

The Role and Effectiveness of Gender Responsive Budgeting in Education and Health Policies of Punjab in Pakistan

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Introduction

Achieving gender equality and women's rights has become an international agenda, over the last few decades, especially in the discourse of development. However, the progress in the recognition of women's human rights in international instruments has not been matched by progress in the implementation and enforcement of these rights by state bodies. Gender Responsive Budgeting (GRB) is adopted as a distinct strategy in many countries to advance gender equality through affirmative pro-poor budgetary allocations (Sabir, 2009). GRB is not just about recognizing women's rights and presenting number crunching figures related to demographics and social conditions, instead, it tries to establish gender mainstreaming with social interactions of women and men through an institutionalized and administrative process.

In the past, the government has formulated Gender Reform Action Plan (GRAP), ratified CEDAW and established National Policy for Development and Empowerment of Women in Pakistan. In addition, recognizing the importance of gender-sensitive policies, the Government of Pakistan jointly with the UNDP and its donors introduced GRB in Punjab in five different sectors; health, education, agriculture, population welfare and social welfare development

(Wattoo, 2012). Consequently, a Gender Budget Statement of the Government shows a progress in this regard. However, the meticulous instruments reveal that the inherent challenges faced in implementing GRB in Pakistan. Moreover, it is always difficult and challenging to persuade those who are at the helm of policy making to transform their standard ways of working and to introduce gender-sensitive modifications (Budlender and Mahbub, 2007). As a result, women become part of the administrative and institutional process, but still there is lack of female participation in these aspects. Hence, the available literature on GRB worldwide and in Pakistan is confined to the Gender Budget Statements (prepared annually from 2006-2011) but no studies have been conducted on how effective is GRB in adopting a gender lens in public budgeting.

Objectives

The major objectives of the study are to examine what is the role of GRB in improving the education and health policies of Punjab and to investigate the effectiveness of GRB in adopting a gender lens public budgeting.

The following questions are attempted to answer by this study:

- 1) What is the role of Gender Responsive Budgeting (GRB) in improving the gender focused development policies of Punjab?
- 2) How effective is Gender Responsive Budgeting (GRB) in adopting a gender lens in public budgeting?

Methodology

The research paper mainly relied on secondary sources; these contain both, qualitative and quantitative information. There are various official documents, UNDP information resources and media reports offering extensive information are used as sources of information.

Most importantly, there has been substantial reliance on annual Gender Budget Statements from 2006-2011 which are prepared to inform legislators and civil society on how the budget is being used to advance gender equality. Gender sensitive-data i.e. sex-disaggregated data as well as collection of special data that affects one sex only is collected to analyze insight situation of males and females education and health sector.

Results and Discussion

The program adopted by the government and the effectiveness of allocations and expenditures in education through gender lens (2006-12) can be seen through the results shown in Table 1 in Annexure A. The table below shows the trends in allocation from 2006 to 2012 for the education sector, and by comparing the allocations from 2006-07 (original allocation was Rs. 7.480 billion) to 2011-12 (Rs. 23.90 billion), it posts an increase of 31.2% in budgetary allocation which shows the government commitment for an enlightened and educated Punjab.

The overall adult literacy is estimated at 55% in Pakistan while a 25% differential between male (67%) and female (42%) literacy rates. Under the Punjab Education Sector Reforms Program, the Punjab Government has offered an incentive package to address the educational and financial needs of the poor students particularly the girls. In addition, the districts with low literacy rate and low women participation rate in socio-economic development were selected to bridge up the gap between male and female participation in the socio-economic development of the country. Fifteen the 15 districts across Punjab, these programs were implemented, in which the girls' attendance is 80%. The positive impact of the intervention is 45% enrollment of girl students which also shows a steady increase and that has led to positive results on socio-economic empowerment of women, poverty reduction and improved literacy. Recognizing a close nexus

between poverty and illiteracy eliminating gender and access gaps and ensuring retention of students particularly girl students in schooling remains a formidable challenge for the Government. Poor parents are unable to support their daughter's education beyond primary level.

The Punjab Health Sector Reforms Program (PHSRP adopted by the government as well as the effectiveness of allocations and expenditures in Health through gender lens (2006-12) is analyzed. The results are shown in Table 2 in Annexure A. The management of Punjab MGDs program especially focused on gender equality. Hence, it is emphasis on female recruitment for gynecologists (100% females), Anesthetists (5% females), pediatricians (15% females) positions are at the district the levels. Under the Maternal Neonatal Child Health (MNCH) component, which are 100% women involved they are linked with other maternal health care programs.

There are approximately 55,000 Community Midwives Workers (CMW) in the rural areas they are appointed for every 5,000 population. The study found that there is a healthy health delivery system that is effective, efficient and responsive to the health needs of the women in the reproductive age group, however, the cultural and religious barriers do not allow women to have access to health care facilities.

Conclusion and Recommendations

The study found that under there has been a move towards gender mainstreaming, in which gender analysis is applied to all aspects of health and development and not only to the women related issues. The study also indicates that GRB policies and initiatives in the past did not have desired effect and the policies were made but not implemented. Under GRB, the gender dimension being introduced in areas which it has been ignored in many aspects. Therefore, gender sensitization of policy and resource allocations are in a slow process.

However, GRB tries to identify differential needs of men and women, relies on sex-disaggregated data, promotes transparency in government public spending and calls for gender equity in poverty reduction strategies. Despite of its constraints, such a systematic approach can be seen as valuable attempt for improving the education and health of Pakistani men and women in Punjab.

The study suggests that policy makers and stakeholder need to be sensitize the gender perspective to ensure that policies are formulated in a gender sensitive manner. This proposed process needs to be entrenched at various levels of government and in line departments. Poor households need to be supported for further education of female children from poor families. In order to accomplish health related MDGs, government has to strengthen preventive and primary health care services. Hence, capacity building is should be part of the GRB.

References

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Annexure A

Table 1: Trends of Budget Allocation in Education Focuses on GRB in Punjab: 2006 - 2012

Year	Budget Allocation (Rs in billion)	Expenditures (Rs. in billion)	Percentage of Utilization
2006-07	7.48	-	-
2007-08	21.48	18.08	84.16
2008-09	30.13	19.27	63.97
2009-2010	23.12	21.52	93.08
2010-2011	23.30	13.83	59.34
2011-12	23.90	-	-

Source: Gender Budget Statement 2011-12: PRSM Project. Punjab

Table 2: Budgetary Allocation in Panjab 2010 – 2011 and 2011- 2012:

Input Indicators	2010-11		2011-12
	Targets	Achieved	Targets
Recruitment of Additional Post of Gynecologist at DHQ & THQ hospital (Number)	179	100	79
Provision of MNCH Equipment (Districts) (in %)	100	30	70
Provision of Blood Bank Equipment	100	60	40
Antenatal Coverage (in %)	60	35	60
Skilled Birth Attendants (in %)	65	39	70
Health Facility Based Deliveries (in %)	50	20	50

Source: (in Press) Gender Budget Statement 2011-12: PRSM Project. Punjab