. They find this shift to be of such consequence that they write of it in paradigmatic terms, calling the intellectual convergence on the centrality of poverty reduction the “Poverty Reduction paradigm.”⁶⁵⁵ But how do they explain the emergence of this paradigm in the first place? The authors attribute the shift to the criticism leveled at neoliberalism after the Asian Financial Crisis of 1997. “Calls for the head of the IMF came thick and fast” in the aftermath of the crisis, they argue, “and impelled both IMF and World Bank to reposture themselves around Poverty Reduction.”⁶⁵⁶

⁶⁵³ Brohman, “Economism and Critical Silences in Development Studies: A Theoretical Critique of Neoliberalism,” 297.

⁶⁵⁴ Ramachandran, Jandhyala, and Govinda, “Cartographies of Empowerment: An Introduction.”

⁶⁵⁵ Craig and Porter, *Development Beyond Neoliberalism?: Governance, Poverty Reduction and Political Economy*, 6.

⁶⁵⁶ Craig and Porter, 76.

Other observers claim that the turn to poverty reduction is not only a response to external critiques but also a result of innovations in neoclassical economics that have allowed the World Bank to incorporate challenges of social inclusion into its domain of study and work.⁶⁵⁷ Still others offer a similar explanation for the poverty reduction paradigm at the country level, arguing, for example, that India's anti-poverty, employment-generation programs were an effort by the state to appear to be working for the poor and co-opt potentially restive groups in the wake of economic reforms.⁶⁵⁸ All these arguments, though different in their specifics, imply the same broad point: that the rising attention to poverty was in some sense an effort to make market economies more palatable in the face of stringent critiques and is therefore intertwined with the spread of pro-market changes.

This explanation makes sense in the Indian context well. Because economic reforms in India and elsewhere were a set of changes to *economic* policy, the detractors of neoliberal thought pointed to its most obvious economic failures: continued poverty and rising financial insecurity. The increased attention to poverty in the aftermath of reforms would therefore seem to be the logical response to the poverty-centric critique of a set of market-friendly changes to economic policy.

A final explanation emerges from an analysis of India's political economy in the 1980s and 1990s. During these two decades, the country experienced mass political mobilization along the lines of caste. The rise of explicitly caste-based parties, such as Bahujan Samaj Party and Samajwadi Party, created to represent the interests of the Dalit

⁶⁵⁷ Bergeron, "Challenging the World Bank's Narrative of Inclusion." 158.

⁶⁵⁸ Jenkins, *Democratic Politics and Economic Reform in India*, 184-186.

groups and other “backward” castes, has transformed electoral politics in India. Mobilization along caste lines and enactment of caste-based reservation policies, which mandate quotas in legislative bodies, civil service, and university admissions for various caste groups, have strengthened caste identities.⁶⁵⁹

As the reservation policies – the most explicit and controversial of caste-based interventions of the state – show, however, caste disadvantage in India has been interpreted largely as an *economic* disadvantage. Reservation is justified on the grounds that those belonging to the lower castes or Dalit groups have been denied opportunities, such as access to education and jobs, that would enable improvement in their *material* conditions. Reservation, then, is based on “the assumption that a one-to-one correlation exists between the ritual status of a caste and the material condition of its members.”⁶⁶⁰ In other words, caste disadvantage manifests as poverty. As a Supreme Court judge ruling on the constitutionality of reservation policies in 1992 argued:

...in the Indian context, social backwardness leads to educational backwardness and both of them together lead to *poverty* – which in turn breeds and perpetuates the social and educational backwardness. They feed upon each other constituting a vicious circle [emphasis added].⁶⁶¹

If caste inequality is interpreted as an economic disadvantage leading to poverty, it is understandable why caste-based mobilization of the 1980s and 1990s would draw greater attention to poverty. That even parties traditionally opposed to caste-based reservations began to voice support for such policies in the 1990s speaks to the salience of caste at this time. In addition, to the extent that caste-based mobilization strengthened caste identities

⁶⁵⁹ Hardgrave, “India: The Dilemmas of Diversity,” 64.

⁶⁶⁰ Hardgrave and Kochanek, *India: Government and Politics in a Developing Nation*, 197.

⁶⁶¹ Jeevan Reddy, as quoted in Guha, *India After Gandhi: The History of the World’s Largest Democracy*, 602.

and undercut others, the subordination of gender as dimension of social inequality is no surprise. It is likely, then, that the final reason for the economism or poverty-centricity of social policymaking around gender during IMY's lifespan was the increased political salience of class/poverty resulting from caste-based mobilization that served to bring economic disadvantage (that is, poverty) to the forefront of the political agenda and relegated gender to a less salient position.

This suggests that the dominance of the poverty frame in India results from a combination of (1) rapid economic growth in India in recent years, which drew attention to those left behind, (2) the rising popularity of the concept of "feminization of poverty" in development thinking, which justified anti-poverty interventions for women, (3) the onset of market-friendly economic reforms in the 1990s, the critics of which pointed to continued poverty to argue against structural adjustment not only in India but also around the world and on the international stage, and (4) caste-based mobilization in India in the 1980s and 90s, a development that brought not only greater attention to caste but also, because caste disadvantage came to be interpreted as a material disadvantage, to poverty. These simultaneous developments raised the importance of poverty status or class as the organizing principle of the Indian social order while doing little to draw attention to gender as an equally important, intersecting principle. The resulting poverty-centricity of social policy thinking in India shaped women's social policy by diverting resources, as the Planning Commission's decision to terminate IMY showed, from women-specific socioeconomic empowerment programs to antipoverty programs designed to assist both men and women.

D. Critiquing the critique

What of the intrinsic merit of the objections of the Planning Commission to the IMY, however? Were SGSY and SJSRY, as the Commission suggested, perfect substitutes for Swayamsiddha? This section argues that there are at least three reasons why using SGSY/SJSRY to justify the termination of Swayamsiddha was unwarranted.

First, Swayamsiddha, as the MWCD insisted, differed from SGSY/SJSRY both in its objective and the manner in which it sought to attain this objective. Let us consider the official mandates of the three programs, as described in state publications:

- **SGSY:** In the words of its official website, SGSY, now known as National Rural Livelihood Mission, “aimed at providing sustainable income to rural BPL [below-poverty-line] households through income generating assets/economic activities in order to bring them out of poverty.”⁶⁶²
- **SJSRY:** As indicated by the very first paragraph of a government circular introducing the program, the official task of SJSRY is to “provide gainful employment to the urban unemployed and underemployed poor through encouraging the setting up of self employment ventures or provision of wage employment.”⁶⁶³
- **Swayamsiddha:** According to the DWCD annual report that introduced Swayamsiddha, the program’s objective “is the all-round empowerment of women by ensuring their direct access to, and control over, resources through a sustained

⁶⁶² Government of India, Ministry of Rural Development, “Ajeevika.”

⁶⁶³ Government of India, Ministry of Urban Affairs & Employment, “Swarna Jayanti Shahari Rozgar Yojana (SJSRY): Guidelines.”

process of mobilization and convergence of all the on-going sectoral programmes.’⁶⁶⁴

As these official statements of purpose indicate, SGSY and SJSRY both focused solely on poverty reduction. Both statements use various words relating to poverty: “BPL,” “poverty,” “poor,” “income,” and “employment” feature several times in these statements. Swayamsiddha’s mandate, however, stands out for its lack of reference to poverty. Its goal, the statement suggests, was to enhance women’s control over their own lives. Accordingly, the objective statement uses a very different terminology, including words such as “empowerment,” “women,” “access,” “control,” and “mobilization,” instead of the poverty-related language employed by SGSY/SJSRY. The statements show that along with their goals, the programs’ methods differed as well. SGSY and SJSRY relied heavily on promoting self-employment. Swayamsiddha, on the other hand, sought to attain its goal of empowerment by raising women’s control over resources, mobilization of women, and convergence of existing programs for women. The “fine distinction” between income-generation through self-employment and holistic (including economic) empowerment that the MWCD drew in its rebuttal of the Planning Commission’s appraisal of the program, then, is built into the official language used to describe the three programs from the start.

Second, the programs differed in the manner in which they targeted women. Unlike Swayamsiddha, SGSY/SJSRY do not target women as individuals. In fact, the programs do not target individuals at all – what they target are *households*, with women standing in as representatives of the families whose poverty the programs are designed to

⁶⁶⁴ Government of India, Department of Women and Child Development, “Annual Report 2001-02,” 65.

alleviate. To be sure, channeling credit to female members of households likely does empower women within the family by raising their control over household resources. Yet the point remains that SGSY/SJSRY, to the extent that they target women, address them as members of households rather than as individuals. Swayamsidha was different on this dimension too: it did not target women as representatives of families. This is another reason why using the existence of SGSY/SJSRY to justify the termination of Swayamsiddha was unwarranted.

Third, other arguments that the Planning Commission offered to justify termination of Swayamsiddha are better viewed as reasons to strengthen the program. For instance, the Commission argued that SGSY is superior to Swayamsiddha because SGSY can reach more women across the country. The Commission presented this as an argument against Swayamsiddha, but it could instead be used as a reason to justify expansion of the program. Similarly, in an interview, the author of the Commission's appraisal dismissed the social-empowerment components of Swayamsiddha, implying that they were either not in place or ineffective.⁶⁶⁵ This observation could also be used to advocate strengthening those elements rather than ending the program on their basis. It is the unwillingness of the Planning Commission to see even theoretical merit in the social interventions that formed the core of the original IMY and existed in reduced form in Swayamsiddha that led to the termination of the latter.

Of course, none of this is to claim that Indira Mahila Yojana was, or any one program could ever be, the magic bullet that eliminate gender inequality. The failures of

⁶⁶⁵ Former Deputy Advisor, Planning Commission, Interview # 20.

microcredit-based programs are many and well known.⁶⁶⁶ The aim here is not to romanticize IMY (and later Swayamsiddha), but to see where it added value over existing programs. It differed from SGSY/SJSRY in that it recognized the real economic hardships of poor women but did not reduce women's problems to poverty alone. It acknowledged the need to tie livelihood initiatives to efforts to raise social consciousness, build social solidarity, and create an awareness of justiciable rights. It also sought to empower women economically, not because poor women could function as entry points into poor households needing state assistance but because it recognized that women themselves – as individuals facing multiple barriers at the level of family, community, society, and beyond – could benefit from economic and social support. In other words, while both SGSY and IMY made special attempts to target women, it was only the latter that was built on a *gender* analysis of Indian society. There is little doubt, then, that the vision behind early IMY, if not the reality of its implementation, was more transformative from a gender perspective than that of SGSY. Yet, a blindness to gender and the preference for narrowly focused anti-poverty programs meant that the IMY was dissolved in favor of the latter.

IV. Alternative explanations

If not the predominance of the poverty lens, what else could explain the small size and scale of IMY? This section assesses some alternative explanations and shows why they are inadequate.

⁶⁶⁶ See: Karnani, "Microfinance Misses Its Mark."; Walt, "Does Microfinancing Really Work? A New Book Says No."

One alternative explanation might be that an anemic IMY can be attributed not to the under-appreciation of gender as a dimension of social stratification but to the inability of the Indian economy to accommodate additional labor. In other words, if programs of women's socioeconomic betterment succeed in their objectives, it is possible that women, now freer, would begin seeking employment, flooding labor markets and exacerbating unemployment, which stood at 2 to 4 percent (depending on urban or rural area, and on manner of calculation) in 2008, the year Swayamsiddha was terminated.⁶⁶⁷ Under-employment at the same time ranged from 2 to 19 percent (based on demographics, area, and manner of calculation).⁶⁶⁸ On the surface, then, worries about fomenting an unemployment crisis would seem to be a likely reason for the weakness of socioeconomic empowerment measures such as IMY in women's social policy.

Yet, the explanation does not hold up to scrutiny. The most important reason is that the history of IMY as we saw above contradicts this explanation. It shows that, in the first half of the program's life, policymakers turned IMY from a social empowerment program (as it was under IPDWC) to a livelihoods initiative. If increased participation of women in the paid economy was a key worry of the state, a policy change designed to bring more women into the labor market would make little sense. A second reason is that, far from being worried about too many women in the labor force, national and international policy officials have expressed serious concerns about the opposite problem:

⁶⁶⁷ "Employment and Unemployment Situation in India, 2007-08," H-iv.

⁶⁶⁸ "Employment and Unemployment Situation in India, 2007-08," H-iv.

too few, and declining numbers of, women in the workforce in India.⁶⁶⁹ And finally, the unemployment figures in the paragraph above mask two features of rural labor markets: (1) that male rates of unemployment and underemployment in 2008 were low (2 to 5%) in absolute terms and either very close to or lower than female rates, and (2) that most employment in India at this time was self-employment.⁶⁷⁰ The first of these factors means that some increase in the female labor force – which would not occur overnight in any case – was unlikely to threaten male employment seriously or overwhelm the labor market in general. The preponderance of self-employment in all employment suggests that it is unlikely that widespread fears of a limited number of jobs being taken away from men drove India’s lack of investment in women’s socioeconomic programs: where self-employment is the norm and paid work not the primary source of livelihood, any fears about women displacing men in employment are likely to be less intense. For these reasons, the labor market explanation cannot explain IMY’s failure to take off.

A second alternative explanation might blame the Indian population’s generally conservative attitudes on gender for IMY’s trajectory. Because of conservative social attitudes, the argument would proceed, there was little support among the population for programs for women’s socioeconomic betterment. Sensing this, neither political leaders nor policymakers saw reason to take interest in the program, allowing it to operate in neglect for many years before deciding to end it altogether. While, on the surface, this explanation too would seem to ring true, it is complicated by the observation (made also

⁶⁶⁹ Bhandare, “Why Indian Workplaces Are Losing Women”; Sorsa et al., “Determinants of the Low Female Labour Force Participation in India”; “Economic Survey 2018: Lower Female Labour-Force Participation to Affect Growth Potential.”

⁶⁷⁰ “Employment and Unemployment Situation in India, 2007-08,” Hii-Hv.

in previous chapters) that the share of funding available to socioeconomic programs has declined over the same period that social attitudes on gender have *liberalized*. This suggests there is no direct relationship between social attitudes on gender and trajectories of women's programs such as IMY.

This above explanation does, however, raise another possibility: could it be that the reason IMY remained insignificant and died an early death was that there was no clear constituency vocally supporting the program? While it is true that there was no large-scale mobilization of women in support of IMY, it would be inaccurate to argue that no one attempted to save it. Within the government, as we saw in the historical narrative, the Ministry of Women and Child Development itself spoke strongly in favor of the program, giving the Planning Commission many reasons why it should be continued. Externally, UN Women and various other NGO representatives and researchers called on GoI to retain the program. To be sure, these organizations and researchers do not form a "constituency" in the same way that a sizeable block of voters would. Yet, NGOs working with rural women and recognized academics are the de facto spokespeople for the demographic of poor women that IMY targeted. That the Planning Commission paid little heed to their objections suggests that absence of vocal support for IMY was not the reason for its demise – support for the program very much existed and was voiced.

A final alternative explanation would invoke the international effort to "mainstream gender" in all policy work. Gender mainstreaming is defined as a strategy that involves "integration of a gender perspective into the preparation, design, implementation, monitoring and evaluation of policies, regulatory measures and spending programmes, with a view to promoting equality between women and men, and

combating discrimination.”⁶⁷¹ The idea is to make *all* policymaking more responsive to women and open to participation by women rather than isolate women in institutional silos and policy initiatives focused on women alone. Gender, in other words, should be a mainstream concern rather than a marginal one. In the late 1990s and early 2000s, gender mainstreaming became especially popular among international organizations such as the UN, which have drafted nearly 100 official policy documents on gender mainstreaming since 2000, detailing the strategy and encouraging countries to adopt it domestically.⁶⁷² On the surface, then, the termination of women-specific Swayamsiddha in favor of women-friendly (but not women-specific) SGSY and SJSRY would seem to be an instance of gender mainstreaming, raising the possibility that the that the popularity of gender mainstreaming fomented the end of Swayamsiddha. Yet, this explanation, too, cannot withstand scrutiny. The key observable implication of the causal effect of gender mainstreaming would be reference to ideas of gender mainstreaming in policy conversations regarding the future of Swayamsiddha in the mid-2000s. Yet, the original policy documents studied to understand the reasons behind termination of Swayamsiddha do not make any direct or indirect reference to the ideas that underpin gender mainstreaming: the Planning Commission did not argue that Swayamsiddha should be terminated because it relegated women to the margins of social policy instead of mainstreaming them. In fact, its rationale for ending Swayamsiddha did not invoke mainstreaming at all: it argued simply that Swayamsiddha failed to add value over existing programs.

⁶⁷¹ “What Is Gender Mainstreaming.”

⁶⁷² UN Women, “Gender Mainstreaming.”

That none of the alternative explanations explain IMY's trajectory suggests that the argument proposed by this chapter – that an anemic IMY resulted from the belief that such women-specific socioeconomic empowerment programs are unnecessary when there are other non-sex-specific poverty alleviation programs, because the root of poor women's troubles is poverty, not gender – is the most tenable explanation for the program's limited growth and early death.

V. General implications

What does IMY's story tell us about women's social policy in India? One lesson we can derive from the experience of IMY is that, at least in the context of social policy formulation in India, gender inequality is not only taken less seriously than poverty but is also folded into the latter. Gender matters only insofar as it feminizes poverty. Other large and small manifestations of gender-based injustice – such as severe restrictions on women's physical mobility and limited access to public space; women's limited access to education, labor markets, and healthcare; women's limited control over their own marital, sexual, and reproductive decisions; women's limited control over household decisions; women's care burden and time-poverty; women's lower access to education beyond the primary level; violence against women; married women's limited control over the extent to which they can stay in contact with their natal families; the daily humiliations women experience of being told how to dress, talk, walk, and laugh; social norms that place adult women at or near the bottom of the hierarchy of the extended

marital household; continued dowry-related harassment of women; and countless more – receive little, if any, attention.⁶⁷³

Second, an excessive focus on poverty paradoxically undercuts women-specific socioeconomic empowerment programs. The reason is that a focus on poverty unaccompanied by an understanding of the intersectionality of poverty and gender leads to inadequate appreciation of gender as an equally significant dimension of social stratification. Once gender is thus downplayed or collapsed into class/poverty, little rationale remains for socioeconomic programs that serve women alone, especially where non-sex-specific anti-poverty interventions already exist. In other words, because poverty is considered the main source of the hardships of both men and women, and existing anti-poverty programs target both men and women, the need for women-specific socioeconomic empowerment programs is rarely recognized.

Warnings that development thinking had begun to blur the distinction between gender and poverty were first shared in the 1990s. One author, for instance, argued that:

...the concept of poverty cannot serve as a proxy for the sub-ordination of women, that antipoverty policies cannot be expected to improve necessarily the position of women and that there is no substitute for a gender analysis, which transcends class divisions and material definitions of deprivation.⁶⁷⁴

Yet, more than two decades later, that anti-poverty programs may alleviate women's poverty but do not address the social manifestations of gender inequality remains

⁶⁷³ Phadke, Khan, and Ranade, *Why Loiter? Women and Risk on Mumbai Streets*; Pande, Johnson, and Dodge, "How to Get India's Women Working? First, Let Them out of the House"; Garg, "80% Indian Women Need Permission to Visit Health Centre, 5% Have Sole Control over Choice of Husband: Survey Findings Show That Not Much Has Changed over the Last Decade"; Kishor and Gupta, "Gender Equality and Women's Empowerment in India," 61–103; Pande, "Who's Afraid of Laughing Women?"; OECD, "Society at a Glance 2011: OECD Social Indicators," 14; Jacobson, "Indian Society and Ways of Living: Organization of Social Life in India"; Jaiswal, *Indian Arranged Marriages: A Social Psychological Perspective*, 17.

⁶⁷⁴ Jackson, "Rescuing Gender from the Poverty Trap," 489.

unrecognized. Women's social policy focused on alleviating women's poverty therefore fails to acknowledge, let alone attempt to make less adverse, the true source of women's tribulations: their gender.

VI. Conclusion

This chapter has identified some key reasons why Indira Mahila Yojana, once a highly ambitious individualist program for women that was announced with much enthusiasm, ended in obscurity. This chapter introduced traced the history of IMY, including efforts to revive the program after its death in 2008. Using newly accessed policy documents and interviews with politicians, policy officials, and experts, it identified three proximate causes of the demise of IMY's successor program, called Swayamsiddha. These are: (1) the modification of the program in the late 1990s, designed to render microcredit the central pillar of the program at the expense of its other unique elements; (2) the sudden emphasis laid on ensuring that the program was not dependent on state subsidies for its operations; and (3) the privileging of non-sex-specific anti-poverty programs over women-specific socioeconomic empowerment initiatives.

It is worth taking a moment now to clarify why the combination points 1 and 3 above led not to the perpetuation of IMY (as one might logically expect) but to its termination. While the prioritization of anti-poverty measures mentioned in point 3 would suggest that the feature identified in point 1 – the increasing likeness of IMY to anti-poverty programs – would work in favor of IMY, it instead had the effect of hurting the program by making it appear to be a weaker version of existing anti-poverty initiatives and therefore not worth continuing. This was because of point 2, the need to keep IMY

free of state subsidies, which rendered the IMY a small scheme operating on a small budget. Point 2 therefore solves the paradox of a program being terminated after being framed as an anti-poverty program at a time when poverty was being presented as the single most pressing problem deserving state attention and resources: because of point 2, IMY paled in comparison to larger anti-poverty programs, a fact that provided rationale for IMY's termination. In addition, the Planning Commission argued that if there are elements unique to IMY, such as its non-poverty-related features designed to empower women socially, they are not crucial enough to justify IMY's continuation. The combination of these three factors thus spelled the end of IMY/Swayamsiddha.

The chapter traced the three proximal causes of IMY's decline to the distal cause of the dominance of the poverty frame in social policy-related thinking in India. The poverty frame collapsed gender and poverty, pushing gender to the margins: poor women were to be targeted as *poor* first and as *women* later, if at all. Development, the message was, need concern itself with the poverty of women, not with women's gendered existence beyond poverty. Even within efforts to address poverty, the aim was not to address the real reason behind women's differential experience of poverty (their gender) but to provide a quick fix that could alleviate the worst symptoms of poverty in general.

After all, the thinking went, programs that help all poor households would naturally help poor women too. If women's poverty was indeed deeper than or different from that of men, or if women were harder to reach through the usual anti-poverty programs, earmarking funds for women within existing anti-poverty initiatives would surely set matters right: implementers would then be forced to ensure higher-than-default participation from women, which would translate into reduction in women's poverty.

Because poor women's poverty can be alleviated through women's quotas in otherwise non-sex-specific self-employment programs, the narrative implied, there was no need to engage with the complicated sociological questions of gender, social norms, and their impact on women's lives.

In other words, political leaders and policymakers did not feel compelled to put IMY back on the track set out for the program in the IPWDC blueprint because, inattentive to gender in its social manifestations and focused only on women's poverty, they failed to recognize gender as an independent dimension of social inequality – one that intersects with but cannot be reduced to or subsumed within poverty or class.

CHAPTER 6: Conclusion

I. Introduction

This chapter begins by probing the extent to which the findings presented thus far travel beyond the timeframe and setting of this study. Section III then briefly considers the possible role of the women's movement in shaping India's social programming for women. Section IV discusses the implications of growing maternalism for women, arguing that India's heavily maternalist social policy model is neither geared to advancing gender equality nor able to attain its key objective of reducing maternal mortality. Section V concludes the study.

II. Do the findings travel?

The key findings of this study are three-fold. First, the study argues that women-specific social programming in India is increasingly maternalist. Second, it shows that the spotlight cast by international development organizations on maternal mortality explains expansion of India's maternalist programming. Third, it proposes that the conflation of gender with other dimensions of social stratification, particularly poverty status, accounts for the deficient growth of individualist women-specific programs. Combined, the second and third findings explain the first. The paragraphs below consider the extent to which the three findings are generalizable across time and space.

A. Women-specific social programming in India since 2014-15

The analysis presented in previous chapters ends in 2014-15. Although systematic data on women-specific social programs were not collected for this project beyond this

time, further developments in India's maternalist programs have prompted – often, front-page, above-the-fold – coverage by the press and commentary by experts.⁶⁷⁵ These include:

- rapid growth since 2011 of allocation for Janani Shishu Suraksha Karyakram (JSSK),⁶⁷⁶ a program that entitles pregnant women and sick newborns to free delivery and related services (tests, treatment, medication, hospital stay, transport to and from medical facility, blood transfusions, meals, and others) in public institutions for several days after childbirth⁶⁷⁷;
- launch in 2016 of another program, called Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA),⁶⁷⁸ to provide free antenatal care to pregnant women⁶⁷⁹; and
- dramatic expansion in outlay of a new conditional cash transfer program for pregnant women, called Pradhan Mantri Matru Vandana Yojana (PMMVY).

Of the above, the expansion of PMMVY is perhaps the most significant.

Formerly called the Indira Gandhi Matritva Sahyog Yojana (IGMSY),⁶⁸⁰ this program was launched by the Ministry of Women and Child Development in 2010 as a pilot

⁶⁷⁵ “New Year Gift for Farmers, Small Traders, Women.”

⁶⁷⁶ Translation: Mother Child Protection Programme

⁶⁷⁷ Government of India, Press Information Bureau, “Health Ministry Launches Janani-Shishu Suraksha Karyakram JSSK to Benefit More than One Crore Pregnant Women & Newborns.”

⁶⁷⁸ Translation: Prime Minister Safe Motherhood Campaign

⁶⁷⁹ Government of India, Press Information Bureau, “Shri JP Nadda Unveils Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): Let’s Make Safe Pregnancy a Social Movement - JP Nadda.”

⁶⁸⁰ Translation: Indira Gandhi Motherhood Assistance Scheme

program covering part of the country.⁶⁸¹ The purpose was to provide 4000 rupees (in addition to the Rs. 700-1400 available under Janani Suraksha Yojana) in conditional income support to pregnant women.⁶⁸² The conditions included timely registration of pregnancy, antenatal checkups, registration of the child's birth, immunization of the newborn, attendance at growth monitoring and counseling sessions, and exclusive breastfeeding.⁶⁸³ Although the purpose was to provide income support, the program was not linked to women's employment status and pre-pregnancy wage rates. Institutional delivery, already a condition under Janani Suraksha Yojana (JSY), was excluded from the list of conditions under IGMSY. The paragraphs below briefly recount the story behind the recent growth of this program.

In 2013, after years of advocacy by the Right to Food campaign, the Indian Parliament signed into law the National Food Security Act (NFSA), which directed the the government, among other things, to provide “maternity benefit of not less than rupees six thousand” to pregnant women, excluding women already covered through benefits available to government employees or in the private sector.⁶⁸⁴ In 2014, Government of India (GoI) announced that it would expand IGMSY to meet its obligations under NFSA.⁶⁸⁵ In 2016, IGMSY was officially extended from a few pilot blocks to across the country, but in absence of a proportional increase in funding, the extension did not take

⁶⁸¹ Government of India, NITI Aayog, “Quick Evaluation Study on Indira Gandhi Matritva Sahyog Yojana (IGMSY),” 1; Government of India, Ministry of Women and Child Development, “Annual Report 2010-11,” 9.

⁶⁸² Government of India, Ministry of Women and Child Development, “Annual Report 2010-11,” 9. In 2010, 4000 INR = USD 54.55.

⁶⁸³ Government of India, Ministry of Women and Child Development, 24.

⁶⁸⁴ Government of India, “The National Food Security Act, 2013.”

⁶⁸⁵ “Rejoinder Affidavit on Behalf of the Petitioner.”

effect immediately.⁶⁸⁶ By one estimate, the amount of funding required to expand coverage and enhance benefits as per NFSA requirements would require 40 times as much funding as was allocated to IGMSY in 2016-17.⁶⁸⁷

Finally, in late 2016, Prime Minister Narendra Modi announced plans to launch a program for cash benefits to women. Although presented as a new program, Pradhan Mantri Matru Vandana Yojana was rather “old wine in a new bottle”: it merely extended IGMSY to all blocks of the country.⁶⁸⁸ PMMVY has begun to be implemented, and its funding has grown by a factor of close to 6 since 2016-17, adding another Rs. 24 to 27 billion a year – more than the yearly expenditure on JSY – to maternalist spending.⁶⁸⁹ Given continued pressure from food security activists, there is some chance that allocation to PMMVY would increase further, perhaps another 7-fold, to bring it in line with the demands of the NFSA in the coming years.⁶⁹⁰

The expansion of IGMSY/PMMVY suggests that India’s maternalist spending has continued to expand in the years since the mid-2010s. Anecdotally, at least, there is no indication of a similar increase in women’s individualist spending. It is likely, then, that the divergence in spending on maternalist and individualist social programming for women that this project finds between 1989 and 2014 has continued to grow in the years since. In addition, the role of food security activists in bringing about the passage of the

⁶⁸⁶ “Maternity Entitlements: Recap,” 1.

⁶⁸⁷ Right to Food Campaign (Secretariat), “Maternity Entitlements Were Legal Rights 3 Years Ago, Not a New Year Gift: Statement of the Right to Food Campaign.”

⁶⁸⁸ Right to Food Campaign (Secretariat).

⁶⁸⁹ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2017-2018”; Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2018-2019”; Government of India, Ministry of Women and Child Development, “Pradhan Mantri Matru Vandana Yojana.”

⁶⁹⁰ “Maternity Entitlements: Recap.”

National Food Security Act and, relatedly, the expansion of IGMSY/PMMVY suggests that at least some of the determinants of maternalism discovered through the study of the evolution of JSY in Chapter 4 explain expansion of maternalist programs other than JSY as well.

B. The global development agenda: impact on other programs in India and beyond

This brings us to the generalizability of not only the findings of the descriptive analysis of Chapter 3 but of the causal explanations proposed by Chapters 4 and 5. To what extent are they applicable to other women-specific social programs in India? And to what extent do they explain developments in other parts of the global south? Let us first consider if the spotlight cast by the world of international development on maternal mortality as the key indicator of women's well-being in the context of development can explain the expansion of maternalist programs other than JSY. The evolution of additional programs was not studied systematically for this project, but the language used to describe and justify them does provide suggestive support for the thesis that the rising importance of maternal mortality as an indicator contributed to the growing outlays of these programs.

For instance, other than JSY and PMMVY (discussed above), one of the largest maternalist programs in India is the Integrated Child Development Services (ICDS). Operational across the country, ICDS provides health and nutritional services to pregnant and nursing women and young children as well as non-formal educational services to young children. Between 1988-89 and 2013-14, women-specific spending in ICDS grew nearly 18-fold in real terms. If the emphasis on maternal mortality in the

Millennium Development Goals (MDGs) was an important reason behind this growth, we would expect to see a rapid rise in expenditure in the mid-2000s, once the Goals, formulated in 2001, had been operationalized via targets and indicators and had been incorporated into national policy planning. And indeed, just like with JSY, the sharpest spike in women-specific spending on ICDS occurred between 2003-04 and 2008-09.⁶⁹¹ In official discourse, too, ICDS's interventions for pregnant women are often tied closely to and justified by invoking maternal mortality.⁶⁹² For example, several of India's progress reports on the MDGs present ICDS as one of India's key strategies for achieving MDG 5 target of reducing the maternal mortality ratio.⁶⁹³ The timing of the rapid rise in expenditure on (women's funding under) ICDS and its discursive link with maternal mortality in official rhetoric suggest that the MDG-driven placement of maternal mortality on India's national development agenda was linked to the expansion not only of JSY but also of ICDS.

This brings us, however, to a key difference between JSY and ICDS: while mothers are the direct and only beneficiaries of benefits under JSY, ICDS delivers assistance both to mothers and to young children. This fundamental difference in the two maternalist programs suggests that there may be factors driving ICDS and other mother-

⁶⁹¹ Because data for this project were collected at five-year intervals, the *annual* rate increase in ICDS's women-specific spending between 2003-04 and 2008-09 is unknown.

⁶⁹² United Nations Children's Fund, "India - Integrated Child Development Services (ICDS)"; Government of Tamil Nadu, "Infant Mortality Rate - Tamil Nadu (as per Sample Registration System Results)"; Gragnolati et al., "India's Undernourished Children: A Call for Reform and Action," 4.

⁶⁹³ Government of India, Ministry of Statistics and Programme Implementation, "Millennium Development Goals India Country Report 2011," 71; Government of India, Ministry of Statistics and Programme Implementation, "Millennium Development Goals India Country Report 2014," 174; Government of India, Ministry of Statistics and Programme Implementation, "Millennium Development Goals India Country Report 2015," 94; Government of India, Ministry of Statistics and Programme Implementation, "Millennium Development Goals: Final Country Report of India," 98.

and-child programs that did not emerge as important themes in our study of JSY due to its predominant focus on mothers, not children. Indeed, official descriptions of ICDS reveal one such factor: the pervasiveness in ICDS policy discourse of a set of ideas that the literature has called the “social investment perspective.”⁶⁹⁴ This perspective, which is said to have gained popularity among international policy communities (linked in particular to the Organisation for Economic Co-operation and Development and the European Union) in the mid-1990s, emphasizes human capital spending for poverty reduction, social mobility, and improved life chances. One of its components, early childhood education and care (ECEC), calls for investment in the early years of the life of a child on the grounds that interventions in early childhood cast a long shadow on a child’s life. Echoing the ideas of the social investment perspective, the official description of ICDS on the “About ICDS” page of the government website for this program states, for instance, that ICDS is “one of the world’s largest and unique programmes for early childhood care and development. It is...a response to the challenge of...breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.”⁶⁹⁵

The same framing is presented also in a chapter in a recent Economic Survey – a high-profile annual publication reviewing the state of the Indian economy – produced by the Indian government. The chapter, titled “Mother and Child,” begins with the following abstract:

⁶⁹⁴ Jenson, “The Fading Goal of Gender Equality: Three Policy Directions That Underpin the Resilience of Gendered Socio-Economic Inequalities,” 547–548.

⁶⁹⁵ Government of India, Ministry of Women and Child Development, “Integrated Child Development Services (ICDS) Scheme”; Government of India, Ministry of Statistics and Programme Implementation, “Millennium Development Goals India Country Report 2015,” 30.

Imagine the government were an investor trying to maximise India's long-run economic growth. Given fiscal and capacity constraints, where would it invest? This chapter shows that relatively low-cost maternal and early-life health and nutrition programs offer very high returns on investment because: (i) the most rapid period of physical and cognitive development occurs in the womb, so in utero and early-life health conditions significantly affect outcomes in adulthood; and (ii) the success of subsequent interventions—schooling and training—are influenced by early-life development. Despite recent progress, India generally under-performs on maternal and child health indicators: pre-pregnancy weights and weight-gain during pregnancy are both low. India is already halfway through its demographic dividend, and taking full advantage requires a healthy and educated population.⁶⁹⁶

Although there are overlaps, it should be noted that the social investment perspective presented in the quote above differs from the maternal mortality focus of MDG 5 and JSY. While both are concerned with pregnancy, the former presents pregnancy as a window of opportunity to boost economic growth by enhancing the physical and cognitive development of children, and the latter considers maternal mortality a humanitarian problem, whose reduction would not so much lead to development as comprise it. In other words, the former is child-centric and frames healthier pregnancies as a *means* to development, while the latter is more woman-centric and considers healthier pregnancies as *constitutive* of development. Although our study of JSY did not bring the former to the forefront to the same extent as the latter, it is likely that both sets of ideas have contributed to growth in India's maternalism. And, due to their attention to women, both are – to borrow words used elsewhere to describe the social investment perspective – “profoundly gender-aware without being egalitarian.”⁶⁹⁷

⁶⁹⁶ Government of India, Ministry of Finance, “Mother and Child,” 82.

⁶⁹⁷ Jenson, “The Fading Goal of Gender Equality: Three Policy Directions That Underpin the Resilience of Gendered Socio-Economic Inequalities,” 547.

Thus, while the explanation relating to the MDGs' focus on maternal mortality does appear to be a key reason behind the growth of other maternalist programs such as ICDS in recent years, the growing popularity of ECEC interventions for human capital accumulation has a role to play as well. And, since both developments are international in scope, it stands to reason that, if they have succeeded in "maternalizing" social programming for women in India to a large extent, they have likely shaped women's social programming in other parts of the developing world as well. Hence, the first part of our causal explanation – that is, the causal thesis dealing with agenda-setting by MDGs and other such international developments – "travels" to programs other than JSY in, and likely beyond, India.

C. Folding gender into poverty: impact on other programs in India

The second cause identified in this project – the conflation of gender and other dimensions of social stratification – is generalizable beyond Indira Mahila Yojana (IMY) as well. Again, although the history of no other individualist program was studied systematically for this project, the research yielded preliminary indications that the termination of IMY on charges of duplication of existing sex-unspecific program was not a unique occurrence: both Development of Women and Children in Rural Areas (DWCRA) and the National Programme for Women in Secondary and Higher Education, two large individualist programs promoting women's independent livelihoods and participation in higher education, respectively, were terminated on the grounds that they provided no special benefit that existing sex-unspecific programs did not already

provide.⁶⁹⁸ This suggests that our second causal thesis travels beyond the case (IMY) that was used to generate the explanation. However, although the explanation appears to apply to other individualist social programs in India, the extent to which it can be generalized beyond India is unclear. No evidence supporting or contradicting this explanation in other countries of the global south was sought or serendipitously found during this research. To the extent that the origins of the predominance of the poverty frame are to be found in developments occurring at the international level – the feminization of poverty narrative, for instance, as discussed in Chapter 5 – the possibility exists that this explanation, too, travels beyond India. However, the dearth of research on individualist women-specific programming in the global south would make this a difficult proposition to test via secondary literature alone. An assessment of the presence, degree, and sources of individualist social programming for women in other countries of the global south thus presents a promising direction for future research.

III. The role of the women’s movement

Before proceeding to assess the impact of maternalist social policy on women, it is worth taking a moment to consider the role of India’s women’s movement in shaping the character of social programming for women. There are two reasons why this project has discussed this role only marginally thus far. First, the methodology adopted by this study – inductive discovery of causal factors through examination of official policy documents

⁶⁹⁸ Mathura Krishna Foundation for Economic and Social Opportunity and Human Resource Management, “An Empirical Study of Poverty Alleviation Programmes in Bihar,” 71; Government of India, Ministry of Human Resource Development, “Hundred Sixty-Eighth Report on Action Taken by Government on the Recommendations/Observations Contained in the Hundred Fifty Ninth Report on Demands for Grants 2005-2006 (Demand No. 58) of the Department of Secondary and Higher Education.”

and interviews with current and former civil servants – did not lend itself to thorough analysis of the women’s movement. The official sources from which most information for this study was drawn gave no indication that the women’s movement had a direct impact on women’s social programming and thus did not lead me in the direction that would yield a deeper examination of it.

Second, since the 1980s, the women’s movement has made three strategic choices that have limited its influence on social programming: it focused on legal reform rather than social policy; distanced itself from party politics, “taking a much more confrontational and oppositional approach to the state”⁶⁹⁹; and strengthened its linkages with international donors, who emphasized issues of sexual violence. These three factors pushed the women’s movement away from the policy areas studied as part of this project – government programming for maternal health and socioeconomic advancement – and into the world of legal strategies to ban dowry, challenge the application in civil courts of religious family law unfavorable to women, forbid *sati* (the practice of widow self-immolation) and outlaw (sexual) violence against women.⁷⁰⁰ In other words, the attention of the women’s movement has in large part been directed away from the social programming studied here. Hence, at least as per the dominant historiography of the women’s movement, women’s activists since the 1980s have focused on areas other than those of direct concern to us here. Accordingly, references to them have emerged only sporadically in this project.

⁶⁹⁹ Deo, *Mobilizing Religion and Gender in India: The Role of Activism*, 119.

⁷⁰⁰ See Deo, 108–130; Kumar, *The History of Doing*, 115–181.

IV. Assessing the impact of maternalism

What are the implications of growing maternalism for women? In the paragraphs below, I consider the impact of India's women-specific programs on three outcomes relating to women: gender equality, maternal mortality, and women's social citizenship.

A. Gender equality

There are two broad possible definitions of gender equality and they invoke the familiar equality-difference debate.⁷⁰¹ The first defines gender equality as an equality of status despite differences in roles. Under this conception of gender equality, men and women can have equal status despite having gender-differentiated roles and responsibilities in and outside the home. Thus, women can be caregivers at home and men breadwinners for the family, but without accompanying differences in status. The first wave of feminism advanced this notion of gender equality.⁷⁰² The second model of gender equality conceptualizes equality as parity between men and women in traditionally masculine (and, to some extent, traditionally feminine) roles. This view of equality is premised on the assumption that genuine equality cannot be built on difference: if the social roles of men and women are sharply differentiated, their statuses cannot be made equal. This gendered version of "separate but equal is inherently unequal" perspective underpins calls for greater participation of women in traditionally masculine roles of higher education, paid work, and public affairs. The parity model of gender equality is today the predominant model at the discursive level: gender equality discourse around the world, and especially in works of international organizations like the

⁷⁰¹ See Bock and James, *Beyond Equality and Difference: Citizenship, Feminist Politics, and Female Subjectivity*.

⁷⁰² This corresponds with Offen (1988)'s "relational" tradition of feminism (Offen, "Defining Feminism: A Comparative Historical Approach").

UN, invokes the parity model. The UN's famous "Planet 50-50 by 2030: Step It Up for Gender Equality" campaign, which aims to close gender gaps in legal rights, leadership positions, access to education and health services, and labor participation, among others, gives explicit voice to this model of gender equality.⁷⁰³ Given the popularity of the parity model today, here I define gender equality as gender parity in traditionally masculine and feminine domains.

Has India's universe of women's social programs succeeding in promoting gender parity? In contrast to the discursive support the idea of gender equality as gender parity attracts from a variety of actors around the world, the reality of policy on the ground – as shown by analysis of public expenditure trends in India – suggests that very little is being done to promote gender parity. In spending the lion's share of its women-specific resources on women as mothers, India is making limited and only sporadic investment in women as individual people. Thus, even though the Indian government continues to pay lofty tributes to the parity agenda,⁷⁰⁴ the money rarely follows. This represents a missed opportunity for gender equality. A range of studies in India and elsewhere has shown that promoting women's participation in activities outside the home, particularly in the paid workforce (with fair pay), improves women's autonomy, health, and overall social status.⁷⁰⁵ The exceptionally low rate of women's workforce participation in India – around 27% by recent estimates⁷⁰⁶ – makes GoI's limited investment in individualist

⁷⁰³ Guterres, "Planet 50-50 by 2030 by Antonio Guterres, United Nations Secretary-General."

⁷⁰⁴ Government of India, Ministry of Women and Child Development, "National Policy for Women 2016: Articulating a Vision for Empowerment of Women (DRAFT)."

⁷⁰⁵ Moore and McIntyre, "Women's Economic Opportunities: What Can South Asian Countries Learn from Each Other?"

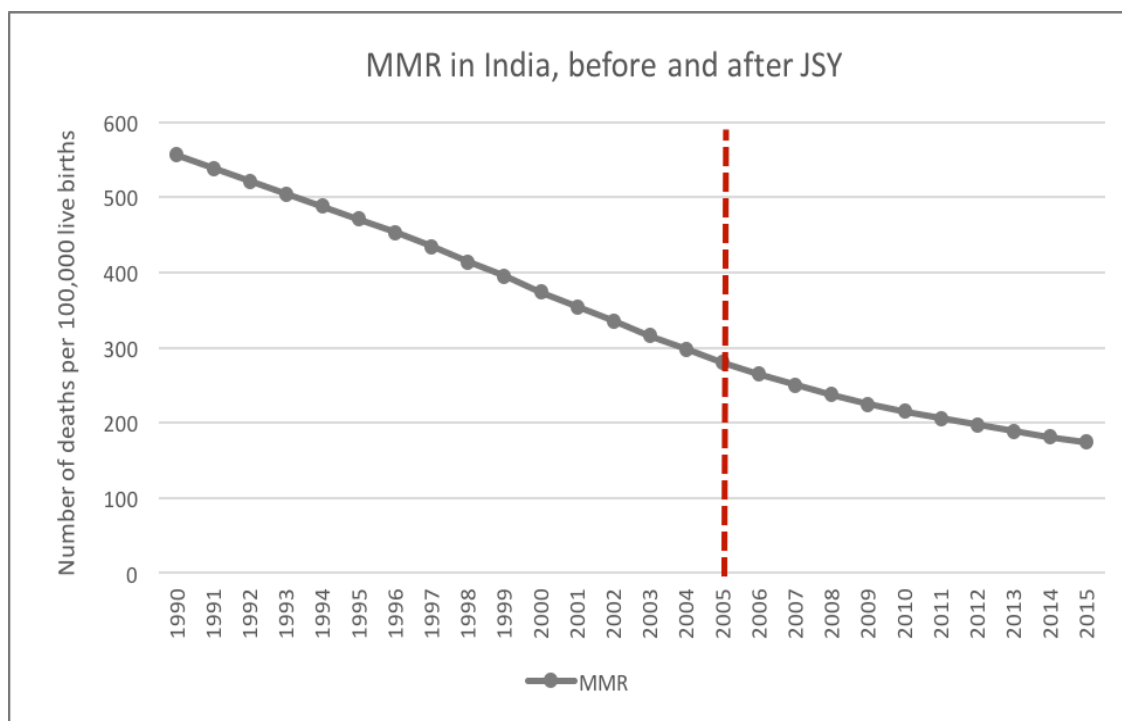
⁷⁰⁶ "Participation of Women in Workforce in India Fell 10 Percent in the Last Decade, Says Study."

programs for women even more striking. This paucity of stronger efforts to promote women's participation in traditionally male roles limits GoI's ability to help women reach parity with men and makes it likely that the gender division of labor will persist and gender will continue to be a key dimension of social stratification for the coming decades in India.

B. Maternal mortality

Yet it might not be fair to assess the performance of maternalist social policy using gender equality as a yardstick. After all, it is not as if maternalist policy is designed to boost gender equality in the first place. Let us therefore consider whether maternalist policy meets its own (non-equality) objectives for women? Unfortunately, the final answer there is negative as well. The record of Janani Suraksha Yojana, our key example of maternalist programming, provides evidence. While India's maternal mortality ratio (MMR) has declined in the years since the introduction of JSY, the pace of reduction is no different from the pace before JSY. This suggests that, contrary to expectation, JSY has not accelerated the secular trend of declining MMR (See Figure 6.1).

Figure 6.1: Maternal mortality ratio in India, 1990-2015⁷⁰⁷



Note: The red dotted line represents the introduction of JSY in 2005

More rigorous studies of the impact of JSY have reached the same conclusion. They find that although JSY has succeeded in raising rates of institutional delivery,⁷⁰⁸ it has not brought about a discernible reduction in the maternal mortality ratio.⁷⁰⁹

⁷⁰⁷ Source: The World Bank, “Maternal Mortality Ratio (modeled estimate, per 100,100 Live Births).” These estimates are somewhat different from the estimates presented in Chapter 4 because those were drawn only from the sources that were available by 2005 (because the purpose was to understand the data on which the decision to launch JSY was made). The estimates presented in this figure are drawn from retrospective analysis produced in 2015 (WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015).

⁷⁰⁸ Dongrea, “Can Conditional Cash Transfers Impact Institutional Deliveries? Evidence from Janani Suraksha Yojana in India”; Gupta et al., “Impact of Janani Suraksha Yojana on Institutional Delivery Rate and Maternal Morbidity and Mortality: An Observational Study in India”; Khan, Hazra, and Bhatnagar, “Impact of Janani Suraksha Yojana on Selected Family Health Behaviors in Rural Uttar Pradesh”; Lim et al., “India’s Janani Suraksha Yojana, a Conditional Cash Transfer Programme to Increase Births in Health Facilities: An Impact Evaluation”; Mazumdar, Mills, and Powell-Jackson, “Financial Incentives in Health: New Evidence from India’s Janani Suraksha Yojana”; Ng et al., “An Assessment of the Impact of JSY Cash Transfer Program on Maternal Mortality Reduction in Madhya Pradesh, India”; Panja et al., “Are Institutional Deliveries Promoted by Janani Suraksha Yojana in a District of West Bengal, India?”; Ved et

Why has increased use of institutional care during childbirth not translated into higher maternal survival? According to most evaluations, the culprit is a mix of the poor quality of care provided at medical institutions, the inability of institutions to accommodate high demand for care by pregnant women, and the availability of care at the moment of childbirth rather than in the days after birth, which is when the threat of fatal complications peaks.⁷¹⁰ In other words, the studies argue that the poor quality of India's medical infrastructure and inappropriate timing of interventions are to blame.

While these explanations make some sense, I argue they are incomplete in the same way that JSY is incomplete: both they and JSY locate the causes of poor maternal health in the lack of access to medical care in the days surrounding childbirth, discounting the deeper socioeconomic determinants of health. In other words, GoI's programmatic spending on maternalist initiatives – driven primarily by programs designed to provide better nutrition to women *during pregnancy* and incentivize them to deliver in hospitals under medical care – reflects a very narrow and technical view of the causes of poor maternal health. As scholars of social determinants of health have

al., “Program Evaluation of the Janani Suraksha Yojana”; Randive, Diwan, and Costa, “India's Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between Institutional Birth Proportion and Maternal Mortality?”

⁷⁰⁹ Gupta et al., “Impact of Janani Suraksha Yojana on Institutional Delivery Rate and Maternal Morbidity and Mortality: An Observational Study in India”; Khan, Hazra, and Bhatnagar, “Impact of Janani Suraksha Yojana on Selected Family Health Behaviors in Rural Uttar Pradesh”; Lim et al., “India's Janani Suraksha Yojana, a Conditional Cash Transfer Programme to Increase Births in Health Facilities: An Impact Evaluation”; Ng et al., “An Assessment of the Impact of JSY Cash Transfer Program on Maternal Mortality Reduction in Madhya Pradesh, India”; Randive, Diwan, and Costa, “India's Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between Institutional Birth Proportion and Maternal Mortality?”

⁷¹⁰ Chaturvedi, De Costa, and Raven, “Does the Janani Suraksha Yojana Cash Transfer Programme to Promote Facility Births in India Ensure Skilled Birth Attendance? A Qualitative Study of Intrapartum Care in Madhya Pradesh”; Rai and Singh, “Janani Suraksha Yojana: The Conditional Cash Transfer Scheme to Reduce Maternal Mortality in India -- a Need for Reassessment”; Sri B, N, and Khanna, “An Investigation of Maternal Deaths Following Public Protests in a Tribal District of Madhya Pradesh, Central India.”

established in various settings, the most fundamental causes of poor health lie in social disadvantage, such as lack of access to “water, sanitation, education, and employment.”⁷¹¹

An effort to promote maternal health only through ensuring medical attention to women in the final months of pregnancy takes a purely technical view of health and strips the concept of its social and political content. This “medical model”⁷¹² of maternal health does little to subvert gendered hierarchies that make women poorly fed, anemic, unable to seek medical advice without prior permission from family members, regularly subject to violence, and unable to exercise autonomy in their daily lives.

A long-term solution to high maternal mortality, it is clear, can come only from interventions that help undo gender hierarchies responsible for women’s subordinate status and that increase women’s control over their own bodies and lives – that is, from individualist efforts that empower women as *individuals*. In absence of this understanding and accompanying efforts to empower women as individuals, the potential impact of growing maternalism in the global south is compromised from the start. While maternalist programs might assist and even empower women in some ways, then, in the final analysis they reinforce the very structures that undermine women’s position in the first place, without doing much to improve maternal health.

C. Social citizenship for women

The final consideration is the impact of maternalism on women’s social citizenship. As discussed in earlier chapters, women’s social policy that is heavily

⁷¹¹ Beckingham, “Maternal Health and Care in India: Why a Major Public Health Strategy Is Essential,” 89; World Health Organization, “Annex 7. Handout: Selected Issues in Conducting Gender Analysis of Maternal Health.”

⁷¹² Beckingham, “Maternal Health and Care in India: Why a Major Public Health Strategy Is Essential,” 87.

maternalist runs the risk of curtailing women's enjoyment of their social citizenship rights by rendering maternity or motherhood the near-exclusive basis for these rights. As discussed in earlier chapters, in T.H. Marshall's canonical definition, social citizenship is the condition of having "the whole range from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilised being according to the standards prevailing in society."⁷¹³ If our political citizenship assures us the right to participate in the political affairs of our communities, and our civil citizenship guarantees us a range of rights and freedoms, including the right to equal treatment under law and the freedoms of thought, speech, assembly, and others, the principle of social citizenship allows us to make claims for our socioeconomic well-being. It is this principle, then, that justifies citizens' claims to social services and social security.

Because, in many countries, social citizenship rights, especially those relating to social transfers rather than social services, are tied to the performance of paid work or are held by the family or the household rather than the individual, de jure gender-blind social citizenship rights are in practice enjoyed differently by men and women. Women's claim to socioeconomic well-being under these systems of social provisioning has been both limited due to women's lower labor participation rates and indirect because it is often based on women's relationships with male breadwinners ("paternalist" welfare systems) or with children ("maternalist" systems).⁷¹⁴ Women-specific social policy, then, is one

⁷¹³ Marshall and Bottomore, *Citizenship and Social Class.*, 8.

⁷¹⁴ Borchorst, "Welfare State Regimes, Women's Interests and the EC.", 27; Sainsbury, *Gender, Equality and Welfare States.*, 41-43

possible way to repair the cracks in the ostensibly gender-blind system of social provisioning – cracks through which women are far likelier than men to slip.⁷¹⁵

Yet, when entitlements under this women-specific social policy, too, are made contingent on women’s familial relationships – as in India and possibly across the developing world – the cracks remain unplugged. The opportunity of gendering social citizenship without subordinating women to families is lost. If women’s social position keeps them from benefiting fully from the mainstream system of social provisioning (which in practice is available mostly to men), and the women-specific system of social provisioning concerns itself with women only around the time of their pregnancies, most women are excluded from social citizenship benefits for most of their lives.

This has material consequences for women. As this study shows, for instance, under the fragmented women-specific system of social provisioning built by the Indian government, most spending targets pregnant women. An average Indian woman today is likely to bear 2.2 children through the course of her expected life of 70 years.⁷¹⁶ In other words, an average Indian woman is expected to spend fewer than 2 years of her life pregnant, so she is eligible to meaningfully exercise her social citizenship rights for about 20 months out of her 624 alive (as an adult woman). Of course, the 20 months of pregnancy are consequential for both women and children, but the need for socioeconomic well-being predates and outlasts pregnancy. For the 97% or so of her adult life that an average woman spends *not* pregnant, she can claim little by way of state

⁷¹⁵ Orloff, “Gender and the Social Rights of Citizenship: The Comparative Analysis of Gender Relations and Welfare States,” 314–15; Giacaman, Jad, and Johnson, “For the Common Good? Gender and Social Citizenship in Palestine,” 14.

⁷¹⁶ “Big Concern! Fertility Rate for Many Indian Communities Dips below the Replacement Rate”; “Life Expectancy in India Goes up by 5 Years in a Decade.”

support in her own name for her socioeconomic well-being. Women's social citizenship contingent on pregnancy status, in other words, is no social citizenship at all.

V. Conclusion

None of the above is to minimize the importance of maternal health initiatives per se, however. High levels of maternal and infant mortality do necessitate significant investment in women's maternal role. In fact, a range of observers has noted that India does not spend nearly enough on maternal health.⁷¹⁷ The point here is not that maternal health is a cause unworthy of state attention or investment. Instead, the objective is to show that even though India's social spending is lacking for both maternalist and individualist programs, it is particularly deficient in individualist programs for women.

Accordingly, the study demonstrates that India makes little systematic, large-scale effort to promote gender equality in traditionally masculine domains of higher education, paid work and enterprise, and public affairs. Adopting terminology popular in gender literature, we might say GoI spends more to advance "practical gender interests" such as safe motherhood and much less to promote "strategic gender interests" such as greater gender equality.⁷¹⁸ Its programmatic efforts to promote better maternal health, while surely necessary, focus almost exclusively on pregnancy, and within that, on the days surrounding childbirth. Not only have they done little to boost maternal survival (at least if the performance of JSY is any indication), they serve to obscure the fact that pregnancy is only one (possible) aspect of women's lives. Social programming that targets women

⁷¹⁷ Goli et al., "High Spending on Maternity Care in India: What Are the Factors Explaining It?," 14.

⁷¹⁸ Molyneux, "Mobilization without Emancipation? Women's Interests, the State, and Revolution in Nicaragua," 232–235.

predominantly as mothers carries the risk not only of using women instrumentally for the benefit of children but also of equating women with mothers, to the exclusion of women's other roles and identities. It is this equation that modern feminism has fought against, only to see it reintroduced into social policy via maternal health programming more attuned to the medical than the socioeconomic determinants of poor health.

APPENDICES

Appendix 1: List of keywords used to locate women-specific programs listed in word-searchable budget documents:

English	Hindi ⁷¹⁹
women	“mahila” (woman)
woman	“stree” (woman)
girl	“balika” (girl)
female	
lady/ladies	
widow	
“matern”	
“preg”	
mother	
wife/wives	
“tubec”	
“reproduc”	
“sterili”	
gender	

⁷¹⁹ Keywords in English outnumber those in Hindi because the information was gathered from the English editions of the budget files. Hence, the program *descriptions* that were the primary source of information on each program were in English. Some program *titles*, however, were in Hindi. Hindi words were thus added as a precautionary measure, in the unlikely case the English descriptions of women-specific programs did not use any of the words on the English list.

**Appendix 2: Adult women-specific programs of the Government of India,
1985-2015**

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
1.	Condensed Courses of Education and Vocational Training for Women	1958	Ministry of Human Resource Development	“The objective is to enable women to complete their education and acquire training and later employment. Under this programme voluntary organisations are given grants to conduct courses for primary/middle/higher school level examinations” ⁷²⁰	Worker	Individualist
2.	Welfare Extension Projects (including Border Area Projects)	1959	Central Social Welfare Board	“These Projects were started in the Border Areas with the object of providing composite welfare services which include maternity services, medical aid, balwadis, craft training, social education etc. to children and women” ⁷²¹	Mother	Familialist (maternalist)

⁷²⁰ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1987-1988,” 138.

⁷²¹ Government of India, Central Social Welfare Board, “Annual Report 1988-89,” 15.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
3.	Mahila Mandal Programme 722	1961	Central Social Welfare Board	Program aims to provide social services for women and children in rural areas. "The services like Balwadies for children, Craft Activities, Social Education and Maternity Services for Women etc. are provided under this programme". ⁷²³	Mother	Familialist (maternalist)
4.	Short Stay Homes for Women and Girls	1969	Ministry of Human Resource Development	<p>--"The objective of the scheme is to protect and rehabilitate those women and girls, who are facing social and moral danger due to family problems, mental strain, social ostracism, exploitation or other causes".⁷²⁴</p> <p>--"Target groups are as follow:</p> <p>-Those who are being forced into prostitution or have been sexually assaulted.</p> <p>-Those who as a result of family tension or discord,</p>	Multiple familial roles	Familialist

⁷²² Literal translation: Women's Clubs Programme

⁷²³ Government of India, Central Social Welfare Board, "Annual Report 2003-04," 16.

⁷²⁴ Government of India, Department of Women and Child Development, "Annual Report 1989-90," 17.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				<p>are made to leave their homes without any means of subsistence and have no social protection from exploitation and facing litigation on account of marital disputes.</p> <p>-Victims of mental mal-adjustment, emotional disturbances and social ostracism.</p> <p>-Those who escape from their homes due to family problems, mental/physical torture and in need of shelter, treatment and counseling.”⁷²⁵</p>		
5.	Post Partum Programme	1969-70	Ministry of Health and Family Welfare	<p>“The objective of the programme is to provide anti-natal [sic], natal and post-natal services to expectant mothers and also to provide Family Planning Services besides diagnosing early cases of cervical cancer”⁷²⁶</p>	Mother	Familialist (maternalist)

⁷²⁵ International Labour Organization, “MOWCD9: Shelter to Women in Distress - Short Stay Home (CSW) (MOWCD).”

⁷²⁶ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1991-1992,” 93.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
6.	Hostels for Working Women	1972	Ministry of Human Resource Development	“Assistance is given to voluntary organisations for the construction of Working Women’s hostels to provide suitable and economical accommodation to working women and for the purchase of ready-built hostels for the purpose. Women, whose income does not exceed Rs. 2000 (consolidated) are eligible for hostel accommodation” ⁷²⁷	Worker	Individualist
7.	Integrated Child Development Services*	1975	Ministry of Human Resource Development	“The scheme aims at providing integrated health, nutrition and educational services to children below six years, pregnant women and lactating mothers. It offers supplementary nutrition, immunization, health check-up, referral services, nutrition & health education and non-	Mother	Familialist (maternalist)

⁷²⁷ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1987-1988,” 139.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				formal pre-school education” ⁷²⁸		
8.	Creches/ Day Care Centres for Children of Working/ Ailing Mothers (or, Day Care Centres)	1975	Ministry of Human Resource Development	“The scheme is to assist voluntary organisations engaged in providing services for children (0-5 years) of poor, working and ailing women belonging mainly to the non-organised sector of labourers. The creches run under the scheme also provide health care, supplementary nutrition, medical check-up and immunisation etc.” ⁷²⁹	Worker and Mother	Individualist and Familialist (maternalist)
9.	National Sports Championships for Women	1975	Ministry of Human Resource Development	Aims to “afford more opportunities to women for participation in the sports activities at the national level” ⁷³⁰	Other	Individualist
10.	Women’s Training Programmes /Vocational Training Programme	1977	Ministry of Labour and Employment	Aims to “provide equitable opportunities for women’s employment in the industry and service	Worker	Individualist

⁷²⁸ Government of India, 138.

⁷²⁹ Government of India, 138.

⁷³⁰ Government of India, Ministry of Youth Affairs and Sports, “Outcome Budget 2009-10,” 96.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	for Women			sectors and in self-employment” ⁷³¹		
11.	Non-formal Education for Women and Girls in Adult Education	1979	Ministry of Human Resource Development	Scheme “is funded by UNICEF with the objective of linking Literacy [sic] with vocational education through Non-formal [sic] approaches, preparation of materials based on ‘Facts of life’, focussing on participation of women and girls in Total Literacy Campaigns” ⁷³²	Student	Individualist
12.	Science and Technology for Women	Early 1980s	Ministry of Science and Technology	“The projects funded under the scheme are aimed at: (i) Application of Science and Technology to improve the living conditions of women; and (ii) Ensuring greater involvement of women in Science and Technology” ⁷³³	Other	Individualist
13.	Development of Women	1982	Ministry of Rural Areas	“The scheme of Development of	Entrepren	Individualist

⁷³¹ Government of India, Ministry of Labour, “Annual Report 1998-99,” 265.

⁷³² Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1993-1994,” 116.

⁷³³ Government of India, Department of Science and Technology, “Annual Report 1989-90,” 27.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	and Children in Rural Areas (DWRCA)		and Employment	Women and Children in Rural Areas is meant to focus attention on women members of the families of the target group of the rural poor so as to increase their income and to provide supporting services needed to enable them to take up income generating activities ⁷³⁴	eur	
14.	Training-cum-production Centres (or, Setting up of Employment and Income Generation Training-cum-Production Centres for Women, or Swavalamban/NORAD)	1982	Ministry of Human Resource Development	“The scheme is for training of women belonging to weaker sections in the non-traditional trades and then employing them on sustained basis” ⁷³⁵	Entrepreneur	Individualist
15.	Family Counseling Centre (or Voluntary	1982-84	Central Social Welfare Board	--“The objectives of the Voluntary Action Bureaux/Family	Multiple familial roles	Familialist

⁷³⁴ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1997-1998,” 19.

⁷³⁵ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1987-1988,” 139.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	Action Bureaux)			<p>Counselling Centres are to provide preventive, curative and rehabilitative services to women and children who are victims of atrocities, exploitation and mal-adjustment and also create awareness in the community on social problems affecting the harmony of family and laws pertaining to the welfare of women”,⁷³⁶</p> <p>--“The concept of family counselling was developed in India by the Central Social Welfare Board. In the 1980s there was a spate of dowry related murders. The Board spearheaded the campaign to bring about an end to this horrendous crime and in response established the programme of Voluntary Action Bureaus. which subsequently took the shape of Family Counselling Centres. Some of</p>		

⁷³⁶ Government of India, Central Social Welfare Board, “Annual Report 1988-89,” 14.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				the most complicated problems of family discord can be reconciled through counselling. ⁷³⁷		
16.	Support to Training and Employment Programme (STEP)	1986	Ministry of Human Resource Development	“The Scheme intends to strengthen and improve women’s work and employment in the area of agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries and sericulture” ⁷³⁸	Worker	Individualist
17.	Awareness Generation Programme	1986-87	Ministry of Human Resource Development	“The scheme provides a platform for the rural and poor women to come together, exchange their experience and ideas and in the process develop an understanding of their problems and also ways to tackle these problems and fulfill their needs” ⁷³⁹	Other	Individualist

⁷³⁷ Government of India, Central Social Welfare Board, “Annual Report 2003-04,” 13.

⁷³⁸ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1987-1988,” 139.

⁷³⁹ Government of India, Department of Women and Child Development, “Annual Report 1989-90,” 31.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
18.	Mahila Samakhya (MS) ⁷⁴⁰	1988	Ministry of Human Resource Development	The program “envisages an area of integrated approach to women development and education in selected districts by starting educational activities, support services, vocational training and advanced condensed courses backed by voluntary support, community participation and a well-developed instructors’ and teachers’ training and orientation programme” ⁷⁴¹	Other	Individualist
19.	Post Doctoral Fellowships for Women (formerly, Part-time Research Associateships for Women)	1988-89	University Grants Commission	Aims to “provide an opportunity to research scholars to take up post-doctoral research independently or on project assignment basis in Science, Humanities, Social Sciences and Engineering and Technology” ⁷⁴²	Worker	Individualist
20.	Legal Literacy	Early 1990s**	Central Social Welfare	“In order to promote knowledge and awareness	Other	Individualist

⁷⁴⁰ Literal translation unclear.

⁷⁴¹ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1989-1990,” 109.

⁷⁴² Government of India, University Grants Commission, “Annual Report 1996-97,” 164.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	Camps		Board	about the legislative provisions for women, Legal Literacy Camps are organised in the Family Counselling Centres of those districts that have been classified as being low in the social development of women”, ⁷⁴³		
21.	Mahila Samriddhi Yojana (MSY) ⁷⁴⁴	1993	Ministry of Human Resource Development	“Under this scheme every rural adult woman is encouraged to have an MSY account of her own in the Post Office to which she may deposit whatever amount of money she can save. For an amount upto Rs. 300/- in a year with a one year lock-in period Government contributes 25 percent”, ⁷⁴⁵	Other	Individualist
22.	Rashtriya Mahila Kosh (National Credit Fund for Women)	1993	Ministry of Human Resource Development	The Fund “aims to reach the poorest of the poor and assetless women who are in need of credit but cannot reach the formal	Entrepreneur	Individualist

⁷⁴³ Government of India, Central Social Welfare Board, “Annual Report 1998-99,” 16.

⁷⁴⁴ Literal translation: Woman Prosperity Scheme

⁷⁴⁵ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1994-1995,” 116.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				banking or credit systems. This would help to develop a national net work [sic] of credit services for women in the informal sector and expect to boost the self-employment ventures of women” ⁷⁴⁶		
23.	Central Sector Scheme for Women in Agriculture/ Training of Women in Agriculture	1993-94	Ministry of Agriculture	The scheme “envisages to motivate and mobilize farm women to be organized into groups so that the agricultural support such as input technology and extension support could be smoothly channelized through the network of these groups” ⁷⁴⁷	Worker	Individualist
24.	Assistance to Women’s Cooperative s/Deveopment of Women’s Cooperative s	1993-94	Ministry of Agriculture	“The objective of the scheme is to focus special attention on the needs of women and providing [sic] assistance in the form of assured work and income by organizing cooperative societies	Entrepreneur	Individualist

⁷⁴⁶ Government of India, Department of Women and Child Development, “Annual Report 1993-94,” vi.

⁷⁴⁷ Government of India, Department of Agriculture, “Annual Report 1998-99,” 79.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				for taking up economic activities”, ⁷⁴⁸		
25.	Mahila Coir Yojana ⁷⁴⁹	1994	Ministry of Small Scale Industries	“Under this programme women are provided training and rats for carrying out spinning activity and increasing their earnings”, ⁷⁵⁰	Entrepreneur	Individualist
26.	Special Scheme for Construction of Women’s Hostels	Mid-1990s	University Grants Commission	“With a view to increase women enrolment [sic] by providing a safe environment and to encourage the mobility of women students to pursue higher education in the universities and colleges of their choice, the Commission introduced a special scheme during the latter half of the Eighth Plan period for the construction of women’s hostels”, ⁷⁵¹	Student	Individualist
27.	National Maternity Benefit	1995	Ministry of Rural Areas and	“Under this scheme, maternity benefit is provided as a	Mother	Familialist (maternalist)

⁷⁴⁸ Government of India, Department of Agriculture, 88.

⁷⁴⁹ Literal translation: Woman Coir Scheme

⁷⁵⁰ Government of India, Ministry of Mico, Small and Medium Enterprises, “Annual Report 2009-10,” 146.

⁷⁵¹ Government of India, University Grants Commission, “Annual Report 1998-99,” 144.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	Scheme		Employment	lumpsum cash assistance to women of households below the poverty line subject to... [various] conditions”, ⁷⁵²		
28.	Indira Mahila Yojana ⁷⁵³	1995	Ministry of Human Resource Development	The program “is an effort to mobilise women around an integrated delivery system and is a major step towards participation of women in planning and development.” It has three components: <ul style="list-style-type: none"> • “Convergence of inter-sectoral services; • Income generation activities; and • A sustained process of awareness generation/education”⁷⁵⁴ 	Entrepreneur/ Other	Individualist
29.	Reproductive and Child Health Programme (Including Janani)	1997	Ministry of Health & Family Welfare	“The programme aims to meet the unmet needs of Family Welfare Programme by improving health	Mother	Familialist (maternalist)

⁷⁵² Government of India, Ministry of Rural Areas and Employment, “Annual Report 1995-96,” 51.

⁷⁵³ Literal translation: Indira Woman Scheme

⁷⁵⁴ Government of India, Department of Women and Child Development, “Annual Report 1995-96,” 53.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	Suraksha Yojana ⁷⁵⁵ and Janani Shishu Suraksha Karyakram ⁷⁵⁶)*			status of women and children, especially the poor and underserved, by reducing Infant, Child and Maternal mortality and morbidity” ⁷⁵⁷		
30.	Swashakti ⁷⁵⁸ (formerly, Integrated Project for Development of Women, a.k.a. Rural Women’s Development and Empowerment Project)	1998	Ministry of Human Resource Development	“The project aims at enhancing women’s access to resources for better quality of life through use of drudgery and time reduction devices, health, literacy & confidence enhancement and increasing their control over their income through their involvement in skill development and income generating activities” ⁷⁵⁹	Entrepreneur	Individualist
31.	Trade-related Entrepreneurship Assistance and Development Scheme for	1998	Ministry of Small Scale Industries	“The Scheme envisages development of micro/tiny enterprises in the country both in the urban and in the rural areas. The	Entrepreneur	Individualist

⁷⁵⁵ Literal translation: Mother Protection Scheme

⁷⁵⁶ Literal translation: Mother Child Protection Programme

⁷⁵⁷ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1998-1999,” 96.

⁷⁵⁸ Literal translation: Self-power

⁷⁵⁹ Government of India, Department of Women and Child Development, “Annual Report 2001-02,” 68.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	Women (TREAD)			main objective of the scheme is to empower women economically through development of their entrepreneurial skills by eliminating constraints faced by women in matters of trade” ⁷⁶⁰		
32.	National Programme for Women in Secondary and Higher Education/ Free Education for Girls	1998-99	Ministry of Human Resource Development	“As envisaged in the ‘National Agenda for Governance’, a scheme is being formulated in the Department [sic] of Education to provide ‘free education for girls up to college level, including Professional Courses’” ⁷⁶¹	Student	Individualist
33.	Swayamsiddha (Integrated Scheme for Women’s Empowerment)	2001	Ministry of Human Resource Development	The program is a “country-wide integrated project for development and empowerment of women based on the formation of self-help groups with an emphasis on convergence of various schemes and access to micro credit and	Entrepreneur	Individualist

⁷⁶⁰ Government of India, Ministry of Small Scale Industries, “Performance Budget 2004-05,” 123–24.

⁷⁶¹ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1999-2000,” 113.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				promotion of micro enterprise ⁷⁶²		
34.	Swadhar/ Swadhar Greh ⁷⁶³	2001-02	Ministry of Human Resource Development	--“Recognising the need for a project based approach to address the requirements of women in difficult circumstances, a new scheme Swadhar has been introduced in 2001-02. The objective of the scheme is to comprehensively rehabilitate widows, victims of trafficking, victims of natural calamities mentally disorder [sic] and destitute women. The scheme provides for support like food and shelter, counseling, medical facilities and vocational training. The scheme also envisages setting up help-lines for women in distress. Projects of counseling and help-lines sanctioned under the scheme will complement efforts at	Multiple familial roles	Familialist

⁷⁶² Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2002-2003,” 119.

⁷⁶³ Translation: Self-reliance Home.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				<p>implementing provisions of the Domestic Violence Bill proposed to be introduced by the department”⁷⁶⁴</p> <p>--“The benefit of the component could be availed by women above 18 years of age of the following categories:</p> <ul style="list-style-type: none"> a) Women who are deserted and are without any social and economic support; b) Women survivors of natural disasters who have been rendered homeless and are without any social and economic support; c) Women prisoners released from jail and are without family, social and economic support; d) Women victims of domestic violence, family tension or discord, who are made to leave their homes without any means of subsistence and have no special protection from exploitation and/ or 		

⁷⁶⁴ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2002-2003,” 119.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				facing litigation on account of marital disputes; and e) Trafficked women/girls rescued or runaway from brothels or other places where they face exploitation and Women affected by HIV/AIDS who do not have any social or economic support. However such women/ girls should first seek assistance under UJJAWALA Scheme in areas where it is in operation.” ⁷⁶⁵		
35.	Anganwadi Karyakatri Bima Yojana ⁷⁶⁶	2004	Ministry of Human Resource Development	This “is one of the welfare measures extended to the grassroots functionaries of the ICDS Scheme.” ⁷⁶⁷ Benefits include survivors’ benefits and disability benefits.	Worker	Individualist
36.	Women Component Plan of	Mid-2000s	Ministry of Science and	This includes “several field based extension,	Ambiguous	Ambiguous

⁷⁶⁵ Government of India, Ministry of Women and Child Development, “Swadhar Greh: A Scheme That Caters to Primary Needs of Women in Difficult Circumstances.”

⁷⁶⁶ Literal translation: Childcare Centre Female Worker Insurance Scheme.

⁷⁶⁷ Government of India, Ministry of Women and Child Development, “Annual Report 2012-13,” 46.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	Biotechnology for Social Development		Technology	demonstration and training projects on proven and field-tested technologies for women...In health sector, projects will be implemented for awareness and counselling on genetic disorders and creating awareness on nutrition including traditional food and healthcare” ⁷⁶⁸		
37.	Capacity Building for Women Managers in Higher Education	Mid-2000s	University Grants Commission	“The specific objectives of the scheme are to develop a perspective plan and strategy for reducing the gender gap in the higher education system, to offer various training programmes at different levels to women for stimulating them to aspire to become administrators, to develop relevant training materials for various programmes in print and electronic media, to support gender positive	Worker	Individualist

⁷⁶⁸ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2008-2009,” 201.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				initiatives such as gender equity cell and developing sensitivity index, etc., to increase and support development of linkages among women managers in higher education through networking, etc.” ⁷⁶⁹		
38.	Rajiv Gandhi National Creche Scheme for the Children of Working Mothers	2006	Ministry of Women and Child Development	“The scheme aims to provide day care services for children below 5 years, belonging to economically weaker sections of society, whose family income does not exceed Rs. 12,000 a month. The creches running under the scheme provide health care, supplementary nutrition, medical check-up and immunization, etc. to the children whose parents are away at work sites or are incapacitated due to sickness and are unable to look after them” ⁷⁷⁰	Worker and Mother	Individualist and Familialist (maternalist)

⁷⁶⁹ Government of India, University Grants Commission, “Annual Report 2008-09,” 242.

⁷⁷⁰ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2006-2007,” 135.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
39.	Restorative Justice for Rape Victims (or Relief to and Rehabilitation of Rape Victims)	2007	Ministry of Women and Child Development	“The Scheme seems to provide restorative justice to victims of rape through financial assistance as well as support services such as medical, shelter, counseling, etc.” ⁷⁷¹	Ambiguous	Ambiguous
40.	Ujjawala ⁷⁷²	2007	Ministry of Women and Child Development	“This scheme aims at prevention of trafficking and at providing support for rescue, rehabilitation and reintegration of victims of trafficking. The scheme is being implemented mainly through NGOs” ⁷⁷³	Ambiguous	Ambiguous
41.	Panchayat Mahila Evam Yuva Shakti Abhiyan ^{774*}	2007	Ministry of Panchayati Raj	The program is “implemented with a view to organize the elected women and youth representatives of Panchayati Raj institutions so as to increase their voice,	Citizen	Individualist

⁷⁷¹ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2011-2012,” 358.

⁷⁷² Literal translation: Lustrous

⁷⁷³ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2010-2011,” 252.

⁷⁷⁴ Literal translation: Panchayat Women and Youth Power Campaign

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				visibility and work performance” ⁷⁷⁵		
42.	Scheme for Leadership Development of Minority Women (or Nai Roshni)	2007-08	Ministry of Women and Child Development	“...Muslim women are doubly disadvantaged... Through this scheme, such women would be provided with support, leadership training and skill development so that they can move out of the confines of their homes and community and begin to assume a leadership role in accessing services, skills and opportunities” ⁷⁷⁶	Citizen	Individualist
43.	Priyadarshini	2008	Ministry of Women and Child Development	“Women’s empowerment and livelihood project in socially/economically backward blocks of Uttar Pradesh and Bihar through IFAD assistance” ⁷⁷⁷	Entrepreneur	Individualist
44.	Indira Gandhi National Widow Pension Scheme	2009	Ministry of Rural Development	Under this scheme, “pension at the rate of Rs. 200 per month is granted to a widow in the age group of 40-64 years and belonging to a	Widow	Familialist

⁷⁷⁵ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2008-2009,” 170.

⁷⁷⁶ Government of India, 246.

⁷⁷⁷ Government of India, Ministry of Women and Child Development, “Outcome Budget 2009-10,” 21.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				household below the poverty line according to the criteria prescribed by the Government of India” ⁷⁷⁸		
45.	Indira Gandhi Matritva Sahyog Yojana ⁷⁷⁹ (formerly Conditional Maternity Benefit Scheme)	2009-10	Ministry of Women and Child Development	The scheme provides “cash directly to pregnant and lactating women (P&L Women) during pregnancy right up to lactation period of six months in response to fulfilling specific conditions” ⁷⁸⁰	Mother	Familialist (maternalist)
46.	Mahila Kisan Sashaktikaran Pariyojana ⁷⁸¹	2010-11	Ministry of Rural Development	Program was designed “to meet the specific needs of women farmers and achieve socio-economic technical empowerment of the rural women farmers,	Worker	Individualist

⁷⁷⁸ Government of India, Department of Rural Development, “Outcome Budget 2009-10,” 97.

⁷⁷⁹ Literal translation: Indira Gandhi Motherhood Assistance Scheme. Although sometimes presented as a program that sought to partly compensate women for wage loss due to pregnancy, Indira Gandhi Matritva Sahyog Yojana (IGMSY) neither tied eligibility to women’s employment status nor linked benefits to prior wages. For this reason, the program is best understood as a conditional cash transfer program for pregnant women rather than as a wage-replacement program that encourages or enables post-pregnancy employment. Hence it is coded entirely as maternalist and not as individualist in the dataset I use in this project. In 2017, the program was renamed Pradhan Mantri Matritva Sahyog Yojana (Prime Minister Motherhood Assistance Scheme, or PMMVY) and GoI pledged to expand it from 50 or so districts in which it operated to across the country.

⁷⁸⁰ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2010-2011,” 252.

⁷⁸¹ Literal translation: Female Farmer Empowerment Program

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				predominantly small and marginal farmers” ⁷⁸²		
47.	Grants-in-aid to National Bank for Agriculture and Rural Development for Creation of Women’s Self-Help Groups Development Fund	2011-12	Ministry of Finance	“The provision is for creating Women’s Self Help Groups (SHGs) Development Fund with NABARD to empower women to promote their Self Help Groups in pursuance to the Budget announcement 2011-12” ⁷⁸³	Entrepreneur	Individualist
48.	Assistance to States for Implementation of Protection of Women from Domestic Violence Act	2012	Ministry of Women and Child Development	“Under this scheme the Central Government will support States in the appointment of independent Protection Officers by sharing their salary with the State Governments on a 50-50 basis. The Scheme would also provide support for establishing Counselling Facilities/Family counselling Centres. It would also have components for capacity building of	Wife	Familialist

⁷⁸² Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2012-2013,” 279.

⁷⁸³ Government of India, 119.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				the officials and infrastructural support to the Protection Officers such as transport costs and mobile costs” ⁷⁸⁴		
49.	Disha Programme for Women in Science	2012**	Ministry of Science and Technology	“Disha is a special scheme to facilitate the mobility of women scientists. The scheme aims to avoid or reduce difficulties faced by employed women in mid career to move from one place of employment to another within in [sic] India on account of family reasons” ⁷⁸⁵	Worker	Individualist
50.	Women’s Helpline	2013	Ministry of Women and Child Development	“Recognizing that women in distress and difficult circumstances require immediate access to assistance and may not have recourse to or information about the availability of such support services, it is proposed to work towards creation of a universalised	Ambiguous	Ambiguous

⁷⁸⁴ Government of India, 371.

⁷⁸⁵ Government of India, 288.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				women [sic] helpline” ⁷⁸⁶		
51.	One Stop Crisis Centre	2013	Ministry of Women and Child Development	“In order to deal with a situation of violence, women require support at various levels that address their multiple needs. Recognising this, the Ministry would examine the possibility of developing a pilot of One Stop Crisis Centre for women which would serve as an integrated facility where various needs of victims of violence, such as medical aid, legal assistance, assistance in filing a police case, counselling and emotional support, temporary shelter for herself and her children and basic necessities for the period of stay can be met, at a single place” ⁷⁸⁷	Ambiguous	Ambiguous
52.	Nirbhaya Fund for Safety of	2013	Ministry of Finance	--Fund for “implementation of initiatives aimed at enhancing the safety	Other	Individualist

⁷⁸⁶ Government of India, 370.

⁷⁸⁷ Government of India, 371.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	Women			<p>and security for women in the country”⁷⁸⁸</p> <p>--“Violence in public spaces is an everyday occurrence for women and girls around the world, both in urban and rural areas. Women and girls experience various types of violence in public spaces from harassment to assault including stalking, molestation, rape etc. Women face violence on streets, public transport and park, in and around schools and workplaces, in public sanitation facilities and water and food distribution sites, or in their own neighbourhoods. This reality reduces women’s and girl’s freedom of movement. It reduces their ability to participate in school, work and in public life....Central Government Ministries/Departm</p>		

⁷⁸⁸ Government of India, Ministry of Women and Child Development, “Clarification Regarding Utilisation of Nirbhaya Fund.”

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				ents and State Governments/UT Administrations may formulate proposals factoring in women safety issues in their sector within the public sphere for seeking funding under Nirbhaya Fund.” ⁷⁸⁹		
53.	Assistance for Construction of Shelter Homes for Single Women/Destitute and Widows	2014	Ministry of Women and Child Development	Scheme “addresses the concerns of women belonging to the most vulnerable groups including single women and widows.” It provides for “construction of integrated Shelter Homes as support hubs wherein assistance ranging from immediate attention to long term rehabilitation can be provided to women in crises or in need” ⁷⁹⁰	Wife/Widow	Familialist
54.	Maternal and Child Health/Maternity and Child Health	[Unclear]	Ministry of Health and Family Welfare	“The maternal and child health services are provided as a part of total health care to the community through	Mother	Familialist (maternalist)

⁷⁸⁹ Government of India, Ministry of Women and Child Development, “Guidelines for Proposals from Central Government Ministries/Departments, States/UTs to Be Funded under the Nirbhaya Fund.”

⁷⁹⁰ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2014-2015,” 396.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
	program			the existing health infrastructure in rural and urban areas. The health infrastructure is gradually being expanded to reach the population as near to the door-steps as possible....[The Ministry has also] sponsored immunization schemes for infants and children and mothers against common vaccine-preventable diseases, Prophylaxis schemes against nutritional anemia among mothers and children and prophylaxis against blindness due to Vitamin 'A' deficiency, etc.” ⁷⁹¹		
55.	Women's Hostels in Polytechnics	[Unclear]	Ministry of Human Resource Development	A scheme “for financial assistance for the construction of women's hostel in the existing polytechnics in order to enhance women participation	Student	Individualist

⁷⁹¹ Government of India, Ministry of Health and Family Welfare, “Annual Report 1988-89,” 200.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				in polytechnic education”. ⁷⁹²		
56.	Women’s Component Plan of Science and Technology Programme for Socioeconomic Development	[Unclear]	Ministry of Science and Technology	Initiatives under this category aim to achieve “gender parity in the science sector” and include “schemes for empowerment of rural women...by enhancing livelihood through S&T interventions and also schemes for providing opportunities to women scientists to return to careers in science after a break”. ⁷⁹³	Worker	Individualist
57.	Socio-economic Programme	[Unclear]	Ministry of Human Resource Development	“Under this programme, financial assistance is extended to voluntary institutions to take up a wide variety of income generating activities like small industry, handloom, handicrafts, dairy, animal husbandry etc. with the object of providing opportunities of full time or part time work to needy	Worker	Individualist

⁷⁹² Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 2008-2009,” 145.

⁷⁹³ Government of India, Department of Science and Technology, “Annual Report 2011-12,” 19.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				women, destitutes, widows and deserted women” ⁷⁹⁴		
58.	Setting Up of Residential Polytechnics for Women	[Unclear]	Ministry of Human Resource Development	[No description found]	Student	Individualist
59.	Supplementary Nutrition for Additional Beneficiaries *	[Unclear]	Ministry of Human Resource Development	“A new Centrally sponsored scheme of wheat based supplementary nutrition for pre-school children and nursing/expectant mothers has been introduced from 1 January 1986. The new programme is meant to enlarge the scope of the existing nutrition programme by covering additional beneficiaries, primarily in the tribal areas, urban slums and backward rural areas” ⁷⁹⁵	Mother	Familialist (maternalist)
60.	Sterilization Beds scheme	[Unclear]	Ministry of Health and Family Welfare	“Under this scheme assistance @Rs. 3,000/- per bed per annum is admissible as maintenance grant subject to	Mother	Familialist (maternalist)

⁷⁹⁴ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1988-1989,” 145.

⁷⁹⁵ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1989-1990,” 122.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				performance of 60 tubectomies per bed per annum” ⁷⁹⁶		
61.	Promotion of Sports among Women/Promotion of Women’s Sports	[Unclear]	Ministry of Human Resource Development	[Description not found]	Other	Individualist
62.	Improvement in Working Condition of Child and Women Labour*	[Unclear]	Ministry of Labour and Employment	Provides for the formulation, co-ordination and implementation of policies and programmes concerning the welfare of child/women labour” ⁷⁹⁷	Worker	Individualist
63.	New Industrial Training Institutes/Wings of Institutes for Women	[Unclear]	Ministry of Labour and Employment	“The scheme envisages establishment of 100 new ITIs/Wings for Women in different States in a phased manner” ⁷⁹⁸	Student/ Worker	Individualist
64.	Biotechnology-based Programmes for Women	[Unclear]	Ministry of Science and Technology	Objectives include: “To develop, promote & use biotechnological	Worker/ Entrepreneur	Individualist

⁷⁹⁶ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1991-1992,” 94.

⁷⁹⁷ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1999-2000,” 154.

⁷⁹⁸ Government of India, “Union Expenditure Budget Volume II: Notes on Demands for Grants, 1993-1994,” 138.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				<p>processes and tools for entrepreneurship development [sic] & provide employment opportunities to women.</p> <p>To set up facilities for economic empowerment of urban as well as rural women through linkages between research institutions and industrial units & also scale up the basic technologies for commercial [sic] utilization and impart training in relevant areas to develop a pool of skilled and well trained women</p> <p>To support R&D projects specifically addressing the problems or for developing technologies [sic] packages relevant to them”⁷⁹⁹</p>		
65.	University Grants Commission’s grants to women’s colleges	[Unclear]	University Grants Commission	“As part of its functions, the Commission provides grants to Central and State Universities, institutions deemed	Student	Individualist

⁷⁹⁹ Government of India, Department of Bio-Technology, “Outcome Budget 2009-10,” 18–19.

No.	Program	Year launched	Ministry or body in charge (at the time of launch, or in the mid-1980s, whichever is later)	Brief Description	Role in which women are targeted	Coded as
				to be universities and colleges which are eligible to receive grants from the U.G.C.” ⁸⁰⁰		

*program targets both women and children. When women-specific spending on these programs could not be found in official reports, it was calculated or estimated from available data

**most likely

⁸⁰⁰ Government of India, University Grants Commission, “Annual Report 1988-89,” 1.

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