**VOICE**

**INEQUALITY:** Reducing inequality by increasing access to quality health and education services

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**REGIONAL NEWS**
Updates from Oxfam India’s regional offices.

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**OPINIONS MATTER**
War on inequality is the real war on poverty.

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**NEWSROOM**
A roundup of Oxfam India’s work from the last quarter.

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**PARTNER PROFILES**
Learn more about Oxfam India’s local partners.

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Kamini Kumari, 9, from Shikandarpur village, Danapur block, Patna district, Bihar
**CEO’S NOTE**

You are now holding the second edition of our revamped newsletter “Voice”, in your hands. We would like to thank you for the great response to the first issue on Gender Inequality.

The second edition of Voice aptly focuses on the theme of inequality, especially in the access to quality education and health services.

Recently Oxfam launched the Global Inequality Report. One of the startling disclosures of the report is that the “richest 85 people on the planet own as much as the poorest half of humanity”.

These numbers are baffling and are an urgent call to ‘Event it Up’. The report is filled with similar thought-provoking data that illustrates concerns that require urgent retrospection and corrective action.

The overarching vision of Oxfam India is “right to life with dignity for all” and our work focuses on reducing this access gap.

Internally at Oxfam, the past three months have been eventful. The Oxfam federation has begun its internal change journey to 2020, and that road had a landmark pit-stop at New Delhi this September. Senior Oxfam leaders from around the world, met for a four-day conference to discuss the way forward.

Following the conference, Executive Director of Oxfam International, Winnie Byanyima visited Chhattisgarh, one of Oxfam India’s seven focus states, to see the work our partners have been doing on agriculture and Forest Rights Act.

It was also exciting to see the enthusiastic participation of teams for this year’s Mumbai Trailwalker. We commend the spirit of those who walked for equality.

Nisha Agrawal
Chief Executive Officer,
Oxfam India

**EDITORIAL**

Content: Sahil Sharma  
Editor: Isha Singh Sawhney

**DESIGN AND LAYOUT**

Infonauts  
www.infonauts.in

**COVER PHOTO**

Kamini Kumari, 9, dropped out of a private school because her teacher would beat her. Kumari was encouraged to join another school where her teachers inspired her to do well in studies.  
**Village:** Shikandarpur village, Danapur block, Patna district, Bihar

**BACK COVER PHOTO**

Saraswati Kisan, 37, is forced to buy medicines from private chemists because government officials sell medicines in the open market.  
**Village:** Balishankara block, Sundargargh district, Odisha, India

**COVER PHOTO, BACK COVER PHOTO**

Srikanth Kolari
Regional news

SOME HIGHLIGHTS FROM OUR PROGRAMME ON ‘REDUCING INEQUALITY’.

- **CHHATTISGARH**: Jevanar Mela or health stalls in weekly markets and nutrition fairs addressed maternal health and nutrition issues in remote tribal areas, through high-nutrition traditional tribal Chhattisgarhi foods.

- **BIHAR & JHARKHAND**: Community Based Monitoring models have made public health systems more responsive and less corrupt. Mobilisation strategies and regular community-government interfaces monitor health plans, improve the status of maternal health and strengthen voices in over 150 predominantly Dalit, Adivasi and Muslim villages.

- **ODISHA**: Successful advocacy supported by Oxfam India has increased enrolment and provided quality education for tribal children. The advocacy has led to the Odisha Government employing 3,500 tribal language teachers from local communities, and introducing tribal languages as mediums of instruction.

- **UTTAR PRADESH**: 2,420 parent School Management Committee (SMC) members have been federated at Cluster and Block levels to ensure official machinery is accountable and address the powerlessness faced by parents in engaging with the education system. The federation promoted by Oxfam India in Uttar Pradesh supports teachers in negotiating local power structures and problem solving.

5 MINUTES

**WITH A HEALTH SERVICE PROVIDER**

“The Active Village Health Sanitation and Nutrition Committee (VHSNC) has helped vocalise women’s health demands. They now demand particular medicines, ask why ambulances haven’t come on time, or why they haven’t yet received Janani Suraksha Yojana benefits. Women are now aware of their health rights and demand them. An active VHSNC helps us learn about a villages health needs, to work out what can be done to improve these needs and increase awareness on different health issues.”

– Dr. Suresh B. Damle, Medical Officer, Daeulgaon Primary Health Centre (PHC), Gadchiroli District, Maharashtra, India

**WITH A TEACHER**

“In this remote tribal village we thought the community would show no interest in understanding the importance of education. And if they didn’t want to send their children to school, why should we be bothered. But with LEADS’ (Oxfam India partner) interventions things changed. We now realise the importance of a child’s right to education and children going to school. SMCs are in place, fulfilling their roles and we, the teachers are regular, too. Our children will now move forward in life.”

– Ms. Epil Horo, Head Mistress at Kutam School, Torpa block, Khunti District, Jharkhand, India
In India today, a sad truth persists. A girl child born into a poor Dalit or tribal family in a remote village of a backward state of India, has little to no chances of ever achieving material equivalence with a child from a middle-income, upper caste family, raised in a metropolitan. Her entire life, this impoverished Dalit girl will receive disproportionately less resources than a child born to affluent families.

The social position a child is born into, largely determines whether she or he will be poor and/or marginalised or wealthy and/or affluent, or somewhere in between. Which in turn determines the child’s access to resources such as quality of food and nutrition, access to education, healthcare, employment opportunities, access to political and cultural spaces, etc. The ability to achieve the opportunities and aspirations life throws at us, is mostly affected by our access to these “essential services”. And it’s the quality of these services -- namely, the quality of education in schools and colleges one attends, and the quality and adequacy of health-care provided -- that ultimately shapes an individual’s growth.

**Unequal Access**

Ending extreme poverty has been the focus of all development efforts in the last two decades. At the same time, inequality and the extreme wealth that contributes to it were not seen as drivers of poverty up until recently. There has been great progress in the fight against extreme poverty. Hundreds of millions of people have seen their lives improve dramatically. However, during the same period, inequality has also increased rapidly.

The International Monetary Fund (IMF) estimates the net worth of India’s billionaire community has increased 12 fold in the last 15 years. In the mid-1990s, India had two resident billionaires with a combined wealth of approximately ₹19,875 crores ($3.2 billion); in 2014 this number has increased to 65 at the beginning of the year, and to 100 (at the time of writing this article) with a combined wealth of ₹21,49,010 crores ($346 billion). Oxfam’s own estimate suggests that the top five Indian billionaires together own more wealth than the combined wealth of the bottom 37.1 crore population.

**The India Paradox**

Yet in the land of dichotomies, an ironic contradiction also exists. Where on one hand the country’s GDP has grown seven folds in the last two decades, and our number of dollar billionaires has gone up from two to a 100; on the other, India is still home to one-third of the world’s poor, and 37% of the world’s illiterate population.

This disproportionate access to quality essential services, such as education and health, further perpetuates inequality. Recent estimates reveal, that failing to reduce inequality can cost the world an additional ₹18,63,300 crores ($300 billion) to end poverty in 2030.

Along with the country’s failure to achieve Millennium Development Goals (MDGs), India has been unsuccessful in achieving national health and education outcomes. Thus, progressing towards better...
Barely 8% of government schools comply with the Right to Education Act

An additional 12 lakh teachers are needed to address the problem of overcrowded classrooms

Every second school doesn’t have a toilet

health slower than most other Asian countries, including China, Sri Lanka, Bangladesh and Thailand.

Social, geographic and economic barriers inhibit people from impoverished rural areas, marginalised castes and religious minorities, from accessing good quality health care. Women also suffer immensely.

The recent botched sterilisations in Chhatisgarh’s Bilaspur district that killed 13 women and left 60 suffering, is proof of the ailing public health system.

An impoverished patient is the main victim in the blame game between the government and doctors who carry out these sterilisations. These victims are constantly stuck between overworked doctors with unrealistic targets and badly organised health camps that lack necessary medical instruments and medicines.

The Dismal State of Education and Health

The Right of Children to Free and Compulsory Education Act, 2009, or simply Right to Education Act (RTE Act) has been implemented since April 2010 to guarantee free and compulsory education for all children from six to 14 years. Baring pre-primary and secondary (aged 14 to 18 years) education, the law was a major, though cautious, step ahead. Today, India’s progress falls short of this minimal promise. Barely 8% of government schools comply with all provisions; an additional 12 lakh teachers are needed to address overcrowded classrooms; nearly one out of two schools have no toilet.

A quarter of all child deaths and 20% of all maternal deaths in the world occur in India. 30% of rural and 20% of urban India don’t seek treatment due to financial constraints. 40% of low-income families borrow money from outside the family to meet their healthcare costs. The cost of health care has been pushing 16% of families below poverty line every year. Further, it’s an irony that India is the largest generic medicines producer globally, and, yet, according to World Health Organisation, 50% to 65% don’t have regular access to essential medicines.

Since 2005, the government has initiated a number of measures to address the dismal health scene, including the National Rural Health Mission, and a number of social health insurance and cash incentive schemes. However, these efforts are a patchwork of separate measures, which, in the absence of further steps, are unlikely to lead on to a full Universal Health Coverage (UHC) system [Taylor, 2013].

Where Do We Go From Here?

Poor, marginalised children are born with a ‘birth penalty’. India will never be able to break out of this cycle of inequality and poverty without creating a level playing field. A level playing field comes about by ensuring that everyone has complete access to universal, quality and free basic public health and education services, including early childhood care and education.

Oxfam India’s strategy to address growing inequality is aimed to ensure access to universal, quality and free, basic public health and education services for all. With a special focus on poor and marginalised communities.
A convention by Oxfam India and partner NGO Chaupal, was organised on maternal rights of Particularly Vulnerable Tribal Groups (PVTGs). The convention focussed on tribals including Baigas, Pahari Korwas, Abujhmarias, Birhors and Kamars, from eleven districts. Tribal women articulated their maternal health problems, from policy issues to challenges at the village level, and the programme concluded with recommendations for action by the state government.

• **Education:** September 21; Sundargarh, Odisha
  At the district level convention “School Development and Quality Education”, efficient interfacing between the government and civil society was facilitated. The convention brought together teachers, teachers’ unions, government and elected representatives and other Civil Society Organisations (CSOs).

• **Access to Medicines:** November 11; Bhubaneswar, Odisha
  A state level consultation on access to medicines was organised by Jana Swasthya Abhiyan Odisha in collaboration with Oxfam India, in context of the government’s recently announced Free Medicine Distribution Scheme. The consultation titled “Ensuring Access to Free Medicines for All”, focused on Rajasthan’s successful free medicines scheme, on-ground realities, problems and possible state government solutions. This served as a starting point to make the Odisha Free Medicines Scheme a success.

• **The Power of People Against Poverty:** September 1 to 4; New Delhi
  The road to Oxfam 2020 -- an important global change process, made a landmark pit-stop in New Delhi, where senior global leaders of the organisation met for the four-day “Delhi 2014: The Power of People against Poverty” conference. New Delhi as the venue indicates that the Oxfam confederation is looking towards its southern affiliates as crucial partners in programmes to end poverty and inequality. Social activists and change makers shared thought provoking insights, and added to the intellectual takeaways from the conference hosted by Oxfam India.
• **Education Grievances:** October 16 and 17; New Delhi
A workshop was held on Legal Strategies and Grievance Redress (GR) Mechanisms for Delhi-based education partners. Partner organisations and Delhi RTE Forum members discussed legal and constitutional rights, the RTE Act and GR mechanisms and guidelines. An action plan was developed to spread awareness and access GR mechanisms.

• **Maternal Health:** August 27 and 28; Ambikapur, Chhattisgarh
Oxfam India along with the Department of Health Services, and the Chhattisgarh Administrative Academy, organised a workshop on maternal health. Health officials were sensitised on the community’s maternal health care requirements, especially for marginalised sections, and explained their role in implementation of schemes and programmes.

• **Non-Fiction Festival:** November 15 and 16; New Delhi
Oxfam India was at the second edition of the Non Fiction Festival. This year’s theme “Be Bold, Stay Real” provided us with a platform to reach out to literati and opinion makers and shapers, on the global inequality report launch and upcoming EVAW (Gender Justice) campaign. Oxfam India CEO Nisha Agrawal moderated a panel on “Bold and Real: Women, Stories, Issues” around women empowerment, inspiration and personal stories.

**CAMPAIGNS**

• **Education for All**
  - With the present Right to Education (RTE) compliance rate at just 8% to 10%, the government had set itself a deadline till March 2015 to fully comply with the RTE Act, 2009 across the country. The national RTE Forum announced a nationwide campaign "Claiming Education; #rtecountdown150", from November 1 onwards. State and national forums must highlight the issues and action needed to translate the act into a reality in 150 days.
  
  - A statewide education campaign was also launched on Teacher’s Day, September 5, by State Collective for Right to Education, in Uttar Pradesh. Along with a status report on elementary education, a 68 day campaign was kicked off. School Management Committees are demanding activation of State Commission for Protection of Child Rights, appointment of teachers and installation of accessible toilets in all government schools, for an effective implementation of RTE.

**VISITS**

• **Visiting the Kamars**
Winnie Byanyima, the Executive Director of Oxfam International, showed tremendous support for the native tribal communities of Chhattisgarh - the Kamars, who are amongst the most marginalised in the country. Post her visit, Byanyima pointed out that, “Oxfam is in the right place, because we stand shoulder to shoulder with the poorest and most marginalised.”
• **Jammu and Kashmir Relief Work**
  After September’s Jammu and Kashmir floods, Oxfam India was amongst the first to provide on-ground humanitarian assistance.
  • 10,000 families given winterised emergency shelter kits [blankets, EPI foam sheet for insulation, heaters, solar lamps, water filters and supplementary tarpaulin], water kits [water container, mug, chlorine tablets to treat water at the household level, so families can drink clean, safe water] and family hygiene kits [soap, detergent, ORS, sanitary support].
  • 300 transitional shelters built or repaired for families whose homes were washed away.
  • 57,000 men, women and children provided with clean water.

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<tr>
<th>EVENT</th>
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<tr>
<td>Campaign on Education and Health</td>
<td>November and December, 2014</td>
<td>Jharkhand</td>
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<tr>
<td>Gender justice event to raise awareness against Violence Against Women</td>
<td>November 25 - December 10, 2014</td>
<td>Nationwide and capitals of seven focus states</td>
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<tr>
<td>Jan Swasthya Abhiyan (JSA) state convention on access to free medicine</td>
<td>December 2014 [Date to be decided]</td>
<td>Bihar</td>
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<tr>
<td>For more info mail: <a href="mailto:pravind@oxfamindia.org">pravind@oxfamindia.org</a></td>
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<tr>
<td>Training on mainstreaming gender issues, for partners and Oxfam India staff</td>
<td>January 2015 [Date to be decided]</td>
<td>Lucknow, Uttar Pradesh</td>
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<td>For more info mail: <a href="mailto:nand@oxfamindia.org">nand@oxfamindia.org</a></td>
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<td>Teams of four walk 100kms in 48 hours for the Bengaluru Trailwalker</td>
<td>January 23 - 25, 2015</td>
<td>Bengaluru, Karnataka</td>
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<td>Workshop to initiate dialogue on creation of ‘Uttarakhand Development Forum’</td>
<td>January 24, 2015</td>
<td>Dehradun, Uttarakhand</td>
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<td>Two-day consultation on maternal health</td>
<td>February 5 - 6, 2015</td>
<td>Kathmandu, Nepal</td>
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<td>Workshop on the social and legal contexts of Uttarakhand women farmers</td>
<td>February 28, 2015</td>
<td>Dehradun, Uttarakhand</td>
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<td>Workshop to promote transformative women leadership</td>
<td>February 2015 [Date to be decided]</td>
<td>Lucknow, Uttar Pradesh</td>
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<tr>
<td>150 days national campaign to support every child’s right to education</td>
<td>March 11 - 31, 2015</td>
<td>Uttar Pradesh</td>
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Reports and Books

Federalism and Fidelity

 Authored by Randeep Kaur and Anjela Taneja, this report was commissioned by Oxfam India. It analyses the fidelity of state rules across the country to the core principles of the Right to Education (RTE) Act, as laid out in the model rules.

Federalism and Fidelity found irregularities in the processes and consultations between states. Where some states expanded on specific provisions, others omitted entire sections. And though modifications were made by all states, no clear RTE champion state emerged. Here are some areas where the rules require strengthening:

- Modalities of delegation of powers to the community weak and inadequate.
- Demarcation of responsibility and operationalisation of provisions unclear.
- Grievance redressal remains a critical area of weakness.
- An unclear definition of “out of school children”.
- Inadequate implementation of rules regulating private providers.
- Inadequate attention to issues of teachers.
- The issue of inclusion hasn’t been mainstreamed in the State rules.

Access to Medicines in India

Despite India’s reputation as ‘pharmacy of the global south’, there are many critical barriers in people’s access to medicines. These have been explored in a recently released report, edited by Sakthivel Selvaraj, Dinesh Abrol and K. M. Gopakuma. Access to Medicines in India, released on the May 1, 2014, has been published by Academic Foundation in association with Oxfam India, the Institute for Studies in Industrial Development and Third World Network.

The report explores amongst the barriers to access medicine, financial risk protection and an inefficient and ineffective drug procurement and distribution system. The editors of the report have also suggested policy options to deal with these issues. Some highlights:

- High prices of patented medicines.
- 82% of the medicine market outside scope of price control under the Drugs (Price Control) Order, 2013.
- Safeguards, like compulsory licensing, highly necessary.
- Several banned and bannable drugs continue to thrive.
- Vaccine security must be ensured, by building public sector capacity.
- No significant contribution towards the development of new medicines by pharma companies.

Scaling up investment and policies and replicating the success of a ‘centralised procurement and decentralised distribution’ model of drugs, as in Tamil Nadu, can pave the way for universal access to essential medicines in India.
Oxfam India’s partners work tirelessly to combat inequality by increasing access to quality health and education services. Here, we introduce you to some of the names fighting against these injustices. Our partners are our heroes.

**WADA NA TODO ABHIYAN (WNTA) | Government Accountability**

An UN Millennium Campaign (UNMC) and Global Call to Action against Poverty (GCAP) affiliate, WNTA is a national campaign formed from a collation between 4,000 rights action groups, across 31 Indian states. Born from a consensus amongst human rights activists and social action groups of the World Social Forum 2004 in Mumbai, WNTA holds the government accountable to its promise to end poverty, social exclusion and discrimination.

**Steps Taken:** WNTA is poised to make a difference to one-fourth of the world’s poor who live in India; who experience intense deprivation from opportunities to learn, live and work with dignity. WNTA joined hands with the Planning Commission in the making of 12th Five Year Plan by providing a “people’s perspective” to development. They used a number of instruments to gather people’s perspectives to feed into the formal planning process.

**Outcomes**
Facilitated a review of the NDA government’s 100 day performance, using situation analysis based on facts and figures compiled and presented by Civil Society Organisations (CSOs) and networks.

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**LOKMitra | Education**

Basic Shiksha Manch, a collective of Uttar Pradesh CSOs, aims for an effective implementation of Right To Education (RTE) Act through interventions and state level advocacy led by Oxfam India partner Lokmitra.

**Steps Taken:** The project supported by Oxfam India tracks out-of-school children from neighborhood areas, enrols them in age appropriate classes, facilitates child-led advocacy for improved education in a child friendly and inclusive manner, and monitors School Development Plans. The RTE Act is effectively implemented by capacity building for School Management Committees (SMCs), Panchayati Raj Institution (PRI) members, elected representatives, CSOs and related stakeholders.

**Outcomes**
Workbook and language lesson plans developed for classes three to six, in 15 schools of the intervention area. Efforts are on to adopt them into mainstream education.

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**Parivartan | Health**

Over three years, Parivartan has worked in 20 villages of the Junagarh block in Kalahandi, Odisha, to develop and strengthen people’s forums for community issues, and act as a pressure group for policy changes at the institutional level.
### Outcomes

**Steps Taken**: Parivartan improves availability and access to quality health care, especially for women, children, tribals and rural poor. Participatory health services and a community based monitoring system undertaken by Gaon Kalyan Samiti (GKS) members in Odisha’s Kalahandi district, make the public health system more demand driven and accountable.

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<td>Dewan Saheb Para, Bhawanipatna, Kalahandi, Odisha - 766001</td>
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<td><a href="mailto:parivartanbpt@gmail.com">parivartanbpt@gmail.com</a></td>
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**Outcomes**

Last year members placed dustbins at village centres to improve sanitation. GKS members in Talmala, Bagdungari, Matigaon and Attigaon have also successfully advocated with the Block Development Officers (BDO) in Junagarh, to repair the dilapidated Anganwadi Centre (AWC) that was unsafe for children.

### LEADS

**Steps Taken**: LEADS works closely with grassroot level stakeholders, for effective implementation of the RTE Act in Jharkhand.

**Outcomes**

LEADS has improved civil society’s capacity to effectively implement the RTE Act, and monitor government spending. Additionally, the NGO has developed an understanding in favour of the poor, with legislators formulating policies.

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<tr>
<td>LEADS, 203, Shree Maa Apartment, P. N. Bose Compound, Purulia Road, Ranchi, Jharkhand - 834001</td>
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<td><a href="mailto:leadsindiajh@gmail.com">leadsindiajh@gmail.com</a></td>
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**Outcomes**

LEADS works in 14 government schools across 10 villages of Sundari and Jaria Panchayat of Torpa Block, LEADS’ main focus is tribal children between the age of six and 14 years, teachers, parents and PRI members. The NGO adopts a rights-based approach to empower civil society and develops awareness for their rights and government accountability. LEADS also promotes state level lobbying and advocacy for effective implementation of the RTE Act.

### CHARM

**Steps Taken**: CHARM works in 49 villages near Patna, Bihar to enhance health and nutrition entitlements of Dalits, Muslims and women. The NGO also helps strengthen the demand for improved health and nutrition services.

**Outcomes**

CHARM works to combat the failure of government health services to supply women with supplementary nutrition and Iron Folic Acid tablets and include them on Anganwadi Centre lists. They aim to strengthen the government’s reach to muslim and dalit populations.

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<td>H/O Shivpujan Sahu, Main Road, Budha Colony, Patna, Bihar - 800001</td>
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**Outcomes**

The NGO has facilitated the formation of Community Based Organisations (CBOs) for Nari Sabha/Khatoon Majlis and Kishori Mandal/Dosheeza Majlis (women and adolescent girls groups), empowering them on health rights and entitlements. Work with Rogi Kalyan Samiti (RKS) and Village Health, Sanitation and Nutrition Committee (VHSCN) translated into better functioning of public health facilities. Sharing evidence from Community Based Maternal Death Review (CBMDR) with the government meant CHARM could push CBMDR in eight districts of Bihar, and incorporate it in Programme Implementation Plan of State Health Society, Bihar for 2014-15.
SPAD aims to develop Bengaluru’s poor and vulnerable communities as real stakeholders working directly with government health systems, to make the latter accountable to their needs.

**Steps Taken:** SPAD mobilises communities through awareness and education, to assert their rights in the public health system.

**Outcomes**
SPAD has helped improve services at public health centres, with solidarity groups in different locations, community score cards for each hospital catchment and consultations with health personnel.

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**SHIKHAR YUVA MANCH | Education**

The partner NGO aims to ensure availability of educational services for marginalised children. Awareness at community and government levels help implement the RTE Act effectively.

**Steps Taken:** Shikhar Yuva Manch works for implementation of universal, inclusive and quality education rights, through people led advocacy. Shikhar Yuva Manch works with 31 SMCs across 32 villages in Pali Block of Korba District, Chhattisgarh, for better implementation of the RTE Act.

**Outcomes**
10 teachers have been regularised, the appointment of six ensured, and quality of MDM improved in 12 schools.

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**References for Opinions Matter:**


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**INTERWEB**

**Digital links**
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- Tweet us at @Oxfamindia
- Read more at www.oxfamindia.org/blog

**#OxfamIndiatweet**
- 70% of women face some form of violence in their lifetime, mostly at home. Let’s break the silence #EVAW #16Days http://bit.ly/1kmFssN

**What we’re reading**
- Blog:
  - Markets also discriminate: http://www.oxfamindia.org/blog/markets-also-discriminate
  - Inequality report 2014:
    http://www.oxfamindia.org/resources/policy-briefs/time-end-extreme-inequality

All information provided in this newsletter has been certified by Oxfam India as on December 8, 2014.
Workshop
Photographer Srikanth Kolari also held a workshop on September 3 and 4 to introduce young people to the tools required to creatively highlight discrimination and inequality. The photographer taught 25 students from Oxfam India partner NGOs (JOSH, EFRAH, NCDHR, RTE Forum) about how photographs can tell a story effectively. A short session on social media followed.

The report presents new evidence that the gap between rich and poor is widening and undermines the work done to eradicate poverty. Rooted in Oxfam’s work, the report also sets out ways in which governments can tackle inequality, from addressing the gender wage gap and calling for a living wage, to investing in public services and changing the tax rules that allow big business to avoid paying their fair share.

EXHIBITION
The inequality report launch was accompanied by a photo exhibition, “Imagining Inequality”, commissioned by Oxfam India. Photographs shot by award winning photographer Srikanth Kolari, were on display between October 31 and November 11, 2014 in New Delhi.

(From left) Benedict Phillips, Director – Campaigns, Policy and Influencing, Oxfam Great Britain; Rohini Somanathan, Professor of Economics, Delhi School of Economics (DSE), Nisha Agrawal, CEO, Oxfam India, Arun Kumar, Professor of Economics, JNU and Santosh Mehrotra, Professor of Economics, JNU unveiling the report.
Saraswati Kisan from Balishankara block, Sundargargh district, Odisha

Extreme inequality is not accidental or inevitable - it's the result of deliberate policy choices. Time to #EndItUp http://youtu.be/2x4jbN6_q50

What we’re reading
Inequality report 2014:
http://www.oxfamindia.org/resources/policy-briefs/time-end-extreme-inequality
Understanding Inequality

Caste, Class & Gender Based Disparities

"The true measure of any society can be found in how it treats its most vulnerable members."

--Mahatma Gandhi

85 = 3.5 Billion

85 richest people together own the same wealth as 3.5 billion poorest people.

Average daily wage of a male worker is about two and a half times that of a woman.

Income inequalities follow traditional patterns of social discrimination along caste, gender, religion and tribal status.

Dalit representation is 13% in higher level positions, 18% in lower level positions, 59.4% among sweepers.

Socially excluded groups face specific challenges. Among Adivasis, 29% of girls and women (aged 5 to 29) never attended school. The figure was 28% for Muslims and 25% for Dalits. The national average is 21%.

2 Hospital beds per 10,000 people, against 25 as recommended by the WHO.