

To whom it may concern,

RE: IRISH AID WHITE PAPER REVIEW

The Hope Foundation attended the public consultation meeting at the Clarion Hotel, Cork on March 5th last. It was a useful meeting where those who attended had the opportunity to submit their suggestions for the review of the White Paper on Irish Aid. This written response is intended to follow up on this more formally.

The Hope Foundation has been working with the poor of Kolkata (formerly Calcutta), India, since 1999. We adopt a holistic approach, where all of the needs of poor, underprivileged families are met. HOPE is implementing a range of programmes focussed on health, education, child protection, gender, skills development, income generation and capacity building principally in Kolkata and other parts of the surrounding state, West Bengal.

Irish Aid has provided funding to HOPE for our protection homes and our primary healthcare programme and the value for money we provide is incomparable. Every effort is made to ensure accountability and to make sure that not a cent is wasted in our everyday work with Kolkata's poor. Money goes quite far in India: for example, the average annual cost of providing a street or slum dweller with access to healthcare in the HOPE primary healthcare clinics is 83 cent per person.

Irish Aid is very cognisant of the fact that the context for development aid is changing and several of the countries helped by Ireland are no longer as poor as they used to be. Some African countries are now demonstrating their development potential. The country where we work, India, is also a case in point, as its economic growth rate has been impressive since trade liberalisation in 1991, at about eight per cent per annum. Most of this growth is derived from the technological and telecommunications sectors, emanating from such hubs as Delhi, Bangalore and Hyderabad. However, we at HOPE argue very strongly that it is imperative that Irish Aid looks behind this bald economic data and examines the real impact of growth. Growth is *not equal* to development, as wealth is concentrated in the hands of a few, with very little wealth trickling down to the vast ranks of the poor. Spending by the Indian state on health and education is notoriously low, while its military spending remains high. The vast majority of Indian workers are employed in the informal economy, and therefore have no social security. Until there is more investment in primary education and health care, the life-chances of the poor will remain derisory. The World Bank found in 2005 that three-quarters of the population live on under \$2 a day. UNICEF has found that conditions for the majority of Indian children are the same or worse than for those in sub-Saharan Africa. The UN Human Development Report (2010) found that there are currently more people living below the poverty line in eight Indian states than in the 26 countries of sub-Saharan Africa. One of these states is West Bengal, where HOPE works. The gap between rich and poor is barricaded by illiteracy, malnutrition and poor health. After all, it is what is done with the fruits of growth that matters most.

HOPE knows that this 21st century economy operates side by side with a medieval one. This type of growth has little or no effect upon the people with whom we work. These are the poorest of the poor, who live completely outside of the formal economy, barely surviving in the slums and on the streets of Kolkata. Of all Indian cities,

Kolkata is one of the most neglected in terms of investment. Its poor location and infrastructure means that it is very unattractive to investors, not possessing the relative advantages of more central and better organised Indian cities. Its chaotic environment is a deterrent to development. The little employment that is created in Kolkata by these growing sectors is concentrated among the educated middle class. Because of its geographical location, Kolkata is also a migration hub for destitute migrants from Bangladesh, Nepal and the surrounding Indian states like Orissa and Bihar, which are among the poorest areas in the whole world. The poverty and isolation of rural dwellers in such states drives them into cities like Kolkata to look for work. The city is bursting at the seams and the vast majority of its huge population of slum dwellers live well below the poverty line. They experience enormous social problems, not least in terms of their health. Diseases like diabetes, goitre, asthma, malaria and dengue are endemic, and anaemia is common, especially among women. All of these conditions are related to poverty and poor living conditions. Those who suffer most are those who bed down on the city's pavements, denied even the paltry shelter of a slum dwelling. It is estimated that a staggering 250,000 children are forced to live and survive on Kolkata's streets. HOPE has saved the lives of thousands of people who exist in this harsh environment.

HOPE is developing good working relations with local and national government in India. We are careful not to replicate services that are already provided by the state. We are currently in an advocacy phase, where our focus is on educating the people to use the existing health services and schemes that already exist. Because so many of Kolkata's poor are illegal immigrants, they are fearful of approaching a government-run hospital or accessing any services whatsoever. For example, HOPE helps the poor to register the births of their children so that they exist thereafter on the official state registry. This kind of open engagement can only be good for all parties involved. Governance structures and social services themselves have to improve as a result, improving the poor's access to services, and HOPE can continue to streamline its inputs into the social services infrastructure.

HOPE is directly addressing all of the key issues highlighted in the White Paper. However, the most important one in HOPE's development approach is that of gender. There is very severe discrimination against women in India. Female infanticide is widely practiced because the poor view girls as economic liabilities. A 1997 UNICEF report found that India is "missing" 40-60 million females. The root of this negative attitude is the dowry system. Social custom still dictates that on marriage, the bride's family must produce a huge amount of money and gifts, so the family has to start saving for this from the child's birth. Girl children in rural villages are often neglected, exploited, abused and illiterate, being denied the opportunities given to their brothers. Because females are subject to discrimination in health care and nutrition, they are at a higher risk of not surviving past the age of five. Most Indian girls born to the poor have a life of little more than a beast of burden ahead of them, with no opportunities for education and advancement. These girls are trebly exploited: as females, as children, and as workers. Gender inequality is reflected in education statistics. The male literacy rate is 76 per cent, while the female rate is 54 per cent. So only a little more than half of women are literate. When the rural poor migrate to cities like Kolkata, women are often relegated to the worst forms of work in the informal economy, enduring low pay and terrible conditions. Typical forms of work would be sewing piecework, baking to sell at street stalls, rag picking, sex work, child

minding and domestic service. Many of the girls among the poorest sectors are either married off at an early age or lured into the sex trade by traffickers. Most of these girls practice unsafe sex with multiple partners and have little knowledge about STDs or HIV/AIDS.

The education of girls and women has been found to have a whole range of benefits. Girls who have had some schooling are less likely to marry very young and start having children at perhaps the very young age of 14. This is very important because early marriage places young mothers at high risk. If they do have children, they are more likely to be more aware of proper health and nutrition for them, improving their survival rate. Also, they are likely to space their children more, therefore ultimately having less children. The World Bank has estimated that for every four years of education, fertility is reduced by one birth per mother. Apart from this, it can also lead to an improved social standing and more power in the community in general. It also improves the life chances of the next generation when a mother has had some education. It bears testimony to the maxim “if you educate a boy, you educate a person, but if you educate a girl, you educate a family and benefit an entire community”.

It is clear, then that education and vocational and life skills training is very necessary. This type of practical education can have a huge impact on empowering young women and men to be financially independent. One of the most effective methods used by HOPE to reduce poverty and to promote gainful employment is ‘Self Help Groups’ (SHGs), used as tools to ameliorate poverty and plug the gaps in social policy. When they are given the chance to participate in something like a SHG, it boosts their self-esteem enormously, which in turn improves their level of autonomy and status in their communities. It can show younger women that there are other possibilities rather than just following the well-trodden path of early marriage, large families and dire poverty. Such strategies offer women the possibility to free themselves from the exploitation and isolation that has been their lot for centuries. With HOPE’s help, even the poorest of women can be transformed from objects who can be exploited into subjects who can exercise choices and exert some power over their own lives.

The details of our work are documented in the recent book: Ethel Crowley (2010) *Daring to Dream: The Work of the Hope Foundation in India*. This book is proud to show the Irish public how efficiently their money has been used. We go behind the scenes and beyond the headlines to provide help, comfort and solidarity to the poorest of the poor in Kolkata and other parts of India. We at HOPE argue that it is vital that Irish Aid continues to support our humanitarian work as heretofore.

Yours sincerely,

Dr. Ethel Crowley
For the Hope Foundation.